

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: 2021 DC Small Group

Project Name/Number: /

Filing at a Glance

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

Product Name: 2021 DC Small Group

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: 05/01/2020

SERFF Tr Num: KPMA-132346497

SERFF Status: Assigned

State Tr Num:

State Status:

Co Tr Num:

Implementation 01/01/2021

Date Requested:

Author(s): Lynn Robinson, Stephen Chuang, John Xu, Ky Le, Indira Dyal, Wen Xu, Mia Chen, Sebastian Passanisi

Reviewer(s): Dave Dillon (primary), Philip Barlow, Darniece Shirley, Efren Tanhehco, John Morgan

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.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO
Product Name: 2021 DC Small Group
Project Name/Number: /

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:	Overall Rate Impact:
Filing Status Changed: 05/02/2020	
State Status Changed:	Deemer Date:
Created By: Stephen Chuang	Submitted By: Stephen Chuang
Corresponding Filing Tracking Number:	
PPACA: Not PPACA-Related	
PPACA Notes: null	
Include Exchange Intentions:	No

Filing Description:
 This is the 2021 Small Group rate filing for plans offered on exchange.

Company and Contact

Filing Contact Information

Stephen Chuang, Actuarial Analyst II stephen.chuang@kp.org
 2101 E. Jefferson St 301-816-5854 [Phone]
 Rockville, MD 20852

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:

State: District of Columbia

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

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Correspondence Summary

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Rate	2021 DC SG Rate Sheets	Stephen Chuang	05/04/2020	05/04/2020
Supporting Document	Actuarial Justification	Stephen Chuang	05/04/2020	05/04/2020
Supporting Document	Actuarial Memorandum	Stephen Chuang	05/04/2020	05/04/2020
Supporting Document	Actuarial Memorandum and Certifications	Stephen Chuang	05/04/2020	05/04/2020
Supporting Document	DISB Actuarial Memorandum Dataset	Stephen Chuang	05/04/2020	05/04/2020
Supporting Document	Unified Rate Review Template	Stephen Chuang	05/04/2020	05/04/2020
Supporting Document	District of Columbia Plain Language Summary	Stephen Chuang	05/04/2020	05/04/2020
Supporting Document	Absolute Maximum Premium Increase	Stephen Chuang	05/04/2020	05/04/2020

SERFF Tracking #:

KPMA-132346497

State Tracking #:

Company Tracking #:

State:

District of Columbia

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

Product Name:

2021 DC Small Group

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Amendment Letter

Submitted Date:

05/04/2020

Comments:

Corrected rates

Changed Items:

No Form Schedule Items Changed.

State: District of Columbia

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Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	2021 DC SG Rate Sheets	DC-SG-GOLD-0-20-VISION-HMO-COST(01-21)HIX, DC-SG-PLATINUM-0-10-VISION-HMO-COST(01-21)HIX, DC-SG-BRONZE-6500-55-VISION-DHMO-COST(01-21)HIX, DC-SG-GOLD-500-20-VISION-DHMO-COST(01-21)HIX, DC-SG-GOLD-1000-20-VISION-DHMO-COST(01-21)HIX, DC-SG-GOLD-1500-20-VISION-DHMO-COST(01-21)HIX, DC-SG-PLATINUM-500-10-VISION-DHMO-COST(01-21)HIX, DC-SG-SILVER-2000-40-VISION-DHMO-COST(01-21)HIX, DC-SG-SILVER-2500-40-VISION-DHMO-COST(01-21)HIX, DC-SG-BRONZE-7000-0%-HSA-VISION-HDHP-COST(01-21)HIX, DC-SG-BRONZE-7000-50-20%-HSA-VISION-HDHP-COST(01-21)HIX, DC-SG-GOLD-1700-0%-HSA-VISION-HDHP-COST(01-21)HIX, DC-SG-SILVER-2000-30-HSA-VISION-HDHP-	Revised	Previous State Filing Number: KPMA-131935469 Percent Rate Change Request:	2021 DC SG Rate Tables v2.pdf,	05/04/2020 By:

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Rate/Rule Schedule Item Changes

COST(01-21)HIX, DC-SG-SILVER-2500-30-HSA-VISION-HDHP-COST(01-21)HIX, DC-SG-BRONZE-6500-55-POS-VISION-COST(01-21)HIX, DC-SG-GOLD-1000-20-POS-VISION-COST(01-21)HIX, DC-SG-PLATINUM-0-10-POS-VISION-COST(01-21)HIX, DC-SG-PLATINUM-500-10-POS-VISION-COST(01-21)HIX, DC-SG-SILVER-2500-40-POS-VISION-COST(01-21)HIX, DC-SG-GOLD-0-20-HMOPLUS-VISION-COST(01-21)HIX, DC-SG-GOLD-1500-20-DHMOPLUS-VISION-COST(01-21)HIX, DC-SG-PLATINUM-0-10-HMOPLUS-VISION-COST(01-21)HIX, DC-SG-SILVER-2000-40-DHMOPLUS-VISION-COST(01-21)HIX, DC-SG-GOLD-0-20-VISION-HMO-RX(01-21)HIX, DC-SG-PLATINUM-0-10-VISION-HMO-RX(01-21)HIX, DC-SG-BRONZE-6500-55-VISION-DHMO-RX(01-21)HIX, DC-SG-GOLD-500-20-VISION-DHMO-RX(01-21)HIX, DC-SG-GOLD-1000-20-VISION-DHMO-RX(01-21)HIX, DC-SG-GOLD-1500-20-

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2021 DC Small Group

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Rate/Rule Schedule Item Changes

		VISION-DHMO-RX(01-21)HIX, DC-SG-PLATINUM-500-10-VISION-DHMO-RX(01-21)HIX, DC-SG-SILVER-2000-40-VISION-DHMO-RX(01-21)HIX, DC-SG-SILVER-2500-40-VISION-DHMO-RX(01-21)HIX, DC-SG-BRONZE-7000-0%-HSA-VISION-HDHP-RX(01-21)HIX, DC-SG-BRONZE-7000-50-20%-HSA-VISION-HDHP-RX(01-21)HIX, DC-SG-GOLD-1700-0%-HSA-VISION-HDHP-RX(01-21)HIX, DC-SG-SILVER-2000-30-HSA-VISION-HDHP-RX(01-21)HIX, DC-SG-SILVER-2500-30-HSA-VISION-HDHP-RX(01-21)HIX, DC-SG-BRONZE-6500-55-VISION-POS-RX(01-21)HIX, DC-SG-GOLD-1000-20-VISION-POS-RX(01-21)HIX, DC-SG-PLATINUM-0-10-VISION-POS-RX(01-21)HIX, DC-SG-PLATINUM-500-10-VISION-POS-RX(01-21)HIX, DC-SG-SILVER-2500-40-VISION-POS-RX(01-21)HIX, DC-SG-GOLD-0-20-HMOPLUS-VISION-RX(01-21)HIX, DC-SG-GOLD-1500-20-DHMOPLUS-VISION-RX(01-21)HIX,				
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Rate/Rule Schedule Item Changes

		DC-SG-PLATINUM-0-10-HMOPLUS-VISION-RX(01-21)HIX, DC-SG-SILVER-2000-40-DHMOPLUS-VISION-RX(01-21)HIX, DC-SG-PED-DENTAL(01-21)HIX, DC-SG-PED-DENTAL-FEE(01-21)				
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Previous Version

1	2021 DC SG Rate Sheets	DC-SG-GOLD-0-20-VISION-HMO-COST(01-21)HIX, DC-SG-PLATINUM-0-10-VISION-HMO-COST(01-21)HIX, DC-SG-BRONZE-6500-55-VISION-DHMO-COST(01-21)HIX, DC-SG-GOLD-500-20-VISION-DHMO-COST(01-21)HIX, DC-SG-GOLD-1000-20-VISION-DHMO-COST(01-21)HIX, DC-SG-GOLD-1500-20-VISION-DHMO-COST(01-21)HIX, DC-SG-PLATINUM-500-10-VISION-DHMO-COST(01-21)HIX, DC-SG-SILVER-2000-40-VISION-DHMO-COST(01-21)HIX, DC-SG-SILVER-2500-40-VISION-DHMO-COST(01-21)HIX, DC-SG-BRONZE-7000-0%-HSA-VISION-HDHP-COST(01-21)HIX, DC-SG-BRONZE-7000-50-20%-HSA-VISION-HDHP-COST(01-21)HIX, DC-SG-GOLD-	Revised	Previous State Filing Number: KPMA-131935469 Percent Rate Change Request:	2021 DC SG Rate Tables v1.pdf,	05/01/2020 By: Stephen Chuang
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Rate/Rule Schedule Item Changes

		1700-0%-HSA- VISION-HDHP- COST(01-21)HIX, DC- SG-SILVER-2000-30- HSA-VISION-HDHP- COST(01-21)HIX, DC- SG-SILVER-2500-30- HSA-VISION-HDHP- COST(01-21)HIX, DC- SG-BRONZE-6500-55- POS-VISION- COST(01-21)HIX, DC- SG-GOLD-1000-20- POS-VISION- COST(01-21)HIX, DC- SG-PLATINUM-0-10- POS-VISION- COST(01-21)HIX, DC- SG-PLATINUM-500- 10-POS-VISION- COST(01-21)HIX, DC- SG-SILVER-2500-40- POS-VISION- COST(01-21)HIX, DC- SG-GOLD-0-20- HMOPLUS-VISION- COST(01-21)HIX, DC- SG-GOLD-1500-20- DHMOPLUS-VISION- COST(01-21)HIX, DC- SG-PLATINUM-0-10- HMOPLUS-VISION- COST(01-21)HIX, DC- SG-SILVER-2000-40- DHMOPLUS-VISION- COST(01-21)HIX, DC- SG-GOLD-0-20- VISION-HMO-RX(01- 21)HIX, DC-SG- PLATINUM-0-10- VISION-HMO-RX(01- 21)HIX, DC-SG- BRONZE-6500-55- VISION-DHMO-RX(01- 21)HIX, DC-SG-GOLD- 500-20-VISION-				
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Rate/Rule Schedule Item Changes

DHMO-RX(01-21)HIX,
 DC-SG-GOLD-1000-
 20-VISION-DHMO-
 RX(01-21)HIX, DC-SG-
 GOLD-1500-20-
 VISION-DHMO-RX(01-
 21)HIX, DC-SG-
 PLATINUM-500-10-
 VISION-DHMO-RX(01-
 21)HIX, DC-SG-
 SILVER-2000-40-
 VISION-DHMO-RX(01-
 21)HIX, DC-SG-
 SILVER-2500-40-
 VISION-DHMO-RX(01-
 21)HIX, DC-SG-
 BRONZE-7000-0%-
 HSA-VISION-HDHP-
 RX(01-21)HIX, DC-SG-
 BRONZE-7000-50-
 20%-HSA-VISION-
 HDHP-RX(01-21)HIX,
 DC-SG-GOLD-1700-
 0%-HSA-VISION-
 HDHP-RX(01-21)HIX,
 DC-SG-SILVER-2000-
 30-HSA-VISION-
 HDHP-RX(01-21)HIX,
 DC-SG-SILVER-2500-
 30-HSA-VISION-
 HDHP-RX(01-21)HIX,
 DC-SG-BRONZE-
 6500-55-VISION-POS-
 RX(01-21)HIX, DC-SG-
 GOLD-1000-20-
 VISION-POS-RX(01-
 21)HIX, DC-SG-
 PLATINUM-0-10-
 VISION-POS-RX(01-
 21)HIX, DC-SG-
 PLATINUM-500-10-
 VISION-POS-RX(01-
 21)HIX, DC-SG-
 SILVER-2500-40-
 VISION-POS-RX(01-
 21)HIX, DC-SG-GOLD-

SERFF Tracking #:

KPMA-132346497

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2021 DC Small Group

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Rate/Rule Schedule Item Changes

		<p>0-20-HMOPLUS- VISION-RX(01-21)HIX, DC-SG-GOLD-1500- 20-DHMOPLUS- VISION-RX(01-21)HIX, DC-SG-PLATINUM-0- 10-HMOPLUS- VISION-RX(01-21)HIX, DC-SG-SILVER-2000- 40-DHMOPLUS- VISION-RX(01-21)HIX, DC-SG-PED- DENTAL(01-21)HIX, DC-SG-PED-DENTAL- FEE(01-21)</p>				
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SERFF Tracking #:

KPMA-132346497

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District of Columbia

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

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

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Supporting Document Schedule Item Changes

Satisfied - Item:	Actuarial Justification
Comments:	
Attachment(s):	2021 DC Small Group Actuarial Memorandum and Exhibits v2.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Actuarial Justification</i>
Comments:	
Attachment(s):	<i>2021 DC Small Group Actuarial Memorandum and Exhibits v1.pdf</i>

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	2021 DC Small Group Actuarial Memorandum and Exhibits v2.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>2021 DC Small Group Actuarial Memorandum and Exhibits v1.pdf</i>

Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	2021 DC Small Group Actuarial Memorandum and Exhibits v2.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Actuarial Memorandum and Certifications</i>
Comments:	
Attachment(s):	<i>2021 DC Small Group Actuarial Memorandum and Exhibits v1.pdf</i>

Satisfied - Item:	DISB Actuarial Memorandum Dataset
Comments:	
Attachment(s):	Kaiser Small Group DC Actuarial_Memo_Dataset_2021 v2.xlsx Kaiser Small Group DC Actuarial_Memo_Dataset_2021 v2.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>DISB Actuarial Memorandum Dataset</i>
Comments:	
Attachment(s):	<i>Kaiser Small Group DC Actuarial_Memo_Dataset_2021 v1.xlsx Kaiser Small Group DC Actuarial_Memo_Dataset_2021 v1.pdf</i>

SERFF Tracking #:

KPMA-132346497

State Tracking #:

Company Tracking #:

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Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	Unified_Rate_Review_Template v5.2 DC SG v2.xlsm Unified_Rate_Review_Template v5.2 DC SG v2.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Unified Rate Review Template</i>
Comments:	
Attachment(s):	<i>Unified-Rate-Review-Template-v5.1_0 2021 DC SG v1.xlsm Unified-Rate-Review-Template-v5.1_0 2021 DC SG v1.pdf</i>

Satisfied - Item:	District of Columbia Plain Language Summary
Comments:	
Attachment(s):	2021_DC_SG_Part_II_Justification_Plain_Language_Summary v2.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>District of Columbia Plain Language Summary</i>
Comments:	
Attachment(s):	<i>2021_DC_SG_Part_II_Justification_Plain_Language_Summary.pdf</i>

Satisfied - Item:	Absolute Maximum Premium Increase
Comments:	
Attachment(s):	Absolute Maximum Premium Increase Exhibit 2021 v2.xlsx
<i>Previous Version</i>	
Satisfied - Item:	<i>Absolute Maximum Premium Increase</i>
Comments:	
Attachment(s):	<i>Absolute Maximum Premium Increase Exhibit 2021.xlsx</i>

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Product Name: 2021 DC Small Group
Project Name/Number: /

Post Submission Update Request Submitted On 05/04/2020

Status: Submitted
 Created By: Stephen Chuang

General Information:

Field Name	Requested Change	Prior Value
Overall Rate Impact	0.02	-0.02

Company Rate Information:

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

Field Name	Requested Change	Prior Value
Overall % Indicated Change	0.020%	-0.020%
Overall % Rate Impact	0.020%	-0.020%
Written Premium Change for this Program	\$4801	\$-4456
Written Premium for this Program	\$24660113	\$24669370
Maximum %Change (where required)	2.000%	2.100%
Minimum %Change (where required)	-14.700%	-12.700%

Product:	NEW
Product Name	HMO On Exchange
HIOS Product ID	94506
HIOS Submission ID	94506DC035
Number of Covered Lives	4143

Product:	NEW
Product Name	POS On Exchange
HIOS Product ID	94506
HIOS Submission ID	94506DC036
Number of Covered Lives	115

REQUESTED RATE:

Min:	188.720	183.010
Max:	1,065.140	1,048.070
Weighted Avg.:	384.970	383.200

SERFF Tracking #:

KPMA-132346497

State Tracking #:

Company Tracking #:

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Project Name/Number: /

Rate Information

Rate data applies to filing.

Filing Method: SERFF
 Rate Change Type: Neutral
 Overall Percentage of Last Rate Revision: 3.000%
 Effective Date of Last Rate Revision: 01/01/2020
 Filing Method of Last Filing: SERFF
 SERFF Tracking Number of Last Filing: KPMA-131935469

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.	Neutral	-0.020%	-0.020%	\$-4,456	3,103	\$24,669,370	2.100%	-12.700%

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Rate Review Detail

COMPANY:

Company Name: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
 HHS Issuer Id: 94506

PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
HMO On Exchange	94506	94506DC035	4143
POS On Exchange	94506	94506DC036	115

Trend Factors:

FORMS:

New Policy Forms: DC-SG-GOLD-0-20-VISION-HMO-COST(01-21)HIX, DC-SG-PLATINUM-0-10-VISION-HMO-COST(01-21)HIX, DC-SG-BRONZE-6500-55-VISION-DHMO-COST(01-21)HIX, DC-SG-GOLD-500-20-VISION-DHMO-COST(01-21)HIX , DC-SG-GOLD-1000-20-VISION-DHMO-COST(01-21)HIX, DC-SG-GOLD-1500-20-VISION-DHMO-COST(01-21)HIX, DC-SG-PLATINUM-500-10-VISION-DHMO-COST(01-21)HIX, DC-SG-SILVER-2000-40-VISION-DHMO-COST(01-21)HIX, DC-SG-SILVER-2500-40-VISION-DHMO-COST(01-21)HIX, DC-SG-BRONZE-7000-0%-HSA-VISION-HDHP-COST(01-21)HIX, DC-SG-BRONZE-7000-50-20%-HSA-VISION-HDHP-COST(01-21)HIX, DC-SG-GOLD-1700-0%-HSA-VISION-HDHP-COST(01-21)HIX, DC-SG-SILVER-2000-30-HSA-VISION-HDHP-COST(01-21)HIX, DC-SG-SILVER-2500-30-HSA-VISION-HDHP-COST(01-21)HIX, DC-SG-BRONZE-6500-55-POS-VISION-COST(01-21)HIX , DC-SG-GOLD-1000-20-POS-VISION-COST(01-21)HIX, DC-SG-PLATINUM-0-10-POS-VISION-COST(01-21)HIX, DC-SG-PLATINUM-500-10-POS-VISION-COST(01-21)HIX, DC-SG-SILVER-2500-40-POS-VISION-COST(01-21)HIX, DC-SG-GOLD-0-20-HMOPLUS-VISION-COST(01-21)HIX, DC-SG-GOLD-1500-20-DHMOPLUS-VISION-COST(01-21)HIX, DC-SG-PLATINUM-0-10-HMOPLUS-VISION-COST(01-21)HIX, DC-SG-SILVER-2000-40-DHMOPLUS-VISION-COST(01-21)HIX, DC-SG-GOLD-0-20-VISION-HMO-RX(01-21)HIX, DC-SG-PLATINUM-0-10-VISION-HMO-RX(01-21)HIX, DC-SG-BRONZE-6500-55-VISION-DHMO-RX(01-21)HIX, DC-SG-GOLD-500-20-VISION-DHMO-RX(01-21)HIX, DC-SG-GOLD-1000-20-VISION-DHMO-RX(01-21)HIX, DC-SG-GOLD-1500-20-VISION-DHMO-RX(01-21)HIX, DC-SG-PLATINUM-500-10-VISION-DHMO-RX(01-21)HIX, DC-SG-SILVER-2000-40-VISION-DHMO-RX(01-21)HIX, DC-SG-SILVER-2500-40-VISION-DHMO-RX(01-21)HIX, DC-SG-BRONZE-7000-0%-HSA-VISION-HDHP-RX(01-21)HIX, DC-SG-BRONZE-7000-50-20%-HSA-VISION-HDHP-RX(01-21)HIX, DC-SG-GOLD-1700-0%-HSA-VISION-HDHP-RX(01-21)HIX, DC-SG-SILVER-2000-30-HSA-VISION-HDHP-RX(01-21)HIX, DC-SG-SILVER-2500-30-HSA-VISION-HDHP-RX(01-21)HIX, DC-SG-BRONZE-6500-55-VISION-POS-RX(01-21)HIX, DC-SG-GOLD-1000-20-VISION-POS-RX(01-21)HIX, DC-SG-PLATINUM-0-10-VISION-POS-RX(01-21)HIX, DC-SG-PLATINUM-500-10-VISION-POS-RX(01-21)HIX, DC-SG-SILVER-2500-40-VISION-POS-RX(01-21)HIX, DC-SG-GOLD-0-20-HMOPLUS-VISION-RX(01-21)HIX, DC-SG-GOLD-1500-20-DHMOPLUS-VISION-RX(01-21)HIX, DC-SG-

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: 2021 DC Small Group

Project Name/Number: / PLATINUM-0-10-HMOPLUS-VISION-RX(01-21)HIX, DC-SG-SILVER-2000-40-DHMOPLUS-VISION-RX(01-21)HIX, DC-SG-PED-DENTAL(01-21)HIX, DC-SG-PED-DENTAL-FEE(01-21)

Affected Forms:
Other Affected Forms:

REQUESTED RATE CHANGE INFORMATION:

Change Period: Quarterly
 Member Months: 51,108
 Benefit Change: None
 Percent Change Requested: Min: -12.7 Max: 2.1 Avg: -0.02

PRIOR RATE:

Total Earned Premium: 23,236,908.00
 Total Incurred Claims: 22,234,607.00
 Annual \$: Min: 293.75 Max: 1,060.91 Avg: 383.20

REQUESTED RATE:

Projected Earned Premium: 28,698,782.00
 Projected Incurred Claims: 22,160,765.00
 Annual \$: Min: 183.01 Max: 1,048.07 Avg: 383.20

SERFF Tracking #:

KPMA-132346497

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:

2021 DC Small Group

Project Name/Number:

/

Rate/Rule Schedule

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: 2021 DC Small Group
Project Name/Number: /

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		2021 DC SG Rate Sheets	DC-SG-GOLD-0-20-VISION-HMO-COST(01-21)HIX, DC-SG-PLATINUM-0-10-VISION-HMO-COST(01-21)HIX, DC-SG-BRONZE-6500-55-VISION-DHMO-COST(01-21)HIX, DC-SG-GOLD-500-20-VISION-DHMO-COST(01-21)HIX, DC-SG-GOLD-1000-20-VISION-DHMO-COST(01-21)HIX, DC-SG-GOLD-1500-20-VISION-DHMO-COST(01-21)HIX, DC-SG-PLATINUM-500-10-VISION-DHMO-COST(01-21)HIX, DC-SG-SILVER-2000-40-VISION-DHMO-COST(01-21)HIX, DC-SG-SILVER-2500-40-VISION-DHMO-COST(01-21)HIX, DC-SG-BRONZE-7000-0%-HSA-VISION-HDHP-COST(01-21)HIX, DC-SG-BRONZE-7000-50-20%-HSA-VISION-HDHP-COST(01-21)HIX, DC-SG-GOLD-1700-0%-HSA-VISION-HDHP-COST(01-21)HIX, DC-SG-SILVER-2000-30-HSA-VISION-HDHP-COST(01-21)HIX, DC-SG-SILVER-2500-30-HSA-VISION-HDHP-COST(01-21)HIX, DC-SG-BRONZE-6500-55-POS-VISION-COST(01-21)HIX, DC-SG-GOLD-1000-20-POS-VISION-COST(01-21)HIX, DC-SG-PLATINUM-0-10-POS-VISION-COST(01-21)HIX, DC-SG-PLATINUM-500-10-POS-VISION-COST(01-21)HIX, DC-SG-SILVER-2500-40-POS-VISION-COST(01-21)HIX, DC-	Revised	Previous State Filing Number: KPMA-131935469 Percent Rate Change Request:	2021 DC SG Rate Tables v2.pdf,

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:

2021 DC Small Group

Project Name/Number:

/

			<p>SG-GOLD-0-20-HMOPLUS-VISION-COST(01-21)HIX, DC-SG-GOLD-1500-20-DHMOPLUS-VISION-COST(01-21)HIX, DC-SG-PLATINUM-0-10-HMOPLUS-VISION-COST(01-21)HIX, DC-SG-SILVER-2000-40-DHMOPLUS-VISION-COST(01-21)HIX, DC-SG-GOLD-0-20-VISION-HMO-RX(01-21)HIX, DC-SG-PLATINUM-0-10-VISION-HMO-RX(01-21)HIX, DC-SG-BRONZE-6500-55-VISION-DHMO-RX(01-21)HIX, DC-SG-GOLD-500-20-VISION-DHMO-RX(01-21)HIX, DC-SG-GOLD-1000-20-VISION-DHMO-RX(01-21)HIX, DC-SG-GOLD-1500-20-VISION-DHMO-RX(01-21)HIX, DC-SG-PLATINUM-500-10-VISION-DHMO-RX(01-21)HIX, DC-SG-SILVER-2000-40-VISION-DHMO-RX(01-21)HIX, DC-SG-SILVER-2500-40-VISION-DHMO-RX(01-21)HIX, DC-SG-BRONZE-7000-0%-HSA-VISION-HDHP-RX(01-21)HIX, DC-SG-BRONZE-7000-50-20%-HSA-VISION-HDHP-RX(01-21)HIX, DC-SG-GOLD-1700-0%-HSA-VISION-HDHP-RX(01-21)HIX, DC-SG-SILVER-2000-30-HSA-VISION-HDHP-RX(01-21)HIX, DC-SG-SILVER-2500-30-HSA-VISION-HDHP-RX(01-21)HIX, DC-SG-BRONZE-6500-55-VISION-POS-RX(01-21)HIX, DC-SG-GOLD-1000-20-VISION-POS-RX(01-21)HIX, DC-SG-PLATINUM-0-10-VISION-POS-RX(01-21)HIX, DC-SG-PLATINUM-500-10-VISION-POS-RX(01-21)HIX,</p>			
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SERFF Tracking #:

KPMA-132346497

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:

2021 DC Small Group

Project Name/Number:

/

			DC-SG-SILVER-2500-40- VISION-POS-RX(01-21)HIX, DC-SG-GOLD-0-20- HMOPLUS-VISION-RX(01- 21)HIX, DC-SG-GOLD-1500- 20-DHMOPLUS-VISION- RX(01-21)HIX, DC-SG- PLATINUM-0-10-HMOPLUS- VISION-RX(01-21)HIX, DC- SG-SILVER-2000-40- DHMOPLUS-VISION-RX(01- 21)HIX, DC-SG-PED- DENTAL(01-21)HIX, DC-SG- PED-DENTAL-FEE(01-21)			
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**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group**

**Rates Effective January 1, 2021
Appendix I-A**

	94506DC0350001	94506DC0350002	94506DC0350023	94506DC0350004	94506DC0350005	94506DC0350025	94506DC0350006	94506DC0350021
Age	KP DC Platinum 0/10/Vision	KP DC Platinum 500/10/Vision	KP DC Platinum HMO Plus 0/10/Vision	KP DC Gold 0/20/Vision	KP DC Gold 1000/20/Vision	KP DC Gold 1500/20/Vision	KP DC Gold 1700/0%/HSA/Vision	KP DC Gold 500/20/Vision
20 and Under	299.04	290.53	311.00	270.40	256.76	253.01	245.03	261.66
21	332.42	322.96	345.71	300.58	285.42	281.25	272.39	290.86
22	332.42	322.96	345.71	300.58	285.42	281.25	272.39	290.86
23	332.42	322.96	345.71	300.58	285.42	281.25	272.39	290.86
24	332.42	322.96	345.71	300.58	285.42	281.25	272.39	290.86
25	332.42	322.96	345.71	300.58	285.42	281.25	272.39	290.86
26	332.42	322.96	345.71	300.58	285.42	281.25	272.39	290.86
27	332.42	322.96	345.71	300.58	285.42	281.25	272.39	290.86
28	340.19	330.51	353.79	307.61	292.09	287.82	278.76	297.66
29	347.51	337.62	361.40	314.22	298.38	294.01	284.75	304.07
30	356.19	346.06	370.44	322.08	305.83	301.36	291.87	311.67
31	365.34	354.95	379.95	330.35	313.69	309.10	299.36	319.67
32	373.57	362.94	388.51	337.79	320.75	316.06	306.11	326.87
33	382.26	371.38	397.54	345.65	328.21	323.41	313.22	334.47
34	391.40	380.27	407.05	353.91	336.06	331.15	320.72	342.47
35	400.55	389.15	416.56	362.18	343.92	338.89	328.21	350.48
36	409.69	398.04	426.07	370.45	351.77	346.63	335.71	358.48
37	418.84	406.92	435.59	378.72	359.62	354.36	343.20	366.48
38	423.87	411.81	440.82	383.27	363.94	358.62	347.32	370.88
39	428.90	416.69	446.05	387.82	368.26	362.87	351.44	375.28
40	445.82	433.13	463.64	403.11	382.78	377.19	365.30	390.08
41	463.19	450.01	481.71	418.83	397.70	391.89	379.54	405.29
42	481.48	467.78	500.73	435.36	413.41	407.36	394.53	421.29
43	500.23	486.00	520.23	452.32	429.50	423.22	409.89	437.70
44	519.89	505.10	540.68	470.09	446.38	439.86	426.00	454.90
45	540.01	524.64	561.60	488.29	463.66	456.88	442.49	472.50
46	561.04	545.08	583.47	507.30	481.72	474.68	459.72	490.91
47	582.99	566.40	606.30	527.15	500.56	493.25	477.71	510.11
48	605.85	588.61	630.08	547.82	520.19	512.59	496.44	530.12
49	629.63	611.72	654.80	569.32	540.61	532.71	515.92	550.92
50	654.32	635.70	680.48	591.65	561.81	553.60	536.15	572.52
51	679.93	660.58	707.11	614.80	583.79	575.26	557.14	594.93
52	706.45	686.35	734.69	638.78	606.57	597.70	578.87	618.13
53	733.88	713.00	763.23	663.59	630.12	620.91	601.35	642.14
54	762.69	740.99	793.18	689.64	654.85	645.28	624.95	667.35
55	792.41	769.86	824.09	716.51	680.37	670.43	649.30	693.35
56	823.50	800.07	856.43	744.63	707.07	696.73	674.78	720.56
57	855.51	831.17	889.72	773.57	734.55	723.81	701.01	748.56
58	888.89	863.60	924.43	803.75	763.21	752.06	728.36	777.77
59	923.64	897.36	960.57	835.17	793.05	781.46	756.84	808.18
60	959.76	932.45	998.14	867.83	824.07	812.02	786.43	839.78
61	997.25	968.88	1,037.13	901.74	856.26	843.74	817.16	872.58
62	997.25	968.88	1,037.13	901.74	856.26	843.74	817.16	872.58
63	997.25	968.88	1,037.13	901.74	856.26	843.74	817.16	872.58
64+	997.25	968.88	1,037.13	901.74	856.26	843.74	817.16	872.58

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Rates Effective January 1, 2021
Appendix I-B

	94506DC0350026	94506DC0350024	94506DC0350010	94506DC0350008	94506DC0350011	94506DC0350009	94506DC0350027	94506DC0350012
Age	KP DC Gold DHMO Plus 1500/20/Vision	KP DC Gold HMO Plus 0/20/Vision	KP DC Silver 2000/30/HSA/Vision	KP DC Silver 2000/40/Vision	KP DC Silver 2500/30/HSA/Vision	KP DC Silver 2500/40/Vision	KP DC Silver DHMO Plus 2000/40/Vision	KP DC Bronze 6500/55/Vision
20 and Under	263.13	281.21	222.64	227.44	213.77	224.87	236.54	203.84
21	292.50	312.60	247.49	252.83	237.63	249.97	262.94	226.59
22	292.50	312.60	247.49	252.83	237.63	249.97	262.94	226.59
23	292.50	312.60	247.49	252.83	237.63	249.97	262.94	226.59
24	292.50	312.60	247.49	252.83	237.63	249.97	262.94	226.59
25	292.50	312.60	247.49	252.83	237.63	249.97	262.94	226.59
26	292.50	312.60	247.49	252.83	237.63	249.97	262.94	226.59
27	292.50	312.60	247.49	252.83	237.63	249.97	262.94	226.59
28	299.34	319.91	253.28	258.74	243.18	255.82	269.09	231.89
29	305.78	326.79	258.72	264.30	248.41	261.32	274.87	236.87
30	313.42	334.96	265.19	270.91	254.62	267.85	281.75	242.80
31	321.47	343.56	272.00	277.86	261.16	274.73	288.98	249.03
32	328.71	351.30	278.13	284.12	267.04	280.92	295.49	254.64
33	336.36	359.47	284.60	290.73	273.25	287.45	302.36	260.56
34	344.40	368.07	291.41	297.69	279.79	294.33	309.59	266.80
35	352.45	376.67	298.21	304.64	286.33	301.21	316.83	273.03
36	360.50	385.27	305.02	311.60	292.87	308.08	324.06	279.26
37	368.55	393.87	311.83	318.55	299.40	314.96	331.30	285.50
38	372.97	398.60	315.58	322.38	303.00	318.74	335.27	288.92
39	377.40	403.33	319.32	326.20	306.59	322.53	339.25	292.35
40	392.28	419.24	331.92	339.07	318.69	335.25	352.63	303.88
41	407.57	435.58	344.85	352.29	331.11	348.31	366.38	315.73
42	423.67	452.77	358.47	366.20	344.18	362.07	380.84	328.20
43	440.16	470.40	372.43	380.46	357.58	376.16	395.67	340.97
44	457.46	488.89	387.07	395.41	371.64	390.95	411.23	354.38
45	475.17	507.81	402.04	410.71	386.02	406.08	427.14	368.09
46	493.67	527.59	417.70	426.71	401.06	421.90	443.78	382.43
47	512.99	548.23	434.04	443.40	416.74	438.40	461.14	397.39
48	533.10	569.73	451.07	460.79	433.09	455.59	479.22	412.97
49	554.02	592.09	468.77	478.87	450.08	473.47	498.03	429.18
50	575.75	615.31	487.15	497.65	467.73	492.04	517.56	446.01
51	598.28	639.39	506.22	517.13	486.04	511.30	537.81	463.46
52	621.62	664.33	525.96	537.30	505.00	531.24	558.79	481.54
53	645.76	690.13	546.39	558.16	524.61	551.87	580.49	500.24
54	671.11	717.22	567.83	580.07	545.20	573.53	603.28	519.88
55	697.26	745.16	589.96	602.68	566.45	595.88	626.78	540.14
56	724.62	774.40	613.11	626.33	588.67	619.26	651.38	561.33
57	752.78	804.50	636.94	650.67	611.55	643.33	676.70	583.15
58	782.15	835.89	661.79	676.06	635.41	668.43	703.10	605.90
59	812.73	868.57	687.66	702.49	660.25	694.56	730.59	629.59
60	844.52	902.54	714.56	729.96	686.08	721.73	759.16	654.21
61	877.50	937.80	742.47	758.48	712.88	749.91	788.81	679.77
62	877.50	937.80	742.47	758.48	712.88	749.91	788.81	679.77
63	877.50	937.80	742.47	758.48	712.88	749.91	788.81	679.77
64+	877.50	937.80	742.47	758.48	712.88	749.91	788.81	679.77

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Rates Effective January 1, 2021
Appendix I-C

	94506DC0350015	94506DC0350014	94506DC0360004	94506DC0360005	94506DC0360003	94506DC0360002	94506DC0360001	94506DC0350016
Age	KP DC Bronze 7000/0%/HSA/Vision	7000/50/20%/HSA/Vision	KP DC Platinum 0/10/POS/Vision	KP DC Platinum 500/10/POS/Vision	KP DC Gold 1000/20/POS/Vision	KP DC Silver 2500/40/POS/Vision	KP DC Bronze 6500/55/POS/Vision	KP DC Platinum 0/10/Vision/Sel
20 and Under	196.04	188.72	318.60	310.78	275.87	238.28	214.94	313.99
21	217.93	209.79	354.16	345.47	306.66	264.88	238.93	349.04
22	217.93	209.79	354.16	345.47	306.66	264.88	238.93	349.04
23	217.93	209.79	354.16	345.47	306.66	264.88	238.93	349.04
24	217.93	209.79	354.16	345.47	306.66	264.88	238.93	349.04
25	217.93	209.79	354.16	345.47	306.66	264.88	238.93	349.04
26	217.93	209.79	354.16	345.47	306.66	264.88	238.93	349.04
27	217.93	209.79	354.16	345.47	306.66	264.88	238.93	349.04
28	223.02	214.70	362.45	353.55	313.83	271.07	244.51	357.20
29	227.82	219.31	370.24	361.15	320.58	276.90	249.77	364.88
30	233.51	224.80	379.50	370.18	328.59	283.82	256.02	374.00
31	239.51	230.57	389.24	379.69	337.03	291.11	262.59	383.61
32	244.90	235.76	398.01	388.24	344.62	297.67	268.51	392.25
33	250.60	241.24	407.26	397.27	352.64	304.59	274.75	401.37
34	256.60	247.02	417.01	406.77	361.07	311.88	281.32	410.97
35	262.59	252.79	426.75	416.28	369.51	319.16	287.90	420.57
36	268.59	258.56	436.49	425.78	377.95	326.45	294.47	430.18
37	274.58	264.33	446.24	435.28	386.38	333.74	301.04	439.78
38	277.88	267.50	451.60	440.51	391.02	337.74	304.66	445.06
39	281.18	270.68	456.95	445.74	395.66	341.75	308.27	450.34
40	292.27	281.36	474.98	463.32	411.27	355.23	320.43	468.10
41	303.66	292.32	493.49	481.38	427.30	369.08	332.92	486.35
42	315.65	303.86	512.98	500.39	444.17	383.65	346.07	505.55
43	327.94	315.70	532.95	519.87	461.46	398.59	359.54	525.24
44	340.83	328.10	553.90	540.30	479.60	414.26	373.67	545.88
45	354.02	340.80	575.33	561.21	498.16	430.29	388.13	567.01
46	367.81	354.08	597.74	583.07	517.57	447.05	403.25	589.09
47	382.20	367.93	621.13	605.88	537.81	464.53	419.03	612.14
48	397.18	382.36	645.48	629.64	558.90	482.75	435.46	636.14
49	412.77	397.36	670.82	654.35	580.84	501.70	452.55	661.11
50	428.96	412.94	697.12	680.01	603.62	521.37	470.30	687.03
51	445.75	429.10	724.40	706.62	627.24	541.77	488.70	713.92
52	463.13	445.84	752.66	734.19	651.70	562.91	507.76	741.77
53	481.12	463.15	781.89	762.70	677.01	584.77	527.48	770.57
54	500.00	481.33	812.58	792.64	703.59	607.72	548.19	800.82
55	519.49	500.09	844.25	823.52	731.00	631.40	569.55	832.03
56	539.87	519.71	877.37	855.84	759.69	656.18	591.90	864.67
57	560.85	539.91	911.47	889.10	789.21	681.68	614.90	898.28
58	582.74	560.98	947.04	923.79	820.01	708.28	638.89	933.33
59	605.52	582.91	984.06	959.91	852.06	735.97	663.87	969.82
60	629.20	605.71	1,022.55	997.45	885.39	764.75	689.83	1,007.75
61	653.78	629.37	1,062.48	1,036.41	919.98	794.63	716.78	1,047.11
62	653.78	629.37	1,062.48	1,036.41	919.98	794.63	716.78	1,047.11
63	653.78	629.37	1,062.48	1,036.41	919.98	794.63	716.78	1,047.11
64+	653.78	629.37	1,062.48	1,036.41	919.98	794.63	716.78	1,047.11

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Rates Effective January 1, 2021
Appendix I-D

	94506DC0350017	94506DC0350018	94506DC0350019	94506DC0350028	94506DC0350020	94506DC0350022
Age	KP DC Platinum 500/10/Vision/Sel	KP DC Gold 0/20/Vision/Sel	KP DC Gold 1000/20/Vision/Sel	KP DC Gold 1500/20/Vision/Sel	KP DC Gold 1700/0%/HSA/Vision/Sel	KP DC Gold 500/20/Vision/Sel
20 and Under	305.05	283.91	269.59	265.66	257.29	274.74
21	339.10	315.60	299.68	295.31	286.01	305.41
22	339.10	315.60	299.68	295.31	286.01	305.41
23	339.10	315.60	299.68	295.31	286.01	305.41
24	339.10	315.60	299.68	295.31	286.01	305.41
25	339.10	315.60	299.68	295.31	286.01	305.41
26	339.10	315.60	299.68	295.31	286.01	305.41
27	339.10	315.60	299.68	295.31	286.01	305.41
28	347.03	322.98	306.69	302.22	292.69	312.55
29	354.50	329.93	313.29	308.72	298.99	319.27
30	363.36	338.17	321.12	316.44	306.46	327.25
31	372.69	346.86	329.36	324.56	314.33	335.65
32	381.08	354.67	336.78	331.87	321.41	343.22
33	389.95	362.92	344.62	339.59	328.89	351.20
34	399.27	371.60	352.86	347.71	336.75	359.60
35	408.60	380.28	361.11	355.84	344.62	368.00
36	417.93	388.96	369.35	363.96	352.49	376.40
37	427.26	397.65	377.59	372.09	360.36	384.80
38	432.39	402.42	382.13	376.56	364.69	389.43
39	437.52	407.20	386.66	381.02	369.01	394.05
40	454.78	423.26	401.92	396.05	383.57	409.59
41	472.51	439.76	417.58	411.49	398.52	425.55
42	491.16	457.12	434.07	427.74	414.26	442.36
43	510.29	474.92	450.97	444.39	430.39	459.58
44	530.35	493.59	468.70	461.86	447.30	477.64
45	550.87	512.69	486.83	479.73	464.61	496.13
46	572.33	532.66	505.80	498.42	482.71	515.45
47	594.71	553.49	525.58	517.92	501.59	535.62
48	618.04	575.20	546.19	538.23	521.26	556.62
49	642.29	597.77	567.63	559.35	541.72	578.47
50	667.48	621.21	589.89	581.28	562.96	601.15
51	693.60	645.52	612.97	604.03	584.99	624.68
52	720.65	670.70	636.88	627.59	607.81	649.04
53	748.64	696.75	661.62	651.97	631.42	674.25
54	778.03	724.10	687.59	677.56	656.20	700.71
55	808.35	752.32	714.38	703.96	681.77	728.02
56	840.06	781.84	742.41	731.58	708.52	756.59
57	872.71	812.22	771.27	760.02	736.06	785.99
58	906.76	843.91	801.36	789.67	764.78	816.66
59	942.21	876.91	832.69	820.54	794.68	848.59
60	979.06	911.20	865.25	852.63	825.76	881.77
61	1,017.30	946.80	899.04	885.93	858.02	916.22
62	1,017.30	946.80	899.04	885.93	858.02	916.22
63	1,017.30	946.80	899.04	885.93	858.02	916.22
64+	1,017.30	946.80	899.04	885.93	858.02	916.22

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group**

**Rates Effective April 1, 2021
Appendix II-A**

	94506DC0350001	94506DC0350002	94506DC0350023	94506DC0350004	94506DC0350005	94506DC0350025	94506DC0350006	94506DC0350021
Age	KP DC Platinum 0/10/Vision	KP DC Platinum 500/10/Vision	KP DC Platinum HMO Plus 0/10/Vision	KP DC Gold 0/20/Vision	KP DC Gold 1000/20/Vision	KP DC Gold 1500/20/Vision	KP DC Gold 1700/0%/HSA/Vision	KP DC Gold 500/20/Vision
20 and Under	300.75	292.19	312.77	271.94	258.22	254.45	246.43	263.15
21	334.31	324.80	347.68	302.29	287.05	282.85	273.94	292.52
22	334.31	324.80	347.68	302.29	287.05	282.85	273.94	292.52
23	334.31	324.80	347.68	302.29	287.05	282.85	273.94	292.52
24	334.31	324.80	347.68	302.29	287.05	282.85	273.94	292.52
25	334.31	324.80	347.68	302.29	287.05	282.85	273.94	292.52
26	334.31	324.80	347.68	302.29	287.05	282.85	273.94	292.52
27	334.31	324.80	347.68	302.29	287.05	282.85	273.94	292.52
28	342.13	332.40	355.81	309.36	293.76	289.47	280.35	299.36
29	349.49	339.55	363.46	316.02	300.08	295.69	286.37	305.80
30	358.23	348.04	372.55	323.92	307.58	303.08	293.53	313.45
31	367.42	356.97	382.12	332.23	315.48	310.86	301.07	321.49
32	375.70	365.01	390.72	339.72	322.58	317.87	307.85	328.74
33	384.44	373.50	399.81	347.62	330.09	325.26	315.01	336.38
34	393.64	382.44	409.38	355.93	337.98	333.04	322.55	344.43
35	402.83	391.37	418.94	364.25	345.88	340.82	330.08	352.48
36	412.03	400.31	428.51	372.57	353.78	348.60	337.62	360.52
37	421.23	409.24	438.07	380.88	361.67	356.39	345.16	368.57
38	426.29	414.16	443.33	385.46	366.02	360.67	349.30	373.00
39	431.34	419.07	448.59	390.03	370.36	364.95	353.45	377.42
40	448.36	435.60	466.29	405.42	384.97	379.34	367.39	392.31
41	465.83	452.58	484.46	421.22	399.97	394.13	381.71	407.60
42	484.23	470.45	503.59	437.85	415.77	409.69	396.78	423.70
43	503.08	488.77	523.20	454.90	431.95	425.64	412.23	440.19
44	522.86	507.98	543.76	472.78	448.93	442.37	428.43	457.49
45	543.09	527.64	564.81	491.07	466.31	459.49	445.01	475.20
46	564.24	548.19	586.80	510.20	484.47	477.39	462.34	493.71
47	586.32	569.64	609.76	530.16	503.42	496.06	480.43	513.02
48	609.31	591.97	633.67	550.95	523.16	515.51	499.27	533.14
49	633.22	615.21	658.54	572.57	543.69	535.75	518.87	554.06
50	658.05	639.33	684.37	595.02	565.01	556.76	539.21	575.79
51	683.81	664.35	711.15	618.31	587.13	578.54	560.31	598.32
52	710.48	690.26	738.89	642.43	610.03	601.11	582.17	621.66
53	738.07	717.07	767.58	667.38	633.72	624.45	604.78	645.80
54	767.04	745.22	797.71	693.57	658.59	648.96	628.52	671.15
55	796.93	774.26	828.80	720.60	684.26	674.25	653.01	697.31
56	828.20	804.64	861.32	748.87	711.11	700.71	678.63	724.67
57	860.39	835.91	894.79	777.98	738.74	727.94	705.01	752.83
58	893.96	868.53	929.70	808.34	767.57	756.35	732.52	782.21
59	928.91	902.48	966.05	839.94	797.58	785.92	761.15	812.79
60	965.24	937.78	1,003.83	872.79	828.77	816.65	790.92	844.57
61	1,002.93	974.40	1,043.04	906.87	861.14	848.55	821.82	877.56
62	1,002.93	974.40	1,043.04	906.87	861.14	848.55	821.82	877.56
63	1,002.93	974.40	1,043.04	906.87	861.14	848.55	821.82	877.56
64+	1,002.93	974.40	1,043.04	906.87	861.14	848.55	821.82	877.56

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

Market: District of Columbia Small Group

Rates Effective April 1, 2021

Appendix II-B

	94506DC0350026	94506DC0350024	94506DC0350010	94506DC0350008	94506DC0350011	94506DC0350009	94506DC0350027	94506DC0350012
Age	KP DC Gold DHMO Plus 1500/20/Vision	KP DC Gold HMO Plus 0/20/Vision	KP DC Silver 2000/30/HSA/Vision	KP DC Silver 2000/40/Vision	KP DC Silver 2500/30/HSA/Vision	KP DC Silver 2500/40/Vision	KP DC Silver DHMO Plus 2000/40/Vision	KP DC Bronze 6500/55/Vision
20 and Under	264.63	282.82	223.91	228.74	214.99	226.16	237.89	205.00
21	294.17	314.38	248.90	254.27	238.98	251.40	264.44	227.88
22	294.17	314.38	248.90	254.27	238.98	251.40	264.44	227.88
23	294.17	314.38	248.90	254.27	238.98	251.40	264.44	227.88
24	294.17	314.38	248.90	254.27	238.98	251.40	264.44	227.88
25	294.17	314.38	248.90	254.27	238.98	251.40	264.44	227.88
26	294.17	314.38	248.90	254.27	238.98	251.40	264.44	227.88
27	294.17	314.38	248.90	254.27	238.98	251.40	264.44	227.88
28	301.05	321.73	254.72	260.21	244.57	257.28	270.62	233.21
29	307.52	328.65	260.20	265.81	249.83	262.81	276.44	238.23
30	315.21	336.87	266.71	272.45	256.08	269.38	283.35	244.18
31	323.31	345.52	273.55	279.45	262.65	276.30	290.63	250.45
32	330.59	353.30	279.72	285.75	268.57	282.52	297.18	256.09
33	338.28	361.52	286.22	292.39	274.81	289.09	304.09	262.05
34	346.37	370.17	293.07	299.39	281.39	296.01	311.36	268.32
35	354.46	378.82	299.92	306.38	287.96	302.93	318.64	274.59
36	362.56	387.47	306.76	313.38	294.54	309.84	325.91	280.86
37	370.65	396.11	313.61	320.37	301.11	316.76	333.19	287.13
38	375.10	400.87	317.38	324.22	304.73	320.56	337.19	290.57
39	379.55	405.63	321.14	328.07	308.34	324.37	341.19	294.02
40	394.52	421.63	333.81	341.01	320.51	337.16	354.65	305.62
41	409.90	438.06	346.82	354.30	333.00	350.30	368.47	317.53
42	426.08	455.36	360.52	368.29	346.15	364.13	383.02	330.07
43	442.67	473.09	374.55	382.63	359.62	378.31	397.93	342.92
44	460.07	491.68	389.27	397.67	373.76	393.18	413.57	356.40
45	477.88	510.71	404.34	413.05	388.22	408.40	429.58	370.19
46	496.49	530.60	420.09	429.14	403.34	424.30	446.31	384.61
47	515.91	551.36	436.52	445.93	419.12	440.90	463.77	399.66
48	536.14	572.98	453.64	463.42	435.56	458.19	481.96	415.33
49	557.19	595.47	471.44	481.61	452.65	476.17	500.87	431.63
50	579.04	618.82	489.93	500.49	470.40	494.85	520.51	448.55
51	601.70	643.04	509.10	520.08	488.81	514.21	540.88	466.11
52	625.17	668.12	528.96	540.36	507.88	534.27	561.98	484.29
53	649.44	694.06	549.50	561.35	527.60	555.02	583.80	503.10
54	674.94	721.31	571.07	583.38	548.31	576.80	606.72	522.84
55	701.24	749.42	593.33	606.12	569.68	599.28	630.36	543.22
56	728.75	778.82	616.61	629.90	592.03	622.80	655.10	564.53
57	757.08	809.09	640.57	654.38	615.04	647.00	680.56	586.48
58	786.62	840.66	665.57	679.91	639.04	672.25	707.11	609.36
59	817.37	873.53	691.59	706.49	664.02	698.53	734.75	633.18
60	849.33	907.69	718.63	734.12	689.99	725.85	763.49	657.94
61	882.51	943.14	746.70	762.80	716.94	754.20	793.32	683.64
62	882.51	943.14	746.70	762.80	716.94	754.20	793.32	683.64
63	882.51	943.14	746.70	762.80	716.94	754.20	793.32	683.64
64+	882.51	943.14	746.70	762.80	716.94	754.20	793.32	683.64

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

Market: District of Columbia Small Group

Rates Effective April 1, 2021

Appendix II-C

	94506DC0350015	94506DC0350014	94506DC0360004	94506DC0360005	94506DC0360003	94506DC0360002	94506DC0360001	94506DC0350016
Age	KP DC Bronze 7000/0%/HSA/Vision	7000/50/20%/HSA/Vision	KP DC Platinum 0/10/POS/Vision	KP DC Platinum 500/10/POS/Vision	KP DC Gold 1000/20/POS/Vision	KP DC Silver 2500/40/POS/Vision	KP DC Bronze 6500/55/POS/Vision	KP DC Platinum 0/10/Vision/Sel
20 and Under	197.16	189.80	320.42	312.56	277.44	239.64	216.16	315.78
21	219.17	210.99	356.19	347.44	308.41	266.39	240.29	351.03
22	219.17	210.99	356.19	347.44	308.41	266.39	240.29	351.03
23	219.17	210.99	356.19	347.44	308.41	266.39	240.29	351.03
24	219.17	210.99	356.19	347.44	308.41	266.39	240.29	351.03
25	219.17	210.99	356.19	347.44	308.41	266.39	240.29	351.03
26	219.17	210.99	356.19	347.44	308.41	266.39	240.29	351.03
27	219.17	210.99	356.19	347.44	308.41	266.39	240.29	351.03
28	224.30	215.92	364.51	355.57	315.62	272.62	245.91	359.24
29	229.12	220.56	372.35	363.21	322.41	278.48	251.20	366.96
30	234.85	226.08	381.66	372.29	330.47	285.44	257.48	376.14
31	240.88	231.88	391.46	381.85	338.95	292.77	264.09	385.79
32	246.30	237.11	400.28	390.46	346.59	299.36	270.04	394.49
33	252.03	242.62	409.59	399.54	354.65	306.33	276.32	403.66
34	258.06	248.43	419.39	409.09	363.13	313.66	282.93	413.32
35	264.09	254.23	429.19	418.65	371.62	320.98	289.54	422.97
36	270.12	260.03	438.98	428.21	380.10	328.31	296.15	432.63
37	276.15	265.84	448.78	437.77	388.59	335.64	302.76	442.29
38	279.46	269.03	454.17	443.03	393.25	339.67	306.40	447.60
39	282.78	272.22	459.56	448.28	397.92	343.70	310.03	452.91
40	293.94	282.96	477.69	465.97	413.62	357.26	322.26	470.78
41	305.39	293.99	496.31	484.13	429.74	371.18	334.82	489.12
42	317.45	305.60	515.90	503.24	446.70	385.84	348.04	508.44
43	329.81	317.50	535.99	522.84	464.10	400.86	361.59	528.23
44	342.77	329.98	557.06	543.39	482.34	416.62	375.81	549.00
45	356.04	342.75	578.62	564.42	501.00	432.74	390.35	570.24
46	369.91	356.10	601.15	586.40	520.52	449.60	405.55	592.45
47	384.38	370.03	624.67	609.34	540.88	467.18	421.42	615.63
48	399.45	384.54	649.17	633.24	562.09	485.51	437.94	639.77
49	415.13	399.63	674.64	658.09	584.15	504.56	455.13	664.88
50	431.41	415.30	701.10	683.89	607.06	524.35	472.98	690.95
51	448.29	431.55	728.54	710.66	630.82	544.87	491.49	717.99
52	465.77	448.38	756.95	738.38	655.42	566.12	510.66	746.00
53	483.86	465.80	786.35	767.05	680.87	588.10	530.49	774.97
54	502.86	484.08	817.22	797.16	707.60	611.19	551.31	805.39
55	522.45	502.95	849.06	828.22	735.17	635.00	572.80	836.77
56	542.95	522.68	882.38	860.72	764.02	659.92	595.27	869.61
57	564.05	543.00	916.67	894.18	793.72	685.57	618.41	903.41
58	586.06	564.18	952.44	929.06	824.69	712.32	642.54	938.65
59	608.97	586.24	989.68	965.38	856.93	740.17	667.66	975.35
60	632.79	609.16	1,028.38	1,003.14	890.44	769.11	693.77	1,013.50
61	657.51	632.96	1,068.56	1,042.32	925.23	799.16	720.87	1,053.09
62	657.51	632.96	1,068.56	1,042.32	925.23	799.16	720.87	1,053.09
63	657.51	632.96	1,068.56	1,042.32	925.23	799.16	720.87	1,053.09
64+	657.51	632.96	1,068.56	1,042.32	925.23	799.16	720.87	1,053.09

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

Market: District of Columbia Small Group

Rates Effective April 1, 2021

Appendix II-D

	94506DC0350017	94506DC0350018	94506DC0350019	94506DC0350028	94506DC0350020	94506DC0350022
Age	KP DC Platinum 500/10/Vision/Sel	KP DC Gold 0/20/Vision/Sel	KP DC Gold 1000/20/Vision/Sel	KP DC Gold 1500/20/Vision/Sel	1700/0%/HSA/Vision/Se l	KP DC Gold 500/20/Vision/Sel
20 and Under	306.79	285.53	271.13	267.18	258.76	276.31
21	341.04	317.40	301.40	297.00	287.64	307.15
22	341.04	317.40	301.40	297.00	287.64	307.15
23	341.04	317.40	301.40	297.00	287.64	307.15
24	341.04	317.40	301.40	297.00	287.64	307.15
25	341.04	317.40	301.40	297.00	287.64	307.15
26	341.04	317.40	301.40	297.00	287.64	307.15
27	341.04	317.40	301.40	297.00	287.64	307.15
28	349.01	324.82	308.44	303.94	294.36	314.33
29	356.52	331.81	315.08	310.48	300.69	321.09
30	365.43	340.10	322.95	318.24	308.21	329.12
31	374.81	348.83	331.24	326.41	316.12	337.57
32	383.26	356.69	338.71	333.77	323.25	345.17
33	392.17	364.99	346.58	341.53	330.76	353.20
34	401.55	373.72	354.88	349.70	338.68	361.65
35	410.94	382.45	363.17	357.87	346.59	370.10
36	420.32	391.18	371.46	366.04	354.50	378.55
37	429.70	399.92	379.75	374.21	362.42	387.00
38	434.86	404.72	384.31	378.70	366.77	391.65
39	440.02	409.52	388.87	383.20	371.12	396.30
40	457.38	425.67	404.21	398.31	385.76	411.93
41	475.20	442.26	419.96	413.84	400.79	427.98
42	493.97	459.73	436.55	430.18	416.62	444.88
43	513.20	477.63	453.54	446.93	432.84	462.20
44	533.37	496.40	471.37	464.50	449.85	480.37
45	554.01	515.61	489.61	482.47	467.26	498.96
46	575.59	535.70	508.68	501.26	485.46	518.39
47	598.11	556.65	528.58	520.87	504.45	538.67
48	621.56	578.48	549.31	541.30	524.24	559.80
49	645.96	601.18	570.87	562.54	544.81	581.77
50	671.29	624.76	593.25	584.60	566.18	604.58
51	697.56	649.21	616.47	607.48	588.33	628.24
52	724.77	674.53	640.52	631.17	611.28	652.75
53	752.91	700.73	665.39	655.69	635.02	678.10
54	782.47	728.23	691.51	681.42	659.94	704.71
55	812.96	756.61	718.46	707.98	685.66	732.17
56	844.86	786.30	746.65	735.76	712.57	760.90
57	877.69	816.86	775.67	764.35	740.26	790.48
58	911.94	848.73	805.93	794.18	769.14	821.32
59	947.59	881.91	837.44	825.22	799.21	853.43
60	984.65	916.40	870.19	857.50	830.47	886.81
61	1,023.12	952.20	904.19	891.00	862.91	921.45
62	1,023.12	952.20	904.19	891.00	862.91	921.45
63	1,023.12	952.20	904.19	891.00	862.91	921.45
64+	1,023.12	952.20	904.19	891.00	862.91	921.45

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group**

**Rates Effective July 1, 2021
Appendix III-A**

	94506DC0350001	94506DC0350002	94506DC0350023	94506DC0350004	94506DC0350005	94506DC0350025	94506DC0350006	94506DC0350021
Age	KP DC Platinum 0/10/Vision	KP DC Platinum 500/10/Vision	KP DC Platinum HMO Plus 0/10/Vision	KP DC Gold 0/20/Vision	KP DC Gold 1000/20/Vision	KP DC Gold 1500/20/Vision	KP DC Gold 1700/0%/HSA/Vision	KP DC Gold 500/20/Vision
20 and Under	302.46	293.86	314.56	273.49	259.70	255.90	247.84	264.65
21	336.22	326.66	349.67	304.02	288.69	284.47	275.50	294.19
22	336.22	326.66	349.67	304.02	288.69	284.47	275.50	294.19
23	336.22	326.66	349.67	304.02	288.69	284.47	275.50	294.19
24	336.22	326.66	349.67	304.02	288.69	284.47	275.50	294.19
25	336.22	326.66	349.67	304.02	288.69	284.47	275.50	294.19
26	336.22	326.66	349.67	304.02	288.69	284.47	275.50	294.19
27	336.22	326.66	349.67	304.02	288.69	284.47	275.50	294.19
28	344.08	334.30	357.84	311.13	295.44	291.12	281.95	301.07
29	351.48	341.48	365.54	317.82	301.79	297.38	288.01	307.55
30	360.27	350.02	374.68	325.76	309.33	304.81	295.21	315.23
31	369.52	359.01	384.30	334.13	317.28	312.64	302.79	323.33
32	377.85	367.10	392.95	341.66	324.42	319.68	309.61	330.61
33	386.63	375.63	402.09	349.60	331.97	327.12	316.81	338.30
34	395.88	384.62	411.71	357.96	339.91	334.94	324.39	346.39
35	405.13	393.61	421.33	366.33	347.85	342.77	331.97	354.49
36	414.38	402.59	430.95	374.69	355.79	350.59	339.55	362.58
37	423.63	411.58	440.57	383.06	363.74	358.42	347.13	370.67
38	428.72	416.52	445.86	387.66	368.10	362.72	351.30	375.13
39	433.81	421.46	451.15	392.26	372.47	367.03	355.46	379.58
40	450.92	438.09	468.95	407.73	387.16	381.51	369.49	394.55
41	468.49	455.16	487.22	423.62	402.25	396.37	383.89	409.93
42	486.99	473.14	506.46	440.35	418.14	412.03	399.04	426.11
43	505.95	491.56	526.18	457.49	434.42	428.07	414.58	442.70
44	525.84	510.88	546.87	475.47	451.49	444.89	430.88	460.11
45	546.19	530.65	568.03	493.87	468.97	462.11	447.55	477.91
46	567.46	551.32	590.15	513.11	487.23	480.11	464.98	496.53
47	589.66	572.89	613.24	533.18	506.29	498.89	483.17	515.95
48	612.79	595.35	637.29	554.09	526.15	518.46	502.12	536.18
49	636.83	618.72	662.30	575.84	546.80	538.80	521.83	557.23
50	661.81	642.98	688.27	598.42	568.24	559.93	542.29	579.08
51	687.71	668.14	715.21	621.84	590.48	581.84	563.51	601.74
52	714.53	694.20	743.10	646.09	613.51	604.54	585.49	625.21
53	742.28	721.16	771.96	671.18	637.33	628.02	608.23	649.49
54	771.42	749.47	802.26	697.53	662.35	652.67	632.10	674.98
55	801.48	778.68	833.52	724.71	688.16	678.10	656.74	701.29
56	832.93	809.23	866.23	753.15	715.16	704.71	682.51	728.80
57	865.30	840.68	899.90	782.42	742.96	732.10	709.03	757.13
58	899.06	873.48	935.01	812.95	771.95	760.66	736.70	786.67
59	934.21	907.63	971.56	844.73	802.13	790.40	765.50	817.43
60	970.74	943.13	1,009.56	877.77	833.50	821.31	795.44	849.39
61	1,008.66	979.97	1,049.00	912.06	866.06	853.40	826.50	882.57
62	1,008.66	979.97	1,049.00	912.06	866.06	853.40	826.50	882.57
63	1,008.66	979.97	1,049.00	912.06	866.06	853.40	826.50	882.57
64+	1,008.66	979.97	1,049.00	912.06	866.06	853.40	826.50	882.57

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

Market: District of Columbia Small Group

Rates Effective July 1, 2021

Appendix III-B

	94506DC0350026	94506DC0350024	94506DC0350010	94506DC0350008	94506DC0350011	94506DC0350009	94506DC0350027	94506DC0350012
Age	KP DC Gold DHMO Plus 1500/20/Vision	KP DC Gold HMO Plus 0/20/Vision	KP DC Silver 2000/30/HSA/Vision	KP DC Silver 2000/40/Vision	KP DC Silver 2500/30/HSA/Vision	KP DC Silver 2500/40/Vision	KP DC Silver DHMO Plus 2000/40/Vision	KP DC Bronze 6500/55/Vision
20 and Under	266.14	284.43	225.19	230.04	216.21	227.45	239.24	206.17
21	295.85	316.18	250.32	255.72	240.35	252.84	265.95	229.18
22	295.85	316.18	250.32	255.72	240.35	252.84	265.95	229.18
23	295.85	316.18	250.32	255.72	240.35	252.84	265.95	229.18
24	295.85	316.18	250.32	255.72	240.35	252.84	265.95	229.18
25	295.85	316.18	250.32	255.72	240.35	252.84	265.95	229.18
26	295.85	316.18	250.32	255.72	240.35	252.84	265.95	229.18
27	295.85	316.18	250.32	255.72	240.35	252.84	265.95	229.18
28	302.77	323.57	256.18	261.70	245.97	258.75	272.17	234.54
29	309.28	330.53	261.69	267.33	251.26	264.31	278.02	239.59
30	317.01	338.79	268.23	274.01	257.54	270.92	284.97	245.58
31	325.15	347.49	275.11	281.04	264.15	277.88	292.29	251.88
32	332.48	355.32	281.31	287.38	270.10	284.14	298.87	257.55
33	340.21	363.58	287.85	294.06	276.38	290.74	305.82	263.54
34	348.35	372.28	294.74	301.09	282.99	297.70	313.14	269.85
35	356.49	380.98	301.63	308.13	289.60	304.65	320.45	276.15
36	364.62	389.68	308.51	315.16	296.22	311.61	327.77	282.46
37	372.76	398.37	315.40	322.20	302.83	318.57	335.09	288.76
38	377.24	403.16	319.19	326.07	306.47	322.39	339.11	292.23
39	381.72	407.94	322.98	329.94	310.10	326.22	343.13	295.70
40	396.77	424.03	335.72	342.95	322.33	339.08	356.67	307.36
41	412.24	440.56	348.80	356.32	334.90	352.30	370.57	319.34
42	428.51	457.96	362.57	370.39	348.12	366.21	385.20	331.95
43	445.20	475.79	376.69	384.81	361.68	380.47	400.20	344.88
44	462.70	494.49	391.50	399.93	375.89	395.42	415.93	358.43
45	480.60	513.62	406.65	415.41	390.44	410.73	432.03	372.30
46	499.32	533.63	422.49	431.59	405.65	426.72	448.86	386.80
47	518.86	554.51	439.01	448.48	421.51	443.42	466.41	401.94
48	539.20	576.25	456.23	466.06	438.04	460.81	484.71	417.70
49	560.37	598.87	474.13	484.35	455.24	478.89	503.73	434.09
50	582.34	622.35	492.73	503.35	473.09	497.67	523.48	451.11
51	605.13	646.71	512.01	523.05	491.60	517.15	543.97	468.77
52	628.73	671.93	531.98	543.45	510.78	537.32	565.18	487.05
53	653.15	698.03	552.64	564.55	530.61	558.18	587.13	505.97
54	678.79	725.42	574.33	586.71	551.44	580.10	610.18	525.83
55	705.24	753.69	596.71	609.57	572.93	602.70	633.96	546.32
56	732.91	783.27	620.13	633.49	595.41	626.35	658.83	567.75
57	761.40	813.71	644.23	658.12	618.55	650.69	684.44	589.82
58	791.10	845.46	669.36	683.79	642.68	676.08	711.14	612.83
59	822.03	878.51	695.53	710.53	667.81	702.51	738.95	636.79
60	854.18	912.87	722.74	738.31	693.93	729.99	767.85	661.70
61	887.55	948.53	750.96	767.16	721.04	758.51	797.84	687.54
62	887.55	948.53	750.96	767.16	721.04	758.51	797.84	687.54
63	887.55	948.53	750.96	767.16	721.04	758.51	797.84	687.54
64+	887.55	948.53	750.96	767.16	721.04	758.51	797.84	687.54

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

Market: District of Columbia Small Group

Rates Effective July 1, 2021

Appendix III-C

	94506DC0350015	94506DC0350014	94506DC0360004	94506DC0360005	94506DC0360003	94506DC0360002	94506DC0360001	94506DC0350016
Age	KP DC Bronze 7000/0%/HSA/Vision	7000/50/20%/HSA/Vision	KP DC Platinum 0/10/POS/Vision	KP DC Platinum 500/10/POS/Vision	KP DC Gold 1000/20/POS/Vision	KP DC Silver 2500/40/POS/Vision	KP DC Bronze 6500/55/POS/Vision	KP DC Platinum 0/10/Vision/Sel
20 and Under	198.29	190.88	322.25	314.34	279.02	241.01	217.40	317.58
21	220.42	212.19	358.22	349.43	310.17	267.91	241.66	353.03
22	220.42	212.19	358.22	349.43	310.17	267.91	241.66	353.03
23	220.42	212.19	358.22	349.43	310.17	267.91	241.66	353.03
24	220.42	212.19	358.22	349.43	310.17	267.91	241.66	353.03
25	220.42	212.19	358.22	349.43	310.17	267.91	241.66	353.03
26	220.42	212.19	358.22	349.43	310.17	267.91	241.66	353.03
27	220.42	212.19	358.22	349.43	310.17	267.91	241.66	353.03
28	225.57	217.15	366.59	357.60	317.42	274.17	247.31	361.29
29	230.43	221.82	374.48	365.29	324.25	280.07	252.63	369.06
30	236.19	227.37	383.84	374.42	332.35	287.07	258.95	378.28
31	242.25	233.21	393.69	384.03	340.89	294.44	265.60	388.00
32	247.71	238.46	402.56	392.68	348.57	301.07	271.58	396.74
33	253.47	244.01	411.93	401.82	356.67	308.07	277.89	405.96
34	259.53	249.84	421.78	411.43	365.21	315.44	284.54	415.68
35	265.60	255.68	431.63	421.04	373.74	322.82	291.19	425.39
36	271.66	261.52	441.49	430.65	382.27	330.19	297.84	435.10
37	277.72	267.36	451.34	440.27	390.80	337.56	304.49	444.81
38	281.06	270.57	456.76	445.55	395.50	341.61	308.14	450.15
39	284.39	273.78	462.18	450.84	400.19	345.66	311.80	455.49
40	295.61	284.58	480.42	468.62	415.98	359.30	324.10	473.46
41	307.13	295.67	499.14	486.89	432.19	373.30	336.73	491.92
42	319.26	307.34	518.85	506.11	449.25	388.04	350.03	511.34
43	331.69	319.31	539.05	525.82	466.75	403.15	363.66	531.25
44	344.73	331.86	560.24	546.49	485.09	419.00	377.95	552.13
45	358.07	344.70	581.92	567.64	503.86	435.21	392.58	573.50
46	372.02	358.13	604.58	589.75	523.49	452.16	407.87	595.83
47	386.57	372.14	628.24	612.82	543.97	469.85	423.82	619.14
48	401.73	386.73	652.87	636.85	565.30	488.28	440.44	643.42
49	417.50	401.91	678.49	661.84	587.49	507.44	457.73	668.67
50	433.87	417.67	705.10	687.80	610.52	527.34	475.68	694.90
51	450.85	434.01	732.70	714.71	634.42	547.97	494.29	722.09
52	468.43	450.94	761.27	742.59	659.16	569.35	513.57	750.26
53	486.62	468.46	790.84	771.43	684.76	591.46	533.52	779.39
54	505.72	486.84	821.88	801.71	711.64	614.68	554.46	809.98
55	525.43	505.82	853.91	832.95	739.37	638.63	576.07	841.55
56	546.05	525.66	887.41	865.63	768.38	663.69	598.67	874.57
57	567.27	546.09	921.91	899.28	798.25	689.48	621.94	908.56
58	589.41	567.40	957.87	934.37	829.39	716.38	646.20	944.01
59	612.45	589.58	995.32	970.89	861.82	744.39	671.47	980.92
60	636.40	612.64	1,034.25	1,008.86	895.52	773.50	697.73	1,019.28
61	661.26	636.57	1,074.65	1,048.28	930.51	803.72	724.98	1,059.09
62	661.26	636.57	1,074.65	1,048.28	930.51	803.72	724.98	1,059.09
63	661.26	636.57	1,074.65	1,048.28	930.51	803.72	724.98	1,059.09
64+	661.26	636.57	1,074.65	1,048.28	930.51	803.72	724.98	1,059.09

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

Market: District of Columbia Small Group

Rates Effective July 1, 2021

Appendix III-D

	94506DC0350017	94506DC0350018	94506DC0350019	94506DC0350028	94506DC0350020	94506DC0350022
Age	KP DC Platinum 500/10/Vision/Sel	KP DC Gold 0/20/Vision/Sel	KP DC Gold 1000/20/Vision/Sel	KP DC Gold 1500/20/Vision/Sel	1700/0%/HSA/Vision/Se I	KP DC Gold 500/20/Vision/Sel
20 and Under	308.54	287.16	272.68	268.70	260.23	277.88
21	342.98	319.21	303.11	298.69	289.28	308.90
22	342.98	319.21	303.11	298.69	289.28	308.90
23	342.98	319.21	303.11	298.69	289.28	308.90
24	342.98	319.21	303.11	298.69	289.28	308.90
25	342.98	319.21	303.11	298.69	289.28	308.90
26	342.98	319.21	303.11	298.69	289.28	308.90
27	342.98	319.21	303.11	298.69	289.28	308.90
28	351.01	326.68	310.20	305.68	296.04	316.13
29	358.55	333.70	316.87	312.25	302.41	322.92
30	367.52	342.04	324.80	320.06	309.97	331.00
31	376.95	350.83	333.13	328.28	317.93	339.50
32	385.45	358.73	340.64	335.67	325.09	347.14
33	394.41	367.07	348.56	343.48	332.65	355.22
34	403.84	375.85	356.90	351.69	340.61	363.71
35	413.28	384.63	365.24	359.91	348.57	372.21
36	422.72	393.42	373.58	368.13	356.53	380.71
37	432.15	402.20	381.92	376.35	364.48	389.21
38	437.34	407.03	386.50	380.87	368.86	393.88
39	442.53	411.86	391.09	385.38	373.24	398.56
40	459.99	428.10	406.52	400.59	387.96	414.28
41	477.91	444.79	422.36	416.20	403.08	430.42
42	496.79	462.35	439.04	432.63	419.00	447.42
43	516.13	480.35	456.13	449.48	435.31	464.84
44	536.42	499.23	474.06	467.15	452.42	483.11
45	557.17	518.55	492.41	485.22	469.93	501.81
46	578.88	538.75	511.58	504.12	488.23	521.35
47	601.52	559.83	531.60	523.84	507.33	541.75
48	625.11	581.78	552.44	544.39	527.23	562.99
49	649.64	604.61	574.13	565.75	547.92	585.09
50	675.12	628.32	596.64	587.94	569.41	608.03
51	701.54	652.91	619.99	610.95	591.69	631.83
52	728.90	678.38	644.17	634.78	614.77	656.47
53	757.21	704.72	669.19	659.43	638.64	681.96
54	786.93	732.39	695.45	685.31	663.71	708.73
55	817.60	760.93	722.56	712.02	689.57	736.35
56	849.68	790.78	750.91	739.96	716.63	765.25
57	882.70	821.52	780.09	768.72	744.49	794.99
58	917.14	853.57	810.53	798.71	773.53	826.01
59	953.00	886.94	842.22	829.93	803.77	858.30
60	990.27	921.63	875.16	862.39	835.21	891.87
61	1,028.94	957.63	909.33	896.07	867.84	926.70
62	1,028.94	957.63	909.33	896.07	867.84	926.70
63	1,028.94	957.63	909.33	896.07	867.84	926.70
64+	1,028.94	957.63	909.33	896.07	867.84	926.70

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group**

**Rates Effective October 1, 2021
Appendix IV-A**

	94506DC0350001	94506DC0350002	94506DC0350023	94506DC0350004	94506DC0350005	94506DC0350025	94506DC0350006	94506DC0350021
Age	KP DC Platinum 0/10/Vision	KP DC Platinum 500/10/Vision	KP DC Platinum HMO Plus 0/10/Vision	KP DC Gold 0/20/Vision	KP DC Gold 1000/20/Vision	KP DC Gold 1500/20/Vision	KP DC Gold 1700/0%/HSA/Vision	KP DC Gold 500/20/Vision
20 and Under	304.19	295.53	316.35	275.05	261.18	257.36	249.25	266.16
21	338.14	328.52	351.66	305.75	290.33	286.09	277.08	295.87
22	338.14	328.52	351.66	305.75	290.33	286.09	277.08	295.87
23	338.14	328.52	351.66	305.75	290.33	286.09	277.08	295.87
24	338.14	328.52	351.66	305.75	290.33	286.09	277.08	295.87
25	338.14	328.52	351.66	305.75	290.33	286.09	277.08	295.87
26	338.14	328.52	351.66	305.75	290.33	286.09	277.08	295.87
27	338.14	328.52	351.66	305.75	290.33	286.09	277.08	295.87
28	346.05	336.20	359.89	312.90	297.12	292.78	283.55	302.79
29	353.49	343.43	367.62	319.63	303.51	299.08	289.65	309.30
30	362.33	352.02	376.82	327.62	311.10	306.55	296.89	317.03
31	371.63	361.06	386.49	336.04	319.09	314.42	304.52	325.17
32	380.00	369.19	395.20	343.61	326.28	321.51	311.38	332.50
33	388.84	377.78	404.39	351.60	333.86	328.98	318.62	340.23
34	398.14	386.81	414.06	360.01	341.85	336.85	326.24	348.37
35	407.44	395.85	423.74	368.42	349.84	344.72	333.86	356.51
36	416.75	404.89	433.41	376.83	357.82	352.59	341.48	364.65
37	426.05	413.93	443.08	385.24	365.81	360.46	349.11	372.79
38	431.17	418.90	448.41	389.87	370.21	364.79	353.30	377.27
39	436.28	423.87	453.73	394.49	374.60	369.12	357.49	381.74
40	453.49	440.59	471.62	410.06	389.37	383.68	371.59	396.80
41	471.17	457.76	490.01	426.04	404.55	398.64	386.08	412.27
42	489.77	475.84	509.35	442.86	420.52	414.38	401.32	428.55
43	508.84	494.36	529.19	460.10	436.90	430.51	416.95	445.23
44	528.84	513.79	549.99	478.19	454.07	447.43	433.34	462.73
45	549.31	533.68	571.27	496.69	471.64	464.75	450.10	480.64
46	570.70	554.46	593.52	516.04	490.01	482.85	467.64	499.36
47	593.03	576.15	616.74	536.23	509.18	501.74	485.93	518.89
48	616.28	598.75	640.92	557.25	529.15	521.41	504.99	539.24
49	640.47	622.25	666.08	579.12	549.92	541.88	524.80	560.41
50	665.58	646.65	692.20	601.83	571.48	563.13	545.38	582.38
51	691.63	671.95	719.29	625.39	593.85	585.16	566.73	605.17
52	718.61	698.16	747.34	649.78	617.01	607.99	588.83	628.78
53	746.52	725.28	776.37	675.01	640.97	631.60	611.70	653.20
54	775.82	753.75	806.84	701.51	666.13	656.39	635.71	678.83
55	806.05	783.12	838.28	728.85	692.09	681.97	660.48	705.29
56	837.68	813.85	871.17	757.45	719.24	708.73	686.40	732.96
57	870.24	845.48	905.03	786.89	747.20	736.28	713.08	761.45
58	904.19	878.47	940.35	817.59	776.35	765.00	740.90	791.16
59	939.54	912.81	977.11	849.55	806.70	794.91	769.87	822.09
60	976.28	948.51	1,015.32	882.78	838.25	826.00	799.97	854.24
61	1,014.42	985.56	1,054.98	917.25	870.99	858.27	831.23	887.61
62	1,014.42	985.56	1,054.98	917.25	870.99	858.27	831.23	887.61
63	1,014.42	985.56	1,054.98	917.25	870.99	858.27	831.23	887.61
64+	1,014.42	985.56	1,054.98	917.25	870.99	858.27	831.23	887.61

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

Market: District of Columbia Small Group

Rates Effective October 1, 2021

Appendix IV-B

	94506DC0350026	94506DC0350024	94506DC0350010	94506DC0350008	94506DC0350011	94506DC0350009	94506DC0350027	94506DC0350012
Age	KP DC Gold DHMO Plus 1500/20/Vision	KP DC Gold HMO Plus 0/20/Vision	KP DC Silver 2000/30/HSA/Vision	KP DC Silver 2000/40/Vision	KP DC Silver 2500/30/HSA/Vision	KP DC Silver 2500/40/Vision	KP DC Silver DHMO Plus 2000/40/Vision	KP DC Bronze 6500/55/Vision
20 and Under	267.66	286.05	226.47	231.35	217.45	228.75	240.61	207.35
21	297.54	317.98	251.75	257.18	241.72	254.28	267.47	230.49
22	297.54	317.98	251.75	257.18	241.72	254.28	267.47	230.49
23	297.54	317.98	251.75	257.18	241.72	254.28	267.47	230.49
24	297.54	317.98	251.75	257.18	241.72	254.28	267.47	230.49
25	297.54	317.98	251.75	257.18	241.72	254.28	267.47	230.49
26	297.54	317.98	251.75	257.18	241.72	254.28	267.47	230.49
27	297.54	317.98	251.75	257.18	241.72	254.28	267.47	230.49
28	304.50	325.42	257.64	263.19	247.37	260.22	273.72	235.88
29	311.04	332.42	263.18	268.85	252.69	265.82	279.61	240.95
30	318.82	340.73	269.76	275.57	259.01	272.47	286.60	246.98
31	327.01	349.47	276.68	282.65	265.66	279.46	293.95	253.32
32	334.37	357.35	282.92	289.02	271.64	285.76	300.58	259.02
33	342.15	365.66	289.50	295.74	277.96	292.40	307.57	265.05
34	350.33	374.40	296.42	302.81	284.61	299.40	314.92	271.39
35	358.52	383.15	303.35	309.89	291.26	306.39	322.28	277.73
36	366.70	391.90	310.27	316.96	297.91	313.39	329.64	284.07
37	374.89	400.65	317.20	324.04	304.56	320.38	337.00	290.41
38	379.39	405.46	321.01	327.93	308.21	324.23	341.05	293.90
39	383.89	410.27	324.82	331.82	311.87	328.08	345.09	297.39
40	399.04	426.45	337.63	344.91	324.17	341.02	358.71	309.12
41	414.59	443.07	350.79	358.35	336.81	354.31	372.69	321.16
42	430.96	460.57	364.64	372.50	350.11	368.30	387.40	333.85
43	447.74	478.50	378.84	387.01	363.74	382.64	402.49	346.85
44	465.34	497.31	393.73	402.22	378.04	397.68	418.31	360.48
45	483.35	516.56	408.97	417.78	392.67	413.07	434.49	374.43
46	502.17	536.68	424.90	434.05	407.96	429.16	451.42	389.01
47	521.82	557.67	441.52	451.03	423.92	445.95	469.08	404.23
48	542.28	579.54	458.83	468.72	440.54	463.44	487.47	420.08
49	563.56	602.28	476.84	487.12	457.83	481.62	506.60	436.57
50	585.66	625.90	495.54	506.22	475.79	500.51	526.47	453.69
51	608.58	650.40	514.93	526.03	494.41	520.10	547.07	471.44
52	632.32	675.77	535.02	546.55	513.69	540.38	568.41	489.83
53	656.88	702.01	555.79	567.77	533.64	561.37	590.48	508.85
54	682.66	729.56	577.61	590.06	554.59	583.41	613.66	528.83
55	709.26	757.99	600.12	613.05	576.20	606.14	637.58	549.44
56	737.09	787.74	623.67	637.11	598.81	629.92	662.59	570.99
57	765.74	818.35	647.91	661.87	622.08	654.41	688.35	593.19
58	795.62	850.28	673.18	687.70	646.35	679.94	715.20	616.33
59	826.72	883.52	699.50	714.58	671.62	706.52	743.16	640.43
60	859.06	918.08	726.86	742.53	697.89	734.15	772.23	665.47
61	892.62	953.94	755.25	771.53	725.15	762.83	802.40	691.47
62	892.62	953.94	755.25	771.53	725.15	762.83	802.40	691.47
63	892.62	953.94	755.25	771.53	725.15	762.83	802.40	691.47
64+	892.62	953.94	755.25	771.53	725.15	762.83	802.40	691.47

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

Market: District of Columbia Small Group

Rates Effective October 1, 2021

Appendix IV-C

	94506DC0350015	94506DC0350014	94506DC0360004	94506DC0360005	94506DC0360003	94506DC0360002	94506DC0360001	94506DC0350016
Age	KP DC Bronze 7000/0%/HSA/Vision	7000/50/20%/HSA/Vision	KP DC Platinum 0/10/POS/Vision	KP DC Platinum 500/10/POS/Vision	KP DC Gold 1000/20/POS/Vision	KP DC Silver 2500/40/POS/Vision	KP DC Bronze 6500/55/POS/Vision	KP DC Platinum 0/10/Vision/Sel
20 and Under	199.42	191.97	324.09	316.13	280.62	242.38	218.64	319.40
21	221.68	213.40	360.26	351.42	311.94	269.44	243.04	355.05
22	221.68	213.40	360.26	351.42	311.94	269.44	243.04	355.05
23	221.68	213.40	360.26	351.42	311.94	269.44	243.04	355.05
24	221.68	213.40	360.26	351.42	311.94	269.44	243.04	355.05
25	221.68	213.40	360.26	351.42	311.94	269.44	243.04	355.05
26	221.68	213.40	360.26	351.42	311.94	269.44	243.04	355.05
27	221.68	213.40	360.26	351.42	311.94	269.44	243.04	355.05
28	226.86	218.39	368.69	359.64	319.23	275.74	248.72	363.35
29	231.74	223.09	376.61	367.37	326.10	281.67	254.07	371.16
30	237.53	228.67	386.03	376.56	334.25	288.71	260.42	380.44
31	243.63	234.54	395.94	386.22	342.83	296.12	267.11	390.21
32	249.12	239.82	404.86	394.92	350.56	302.79	273.13	399.00
33	254.92	245.40	414.28	404.11	358.71	309.83	279.48	408.28
34	261.01	251.27	424.19	413.78	367.29	317.24	286.17	418.05
35	267.11	257.14	434.10	423.44	375.87	324.66	292.85	427.81
36	273.21	263.01	444.01	433.11	384.45	332.07	299.54	437.58
37	279.31	268.88	453.92	442.78	393.03	339.48	306.22	447.35
38	282.66	272.11	459.37	448.10	397.75	343.56	309.90	452.72
39	286.02	275.34	464.82	453.41	402.47	347.64	313.58	458.09
40	297.30	286.20	483.16	471.30	418.35	361.35	325.95	476.16
41	308.89	297.35	501.99	489.67	434.65	375.43	338.65	494.72
42	321.08	309.10	521.81	509.00	451.82	390.26	352.02	514.26
43	333.58	321.13	542.13	528.82	469.41	405.45	365.73	534.28
44	346.70	333.75	563.44	549.61	487.86	421.39	380.11	555.28
45	360.11	346.67	585.24	570.88	506.74	437.69	394.82	576.77
46	374.14	360.17	608.03	593.11	526.48	454.74	410.19	599.23
47	388.78	374.26	631.82	616.31	547.07	472.53	426.24	622.68
48	404.02	388.94	656.60	640.48	568.53	491.06	442.96	647.09
49	419.88	404.20	682.37	665.62	590.84	510.33	460.34	672.49
50	436.34	420.05	709.13	691.72	614.01	530.35	478.39	698.86
51	453.42	436.49	736.88	718.79	638.04	551.10	497.11	726.21
52	471.10	453.52	765.62	746.83	662.92	572.60	516.50	754.54
53	489.40	471.13	795.35	775.83	688.67	594.83	536.56	783.84
54	508.61	489.62	826.57	806.28	715.70	618.18	557.62	814.61
55	528.43	508.70	858.78	837.70	743.59	642.27	579.35	846.35
56	549.16	528.66	892.48	870.57	772.77	667.47	602.09	879.56
57	570.51	549.21	927.17	904.41	802.80	693.42	625.49	913.75
58	592.77	570.64	963.34	939.70	834.12	720.47	649.89	949.40
59	615.94	592.95	1,001.00	976.43	866.73	748.64	675.30	986.51
60	640.03	616.14	1,040.15	1,014.62	900.63	777.92	701.71	1,025.10
61	665.04	640.20	1,080.78	1,054.26	935.82	808.31	729.12	1,065.14
62	665.04	640.20	1,080.78	1,054.26	935.82	808.31	729.12	1,065.14
63	665.04	640.20	1,080.78	1,054.26	935.82	808.31	729.12	1,065.14
64+	665.04	640.20	1,080.78	1,054.26	935.82	808.31	729.12	1,065.14

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

Market: District of Columbia Small Group

Rates Effective October 1, 2021

Appendix IV-D

	94506DC0350017	94506DC0350018	94506DC0350019	94506DC0350028	94506DC0350020	94506DC0350022
Age	KP DC Platinum 500/10/Vision/Sel	KP DC Gold 0/20/Vision/Sel	KP DC Gold 1000/20/Vision/Sel	KP DC Gold 1500/20/Vision/Sel	1700/0%/HSA/Vision/Se l	KP DC Gold 500/20/Vision/Sel
20 and Under	310.31	288.80	274.23	270.23	261.72	279.47
21	344.94	321.03	304.84	300.40	290.93	310.67
22	344.94	321.03	304.84	300.40	290.93	310.67
23	344.94	321.03	304.84	300.40	290.93	310.67
24	344.94	321.03	304.84	300.40	290.93	310.67
25	344.94	321.03	304.84	300.40	290.93	310.67
26	344.94	321.03	304.84	300.40	290.93	310.67
27	344.94	321.03	304.84	300.40	290.93	310.67
28	353.01	328.54	311.97	307.42	297.73	317.93
29	360.60	335.61	318.68	314.03	304.14	324.77
30	369.61	344.00	326.65	321.88	311.74	332.89
31	379.10	352.83	335.04	330.15	319.74	341.43
32	387.64	360.78	342.58	337.59	326.95	349.12
33	396.66	369.17	350.55	345.44	334.55	357.24
34	406.15	378.00	358.94	353.70	342.55	365.79
35	415.64	386.83	367.32	361.97	350.56	374.34
36	425.13	395.66	375.71	370.23	358.56	382.88
37	434.62	404.49	384.10	378.49	366.56	391.43
38	439.84	409.35	388.71	383.04	370.97	396.13
39	445.06	414.21	393.32	387.58	375.37	400.83
40	462.61	430.55	408.84	402.87	390.17	416.64
41	480.64	447.33	424.77	418.57	405.38	432.88
42	499.62	464.99	441.54	435.10	421.39	449.97
43	519.07	483.10	458.73	452.04	437.80	467.49
44	539.48	502.08	476.77	469.81	455.00	485.87
45	560.35	521.51	495.22	487.99	472.61	504.67
46	582.18	541.83	514.50	507.00	491.02	524.33
47	604.95	563.02	534.63	526.83	510.23	544.84
48	628.68	585.10	555.60	547.49	530.24	566.21
49	653.35	608.06	577.40	568.98	551.05	588.43
50	678.97	631.91	600.04	591.29	572.66	611.50
51	705.54	656.64	623.53	614.43	595.07	635.43
52	733.06	682.25	647.85	638.40	618.28	660.22
53	761.53	708.75	673.01	663.19	642.29	685.86
54	791.42	736.57	699.42	689.22	667.50	712.78
55	822.26	765.27	726.68	716.08	693.51	740.55
56	854.53	795.30	755.19	744.18	720.72	769.61
57	887.74	826.21	784.54	773.10	748.73	799.52
58	922.38	858.44	815.16	803.27	777.95	830.72
59	958.44	892.00	847.02	834.67	808.36	863.20
60	995.92	926.89	880.15	867.31	839.97	896.95
61	1,034.82	963.09	914.52	901.19	872.79	932.00
62	1,034.82	963.09	914.52	901.19	872.79	932.00
63	1,034.82	963.09	914.52	901.19	872.79	932.00
64+	1,034.82	963.09	914.52	901.19	872.79	932.00

SERFF Tracking #:

KPMA-132346497

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: 2021 DC Small Group
Project Name/Number: /

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

Supporting Document Schedules

Satisfied - Item:	Actuarial Justification
Comments:	
Attachment(s):	2021 DC Small Group Actuarial Memorandum and Exhibits v2.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	2021 DC Small Group Actuarial Memorandum and Exhibits v2.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	2021 DC Small Group Actuarial Memorandum and Exhibits v2.pdf
Item Status:	
Status Date:	

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

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

Satisfied - Item:	Cover Letter
Comments:	
Attachment(s):	DC 2021 Small Group Rate Filing Cover Letter.pdf
Item Status:	
Status Date:	

SERFF Tracking #:

KPMA-132346497

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: 2021 DC Small Group
Project Name/Number: /

Satisfied - Item:	DISB Actuarial Memorandum Dataset
Comments:	
Attachment(s):	Kaiser Small Group DC Actuarial_Memo_Dataset_2021 v2.xlsx Kaiser Small Group DC Actuarial_Memo_Dataset_2021 v2.pdf
Item Status:	
Status Date:	

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

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

Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	Unified_Rate_Review_Template v5.2 DC SG v2.xlsm Unified_Rate_Review_Template v5.2 DC SG v2.pdf
Item Status:	
Status Date:	

Satisfied - Item:	District of Columbia Plain Language Summary
Comments:	
Attachment(s):	2021_DC_SG_Part_II_Justification_Plain_Language_Summary v2.pdf
Item Status:	
Status Date:	

Satisfied - Item:	AV Screenshots
Comments:	
Attachment(s):	2021 DC SG AV Screenshots.xlsx
Item Status:	
Status Date:	

SERFF Tracking #:

KPMA-132346497

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:

2021 DC Small Group

Project Name/Number:

/

Satisfied - Item:	Absolute Maximum Premium Increase
Comments:	
Attachment(s):	Absolute Maximum Premium Increase Exhibit 2021 v2.xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Rate Filing Checklist
Comments:	
Attachment(s):	2021_DC_KPIF_SG_rate_filing_checklist_v1.pdf
Item Status:	
Status Date:	

Satisfied - Item:	AV and Cost Sharing Design
Comments:	
Attachment(s):	2021 DC SG Actuarial Value and Cost-Sharing Design.xlsx
Item Status:	
Status Date:	

SERFF Tracking #:

KPMA-132346497

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:

2021 DC Small Group

Project Name/Number:

/

Attachment Kaiser Small Group DC Actuarial_Memo_Dataset_2021 v2.xlsx is not a PDF document and cannot be reproduced here.

Attachment Unified_Rate_Review_Template v5.2 DC SG v2.xlsm is not a PDF document and cannot be reproduced here.

Attachment 2021 DC SG AV Screenshots.xlsx is not a PDF document and cannot be reproduced here.

Attachment Absolute Maximum Premium Increase Exhibit 2021 v2.xlsx is not a PDF document and cannot be reproduced here.

Attachment 2021 DC SG Actuarial Value and Cost-Sharing Design.xlsx is not a PDF document and cannot be reproduced here.

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
District of Columbia - 2021 Small Group Rate Filing
Part III – Actuarial Memorandum and Certification

Form Numbers:

DC-SG-GOLD-0-20-VISION-HMO-COST(01-21)HIX, DC-SG-PLATINUM-0-10-VISION-HMO-COST(01-21)HIX, DC-SG-BRONZE-6500-55-VISION-DHMO-COST(01-21)HIX, DC-SG-GOLD-500-20-VISION-DHMO-COST(01-21)HIX, DC-SG-GOLD-1000-20-VISION-DHMO-COST(01-21)HIX, DC-SG-GOLD-1500-20-VISION-DHMO-COST(01-21)HIX, DC-SG-PLATINUM-500-10-VISION-DHMO-COST(01-21)HIX, DC-SG-SILVER-2000-40-VISION-DHMO-COST(01-21)HIX, DC-SG-SILVER-2500-40-VISION-DHMO-COST(01-21)HIX, DC-SG-BRONZE-7000-0%-HSA-VISION-HDHP-COST(01-21)HIX, DC-SG-BRONZE-7000-50-20%-HSA-VISION-HDHP-COST(01-21)HIX, DC-SG-GOLD-1700-0%-HSA-VISION-HDHP-COST(01-21)HIX, DC-SG-SILVER-2000-30-HSA-VISION-HDHP-COST(01-21)HIX, DC-SG-SILVER-2500-30-HSA-VISION-HDHP-COST(01-21)HIX, DC-SG-BRONZE-6500-55-POS-VISION-COST(01-21)HIX, DC-SG-GOLD-1000-20-POS-VISION-COST(01-21)HIX, DC-SG-PLATINUM-0-10-POS-VISION-COST(01-21)HIX, DC-SG-PLATINUM-500-10-POS-VISION-COST(01-21)HIX, DC-SG-SILVER-2500-40-POS-VISION-COST(01-21)HIX, DC-SG-GOLD-0-20-HMOPLUS-VISION-COST(01-21)HIX, DC-SG-GOLD-1500-20-DHMOPLUS-VISION-COST(01-21)HIX, DC-SG-PLATINUM-0-10-HMOPLUS-VISION-COST(01-21)HIX, DC-SG-SILVER-2000-40-DHMOPLUS-VISION-COST(01-21)HIX, DC-SG-GOLD-0-20-VISION-HMO-RX(01-21)HIX, DC-SG-PLATINUM-0-10-VISION-HMO-RX(01-21)HIX, DC-SG-BRONZE-6500-55-VISION-DHMO-RX(01-21)HIX, DC-SG-GOLD-500-20-VISION-DHMO-RX(01-21)HIX, DC-SG-GOLD-1000-20-VISION-DHMO-RX(01-21)HIX, DC-SG-GOLD-1500-20-VISION-DHMO-RX(01-21)HIX, DC-SG-PLATINUM-500-10-VISION-DHMO-RX(01-21)HIX, DC-SG-SILVER-2000-40-VISION-DHMO-RX(01-21)HIX, DC-SG-SILVER-2500-40-VISION-DHMO-RX(01-21)HIX, DC-SG-BRONZE-7000-0%-HSA-VISION-HDHP-RX(01-21)HIX, DC-SG-BRONZE-7000-50-20%-HSA-VISION-HDHP-RX(01-21)HIX, DC-SG-GOLD-1700-0%-HSA-VISION-HDHP-RX(01-21)HIX, DC-SG-SILVER-2000-30-HSA-VISION-HDHP-RX(01-21)HIX, DC-SG-SILVER-2500-30-HSA-VISION-HDHP-RX(01-21)HIX, DC-SG-BRONZE-6500-55-VISION-POS-RX(01-21)HIX, DC-SG-GOLD-1000-20-VISION-POS-RX(01-21)HIX, DC-SG-PLATINUM-0-10-VISION-POS-RX(01-21)HIX, DC-SG-PLATINUM-500-10-VISION-POS-RX(01-21)HIX, DC-SG-SILVER-2500-40-VISION-POS-RX(01-21)HIX, DC-SG-GOLD-0-20-HMOPLUS-VISION-RX(01-21)HIX, DC-SG-GOLD-1500-20-DHMOPLUS-VISION-RX(01-21)HIX, DC-SG-PLATINUM-0-10-HMOPLUS-VISION-RX(01-21)HIX, DC-SG-SILVER-2000-40-DHMOPLUS-VISION-RX(01-21)HIX, DC-SG-PED-DENTAL(01-21)HIX, DC-SG-PED-DENTAL-FEE(01-21)

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
District of Columbia - 2021 Small Group Rate Filing
Part III – Actuarial Memorandum and Certification**

1. Purpose

This document contains the Part III Actuarial Memorandum for Kaiser Foundation Health Plan (“KFHP”) of the Mid-Atlantic States’ Small Group business segment rates in the District of Columbia, with effective dates during 2021. Rates are guaranteed for 12 months starting on a Small Group’s effective date. These products are offered on the District of Columbia Marketplace (“the Exchange.”) This rate filing applies to new and renewal business on a guaranteed issue basis with no age limitations. This filing does not cover grandfathered products that existed prior to 2021. This actuarial memorandum is submitted in conjunction with the Part I Unified Rate Review Template (“URRT”) and is in compliance with 45 CFR § 156.215. The purpose of the actuarial memorandum is to provide certain information related to the submission of premium rate filings, including support for the values entered in the Part I URRT. This memorandum may not be appropriate for other purposes.

All products offered are comprehensive medical plans and range from no-deductible HMO style plans to high-deductible Health Savings Account (“HSA”) qualified plans as well as Point of Service style plans. All products include pediatric dental benefits and cover all required Essential Health Benefits (“EHBs”).

2. General Information Section

Company Identifying Information

Company Legal Name:	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
State:	District of Columbia
HIOS Issuer ID:	94506
Market:	Individual Market On Exchange
Effective Date:	January 1, 2021

Company Contact Information

Primary Contact Name:	Stephen Chuang
Primary Contact Telephone Number:	301-816-5854
Primary Contact Email Address:	Stephen.Chuang@kp.org
Secondary Contact Name:	Mia Chen
Secondary Contact Telephone Number:	301-816-6622
Secondary Contact Email Address:	Zhuoying.Chen@kp.org

3. Proposed Rate Changes

All current benefit plans are renewing in 2021 and two new plans are introduced. Primary factors that affect the rate change for the renewing plans are:

- Claims experience of the single risk pool different than projected in the previous year.

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- Medical inflation.
- Changes in population morbidity and demographic make-up of the pool.
- Risk adjustment transfer payments into the district-wide risk adjustment pool.
- Benefit plan design adjustments, including those made to comply with Actuarial Value (“AV”) requirements which results in varying rate changes by plan.
- Federal and District taxes and fees.

The proposed average rate change is 0.0%. The average rate change does not indicate that every member’s rate will change by this amount as rates are affected by the ages of those covered and benefits chosen.

Covid-19: Initial estimates for the impact of Covid-19 on 2021 experience are still being understood. Its impact on member, medical expense, and risk adjustment are still highly uncertain and change on a frequent basis. We do not assume any Covid-19 impacts on 2021 experience in this rate filing. If/When firmer assumptions are developed, we will include them in this rate filing as appropriate.

Proposed rates by plan can be found in the Appendix.

4. Market Experience

4.1. Experience and Current Period Premium, Claims and Enrollment

Premium

Data for experience period and current period premiums through February 2020 is pulled from KFHP’s data base which reflects premiums paid by policy holders. No MLR rebates were required for the experience period.

Claims

The experience period claims for the Individual and Small Group single risk pool are shown in Exhibit 2.

The claims data is for the incurred period January 2019 through December 2019 and paid through February 2020, including estimates for incurred but not reported claims. Net cost data from internal cost systems (i.e., the cost for medical services delivered within our integrated delivery system), fee for service claims, capitations and prescription drug claims net of drug rebates are aggregated to determine annual claims. Allowed claims are calculated based on system paid claims divided by the experience period paid benefit to allowed ratio expected for the plans offered in the experience period plus dental capitations.

Incurred but not reported estimates for non-capitated services are developed using the completion factor method consistent with KFHP’s monthly reserve estimate process. The

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completion factors are based on all commercial claims which includes Individual, Small Group and Large Group business segments. Except for capitated expenses, all claims are processed by KFHP’s internal systems. Capitated expenses are based on a monthly contractual PMPM amount paid to the vendor. Capitated and non-capitated expenses are shown separately in Exhibit 2.

Enrollment

Experience period and current period enrollment as of February 2020 is pulled from KFHP’s member data base. Experience period member months can be found on Exhibit 2.

4.2. Benefit Categories

Claims are assigned to one of the following benefit service categories: Inpatient Hospital, Outpatient Hospital, Professional, Other Medical, Capitation and Prescription Drugs. The categorization is derived from each claim’s specific information on services rendered, the location of service, and the type of provider. The categorization is an automated process within KFHP’s data warehouse. Examples of services by benefit category include:

Benefit Category	Services
Inpatient Hospital	Inpatient Facility, Inpatient Visits, Inpatient Surgery, Maternity
Outpatient Hospital	Outpatient Facility, Emergency/Urgent Care, Outpatient Surgery
Professional	Diagnostic Services, Office Visits, Cardiovascular, Dialysis, PT/OT/ST
Other Medical	Other Services
Capitation	Dental
Prescription Drug	Pharmacy

4.3. Projection Factors

4.3.1 Trend Factors

Projected trend factors are based on a mixture of expected industry trends, future fixed costs, and expected internalization of services, i.e., movement of medical care delivery between contracted external providers and our integrated delivery system. As an integrated health care provider, the majority of KFHP’s expenses are the fixed costs associated with providing medical care through Kaiser owned facilities. Therefore, the projected cost that is included in our total revenue requirement is primarily based on budgeting.

For traditional carriers, projected cost per service and utilization per member trends are developed to project expected future costs. However, given KFHP’s fixed cost structure, KFHP’s projected claims trends largely stem from the development of budgeted costs for the rating year. For the period from 2019 to 2021, our projected total annualized medical expense trend for the ACA market is 2.3%.

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Exhibit 4 includes an allocation of trend into cost and utilization service categories which is derived for use in the URRT.

4.3.2 Adjustments to Trended EHB Allowed Claims PMPM

Morbidity Adjustment

For the rating period, enrollees on average are expected to have per member per month (PMPM) costs that are similar to the PMPM costs of members in the experience period data. The expected relative cost of new members coming into the pool is expected to be lower than the cost of continuously enrolled members. A net morbidity factor reflecting the relative difference in cost is applied to projected claims. Development of this factor is shown in Exhibit 5.

Demographic Shift

Base period claims experience is adjusted for the average mix of population by age in the experience period membership. The average age factor is developed by applying the District of Columbia (“DC”) standard age curve to experience period member months. The same calculation is performed for projected rating period membership, which is based on actual KFHP enrolled members for the current period adjusted for expected distribution changes in the rating period. The projected age factor used is the closest rounded-age factor from the DC standard age curve. The projected allowed claims are then multiplied by the change in the average age factor from the experience to the rating period. The development of the average age factor is shown in Exhibit 6.

Plan Design Changes

All plans have cost sharing in the rating period that generates different levels of utilization adjustments when compared with the experience period plans. The net impact is reflected as the change in average utilization for the pool in Exhibit 8. This is calculated by dividing the average utilization adjustment in the projection period by the base period average utilization. Changes from the experience period to the projection period may include, but is not limited to, updates to Kaiser’s benefit factor rating model and member mix changes across plans in the projection period compared to the experience period.

Other Adjustments

No adjustments or factors, other than those previously discussed in this section, have been used to project the experience period allowed claims to the projection period.

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4.3.3 Manual Rate Adjustments

KFHP considers the experience period data to be fully credible, and has not employed the use of additional, external claims data to develop a manual rate.

4.3.4 Credibility of Experience

KFHP had approximately 84,000 covered lives in the single risk pool for the experience period, which is considered fully credible. Actuarial Standard of Practice #25 was considered when making this determination.

4.3.5 Establishing the Index Rate

The experience period data includes claims for non-EHBs. Claims for non-EHBs were removed from the allowed amount by applying the experience period ratio of EHB claims to total claims to the experience period allowed amounts. The non-EHB removal ratio is shown in Exhibit 9.

4.3.6 Development of the Market-wide Adjusted Index Rate (“MAIR”)

Calculation of the MAIR is shown on Exhibit 1. The factors used in the calculation, e.g. demographic adjustment, are described above and in the section immediately below.

Paid to Allowed Ratio

The projected 2021 paid to allowed ratio is calculated as the average effective plan design factor. The average plan design accounts for the projected member distribution across the available plans.

Reinsurance

Reinsurance is currently not applicable.

Risk Adjustment

KFHP’s experience period risk adjustment transfer for the Individual pool is estimated to be (\$59.98) PMPM. The projected risk adjustment transfer of (\$71.08) PMPM is based on expected experience period results by metal tier projected to the rating year.

Exhibit 10 shows KFHP’s experience period and projection period risk adjustment transfers which could include the impact of CMS changes to the risk adjustment transfer formula. The experience period transfer estimate is based on an ongoing study by a third-party consulting firm. The projected transfer PMPMs by metal level are adjusted for assumed risk

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scores for continuing and future new members entering the pool vs experience period risk scores. Anticipated market average premium increases and projected KFHP enrollment mix between metal levels also impacts the overall average transfer PMPM.

Exchange User Fees

Because DC's Exchange is not operated as a Federally Facilitated Marketplace, there is no load in the development of the MAIR for Exchange User Fees. Note that administrative expenses on Exhibit 11 include an amount for expected DC Exchange Assessment costs.

4.4. Plan Adjusted Index Rate ("PAIR")

Allowable plan level modifiers are applied to the MAIR to develop PAIRs which are shown on Exhibit 12. Allowable adjustments used in rate development include the following:

Non-EHB Adjustment

Rating period non-EHB covered benefits are added back to plan rates as a multiplier when calculating the Plan Adjusted Index Rate for each plan. Development of the non-EHB multiplier is shown in Exhibit 9.

Plan Level Adjustments

An adjustment accounting for differences in network, if applicable, is applied at the plan level. Network adjustments, shown on Exhibit 7, are unchanged from prior years.

Plan level benefit richness factors are applied based on the metal level of the specific plan. Factors indicate the level of induced demand expected at the different metal levels. The induced demand factors are published by CMS in the annual Notice of Benefit and Payment Parameters.

Plan design adjustments accounting for differences in cost sharing between plans have been developed using a consultant's Managed Care Rating Model calibrated with Kaiser-specific data.

Catastrophic Plan Adjustment

A catastrophic specific plan adjustment, when applicable, accounts for the eligibility requirements for consumers eligible to purchase the catastrophic plan compared to the entire pool.

Retention (Administrative Expense, Taxes & Fees, Profit & Risk Margin)

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Retention amounts for the experience period and rating period are shown on Exhibit 11. Projected retention is added uniformly across all plans.

4.5. Calibration

Calibration of the Plan Adjusted Index Rates is necessary in order to calculate Consumer Adjusted Premium Rates. The Plan Adjusted Index Rates are developed for the average member within the Single Risk Pool. Based upon the allowable rating parameters, factors are developed to calibrate the Plan Adjusted Index Rates to generate Consumer Adjusted Premium Rates. The calibrated Plan Adjusted Index Rates have been defined as Base Rates, and the calibration factors are applied uniformly to all plans in the single risk pool.

Age Curve Calibration

The determination of the calibration factor is based upon the DC Standard Age Curve and KFHP internal current period enrollment data. A weighted average age factor is calculated as the product of the enrollment by age and the unadjusted DC age factors. The projected age factor used is the interpolated age factor from the DC standard age curve. The Plan Adjusted Index Rates are then multiplied by the ratio of the age 21 factor and the projected age factor to adjust to rates for an individual aged 21. This ratio, or calibration factor, is 0.707. The development of the average age and calibration factors is shown in Exhibit 6.

Area Factor Calibration

KFHP does not vary rates by rating area, therefore the area calibration factor is 1.00.

4.6. Consumer Adjusted Premium Rate Development

Age 21 Plan Adjusted Index Rates are shown on Exhibit 12. The base rates are adjusted using the DC age slope factors on exhibit 6 to generate age specific rates. The age slope factor for a member is based on the member's age as of the effective date of coverage and remains unchanged for the remainder of the policy period. Where applicable, a quarterly rate adjustment is applied depending on the quarter of the policy's effective date. Quarterly rate factors are shown on Exhibit 13. Note that only the three oldest children under the age of 21 on a family policy are rated.

5. Projected Loss Ratio

Exhibit 14 provides an estimate of the Medical Loss Ratio (MLR) based upon assumptions in this rate filing for the projection year for the specific line of business pool and for the combined Small Group and Individual line of business pools. The combined MLR is expected to be just under 104%.

Federal Medical Loss Ratio

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Using the federally prescribed methodology, we project the combined loss ratio to be just under 108%.

6. Plan Product Information

6.1. Actuarial Value (“AV”) Metal Values

The AV Metal Values were developed based on the CMS Actuarial Value calculator, as all plans’ designs were compatible with the calculator. The Federal AVs are shown on the AV screen shots submitted in the Supporting Documentation section in SERFF.

AV Pricing Values/Allowable Plan Level Adjustments

Per the URRT Instructions, the Allowable Plan Level Adjustments include plan specific adjustment factors for the Cost-Sharing Design of each plan in addition to the EHBs, and administrative costs. The effective plan design adjustment components of the plan level adjustments are calculated using a proprietary pricing model, including model updates, data reflecting a standard population, and KFHP specific data. The cost share and model changes have varying effects on each plan design which leads to non-uniform rate changes between plans. The pricing method is consistent across all plans and does not include any utilization differences due to differing health status of members in different cost-sharing designs.

The AV pricing values, i.e., plan design factors for 2021 plans have changed due to routine updates to the pricing model and/or changes to cost sharing amounts. These changes can have different effects on each plan design, which leads to non-uniform rate changes between the plans.

6.2. Membership Projections

Current year member projections are based on current year open enrollment results and expected adds and cancellations occurring throughout the remainder of the year. Rating year member projections are based on KFHP forecasts.

6.3. Plan Type

There are no plan types that are not listed in the Worksheet 2 drop-down box.

7. Miscellaneous

7.1. Reliance

All data and assumptions contained in this filing were prepared by a team of KFHP employees.

7.2. Historical Rate Revisions Effective January 1

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2016	0.2%
2017	2.0%
2018	5.0%
2019	0.0%
2020	3.0%

7.3. Estimated Average Premium

Estimated average premiums per member and per policy for the current year and projection year are shown below. The projected premium includes the requested rate increase as well as the impact of expected membership changes between products.

	Per Member Per Year	Per Policy Per Year
Current Year	\$5,383	\$7,948
Projection Year	\$5,384	\$7,950

7.4. Exhibit Table of Contents

Exhibit 1	Market Index Rate
Exhibit 2	Allowed Claim PMPMs
Exhibit 3	Capitations
Exhibit 4	Trend Factors
Exhibit 5	Morbidity Factor
Exhibit 6	Demographics
Exhibit 7	Network Factor
Exhibit 8	Utilization Adjustment
Exhibit 9	Non-Essential Health Benefit Adjustments
Exhibit 10	Risk Adjustment Projection
Exhibit 11	Retention
Exhibit 12	Plan Adjusted Index Rate
Exhibit 13	Quarterly Renewal Factors
Exhibit 14	Projected Medical Loss Ratio
Exhibit 15	Cost Share Reduction Subsidy Non-Funding Impact
Appendix 1	First Quarter Plan Rates by Age
Appendix 2	Second Quarter Plan Rates by Age
Appendix 3	Third Quarter Plan Rates by Age
Appendix 4	Fourth Quarter Plan Rates by Age

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Part III – Actuarial Memorandum and Certification

Actuarial Certification

I, Sheila A. Schroer, Executive Director and Chief Actuary, Mid-Atlantic States, for Kaiser Foundation Health Plan (KFHP), am a member in good standing 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 Individual plans sold on the Exchange. This actuarial memorandum documents the assumptions and sources of data pertaining to the development of KFHP premium rates effective January 2021.

- To the best of my knowledge and judgment, this rate filing is compliant with all applicable District of Columbia and Federal Statutes and Regulations, including 45 CFR §156.80 and §147.102, and the premiums are reasonable in relation to the benefits provided.
- Rates are developed in accordance with 45 CFR part 147.102 and only the allowable modifiers as described in 45 CFR §156.80(d)(1) and §156.80(d)(2) were used to generate plan level rates.
- The federal AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans.
- This filing is consistent with KFHP's internal business plans.
- The adjusted community rate charged can be reasonably expected to result in a medical loss ratio that, under ACA definitions, meets or exceeds the minimum requirement.

Rates, calculations and values were developed accordance with generally accepted actuarial principles and methodologies for rating blocks of business and in accordance with the Code of Professional Conduct and the following Actuarial Standards of Practice:

- ASOP No. 5, Incurred Health and Disability Claims
- ASOP No. 8, Regulatory Filings for Health Plan Entities
- ASOP No. 12, Risk Classification
- ASOP No. 23, Data Quality
- ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages
- ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans (Small Group Filings only)
- ASOP No. 41, Actuarial Communications
- ASOP No. 45, The Use of Health Status Based Risk Adjustment Methodologies
- ASOP No. 50, Determining Minimum Value and Actuarial Value under the Affordable Care Act

Qualifications:

1. The URRT does not demonstrate the process used by KFHP to develop the rates. Rather it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of Qualified Health Plans for Federally-facilitated Marketplaces, and for certification

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that the Index Rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

2. The information contained within this filing reflects the District of Columbia and Federal statutes, rules, regulations and guidance as of May 1, 2020. Changes to the applicable regulations, including but not limited to Risk Stabilization programs could have a significant impact on rate development. Subsequent changes to these statutes, rules and regulations may make these rates unacceptably deficient and would necessitate revisions to this filing.
3. Future experience is uncertain and in certain instances, assumptions were selected in an effort to achieve more affordable rates. KFHP has sufficient capital reserves as well as a diverse mix of lines of business which will allow for sustainable results for the organization, even if future results for this line of business may differ from what is projected in the filing.



Sheila A. Schroer, ASA, MAAA
Executive Director and Chief Actuary
Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
May 4, 2020

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Exhibit 1
Market Adjusted Index Rate

Source/Formula	Component	Value
(1) Exhibit 2	Experience Period Allowed PMPM	\$428.68
(2) Exhibit 9	Remove Non-EHBs Adjustment Factor	0.984
(3) = (1) x (2)	Experience Period Index Rate PMPM	\$421.98
(4) Exhibit 4	Annualized Medical Trend	2.3%
(5)	Months of Trend	24
(6) = (1+ (4)) ^ (24/12)	Trend Factor	1.047
(7) = (3) x (6)	Unadjusted Projected Allowed EHB PMPM	\$441.64
<u>Single Risk Pool Adjustments</u>		
(8) Exhibit 5	Change in Morbidity	0.998
(9) Exhibit 6	Change in Demographics	1.005
(10) Exhibit 7	Change in Network	1.000
(11) Exhibit 8	Change in Utilization	1.003
(12)	Change in Other	1.000
(13) = product (7) thru (12)	Projected Allowed EHBs PMPM	\$444.55
(14) Exhibit 12	Projected Paid to Allowed Ratio	0.895
(15) = (13) x (14)	Projected Paid EHBs PMPM	\$398.07
<u>Marketwide Adjustments</u>		
(16) Exhibit 10	Projected Risk Adj Transfer PMPM	(\$71.08)
(17) Exhibit 11	Projected Exchange User Fee Factor	1.000
(18) = [(15) - (16)] * (17)	Market Adjusted Projected Paid EHB PMPM	\$469.15
(19) = (18) / (14)	Market Adjusted Projected Allowed EHB PMPM	\$523.93
(20) Exhibit 9	Non-EHBs Loading Factor	1.010
(21) = (20) x (18)	Market Adjusted Projected Paid Total PMPM	\$473.83

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group**

**Exhibit 2
Allowed Claim PMPMs**

Pool	Member Months	Calculated Allowed	Capitation	Completion	Total
Individual Small Group	32,679	\$525.97	\$3.22	\$4.36	\$533.55
	51,108	355.46	3.22	2.95	361.63
Overall	83,787	\$421.96	\$3.22	\$3.50	\$428.68

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group**

**Exhibit 3
Capitations**

Source/Formula	Component	Combined
<i>Experience Period - Essential Health Benefits</i>		
(1) Input	Pediatric Dental PMPM	\$1.54
<i>Experience Period - Non Essential Health Benefits</i>		
(2) Input	Cosmetic Dental PMPM	\$0.60
(3) Input	Adult Dental PMPM	\$1.07
(4) = (2) + (3)	Subtotal Non EHBs PMPM	\$1.68
(5) = (1) + (4)	Experience Period - Total	\$3.22
<i>Projection Period - Essential Health Benefits</i>		
(6) Expected Contract Rate	Pediatric Dental Cap	\$11.04
(7) Exhibit 6	Percentage of Children < 21	14.5%
(8) = (6) x (7)	Pediatric Dental PMPM	\$1.60
(9) = (8)	Projection Period - Total	\$1.60

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group**

**Exhibit 4
Trend Factors**

Category	Cost	Utilization	Trend
Inpatient	3.0%	0.0%	3.0%
Outpatient	3.4%	0.2%	3.6%
Professional	1.0%	0.9%	1.9%
Other	0.5%	2.6%	3.1%
Capitation	0.0%	0.0%	0.0%
Rx	1.6%	0.7%	2.2%
Overall			2.3%

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group**

**Exhibit 5
Morbidity Factor**

	Member Months	Relative Morbidity
(1) Experience Period Single Risk Pool	83,787	1.000
(2) Continuing Experience Period Members	67,694	1.047
(3) Continuing Current Year New Members	9,990	0.977
(4) Projection Period New Members	19,196	0.839
(5) Projection Period Single Risk Pool	96,880	0.998
(6) Adjustment for Change in Risk = [(5) / (1)]		0.998

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group**

**Exhibit 6
Demographics**

Ages	DC Age Slope	Member Distribution	
		Experience Period	Current Period
0-14	0.654	11.2%	11.4%
15	0.654	0.6%	0.6%
16	0.654	0.6%	0.7%
17	0.654	0.5%	0.6%
18	0.654	0.5%	0.5%
19	0.654	0.5%	0.5%
20	0.654	0.5%	0.6%
21	0.727	0.5%	0.5%
22	0.727	0.8%	0.8%
23	0.727	1.6%	1.0%
24	0.727	1.8%	2.1%
25	0.727	2.4%	2.2%
26	0.727	3.5%	3.1%
27	0.727	4.0%	3.9%
28	0.744	4.1%	4.2%
29	0.760	4.2%	3.8%
30	0.779	4.0%	3.9%
31	0.799	3.8%	3.9%
32	0.817	3.4%	3.5%
33	0.836	3.7%	3.3%
34	0.856	3.0%	3.2%
35	0.876	2.9%	2.9%
36	0.896	2.9%	2.8%
37	0.916	2.3%	2.7%
38	0.927	2.2%	2.0%
39	0.938	2.0%	2.2%
40	0.975	2.1%	2.1%
41	1.013	1.6%	2.1%
42	1.053	1.6%	1.5%
43	1.094	1.4%	1.4%
44	1.137	1.3%	1.4%
45	1.181	1.2%	1.2%
46	1.227	1.4%	1.2%
47	1.275	1.5%	1.5%
48	1.325	1.2%	1.5%
49	1.377	1.3%	1.3%
50	1.431	1.2%	1.3%
51	1.487	1.1%	1.3%
52	1.545	1.2%	1.0%
53	1.605	1.3%	1.3%
54	1.668	1.4%	1.3%
55	1.733	1.1%	1.3%
56	1.801	1.1%	1.1%
57	1.871	1.0%	1.1%
58	1.944	1.2%	1.0%
59	2.020	1.1%	1.0%
60	2.099	1.2%	1.0%
61	2.181	1.0%	1.2%
62	2.181	0.8%	1.0%
63	2.181	0.9%	0.8%
64+	2.181	2.5%	2.7%

Demographic & Calibration Adjustment:

	Implied		
	Age	Factor	
Exp Period Avg Age Factor	41.3	1.024	(1)
Proj Period Avg Age Factor	41.4	1.029	(2)
Change in Demographics		1.005	= (2)/(1)
Age 21 Age Slope Factor		0.727	(3)
Index Rate Age Factor Calibration		0.707	= 1 / (2) x (3)

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group**

**Exhibit 7
Network Factor**

Experience Period

(1)	(2)	(3)
Network	Small Group Member Months	Network Adjustment Factor
Signature	40,152	1.000
Signature 2TPOS	1,384	1.100
Select	9,572	1.050
Overall	51,108	1.012

Projection Period

(1)	(2)	(3)	(4)
Network	Small Group Member Months	Network Adjustment Factor	Normalizing Factor
Signature	50,144	1.000	0.988
Signature 2TPOS	2,194	1.100	1.086
Select	11,624	1.050	1.037
Overall	63,962	1.013	1.000

Change in Network Factor	1.000
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**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group**

**Exhibit 8
Utilization Adjustment**

	Pool	Member Months	Utilization
<i>Experience Period</i>			
(1)	Individual	32,679	0.846
(2)	Small Group	51,108	0.884
(3)	Overall	83,787	0.869
<i>Projection Period</i>			
(4)	Individual	32,918	0.846
(5)	Small Group	63,962	0.886
(6)	Overall	96,880	0.872
<i>Change in Average Utilization</i>			
(7)	= (6) / (3)		1.003

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group**

**Exhibit 9
Non-Essential Health Benefits Adjustments**

Source/Formula	Component	Value
<i>Experience Period</i>		
(1) Exhibit 2	Completed Allowed Claims	\$428.68
(2) Input	Non-EHB Capitation	\$1.68
(3) Input	Non-EHB Non Capitation	\$5.02
(4) = (1) - (2) - (3)	EHB Completed Allowed Claims	\$421.98
(5) = (4) / (1)	Exp Period Non-EHB Removal Factor	0.984
<i>Projection Period</i>		
(6) Exhibit 1	Market Adjusted Index Rate	\$523.93
(7) Exhibit 1	Risk Adj Transfer Paid PMPM	-\$71.08
(8) Exhibit 1	Paid to Allowed Ratio	0.895
(9) = (7) x (8)	Risk Adj Transfer Allowed PMPM	-\$79.38
(10) = (6) + (9)	Market Adjusted Index Rate Prior to Risk Adj	\$444.55
(11) Input	Non-EHB Capitation	\$0.00
(12) Input	Non-EHB Non Capitation	\$5.23
(13) = sum((10) thru (12)) - (9)	Projection Period Market Adjusted Allowed Total	\$529.16
(14) = (13) / (6)	Projection Period Non-EHB Load Factor	1.010

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Exhibit 10
Risk Adjustment Projection

		Estimated 2019	Annualized Change	Projected 2021
Platinum				
(1)	Member Months	19,793		25,518
(2)	HHS Transfer % of Premium	(0.087)		(0.101)
(3)	Statewide Average Premium PMPM	\$438.02	5.0%	\$482.88
(4) = (2) x (3)	Transfer PMPM	(\$38.05)		(\$48.67)
(5) = (1) x (4)	Transfer \$	(\$753,127)		(\$1,242,067)
Gold				
(6)	Member Months	24,436		30,743
(7)	HHS Transfer % of Premium	(0.141)		(0.154)
(8)	Statewide Average Premium PMPM	\$438.02	5.0%	\$482.88
(9) = (7) x (8)	Transfer PMPM	(\$61.97)		(\$74.22)
(10) = (6) x (9)	Transfer \$	(\$1,514,322)		(\$2,281,777)
Silver				
(11)	Member Months	5,110		5,563
(12)	HHS Transfer % of Premium	(0.219)		(0.215)
(13)	Statewide Average Premium PMPM	\$438.02	5.0%	\$482.88
(14) = (12) x (13)	Transfer PMPM	(\$95.96)		(\$103.77)
(15) = (11) x (14)	Transfer \$	(\$490,360)		(\$577,274)
Bronze				
(16)	Member Months	1,769		2,138
(17)	HHS Transfer % of Premium	(0.397)		(0.431)
(18)	Statewide Average Premium PMPM	\$438.02	5.0%	\$482.88
(19) = (17) x (18)	Transfer PMPM	(\$173.77)		(\$208.15)
(20) = (16) x (19)	Transfer \$	(\$307,404)		(\$444,991)
Catastrophic				
(21)	Member Months	N/A		N/A
(22)	HHS Transfer % of Premium	N/A		N/A
(23)	Statewide Average Premium PMPM (Cat)	N/A		N/A
(24) = (22) x (23)	Transfer PMPM	N/A		N/A
(25) = (21) x (24)	Transfer \$	N/A		N/A
Combined				
(26) = (1) + (6) + (11) + (16) + (21)	Total Risk Adjustment Member Months*	51,108		63,962
(27) = (28) / (26)	Total Transfer Paid (PMPM)	(\$59.98)		(\$71.08)
(28) = (5) + (10) + (15) + (20) + (25)	Total Transfer Paid	(\$3,065,212)		(\$4,546,109)

*Federal member month counting algorithms are not consistent with KFHP counting algorithms. Experience period member months on this exhibit may not match experience periods on other exhibits.

Transfer formula:

$$T = \left[\frac{PLRS \times IDF \times GCF}{\sum_i (s_i \times PLRS_i \times IDF_i \times GCF_i)} - \frac{AV \times ARF \times IDF \times GCF}{\sum_i (s_i \times AV_i \times ARF_i \times IDF_i \times GCF_i)} \right] \bar{P}$$

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Exhibit 11
Retention

Source/Formula	Retention Item	2019 Experience		2021 Projected	
		Net PMPM	% of Premium	Net PMPM	% of Premium
(1)	Operating Expense	\$40.80	9.5%	\$42.64	9.5%
(2)	Health Care Quality	3.88	4.3%	4.06	4.6%
(3)	Commissions	18.43	0.9%	20.51	0.9%
(4) = sum (1) thru (3)	Subtotal Admin Exp	\$63.11	14.7%	\$67.20	15.0%
(5)	Exchange Assessment	\$3.99	0.9%	\$4.49	1.0%
(6)	PCORI	0.06	0.0%	0.23	0.1%
(7)	State Premium Tax	8.56	2.0%	8.97	2.0%
(8)	Federal Income Tax	0.00	0.0%	0.00	0.0%
(9)	Health Ins Provider Fee	0.00	0.0%	0.00	0.0%
(10)	Risk Adjustment Fee	0.15	0.0%	0.19	0.0%
(11) = sum (5) thru (10)	Subtotal Taxes & Fees	\$12.77	3.0%	\$13.88	3.1%
(12)	Contribution to Reserve*	(\$35.51)	-8.3%	(\$121.59)	-27.1%
(13) = (4)+(11)+(12)	Total	\$40.36	9.4%	(\$40.51)	-9.0%

***Notes:**

1. Projected Contribution to Reserve is calculated as if claims are on an Individual and Small Group combined basis.

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group**

**Exhibit 12
Plan Adjustment Index Rate Development**

	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)
Name	Market Adjusted Index Rate	Impact of Non-EHB	Non-Funding of CSR Adjustment	Network Factor	Normalized Utilization	Plan Design	Catastrophic Plan Adjustment	Pure Premium	Retention	Plan Adjusted Index Rate	Age Curve Calibration*	Area Curve Calibration	Calibrated Plan Adj Index Rate (Age 21 Base Rate)
KP DC Platinum 0/10/Vision	\$523.93	1.010	1.000	0.988	1.035	0.955	1.000	\$516.32	0.917	\$473.56	0.707	1.000	\$334.62
KP DC Platinum 500/10/Vision	523.93	1.010	1.000	0.988	1.028	0.934	1.000	501.63	0.917	460.09	0.707	1.000	325.10
KP DC Platinum HMO Plus 0/10/Vision	523.93	1.010	1.000	0.988	1.035	0.993	1.000	536.97	0.917	492.50	0.707	1.000	348.00
KP DC Gold 0/20/Vision	523.93	1.010	1.000	0.988	1.000	0.893	1.000	466.86	0.917	428.20	0.707	1.000	302.57
KP DC Gold 1000/20/Vision	523.93	1.010	1.000	0.988	0.988	0.859	1.000	443.32	0.917	406.60	0.707	1.000	287.31
KP DC Gold 1500/20/Vision	523.93	1.010	1.000	0.988	0.983	0.850	1.000	436.85	0.917	400.67	0.707	1.000	283.11
KP DC Gold 1700/0%/HSA/Vision	523.93	1.010	1.000	0.988	0.966	0.838	1.000	423.07	0.917	388.04	0.707	1.000	274.19
KP DC Gold 500/20/Vision	523.93	1.010	1.000	0.988	0.990	0.874	1.000	451.78	0.917	414.36	0.707	1.000	292.79
KP DC Gold DHMO Plus 1500/20/Vision	523.93	1.010	1.000	0.988	0.983	0.884	1.000	454.32	0.917	416.70	0.707	1.000	294.44
KP DC Gold HMO Plus 0/20/Vision	523.93	1.010	1.000	0.988	1.000	0.929	1.000	485.54	0.917	445.33	0.707	1.000	314.67
KP DC Silver 2000/30/HSA/Vision	523.93	1.010	1.000	0.988	0.944	0.779	1.000	384.42	0.917	352.58	0.707	1.000	249.13
KP DC Silver 2000/40/Vision	523.93	1.010	1.000	0.988	0.942	0.798	1.000	392.70	0.917	360.18	0.707	1.000	254.50
KP DC Silver 2500/30/HSA/Vision	523.93	1.010	1.000	0.988	0.933	0.757	1.000	369.09	0.917	338.52	0.707	1.000	239.20
KP DC Silver 2500/40/Vision	523.93	1.010	1.000	0.988	0.936	0.794	1.000	388.27	0.917	356.11	0.707	1.000	251.63
KP DC Silver DHMO Plus 2000/40/Vision	523.93	1.010	1.000	0.988	0.942	0.830	1.000	408.41	0.917	374.58	0.707	1.000	264.68
KP DC Bronze 6500/55/Vision	523.93	1.010	1.000	0.988	0.895	0.752	1.000	351.95	0.917	322.80	0.707	1.000	228.09
KP DC Bronze 7000/0%/HSA/Vision	523.93	1.010	1.000	0.988	0.890	0.728	1.000	338.49	0.917	310.46	0.707	1.000	219.37
KP DC Bronze 7000/50/20%/HSA/Vision	523.93	1.010	1.000	0.988	0.877	0.711	1.000	325.85	0.917	298.87	0.707	1.000	211.18
KP DC Platinum 0/10/POS/Vision	523.93	1.010	1.000	1.086	1.022	0.937	1.000	550.10	0.917	504.54	0.707	1.000	356.51
KP DC Platinum 500/10/POS/Vision	523.93	1.010	1.000	1.086	1.017	0.918	1.000	536.59	0.917	492.15	0.707	1.000	347.76
KP DC Gold 1000/20/POS/Vision	523.93	1.010	1.000	1.086	0.979	0.847	1.000	476.32	0.917	436.87	0.707	1.000	308.69
KP DC Silver 2500/40/POS/Vision	523.93	1.010	1.000	1.086	0.928	0.771	1.000	411.42	0.917	377.34	0.707	1.000	266.63
KP DC Bronze 6500/55/POS/Vision	523.93	1.010	1.000	1.086	0.885	0.729	1.000	371.12	0.917	340.38	0.707	1.000	240.51
KP DC Platinum 0/10/Vision/Sel	523.93	1.010	1.000	1.037	1.035	0.955	1.000	542.14	0.917	497.24	0.707	1.000	351.35
KP DC Platinum 500/10/Vision/Sel	523.93	1.010	1.000	1.037	1.028	0.934	1.000	526.71	0.917	483.09	0.707	1.000	341.35
KP DC Gold 0/20/Vision/Sel	523.93	1.010	1.000	1.037	1.000	0.893	1.000	490.21	0.917	449.61	0.707	1.000	317.69
KP DC Gold 1000/20/Vision/Sel	523.93	1.010	1.000	1.037	0.988	0.859	1.000	465.48	0.917	426.93	0.707	1.000	301.67
KP DC Gold 1500/20/Vision/Sel	523.93	1.010	1.000	1.037	0.983	0.850	1.000	458.69	0.917	420.70	0.707	1.000	297.27
KP DC Gold 1700/0%/HSA/Vision/Sel	523.93	1.010	1.000	1.037	0.966	0.838	1.000	444.23	0.917	407.44	0.707	1.000	287.90
KP DC Gold 500/20/Vision/Sel	523.93	1.010	1.000	1.037	0.990	0.874	1.000	474.36	0.917	435.08	0.707	1.000	307.43
	\$523.93	1.010	1.000	1.000	1.000	0.895	1.000	\$474.91	0.917	\$435.58	0.707	1.000	\$307.78

* Age Curve Calibration from 41.4 to 21 years old

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Exhibit 13
Quarterly Renewal Factors

Source/Formula	Component	Renewal Quarter				Overall
		Q1	Q2	Q3	Q4	
(1) Data	Member Distribution by Renewal Qtr	48%	12%	15%	25%	100%
(2) Input	Months of Trend	0.0	3.0	6.0	9.0	
(3) Exhibit 4	Annual Trend	2.3%	2.3%	2.3%	2.3%	
(4) Exhibit 1	2021 Claims PMPM					\$473.83
(5) = (4) * [(1 + (3)) ^ ((2) / 12)]	Quarterly Projected Claims PMPM	\$473.83	\$476.53	\$479.25	\$481.99	\$476.97
(6) = (5) / Total (5)	Quarterly Rate Trend Factor	0.993	0.999	1.005	1.011	

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Exhibit 14
Projected Medical Loss Ratio

			Small Group Market PMPM	Combined Market PMPM
Component				
(1)	Input	Premium	\$448.68	\$453.00
(2)	Input	Net Claims	\$346.47	\$391.22
(3)	Exhibit 10	Risk Adjustment Transfer	(\$71.08)	(\$77.51)
(4)	= (2) - (3)	Total Medical Expense	\$417.54	\$468.73
(5)	Exhibit 11	Administrative Expenses	\$63.14	\$55.31
(6)	Exhibit 11	Health Care Quality	\$4.06	\$4.07
(7)	= (5) + (6)	Total	\$67.20	\$59.38
(8)	Exhibit 11	Exchange Fee	\$4.49	\$4.53
(9)	Exhibit 11	PCORI	\$0.23	\$0.23
(10)	Exhibit 11	DC Premium Tax	\$8.97	\$9.06
(11)	Exhibit 11	Federal Income Tax	\$0.00	\$0.00
(12)	Exhibit 11	Health Ins Provider Fee	\$0.00	\$0.00
(13)	Exhibit 11	Risk Adj Fee	\$0.19	\$0.19
(14)	= sum (8) thru (13)	Total Taxes and Fees	\$13.88	\$14.01
(15)	= (1) - (4) - (7) - (14)	Contribution to Reserve	(\$49.94)	(\$89.12)
(16)	= [(4)] / (1)]	Loss Ratio	93.1%	103.5%
(17)	= [(4) + (6)] / [(1) - (14)]	ACA Medical Loss Ratio	97.0%	107.7%

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Exhibit 15
Cost Share Reduction Subsidy Non-Funding Impact

		Silver Exchange Plans	Plan Design	Member Distribution
(1)	Base	KP DC Silver 2500/30/Vision	0.801	24.3%
(2)	73%	KP DC Silver 2200/30/CSR/Vision (2500)	0.815	3.7%
(3)	87%	KP DC Silver 0/10/CSR/Vision (2500)	0.898	0.9%
(4)	94%	KP DC Silver 0/5/CSR/Vision (2500)	0.962	0.6%
(5)	Base	KP DC Standard Silver 4000/40/Vision	0.785	50.9%
(6)	73%	KP DC Standard Silver 3500/40/CSR/Vision(40	0.798	2.5%
(7)	87%	KP DC Standard Silver 100/25/CSR/Vision (400	0.876	1.2%
(8)	94%	KP DC Standard Silver 0/5/CSR/Vision (4000)	0.932	2.5%
(9)	Base	KP DC Silver 3200/30%/HSA/Vision	0.750	10.4%
(10)	73%	KP DC Silver 2000/20%/CSR/Vision (3200)	0.792	1.3%
(11)	87%	KP DC Silver 600/10%/CSR/Vision (3200)	0.898	0.4%
(12)	94%	KP DC Silver 100/5%/CSR/Vision (3200)	0.959	1.0%
(13)	= Wtd Avg (1), (5), (9)	Silver Base Plan Average	0.785	
(14)	= Wtd Avg (1) thru (12)	Overall Silver Average	0.796	
(15)	= (14) / (13)	CSR Adjustment Factor for Silver Plans	1.014	100.0%

Note:

Rates do not include any adjustment for non-funding of Cost Share Reduction subsidies. The impact on this exhibit is shown for informational purposes only and represents an expected margin loss on Silver plans of 1.4%

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group**

**Rates Effective January 1, 2021
Appendix I-A**

	94506DC0350001	94506DC0350002	94506DC0350023	94506DC0350004	94506DC0350005	94506DC0350025	94506DC0350006	94506DC0350021
Age	KP DC Platinum 0/10/Vision	KP DC Platinum 500/10/Vision	KP DC Platinum HMO Plus 0/10/Vision	KP DC Gold 0/20/Vision	KP DC Gold 1000/20/Vision	KP DC Gold 1500/20/Vision	KP DC Gold 1700/0%/HSA/Vision	KP DC Gold 500/20/Vision
20 and Under	299.04	290.53	311.00	270.40	256.76	253.01	245.03	261.66
21	332.42	322.96	345.71	300.58	285.42	281.25	272.39	290.86
22	332.42	322.96	345.71	300.58	285.42	281.25	272.39	290.86
23	332.42	322.96	345.71	300.58	285.42	281.25	272.39	290.86
24	332.42	322.96	345.71	300.58	285.42	281.25	272.39	290.86
25	332.42	322.96	345.71	300.58	285.42	281.25	272.39	290.86
26	332.42	322.96	345.71	300.58	285.42	281.25	272.39	290.86
27	332.42	322.96	345.71	300.58	285.42	281.25	272.39	290.86
28	340.19	330.51	353.79	307.61	292.09	287.82	278.76	297.66
29	347.51	337.62	361.40	314.22	298.38	294.01	284.75	304.07
30	356.19	346.06	370.44	322.08	305.83	301.36	291.87	311.67
31	365.34	354.95	379.95	330.35	313.69	309.10	299.36	319.67
32	373.57	362.94	388.51	337.79	320.75	316.06	306.11	326.87
33	382.26	371.38	397.54	345.65	328.21	323.41	313.22	334.47
34	391.40	380.27	407.05	353.91	336.06	331.15	320.72	342.47
35	400.55	389.15	416.56	362.18	343.92	338.89	328.21	350.48
36	409.69	398.04	426.07	370.45	351.77	346.63	335.71	358.48
37	418.84	406.92	435.59	378.72	359.62	354.36	343.20	366.48
38	423.87	411.81	440.82	383.27	363.94	358.62	347.32	370.88
39	428.90	416.69	446.05	387.82	368.26	362.87	351.44	375.28
40	445.82	433.13	463.64	403.11	382.78	377.19	365.30	390.08
41	463.19	450.01	481.71	418.83	397.70	391.89	379.54	405.29
42	481.48	467.78	500.73	435.36	413.41	407.36	394.53	421.29
43	500.23	486.00	520.23	452.32	429.50	423.22	409.89	437.70
44	519.89	505.10	540.68	470.09	446.38	439.86	426.00	454.90
45	540.01	524.64	561.60	488.29	463.66	456.88	442.49	472.50
46	561.04	545.08	583.47	507.30	481.72	474.68	459.72	490.91
47	582.99	566.40	606.30	527.15	500.56	493.25	477.71	510.11
48	605.85	588.61	630.08	547.82	520.19	512.59	496.44	530.12
49	629.63	611.72	654.80	569.32	540.61	532.71	515.92	550.92
50	654.32	635.70	680.48	591.65	561.81	553.60	536.15	572.52
51	679.93	660.58	707.11	614.80	583.79	575.26	557.14	594.93
52	706.45	686.35	734.69	638.78	606.57	597.70	578.87	618.13
53	733.88	713.00	763.23	663.59	630.12	620.91	601.35	642.14
54	762.69	740.99	793.18	689.64	654.85	645.28	624.95	667.35
55	792.41	769.86	824.09	716.51	680.37	670.43	649.30	693.35
56	823.50	800.07	856.43	744.63	707.07	696.73	674.78	720.56
57	855.51	831.17	889.72	773.57	734.55	723.81	701.01	748.56
58	888.89	863.60	924.43	803.75	763.21	752.06	728.36	777.77
59	923.64	897.36	960.57	835.17	793.05	781.46	756.84	808.18
60	959.76	932.45	998.14	867.83	824.07	812.02	786.43	839.78
61	997.25	968.88	1,037.13	901.74	856.26	843.74	817.16	872.58
62	997.25	968.88	1,037.13	901.74	856.26	843.74	817.16	872.58
63	997.25	968.88	1,037.13	901.74	856.26	843.74	817.16	872.58
64+	997.25	968.88	1,037.13	901.74	856.26	843.74	817.16	872.58

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Rates Effective January 1, 2021
Appendix I-B

	94506DC0350026	94506DC0350024	94506DC0350010	94506DC0350008	94506DC0350011	94506DC0350009	94506DC0350027	94506DC0350012
Age	KP DC Gold DHMO Plus 1500/20/Vision	KP DC Gold HMO Plus 0/20/Vision	KP DC Silver 2000/30/HSA/Vision	KP DC Silver 2000/40/Vision	KP DC Silver 2500/30/HSA/Vision	KP DC Silver 2500/40/Vision	KP DC Silver DHMO Plus 2000/40/Vision	KP DC Bronze 6500/55/Vision
20 and Under	263.13	281.21	222.64	227.44	213.77	224.87	236.54	203.84
21	292.50	312.60	247.49	252.83	237.63	249.97	262.94	226.59
22	292.50	312.60	247.49	252.83	237.63	249.97	262.94	226.59
23	292.50	312.60	247.49	252.83	237.63	249.97	262.94	226.59
24	292.50	312.60	247.49	252.83	237.63	249.97	262.94	226.59
25	292.50	312.60	247.49	252.83	237.63	249.97	262.94	226.59
26	292.50	312.60	247.49	252.83	237.63	249.97	262.94	226.59
27	292.50	312.60	247.49	252.83	237.63	249.97	262.94	226.59
28	299.34	319.91	253.28	258.74	243.18	255.82	269.09	231.89
29	305.78	326.79	258.72	264.30	248.41	261.32	274.87	236.87
30	313.42	334.96	265.19	270.91	254.62	267.85	281.75	242.80
31	321.47	343.56	272.00	277.86	261.16	274.73	288.98	249.03
32	328.71	351.30	278.13	284.12	267.04	280.92	295.49	254.64
33	336.36	359.47	284.60	290.73	273.25	287.45	302.36	260.56
34	344.40	368.07	291.41	297.69	279.79	294.33	309.59	266.80
35	352.45	376.67	298.21	304.64	286.33	301.21	316.83	273.03
36	360.50	385.27	305.02	311.60	292.87	308.08	324.06	279.26
37	368.55	393.87	311.83	318.55	299.40	314.96	331.30	285.50
38	372.97	398.60	315.58	322.38	303.00	318.74	335.27	288.92
39	377.40	403.33	319.32	326.20	306.59	322.53	339.25	292.35
40	392.28	419.24	331.92	339.07	318.69	335.25	352.63	303.88
41	407.57	435.58	344.85	352.29	331.11	348.31	366.38	315.73
42	423.67	452.77	358.47	366.20	344.18	362.07	380.84	328.20
43	440.16	470.40	372.43	380.46	357.58	376.16	395.67	340.97
44	457.46	488.89	387.07	395.41	371.64	390.95	411.23	354.38
45	475.17	507.81	402.04	410.71	386.02	406.08	427.14	368.09
46	493.67	527.59	417.70	426.71	401.06	421.90	443.78	382.43
47	512.99	548.23	434.04	443.40	416.74	438.40	461.14	397.39
48	533.10	569.73	451.07	460.79	433.09	455.59	479.22	412.97
49	554.02	592.09	468.77	478.87	450.08	473.47	498.03	429.18
50	575.75	615.31	487.15	497.65	467.73	492.04	517.56	446.01
51	598.28	639.39	506.22	517.13	486.04	511.30	537.81	463.46
52	621.62	664.33	525.96	537.30	505.00	531.24	558.79	481.54
53	645.76	690.13	546.39	558.16	524.61	551.87	580.49	500.24
54	671.11	717.22	567.83	580.07	545.20	573.53	603.28	519.88
55	697.26	745.16	589.96	602.68	566.45	595.88	626.78	540.14
56	724.62	774.40	613.11	626.33	588.67	619.26	651.38	561.33
57	752.78	804.50	636.94	650.67	611.55	643.33	676.70	583.15
58	782.15	835.89	661.79	676.06	635.41	668.43	703.10	605.90
59	812.73	868.57	687.66	702.49	660.25	694.56	730.59	629.59
60	844.52	902.54	714.56	729.96	686.08	721.73	759.16	654.21
61	877.50	937.80	742.47	758.48	712.88	749.91	788.81	679.77
62	877.50	937.80	742.47	758.48	712.88	749.91	788.81	679.77
63	877.50	937.80	742.47	758.48	712.88	749.91	788.81	679.77
64+	877.50	937.80	742.47	758.48	712.88	749.91	788.81	679.77

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Rates Effective January 1, 2021
Appendix I-C

	94506DC0350015	94506DC0350014	94506DC0360004	94506DC0360005	94506DC0360003	94506DC0360002	94506DC0360001	94506DC0350016
Age	KP DC Bronze 7000/0%/HSA/Vision	7000/50/20%/HSA/Vision	KP DC Platinum 0/10/POS/Vision	KP DC Platinum 500/10/POS/Vision	KP DC Gold 1000/20/POS/Vision	KP DC Silver 2500/40/POS/Vision	KP DC Bronze 6500/55/POS/Vision	KP DC Platinum 0/10/Vision/Sel
20 and Under	196.04	188.72	318.60	310.78	275.87	238.28	214.94	313.99
21	217.93	209.79	354.16	345.47	306.66	264.88	238.93	349.04
22	217.93	209.79	354.16	345.47	306.66	264.88	238.93	349.04
23	217.93	209.79	354.16	345.47	306.66	264.88	238.93	349.04
24	217.93	209.79	354.16	345.47	306.66	264.88	238.93	349.04
25	217.93	209.79	354.16	345.47	306.66	264.88	238.93	349.04
26	217.93	209.79	354.16	345.47	306.66	264.88	238.93	349.04
27	217.93	209.79	354.16	345.47	306.66	264.88	238.93	349.04
28	223.02	214.70	362.45	353.55	313.83	271.07	244.51	357.20
29	227.82	219.31	370.24	361.15	320.58	276.90	249.77	364.88
30	233.51	224.80	379.50	370.18	328.59	283.82	256.02	374.00
31	239.51	230.57	389.24	379.69	337.03	291.11	262.59	383.61
32	244.90	235.76	398.01	388.24	344.62	297.67	268.51	392.25
33	250.60	241.24	407.26	397.27	352.64	304.59	274.75	401.37
34	256.60	247.02	417.01	406.77	361.07	311.88	281.32	410.97
35	262.59	252.79	426.75	416.28	369.51	319.16	287.90	420.57
36	268.59	258.56	436.49	425.78	377.95	326.45	294.47	430.18
37	274.58	264.33	446.24	435.28	386.38	333.74	301.04	439.78
38	277.88	267.50	451.60	440.51	391.02	337.74	304.66	445.06
39	281.18	270.68	456.95	445.74	395.66	341.75	308.27	450.34
40	292.27	281.36	474.98	463.32	411.27	355.23	320.43	468.10
41	303.66	292.32	493.49	481.38	427.30	369.08	332.92	486.35
42	315.65	303.86	512.98	500.39	444.17	383.65	346.07	505.55
43	327.94	315.70	532.95	519.87	461.46	398.59	359.54	525.24
44	340.83	328.10	553.90	540.30	479.60	414.26	373.67	545.88
45	354.02	340.80	575.33	561.21	498.16	430.29	388.13	567.01
46	367.81	354.08	597.74	583.07	517.57	447.05	403.25	589.09
47	382.20	367.93	621.13	605.88	537.81	464.53	419.03	612.14
48	397.18	382.36	645.48	629.64	558.90	482.75	435.46	636.14
49	412.77	397.36	670.82	654.35	580.84	501.70	452.55	661.11
50	428.96	412.94	697.12	680.01	603.62	521.37	470.30	687.03
51	445.75	429.10	724.40	706.62	627.24	541.77	488.70	713.92
52	463.13	445.84	752.66	734.19	651.70	562.91	507.76	741.77
53	481.12	463.15	781.89	762.70	677.01	584.77	527.48	770.57
54	500.00	481.33	812.58	792.64	703.59	607.72	548.19	800.82
55	519.49	500.09	844.25	823.52	731.00	631.40	569.55	832.03
56	539.87	519.71	877.37	855.84	759.69	656.18	591.90	864.67
57	560.85	539.91	911.47	889.10	789.21	681.68	614.90	898.28
58	582.74	560.98	947.04	923.79	820.01	708.28	638.89	933.33
59	605.52	582.91	984.06	959.91	852.06	735.97	663.87	969.82
60	629.20	605.71	1,022.55	997.45	885.39	764.75	689.83	1,007.75
61	653.78	629.37	1,062.48	1,036.41	919.98	794.63	716.78	1,047.11
62	653.78	629.37	1,062.48	1,036.41	919.98	794.63	716.78	1,047.11
63	653.78	629.37	1,062.48	1,036.41	919.98	794.63	716.78	1,047.11
64+	653.78	629.37	1,062.48	1,036.41	919.98	794.63	716.78	1,047.11

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Rates Effective January 1, 2021
Appendix I-D

	94506DC0350017	94506DC0350018	94506DC0350019	94506DC0350028	94506DC0350020	94506DC0350022
Age	KP DC Platinum 500/10/Vision/Sel	KP DC Gold 0/20/Vision/Sel	KP DC Gold 1000/20/Vision/Sel	KP DC Gold 1500/20/Vision/Sel	KP DC Gold 1700/0%/HSA/Vision/Sel	KP DC Gold 500/20/Vision/Sel
20 and Under	305.05	283.91	269.59	265.66	257.29	274.74
21	339.10	315.60	299.68	295.31	286.01	305.41
22	339.10	315.60	299.68	295.31	286.01	305.41
23	339.10	315.60	299.68	295.31	286.01	305.41
24	339.10	315.60	299.68	295.31	286.01	305.41
25	339.10	315.60	299.68	295.31	286.01	305.41
26	339.10	315.60	299.68	295.31	286.01	305.41
27	339.10	315.60	299.68	295.31	286.01	305.41
28	347.03	322.98	306.69	302.22	292.69	312.55
29	354.50	329.93	313.29	308.72	298.99	319.27
30	363.36	338.17	321.12	316.44	306.46	327.25
31	372.69	346.86	329.36	324.56	314.33	335.65
32	381.08	354.67	336.78	331.87	321.41	343.22
33	389.95	362.92	344.62	339.59	328.89	351.20
34	399.27	371.60	352.86	347.71	336.75	359.60
35	408.60	380.28	361.11	355.84	344.62	368.00
36	417.93	388.96	369.35	363.96	352.49	376.40
37	427.26	397.65	377.59	372.09	360.36	384.80
38	432.39	402.42	382.13	376.56	364.69	389.43
39	437.52	407.20	386.66	381.02	369.01	394.05
40	454.78	423.26	401.92	396.05	383.57	409.59
41	472.51	439.76	417.58	411.49	398.52	425.55
42	491.16	457.12	434.07	427.74	414.26	442.36
43	510.29	474.92	450.97	444.39	430.39	459.58
44	530.35	493.59	468.70	461.86	447.30	477.64
45	550.87	512.69	486.83	479.73	464.61	496.13
46	572.33	532.66	505.80	498.42	482.71	515.45
47	594.71	553.49	525.58	517.92	501.59	535.62
48	618.04	575.20	546.19	538.23	521.26	556.62
49	642.29	597.77	567.63	559.35	541.72	578.47
50	667.48	621.21	589.89	581.28	562.96	601.15
51	693.60	645.52	612.97	604.03	584.99	624.68
52	720.65	670.70	636.88	627.59	607.81	649.04
53	748.64	696.75	661.62	651.97	631.42	674.25
54	778.03	724.10	687.59	677.56	656.20	700.71
55	808.35	752.32	714.38	703.96	681.77	728.02
56	840.06	781.84	742.41	731.58	708.52	756.59
57	872.71	812.22	771.27	760.02	736.06	785.99
58	906.76	843.91	801.36	789.67	764.78	816.66
59	942.21	876.91	832.69	820.54	794.68	848.59
60	979.06	911.20	865.25	852.63	825.76	881.77
61	1,017.30	946.80	899.04	885.93	858.02	916.22
62	1,017.30	946.80	899.04	885.93	858.02	916.22
63	1,017.30	946.80	899.04	885.93	858.02	916.22
64+	1,017.30	946.80	899.04	885.93	858.02	916.22

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group**

**Rates Effective April 1, 2021
Appendix II-A**

	94506DC0350001	94506DC0350002	94506DC0350023	94506DC0350004	94506DC0350005	94506DC0350025	94506DC0350006	94506DC0350021
Age	KP DC Platinum 0/10/Vision	KP DC Platinum 500/10/Vision	KP DC Platinum HMO Plus 0/10/Vision	KP DC Gold 0/20/Vision	KP DC Gold 1000/20/Vision	KP DC Gold 1500/20/Vision	KP DC Gold 1700/0%/HSA/Vision	KP DC Gold 500/20/Vision
20 and Under	300.75	292.19	312.77	271.94	258.22	254.45	246.43	263.15
21	334.31	324.80	347.68	302.29	287.05	282.85	273.94	292.52
22	334.31	324.80	347.68	302.29	287.05	282.85	273.94	292.52
23	334.31	324.80	347.68	302.29	287.05	282.85	273.94	292.52
24	334.31	324.80	347.68	302.29	287.05	282.85	273.94	292.52
25	334.31	324.80	347.68	302.29	287.05	282.85	273.94	292.52
26	334.31	324.80	347.68	302.29	287.05	282.85	273.94	292.52
27	334.31	324.80	347.68	302.29	287.05	282.85	273.94	292.52
28	342.13	332.40	355.81	309.36	293.76	289.47	280.35	299.36
29	349.49	339.55	363.46	316.02	300.08	295.69	286.37	305.80
30	358.23	348.04	372.55	323.92	307.58	303.08	293.53	313.45
31	367.42	356.97	382.12	332.23	315.48	310.86	301.07	321.49
32	375.70	365.01	390.72	339.72	322.58	317.87	307.85	328.74
33	384.44	373.50	399.81	347.62	330.09	325.26	315.01	336.38
34	393.64	382.44	409.38	355.93	337.98	333.04	322.55	344.43
35	402.83	391.37	418.94	364.25	345.88	340.82	330.08	352.48
36	412.03	400.31	428.51	372.57	353.78	348.60	337.62	360.52
37	421.23	409.24	438.07	380.88	361.67	356.39	345.16	368.57
38	426.29	414.16	443.33	385.46	366.02	360.67	349.30	373.00
39	431.34	419.07	448.59	390.03	370.36	364.95	353.45	377.42
40	448.36	435.60	466.29	405.42	384.97	379.34	367.39	392.31
41	465.83	452.58	484.46	421.22	399.97	394.13	381.71	407.60
42	484.23	470.45	503.59	437.85	415.77	409.69	396.78	423.70
43	503.08	488.77	523.20	454.90	431.95	425.64	412.23	440.19
44	522.86	507.98	543.76	472.78	448.93	442.37	428.43	457.49
45	543.09	527.64	564.81	491.07	466.31	459.49	445.01	475.20
46	564.24	548.19	586.80	510.20	484.47	477.39	462.34	493.71
47	586.32	569.64	609.76	530.16	503.42	496.06	480.43	513.02
48	609.31	591.97	633.67	550.95	523.16	515.51	499.27	533.14
49	633.22	615.21	658.54	572.57	543.69	535.75	518.87	554.06
50	658.05	639.33	684.37	595.02	565.01	556.76	539.21	575.79
51	683.81	664.35	711.15	618.31	587.13	578.54	560.31	598.32
52	710.48	690.26	738.89	642.43	610.03	601.11	582.17	621.66
53	738.07	717.07	767.58	667.38	633.72	624.45	604.78	645.80
54	767.04	745.22	797.71	693.57	658.59	648.96	628.52	671.15
55	796.93	774.26	828.80	720.60	684.26	674.25	653.01	697.31
56	828.20	804.64	861.32	748.87	711.11	700.71	678.63	724.67
57	860.39	835.91	894.79	777.98	738.74	727.94	705.01	752.83
58	893.96	868.53	929.70	808.34	767.57	756.35	732.52	782.21
59	928.91	902.48	966.05	839.94	797.58	785.92	761.15	812.79
60	965.24	937.78	1,003.83	872.79	828.77	816.65	790.92	844.57
61	1,002.93	974.40	1,043.04	906.87	861.14	848.55	821.82	877.56
62	1,002.93	974.40	1,043.04	906.87	861.14	848.55	821.82	877.56
63	1,002.93	974.40	1,043.04	906.87	861.14	848.55	821.82	877.56
64+	1,002.93	974.40	1,043.04	906.87	861.14	848.55	821.82	877.56

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Rates Effective April 1, 2021
Appendix II-B

	94506DC0350026	94506DC0350024	94506DC0350010	94506DC0350008	94506DC0350011	94506DC0350009	94506DC0350027	94506DC0350012
Age	KP DC Gold DHMO Plus 1500/20/Vision	KP DC Gold HMO Plus 0/20/Vision	KP DC Silver 2000/30/HSA/Vision	KP DC Silver 2000/40/Vision	KP DC Silver 2500/30/HSA/Vision	KP DC Silver 2500/40/Vision	KP DC Silver DHMO Plus 2000/40/Vision	KP DC Bronze 6500/55/Vision
20 and Under	264.63	282.82	223.91	228.74	214.99	226.16	237.89	205.00
21	294.17	314.38	248.90	254.27	238.98	251.40	264.44	227.88
22	294.17	314.38	248.90	254.27	238.98	251.40	264.44	227.88
23	294.17	314.38	248.90	254.27	238.98	251.40	264.44	227.88
24	294.17	314.38	248.90	254.27	238.98	251.40	264.44	227.88
25	294.17	314.38	248.90	254.27	238.98	251.40	264.44	227.88
26	294.17	314.38	248.90	254.27	238.98	251.40	264.44	227.88
27	294.17	314.38	248.90	254.27	238.98	251.40	264.44	227.88
28	301.05	321.73	254.72	260.21	244.57	257.28	270.62	233.21
29	307.52	328.65	260.20	265.81	249.83	262.81	276.44	238.23
30	315.21	336.87	266.71	272.45	256.08	269.38	283.35	244.18
31	323.31	345.52	273.55	279.45	262.65	276.30	290.63	250.45
32	330.59	353.30	279.72	285.75	268.57	282.52	297.18	256.09
33	338.28	361.52	286.22	292.39	274.81	289.09	304.09	262.05
34	346.37	370.17	293.07	299.39	281.39	296.01	311.36	268.32
35	354.46	378.82	299.92	306.38	287.96	302.93	318.64	274.59
36	362.56	387.47	306.76	313.38	294.54	309.84	325.91	280.86
37	370.65	396.11	313.61	320.37	301.11	316.76	333.19	287.13
38	375.10	400.87	317.38	324.22	304.73	320.56	337.19	290.57
39	379.55	405.63	321.14	328.07	308.34	324.37	341.19	294.02
40	394.52	421.63	333.81	341.01	320.51	337.16	354.65	305.62
41	409.90	438.06	346.82	354.30	333.00	350.30	368.47	317.53
42	426.08	455.36	360.52	368.29	346.15	364.13	383.02	330.07
43	442.67	473.09	374.55	382.63	359.62	378.31	397.93	342.92
44	460.07	491.68	389.27	397.67	373.76	393.18	413.57	356.40
45	477.88	510.71	404.34	413.05	388.22	408.40	429.58	370.19
46	496.49	530.60	420.09	429.14	403.34	424.30	446.31	384.61
47	515.91	551.36	436.52	445.93	419.12	440.90	463.77	399.66
48	536.14	572.98	453.64	463.42	435.56	458.19	481.96	415.33
49	557.19	595.47	471.44	481.61	452.65	476.17	500.87	431.63
50	579.04	618.82	489.93	500.49	470.40	494.85	520.51	448.55
51	601.70	643.04	509.10	520.08	488.81	514.21	540.88	466.11
52	625.17	668.12	528.96	540.36	507.88	534.27	561.98	484.29
53	649.44	694.06	549.50	561.35	527.60	555.02	583.80	503.10
54	674.94	721.31	571.07	583.38	548.31	576.80	606.72	522.84
55	701.24	749.42	593.33	606.12	569.68	599.28	630.36	543.22
56	728.75	778.82	616.61	629.90	592.03	622.80	655.10	564.53
57	757.08	809.09	640.57	654.38	615.04	647.00	680.56	586.48
58	786.62	840.66	665.57	679.91	639.04	672.25	707.11	609.36
59	817.37	873.53	691.59	706.49	664.02	698.53	734.75	633.18
60	849.33	907.69	718.63	734.12	689.99	725.85	763.49	657.94
61	882.51	943.14	746.70	762.80	716.94	754.20	793.32	683.64
62	882.51	943.14	746.70	762.80	716.94	754.20	793.32	683.64
63	882.51	943.14	746.70	762.80	716.94	754.20	793.32	683.64
64+	882.51	943.14	746.70	762.80	716.94	754.20	793.32	683.64

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Rates Effective April 1, 2021
Appendix II-C

	94506DC0350015	94506DC0350014	94506DC0360004	94506DC0360005	94506DC0360003	94506DC0360002	94506DC0360001	94506DC0350016
Age	KP DC Bronze 7000/0%/HSA/Vision	7000/50/20%/HSA/Vision	KP DC Platinum 0/10/POS/Vision	KP DC Platinum 500/10/POS/Vision	KP DC Gold 1000/20/POS/Vision	KP DC Silver 2500/40/POS/Vision	KP DC Bronze 6500/55/POS/Vision	KP DC Platinum 0/10/Vision/Sel
20 and Under	197.16	189.80	320.42	312.56	277.44	239.64	216.16	315.78
21	219.17	210.99	356.19	347.44	308.41	266.39	240.29	351.03
22	219.17	210.99	356.19	347.44	308.41	266.39	240.29	351.03
23	219.17	210.99	356.19	347.44	308.41	266.39	240.29	351.03
24	219.17	210.99	356.19	347.44	308.41	266.39	240.29	351.03
25	219.17	210.99	356.19	347.44	308.41	266.39	240.29	351.03
26	219.17	210.99	356.19	347.44	308.41	266.39	240.29	351.03
27	219.17	210.99	356.19	347.44	308.41	266.39	240.29	351.03
28	224.30	215.92	364.51	355.57	315.62	272.62	245.91	359.24
29	229.12	220.56	372.35	363.21	322.41	278.48	251.20	366.96
30	234.85	226.08	381.66	372.29	330.47	285.44	257.48	376.14
31	240.88	231.88	391.46	381.85	338.95	292.77	264.09	385.79
32	246.30	237.11	400.28	390.46	346.59	299.36	270.04	394.49
33	252.03	242.62	409.59	399.54	354.65	306.33	276.32	403.66
34	258.06	248.43	419.39	409.09	363.13	313.66	282.93	413.32
35	264.09	254.23	429.19	418.65	371.62	320.98	289.54	422.97
36	270.12	260.03	438.98	428.21	380.10	328.31	296.15	432.63
37	276.15	265.84	448.78	437.77	388.59	335.64	302.76	442.29
38	279.46	269.03	454.17	443.03	393.25	339.67	306.40	447.60
39	282.78	272.22	459.56	448.28	397.92	343.70	310.03	452.91
40	293.94	282.96	477.69	465.97	413.62	357.26	322.26	470.78
41	305.39	293.99	496.31	484.13	429.74	371.18	334.82	489.12
42	317.45	305.60	515.90	503.24	446.70	385.84	348.04	508.44
43	329.81	317.50	535.99	522.84	464.10	400.86	361.59	528.23
44	342.77	329.98	557.06	543.39	482.34	416.62	375.81	549.00
45	356.04	342.75	578.62	564.42	501.00	432.74	390.35	570.24
46	369.91	356.10	601.15	586.40	520.52	449.60	405.55	592.45
47	384.38	370.03	624.67	609.34	540.88	467.18	421.42	615.63
48	399.45	384.54	649.17	633.24	562.09	485.51	437.94	639.77
49	415.13	399.63	674.64	658.09	584.15	504.56	455.13	664.88
50	431.41	415.30	701.10	683.89	607.06	524.35	472.98	690.95
51	448.29	431.55	728.54	710.66	630.82	544.87	491.49	717.99
52	465.77	448.38	756.95	738.38	655.42	566.12	510.66	746.00
53	483.86	465.80	786.35	767.05	680.87	588.10	530.49	774.97
54	502.86	484.08	817.22	797.16	707.60	611.19	551.31	805.39
55	522.45	502.95	849.06	828.22	735.17	635.00	572.80	836.77
56	542.95	522.68	882.38	860.72	764.02	659.92	595.27	869.61
57	564.05	543.00	916.67	894.18	793.72	685.57	618.41	903.41
58	586.06	564.18	952.44	929.06	824.69	712.32	642.54	938.65
59	608.97	586.24	989.68	965.38	856.93	740.17	667.66	975.35
60	632.79	609.16	1,028.38	1,003.14	890.44	769.11	693.77	1,013.50
61	657.51	632.96	1,068.56	1,042.32	925.23	799.16	720.87	1,053.09
62	657.51	632.96	1,068.56	1,042.32	925.23	799.16	720.87	1,053.09
63	657.51	632.96	1,068.56	1,042.32	925.23	799.16	720.87	1,053.09
64+	657.51	632.96	1,068.56	1,042.32	925.23	799.16	720.87	1,053.09

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

Market: District of Columbia Small Group

Rates Effective April 1, 2021

Appendix II-D

	94506DC0350017	94506DC0350018	94506DC0350019	94506DC0350028	94506DC0350020	94506DC0350022
Age	KP DC Platinum 500/10/Vision/Sel	KP DC Gold 0/20/Vision/Sel	KP DC Gold 1000/20/Vision/Sel	KP DC Gold 1500/20/Vision/Sel	1700/0%/HSA/Vision/Se l	KP DC Gold 500/20/Vision/Sel
20 and Under	306.79	285.53	271.13	267.18	258.76	276.31
21	341.04	317.40	301.40	297.00	287.64	307.15
22	341.04	317.40	301.40	297.00	287.64	307.15
23	341.04	317.40	301.40	297.00	287.64	307.15
24	341.04	317.40	301.40	297.00	287.64	307.15
25	341.04	317.40	301.40	297.00	287.64	307.15
26	341.04	317.40	301.40	297.00	287.64	307.15
27	341.04	317.40	301.40	297.00	287.64	307.15
28	349.01	324.82	308.44	303.94	294.36	314.33
29	356.52	331.81	315.08	310.48	300.69	321.09
30	365.43	340.10	322.95	318.24	308.21	329.12
31	374.81	348.83	331.24	326.41	316.12	337.57
32	383.26	356.69	338.71	333.77	323.25	345.17
33	392.17	364.99	346.58	341.53	330.76	353.20
34	401.55	373.72	354.88	349.70	338.68	361.65
35	410.94	382.45	363.17	357.87	346.59	370.10
36	420.32	391.18	371.46	366.04	354.50	378.55
37	429.70	399.92	379.75	374.21	362.42	387.00
38	434.86	404.72	384.31	378.70	366.77	391.65
39	440.02	409.52	388.87	383.20	371.12	396.30
40	457.38	425.67	404.21	398.31	385.76	411.93
41	475.20	442.26	419.96	413.84	400.79	427.98
42	493.97	459.73	436.55	430.18	416.62	444.88
43	513.20	477.63	453.54	446.93	432.84	462.20
44	533.37	496.40	471.37	464.50	449.85	480.37
45	554.01	515.61	489.61	482.47	467.26	498.96
46	575.59	535.70	508.68	501.26	485.46	518.39
47	598.11	556.65	528.58	520.87	504.45	538.67
48	621.56	578.48	549.31	541.30	524.24	559.80
49	645.96	601.18	570.87	562.54	544.81	581.77
50	671.29	624.76	593.25	584.60	566.18	604.58
51	697.56	649.21	616.47	607.48	588.33	628.24
52	724.77	674.53	640.52	631.17	611.28	652.75
53	752.91	700.73	665.39	655.69	635.02	678.10
54	782.47	728.23	691.51	681.42	659.94	704.71
55	812.96	756.61	718.46	707.98	685.66	732.17
56	844.86	786.30	746.65	735.76	712.57	760.90
57	877.69	816.86	775.67	764.35	740.26	790.48
58	911.94	848.73	805.93	794.18	769.14	821.32
59	947.59	881.91	837.44	825.22	799.21	853.43
60	984.65	916.40	870.19	857.50	830.47	886.81
61	1,023.12	952.20	904.19	891.00	862.91	921.45
62	1,023.12	952.20	904.19	891.00	862.91	921.45
63	1,023.12	952.20	904.19	891.00	862.91	921.45
64+	1,023.12	952.20	904.19	891.00	862.91	921.45

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group**

**Rates Effective July 1, 2021
Appendix III-A**

	94506DC0350001	94506DC0350002	94506DC0350023	94506DC0350004	94506DC0350005	94506DC0350025	94506DC0350006	94506DC0350021
Age	KP DC Platinum 0/10/Vision	KP DC Platinum 500/10/Vision	KP DC Platinum HMO Plus 0/10/Vision	KP DC Gold 0/20/Vision	KP DC Gold 1000/20/Vision	KP DC Gold 1500/20/Vision	KP DC Gold 1700/0%/HSA/Vision	KP DC Gold 500/20/Vision
20 and Under	302.46	293.86	314.56	273.49	259.70	255.90	247.84	264.65
21	336.22	326.66	349.67	304.02	288.69	284.47	275.50	294.19
22	336.22	326.66	349.67	304.02	288.69	284.47	275.50	294.19
23	336.22	326.66	349.67	304.02	288.69	284.47	275.50	294.19
24	336.22	326.66	349.67	304.02	288.69	284.47	275.50	294.19
25	336.22	326.66	349.67	304.02	288.69	284.47	275.50	294.19
26	336.22	326.66	349.67	304.02	288.69	284.47	275.50	294.19
27	336.22	326.66	349.67	304.02	288.69	284.47	275.50	294.19
28	344.08	334.30	357.84	311.13	295.44	291.12	281.95	301.07
29	351.48	341.48	365.54	317.82	301.79	297.38	288.01	307.55
30	360.27	350.02	374.68	325.76	309.33	304.81	295.21	315.23
31	369.52	359.01	384.30	334.13	317.28	312.64	302.79	323.33
32	377.85	367.10	392.95	341.66	324.42	319.68	309.61	330.61
33	386.63	375.63	402.09	349.60	331.97	327.12	316.81	338.30
34	395.88	384.62	411.71	357.96	339.91	334.94	324.39	346.39
35	405.13	393.61	421.33	366.33	347.85	342.77	331.97	354.49
36	414.38	402.59	430.95	374.69	355.79	350.59	339.55	362.58
37	423.63	411.58	440.57	383.06	363.74	358.42	347.13	370.67
38	428.72	416.52	445.86	387.66	368.10	362.72	351.30	375.13
39	433.81	421.46	451.15	392.26	372.47	367.03	355.46	379.58
40	450.92	438.09	468.95	407.73	387.16	381.51	369.49	394.55
41	468.49	455.16	487.22	423.62	402.25	396.37	383.89	409.93
42	486.99	473.14	506.46	440.35	418.14	412.03	399.04	426.11
43	505.95	491.56	526.18	457.49	434.42	428.07	414.58	442.70
44	525.84	510.88	546.87	475.47	451.49	444.89	430.88	460.11
45	546.19	530.65	568.03	493.87	468.97	462.11	447.55	477.91
46	567.46	551.32	590.15	513.11	487.23	480.11	464.98	496.53
47	589.66	572.89	613.24	533.18	506.29	498.89	483.17	515.95
48	612.79	595.35	637.29	554.09	526.15	518.46	502.12	536.18
49	636.83	618.72	662.30	575.84	546.80	538.80	521.83	557.23
50	661.81	642.98	688.27	598.42	568.24	559.93	542.29	579.08
51	687.71	668.14	715.21	621.84	590.48	581.84	563.51	601.74
52	714.53	694.20	743.10	646.09	613.51	604.54	585.49	625.21
53	742.28	721.16	771.96	671.18	637.33	628.02	608.23	649.49
54	771.42	749.47	802.26	697.53	662.35	652.67	632.10	674.98
55	801.48	778.68	833.52	724.71	688.16	678.10	656.74	701.29
56	832.93	809.23	866.23	753.15	715.16	704.71	682.51	728.80
57	865.30	840.68	899.90	782.42	742.96	732.10	709.03	757.13
58	899.06	873.48	935.01	812.95	771.95	760.66	736.70	786.67
59	934.21	907.63	971.56	844.73	802.13	790.40	765.50	817.43
60	970.74	943.13	1,009.56	877.77	833.50	821.31	795.44	849.39
61	1,008.66	979.97	1,049.00	912.06	866.06	853.40	826.50	882.57
62	1,008.66	979.97	1,049.00	912.06	866.06	853.40	826.50	882.57
63	1,008.66	979.97	1,049.00	912.06	866.06	853.40	826.50	882.57
64+	1,008.66	979.97	1,049.00	912.06	866.06	853.40	826.50	882.57

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

Market: District of Columbia Small Group

Rates Effective July 1, 2021

Appendix III-B

	94506DC0350026	94506DC0350024	94506DC0350010	94506DC0350008	94506DC0350011	94506DC0350009	94506DC0350027	94506DC0350012
Age	KP DC Gold DHMO Plus 1500/20/Vision	KP DC Gold HMO Plus 0/20/Vision	KP DC Silver 2000/30/HSA/Vision	KP DC Silver 2000/40/Vision	KP DC Silver 2500/30/HSA/Vision	KP DC Silver 2500/40/Vision	KP DC Silver DHMO Plus 2000/40/Vision	KP DC Bronze 6500/55/Vision
20 and Under	266.14	284.43	225.19	230.04	216.21	227.45	239.24	206.17
21	295.85	316.18	250.32	255.72	240.35	252.84	265.95	229.18
22	295.85	316.18	250.32	255.72	240.35	252.84	265.95	229.18
23	295.85	316.18	250.32	255.72	240.35	252.84	265.95	229.18
24	295.85	316.18	250.32	255.72	240.35	252.84	265.95	229.18
25	295.85	316.18	250.32	255.72	240.35	252.84	265.95	229.18
26	295.85	316.18	250.32	255.72	240.35	252.84	265.95	229.18
27	295.85	316.18	250.32	255.72	240.35	252.84	265.95	229.18
28	302.77	323.57	256.18	261.70	245.97	258.75	272.17	234.54
29	309.28	330.53	261.69	267.33	251.26	264.31	278.02	239.59
30	317.01	338.79	268.23	274.01	257.54	270.92	284.97	245.58
31	325.15	347.49	275.11	281.04	264.15	277.88	292.29	251.88
32	332.48	355.32	281.31	287.38	270.10	284.14	298.87	257.55
33	340.21	363.58	287.85	294.06	276.38	290.74	305.82	263.54
34	348.35	372.28	294.74	301.09	282.99	297.70	313.14	269.85
35	356.49	380.98	301.63	308.13	289.60	304.65	320.45	276.15
36	364.62	389.68	308.51	315.16	296.22	311.61	327.77	282.46
37	372.76	398.37	315.40	322.20	302.83	318.57	335.09	288.76
38	377.24	403.16	319.19	326.07	306.47	322.39	339.11	292.23
39	381.72	407.94	322.98	329.94	310.10	326.22	343.13	295.70
40	396.77	424.03	335.72	342.95	322.33	339.08	356.67	307.36
41	412.24	440.56	348.80	356.32	334.90	352.30	370.57	319.34
42	428.51	457.96	362.57	370.39	348.12	366.21	385.20	331.95
43	445.20	475.79	376.69	384.81	361.68	380.47	400.20	344.88
44	462.70	494.49	391.50	399.93	375.89	395.42	415.93	358.43
45	480.60	513.62	406.65	415.41	390.44	410.73	432.03	372.30
46	499.32	533.63	422.49	431.59	405.65	426.72	448.86	386.80
47	518.86	554.51	439.01	448.48	421.51	443.42	466.41	401.94
48	539.20	576.25	456.23	466.06	438.04	460.81	484.71	417.70
49	560.37	598.87	474.13	484.35	455.24	478.89	503.73	434.09
50	582.34	622.35	492.73	503.35	473.09	497.67	523.48	451.11
51	605.13	646.71	512.01	523.05	491.60	517.15	543.97	468.77
52	628.73	671.93	531.98	543.45	510.78	537.32	565.18	487.05
53	653.15	698.03	552.64	564.55	530.61	558.18	587.13	505.97
54	678.79	725.42	574.33	586.71	551.44	580.10	610.18	525.83
55	705.24	753.69	596.71	609.57	572.93	602.70	633.96	546.32
56	732.91	783.27	620.13	633.49	595.41	626.35	658.83	567.75
57	761.40	813.71	644.23	658.12	618.55	650.69	684.44	589.82
58	791.10	845.46	669.36	683.79	642.68	676.08	711.14	612.83
59	822.03	878.51	695.53	710.53	667.81	702.51	738.95	636.79
60	854.18	912.87	722.74	738.31	693.93	729.99	767.85	661.70
61	887.55	948.53	750.96	767.16	721.04	758.51	797.84	687.54
62	887.55	948.53	750.96	767.16	721.04	758.51	797.84	687.54
63	887.55	948.53	750.96	767.16	721.04	758.51	797.84	687.54
64+	887.55	948.53	750.96	767.16	721.04	758.51	797.84	687.54

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

Market: District of Columbia Small Group

Rates Effective July 1, 2021

Appendix III-C

	94506DC0350015	94506DC0350014	94506DC0360004	94506DC0360005	94506DC0360003	94506DC0360002	94506DC0360001	94506DC0350016
Age	KP DC Bronze 7000/0%/HSA/Vision	7000/50/20%/HSA/Vision	KP DC Platinum 0/10/POS/Vision	KP DC Platinum 500/10/POS/Vision	KP DC Gold 1000/20/POS/Vision	KP DC Silver 2500/40/POS/Vision	KP DC Bronze 6500/55/POS/Vision	KP DC Platinum 0/10/Vision/Sel
20 and Under	198.29	190.88	322.25	314.34	279.02	241.01	217.40	317.58
21	220.42	212.19	358.22	349.43	310.17	267.91	241.66	353.03
22	220.42	212.19	358.22	349.43	310.17	267.91	241.66	353.03
23	220.42	212.19	358.22	349.43	310.17	267.91	241.66	353.03
24	220.42	212.19	358.22	349.43	310.17	267.91	241.66	353.03
25	220.42	212.19	358.22	349.43	310.17	267.91	241.66	353.03
26	220.42	212.19	358.22	349.43	310.17	267.91	241.66	353.03
27	220.42	212.19	358.22	349.43	310.17	267.91	241.66	353.03
28	225.57	217.15	366.59	357.60	317.42	274.17	247.31	361.29
29	230.43	221.82	374.48	365.29	324.25	280.07	252.63	369.06
30	236.19	227.37	383.84	374.42	332.35	287.07	258.95	378.28
31	242.25	233.21	393.69	384.03	340.89	294.44	265.60	388.00
32	247.71	238.46	402.56	392.68	348.57	301.07	271.58	396.74
33	253.47	244.01	411.93	401.82	356.67	308.07	277.89	405.96
34	259.53	249.84	421.78	411.43	365.21	315.44	284.54	415.68
35	265.60	255.68	431.63	421.04	373.74	322.82	291.19	425.39
36	271.66	261.52	441.49	430.65	382.27	330.19	297.84	435.10
37	277.72	267.36	451.34	440.27	390.80	337.56	304.49	444.81
38	281.06	270.57	456.76	445.55	395.50	341.61	308.14	450.15
39	284.39	273.78	462.18	450.84	400.19	345.66	311.80	455.49
40	295.61	284.58	480.42	468.62	415.98	359.30	324.10	473.46
41	307.13	295.67	499.14	486.89	432.19	373.30	336.73	491.92
42	319.26	307.34	518.85	506.11	449.25	388.04	350.03	511.34
43	331.69	319.31	539.05	525.82	466.75	403.15	363.66	531.25
44	344.73	331.86	560.24	546.49	485.09	419.00	377.95	552.13
45	358.07	344.70	581.92	567.64	503.86	435.21	392.58	573.50
46	372.02	358.13	604.58	589.75	523.49	452.16	407.87	595.83
47	386.57	372.14	628.24	612.82	543.97	469.85	423.82	619.14
48	401.73	386.73	652.87	636.85	565.30	488.28	440.44	643.42
49	417.50	401.91	678.49	661.84	587.49	507.44	457.73	668.67
50	433.87	417.67	705.10	687.80	610.52	527.34	475.68	694.90
51	450.85	434.01	732.70	714.71	634.42	547.97	494.29	722.09
52	468.43	450.94	761.27	742.59	659.16	569.35	513.57	750.26
53	486.62	468.46	790.84	771.43	684.76	591.46	533.52	779.39
54	505.72	486.84	821.88	801.71	711.64	614.68	554.46	809.98
55	525.43	505.82	853.91	832.95	739.37	638.63	576.07	841.55
56	546.05	525.66	887.41	865.63	768.38	663.69	598.67	874.57
57	567.27	546.09	921.91	899.28	798.25	689.48	621.94	908.56
58	589.41	567.40	957.87	934.37	829.39	716.38	646.20	944.01
59	612.45	589.58	995.32	970.89	861.82	744.39	671.47	980.92
60	636.40	612.64	1,034.25	1,008.86	895.52	773.50	697.73	1,019.28
61	661.26	636.57	1,074.65	1,048.28	930.51	803.72	724.98	1,059.09
62	661.26	636.57	1,074.65	1,048.28	930.51	803.72	724.98	1,059.09
63	661.26	636.57	1,074.65	1,048.28	930.51	803.72	724.98	1,059.09
64+	661.26	636.57	1,074.65	1,048.28	930.51	803.72	724.98	1,059.09

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

Market: District of Columbia Small Group

Rates Effective July 1, 2021

Appendix III-D

	94506DC0350017	94506DC0350018	94506DC0350019	94506DC0350028	94506DC0350020	94506DC0350022
Age	KP DC Platinum 500/10/Vision/Sel	KP DC Gold 0/20/Vision/Sel	KP DC Gold 1000/20/Vision/Sel	KP DC Gold 1500/20/Vision/Sel	1700/0%/HSA/Vision/Se I	KP DC Gold 500/20/Vision/Sel
20 and Under	308.54	287.16	272.68	268.70	260.23	277.88
21	342.98	319.21	303.11	298.69	289.28	308.90
22	342.98	319.21	303.11	298.69	289.28	308.90
23	342.98	319.21	303.11	298.69	289.28	308.90
24	342.98	319.21	303.11	298.69	289.28	308.90
25	342.98	319.21	303.11	298.69	289.28	308.90
26	342.98	319.21	303.11	298.69	289.28	308.90
27	342.98	319.21	303.11	298.69	289.28	308.90
28	351.01	326.68	310.20	305.68	296.04	316.13
29	358.55	333.70	316.87	312.25	302.41	322.92
30	367.52	342.04	324.80	320.06	309.97	331.00
31	376.95	350.83	333.13	328.28	317.93	339.50
32	385.45	358.73	340.64	335.67	325.09	347.14
33	394.41	367.07	348.56	343.48	332.65	355.22
34	403.84	375.85	356.90	351.69	340.61	363.71
35	413.28	384.63	365.24	359.91	348.57	372.21
36	422.72	393.42	373.58	368.13	356.53	380.71
37	432.15	402.20	381.92	376.35	364.48	389.21
38	437.34	407.03	386.50	380.87	368.86	393.88
39	442.53	411.86	391.09	385.38	373.24	398.56
40	459.99	428.10	406.52	400.59	387.96	414.28
41	477.91	444.79	422.36	416.20	403.08	430.42
42	496.79	462.35	439.04	432.63	419.00	447.42
43	516.13	480.35	456.13	449.48	435.31	464.84
44	536.42	499.23	474.06	467.15	452.42	483.11
45	557.17	518.55	492.41	485.22	469.93	501.81
46	578.88	538.75	511.58	504.12	488.23	521.35
47	601.52	559.83	531.60	523.84	507.33	541.75
48	625.11	581.78	552.44	544.39	527.23	562.99
49	649.64	604.61	574.13	565.75	547.92	585.09
50	675.12	628.32	596.64	587.94	569.41	608.03
51	701.54	652.91	619.99	610.95	591.69	631.83
52	728.90	678.38	644.17	634.78	614.77	656.47
53	757.21	704.72	669.19	659.43	638.64	681.96
54	786.93	732.39	695.45	685.31	663.71	708.73
55	817.60	760.93	722.56	712.02	689.57	736.35
56	849.68	790.78	750.91	739.96	716.63	765.25
57	882.70	821.52	780.09	768.72	744.49	794.99
58	917.14	853.57	810.53	798.71	773.53	826.01
59	953.00	886.94	842.22	829.93	803.77	858.30
60	990.27	921.63	875.16	862.39	835.21	891.87
61	1,028.94	957.63	909.33	896.07	867.84	926.70
62	1,028.94	957.63	909.33	896.07	867.84	926.70
63	1,028.94	957.63	909.33	896.07	867.84	926.70
64+	1,028.94	957.63	909.33	896.07	867.84	926.70

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group**

**Rates Effective October 1, 2021
Appendix IV-A**

	94506DC0350001	94506DC0350002	94506DC0350023	94506DC0350004	94506DC0350005	94506DC0350025	94506DC0350006	94506DC0350021
Age	KP DC Platinum 0/10/Vision	KP DC Platinum 500/10/Vision	KP DC Platinum HMO Plus 0/10/Vision	KP DC Gold 0/20/Vision	KP DC Gold 1000/20/Vision	KP DC Gold 1500/20/Vision	KP DC Gold 1700/0%/HSA/Vision	KP DC Gold 500/20/Vision
20 and Under	304.19	295.53	316.35	275.05	261.18	257.36	249.25	266.16
21	338.14	328.52	351.66	305.75	290.33	286.09	277.08	295.87
22	338.14	328.52	351.66	305.75	290.33	286.09	277.08	295.87
23	338.14	328.52	351.66	305.75	290.33	286.09	277.08	295.87
24	338.14	328.52	351.66	305.75	290.33	286.09	277.08	295.87
25	338.14	328.52	351.66	305.75	290.33	286.09	277.08	295.87
26	338.14	328.52	351.66	305.75	290.33	286.09	277.08	295.87
27	338.14	328.52	351.66	305.75	290.33	286.09	277.08	295.87
28	346.05	336.20	359.89	312.90	297.12	292.78	283.55	302.79
29	353.49	343.43	367.62	319.63	303.51	299.08	289.65	309.30
30	362.33	352.02	376.82	327.62	311.10	306.55	296.89	317.03
31	371.63	361.06	386.49	336.04	319.09	314.42	304.52	325.17
32	380.00	369.19	395.20	343.61	326.28	321.51	311.38	332.50
33	388.84	377.78	404.39	351.60	333.86	328.98	318.62	340.23
34	398.14	386.81	414.06	360.01	341.85	336.85	326.24	348.37
35	407.44	395.85	423.74	368.42	349.84	344.72	333.86	356.51
36	416.75	404.89	433.41	376.83	357.82	352.59	341.48	364.65
37	426.05	413.93	443.08	385.24	365.81	360.46	349.11	372.79
38	431.17	418.90	448.41	389.87	370.21	364.79	353.30	377.27
39	436.28	423.87	453.73	394.49	374.60	369.12	357.49	381.74
40	453.49	440.59	471.62	410.06	389.37	383.68	371.59	396.80
41	471.17	457.76	490.01	426.04	404.55	398.64	386.08	412.27
42	489.77	475.84	509.35	442.86	420.52	414.38	401.32	428.55
43	508.84	494.36	529.19	460.10	436.90	430.51	416.95	445.23
44	528.84	513.79	549.99	478.19	454.07	447.43	433.34	462.73
45	549.31	533.68	571.27	496.69	471.64	464.75	450.10	480.64
46	570.70	554.46	593.52	516.04	490.01	482.85	467.64	499.36
47	593.03	576.15	616.74	536.23	509.18	501.74	485.93	518.89
48	616.28	598.75	640.92	557.25	529.15	521.41	504.99	539.24
49	640.47	622.25	666.08	579.12	549.92	541.88	524.80	560.41
50	665.58	646.65	692.20	601.83	571.48	563.13	545.38	582.38
51	691.63	671.95	719.29	625.39	593.85	585.16	566.73	605.17
52	718.61	698.16	747.34	649.78	617.01	607.99	588.83	628.78
53	746.52	725.28	776.37	675.01	640.97	631.60	611.70	653.20
54	775.82	753.75	806.84	701.51	666.13	656.39	635.71	678.83
55	806.05	783.12	838.28	728.85	692.09	681.97	660.48	705.29
56	837.68	813.85	871.17	757.45	719.24	708.73	686.40	732.96
57	870.24	845.48	905.03	786.89	747.20	736.28	713.08	761.45
58	904.19	878.47	940.35	817.59	776.35	765.00	740.90	791.16
59	939.54	912.81	977.11	849.55	806.70	794.91	769.87	822.09
60	976.28	948.51	1,015.32	882.78	838.25	826.00	799.97	854.24
61	1,014.42	985.56	1,054.98	917.25	870.99	858.27	831.23	887.61
62	1,014.42	985.56	1,054.98	917.25	870.99	858.27	831.23	887.61
63	1,014.42	985.56	1,054.98	917.25	870.99	858.27	831.23	887.61
64+	1,014.42	985.56	1,054.98	917.25	870.99	858.27	831.23	887.61

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Rates Effective October 1, 2021
Appendix IV-B

	94506DC0350026	94506DC0350024	94506DC0350010	94506DC0350008	94506DC0350011	94506DC0350009	94506DC0350027	94506DC0350012
Age	KP DC Gold DHMO Plus 1500/20/Vision	KP DC Gold HMO Plus 0/20/Vision	KP DC Silver 2000/30/HSA/Vision	KP DC Silver 2000/40/Vision	KP DC Silver 2500/30/HSA/Vision	KP DC Silver 2500/40/Vision	KP DC Silver DHMO Plus 2000/40/Vision	KP DC Bronze 6500/55/Vision
20 and Under	267.66	286.05	226.47	231.35	217.45	228.75	240.61	207.35
21	297.54	317.98	251.75	257.18	241.72	254.28	267.47	230.49
22	297.54	317.98	251.75	257.18	241.72	254.28	267.47	230.49
23	297.54	317.98	251.75	257.18	241.72	254.28	267.47	230.49
24	297.54	317.98	251.75	257.18	241.72	254.28	267.47	230.49
25	297.54	317.98	251.75	257.18	241.72	254.28	267.47	230.49
26	297.54	317.98	251.75	257.18	241.72	254.28	267.47	230.49
27	297.54	317.98	251.75	257.18	241.72	254.28	267.47	230.49
28	304.50	325.42	257.64	263.19	247.37	260.22	273.72	235.88
29	311.04	332.42	263.18	268.85	252.69	265.82	279.61	240.95
30	318.82	340.73	269.76	275.57	259.01	272.47	286.60	246.98
31	327.01	349.47	276.68	282.65	265.66	279.46	293.95	253.32
32	334.37	357.35	282.92	289.02	271.64	285.76	300.58	259.02
33	342.15	365.66	289.50	295.74	277.96	292.40	307.57	265.05
34	350.33	374.40	296.42	302.81	284.61	299.40	314.92	271.39
35	358.52	383.15	303.35	309.89	291.26	306.39	322.28	277.73
36	366.70	391.90	310.27	316.96	297.91	313.39	329.64	284.07
37	374.89	400.65	317.20	324.04	304.56	320.38	337.00	290.41
38	379.39	405.46	321.01	327.93	308.21	324.23	341.05	293.90
39	383.89	410.27	324.82	331.82	311.87	328.08	345.09	297.39
40	399.04	426.45	337.63	344.91	324.17	341.02	358.71	309.12
41	414.59	443.07	350.79	358.35	336.81	354.31	372.69	321.16
42	430.96	460.57	364.64	372.50	350.11	368.30	387.40	333.85
43	447.74	478.50	378.84	387.01	363.74	382.64	402.49	346.85
44	465.34	497.31	393.73	402.22	378.04	397.68	418.31	360.48
45	483.35	516.56	408.97	417.78	392.67	413.07	434.49	374.43
46	502.17	536.68	424.90	434.05	407.96	429.16	451.42	389.01
47	521.82	557.67	441.52	451.03	423.92	445.95	469.08	404.23
48	542.28	579.54	458.83	468.72	440.54	463.44	487.47	420.08
49	563.56	602.28	476.84	487.12	457.83	481.62	506.60	436.57
50	585.66	625.90	495.54	506.22	475.79	500.51	526.47	453.69
51	608.58	650.40	514.93	526.03	494.41	520.10	547.07	471.44
52	632.32	675.77	535.02	546.55	513.69	540.38	568.41	489.83
53	656.88	702.01	555.79	567.77	533.64	561.37	590.48	508.85
54	682.66	729.56	577.61	590.06	554.59	583.41	613.66	528.83
55	709.26	757.99	600.12	613.05	576.20	606.14	637.58	549.44
56	737.09	787.74	623.67	637.11	598.81	629.92	662.59	570.99
57	765.74	818.35	647.91	661.87	622.08	654.41	688.35	593.19
58	795.62	850.28	673.18	687.70	646.35	679.94	715.20	616.33
59	826.72	883.52	699.50	714.58	671.62	706.52	743.16	640.43
60	859.06	918.08	726.86	742.53	697.89	734.15	772.23	665.47
61	892.62	953.94	755.25	771.53	725.15	762.83	802.40	691.47
62	892.62	953.94	755.25	771.53	725.15	762.83	802.40	691.47
63	892.62	953.94	755.25	771.53	725.15	762.83	802.40	691.47
64+	892.62	953.94	755.25	771.53	725.15	762.83	802.40	691.47

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

Market: District of Columbia Small Group

Rates Effective October 1, 2021

Appendix IV-C

	94506DC0350015	94506DC0350014	94506DC0360004	94506DC0360005	94506DC0360003	94506DC0360002	94506DC0360001	94506DC0350016
Age	KP DC Bronze 7000/0%/HSA/Vision	7000/50/20%/HSA/Vision	KP DC Platinum 0/10/POS/Vision	KP DC Platinum 500/10/POS/Vision	KP DC Gold 1000/20/POS/Vision	KP DC Silver 2500/40/POS/Vision	KP DC Bronze 6500/55/POS/Vision	KP DC Platinum 0/10/Vision/Sel
20 and Under	199.42	191.97	324.09	316.13	280.62	242.38	218.64	319.40
21	221.68	213.40	360.26	351.42	311.94	269.44	243.04	355.05
22	221.68	213.40	360.26	351.42	311.94	269.44	243.04	355.05
23	221.68	213.40	360.26	351.42	311.94	269.44	243.04	355.05
24	221.68	213.40	360.26	351.42	311.94	269.44	243.04	355.05
25	221.68	213.40	360.26	351.42	311.94	269.44	243.04	355.05
26	221.68	213.40	360.26	351.42	311.94	269.44	243.04	355.05
27	221.68	213.40	360.26	351.42	311.94	269.44	243.04	355.05
28	226.86	218.39	368.69	359.64	319.23	275.74	248.72	363.35
29	231.74	223.09	376.61	367.37	326.10	281.67	254.07	371.16
30	237.53	228.67	386.03	376.56	334.25	288.71	260.42	380.44
31	243.63	234.54	395.94	386.22	342.83	296.12	267.11	390.21
32	249.12	239.82	404.86	394.92	350.56	302.79	273.13	399.00
33	254.92	245.40	414.28	404.11	358.71	309.83	279.48	408.28
34	261.01	251.27	424.19	413.78	367.29	317.24	286.17	418.05
35	267.11	257.14	434.10	423.44	375.87	324.66	292.85	427.81
36	273.21	263.01	444.01	433.11	384.45	332.07	299.54	437.58
37	279.31	268.88	453.92	442.78	393.03	339.48	306.22	447.35
38	282.66	272.11	459.37	448.10	397.75	343.56	309.90	452.72
39	286.02	275.34	464.82	453.41	402.47	347.64	313.58	458.09
40	297.30	286.20	483.16	471.30	418.35	361.35	325.95	476.16
41	308.89	297.35	501.99	489.67	434.65	375.43	338.65	494.72
42	321.08	309.10	521.81	509.00	451.82	390.26	352.02	514.26
43	333.58	321.13	542.13	528.82	469.41	405.45	365.73	534.28
44	346.70	333.75	563.44	549.61	487.86	421.39	380.11	555.28
45	360.11	346.67	585.24	570.88	506.74	437.69	394.82	576.77
46	374.14	360.17	608.03	593.11	526.48	454.74	410.19	599.23
47	388.78	374.26	631.82	616.31	547.07	472.53	426.24	622.68
48	404.02	388.94	656.60	640.48	568.53	491.06	442.96	647.09
49	419.88	404.20	682.37	665.62	590.84	510.33	460.34	672.49
50	436.34	420.05	709.13	691.72	614.01	530.35	478.39	698.86
51	453.42	436.49	736.88	718.79	638.04	551.10	497.11	726.21
52	471.10	453.52	765.62	746.83	662.92	572.60	516.50	754.54
53	489.40	471.13	795.35	775.83	688.67	594.83	536.56	783.84
54	508.61	489.62	826.57	806.28	715.70	618.18	557.62	814.61
55	528.43	508.70	858.78	837.70	743.59	642.27	579.35	846.35
56	549.16	528.66	892.48	870.57	772.77	667.47	602.09	879.56
57	570.51	549.21	927.17	904.41	802.80	693.42	625.49	913.75
58	592.77	570.64	963.34	939.70	834.12	720.47	649.89	949.40
59	615.94	592.95	1,001.00	976.43	866.73	748.64	675.30	986.51
60	640.03	616.14	1,040.15	1,014.62	900.63	777.92	701.71	1,025.10
61	665.04	640.20	1,080.78	1,054.26	935.82	808.31	729.12	1,065.14
62	665.04	640.20	1,080.78	1,054.26	935.82	808.31	729.12	1,065.14
63	665.04	640.20	1,080.78	1,054.26	935.82	808.31	729.12	1,065.14
64+	665.04	640.20	1,080.78	1,054.26	935.82	808.31	729.12	1,065.14

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

Market: District of Columbia Small Group

Rates Effective October 1, 2021

Appendix IV-D

	94506DC0350017	94506DC0350018	94506DC0350019	94506DC0350028	94506DC0350020	94506DC0350022
Age	KP DC Platinum 500/10/Vision/Sel	KP DC Gold 0/20/Vision/Sel	KP DC Gold 1000/20/Vision/Sel	KP DC Gold 1500/20/Vision/Sel	1700/0%/HSA/Vision/Se l	KP DC Gold 500/20/Vision/Sel
20 and Under	310.31	288.80	274.23	270.23	261.72	279.47
21	344.94	321.03	304.84	300.40	290.93	310.67
22	344.94	321.03	304.84	300.40	290.93	310.67
23	344.94	321.03	304.84	300.40	290.93	310.67
24	344.94	321.03	304.84	300.40	290.93	310.67
25	344.94	321.03	304.84	300.40	290.93	310.67
26	344.94	321.03	304.84	300.40	290.93	310.67
27	344.94	321.03	304.84	300.40	290.93	310.67
28	353.01	328.54	311.97	307.42	297.73	317.93
29	360.60	335.61	318.68	314.03	304.14	324.77
30	369.61	344.00	326.65	321.88	311.74	332.89
31	379.10	352.83	335.04	330.15	319.74	341.43
32	387.64	360.78	342.58	337.59	326.95	349.12
33	396.66	369.17	350.55	345.44	334.55	357.24
34	406.15	378.00	358.94	353.70	342.55	365.79
35	415.64	386.83	367.32	361.97	350.56	374.34
36	425.13	395.66	375.71	370.23	358.56	382.88
37	434.62	404.49	384.10	378.49	366.56	391.43
38	439.84	409.35	388.71	383.04	370.97	396.13
39	445.06	414.21	393.32	387.58	375.37	400.83
40	462.61	430.55	408.84	402.87	390.17	416.64
41	480.64	447.33	424.77	418.57	405.38	432.88
42	499.62	464.99	441.54	435.10	421.39	449.97
43	519.07	483.10	458.73	452.04	437.80	467.49
44	539.48	502.08	476.77	469.81	455.00	485.87
45	560.35	521.51	495.22	487.99	472.61	504.67
46	582.18	541.83	514.50	507.00	491.02	524.33
47	604.95	563.02	534.63	526.83	510.23	544.84
48	628.68	585.10	555.60	547.49	530.24	566.21
49	653.35	608.06	577.40	568.98	551.05	588.43
50	678.97	631.91	600.04	591.29	572.66	611.50
51	705.54	656.64	623.53	614.43	595.07	635.43
52	733.06	682.25	647.85	638.40	618.28	660.22
53	761.53	708.75	673.01	663.19	642.29	685.86
54	791.42	736.57	699.42	689.22	667.50	712.78
55	822.26	765.27	726.68	716.08	693.51	740.55
56	854.53	795.30	755.19	744.18	720.72	769.61
57	887.74	826.21	784.54	773.10	748.73	799.52
58	922.38	858.44	815.16	803.27	777.95	830.72
59	958.44	892.00	847.02	834.67	808.36	863.20
60	995.92	926.89	880.15	867.31	839.97	896.95
61	1,034.82	963.09	914.52	901.19	872.79	932.00
62	1,034.82	963.09	914.52	901.19	872.79	932.00
63	1,034.82	963.09	914.52	901.19	872.79	932.00
64+	1,034.82	963.09	914.52	901.19	872.79	932.00

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Part III – Actuarial Memorandum and Certification

Form Numbers:

DC-SG-GOLD-0-20-VISION-HMO-COST(01-21)HIX, DC-SG-PLATINUM-0-10-VISION-HMO-COST(01-21)HIX, DC-SG-BRONZE-6500-55-VISION-DHMO-COST(01-21)HIX, DC-SG-GOLD-500-20-VISION-DHMO-COST(01-21)HIX, DC-SG-GOLD-1000-20-VISION-DHMO-COST(01-21)HIX, DC-SG-GOLD-1500-20-VISION-DHMO-COST(01-21)HIX, DC-SG-PLATINUM-500-10-VISION-DHMO-COST(01-21)HIX, DC-SG-SILVER-2000-40-VISION-DHMO-COST(01-21)HIX, DC-SG-SILVER-2500-40-VISION-DHMO-COST(01-21)HIX, DC-SG-BRONZE-7000-0%-HSA-VISION-HDHP-COST(01-21)HIX, DC-SG-BRONZE-7000-50-20%-HSA-VISION-HDHP-COST(01-21)HIX, DC-SG-GOLD-1700-0%-HSA-VISION-HDHP-COST(01-21)HIX, DC-SG-SILVER-2000-30-HSA-VISION-HDHP-COST(01-21)HIX, DC-SG-SILVER-2500-30-HSA-VISION-HDHP-COST(01-21)HIX, DC-SG-BRONZE-6500-55-POS-VISION-COST(01-21)HIX, DC-SG-GOLD-1000-20-POS-VISION-COST(01-21)HIX, DC-SG-PLATINUM-0-10-POS-VISION-COST(01-21)HIX, DC-SG-PLATINUM-500-10-POS-VISION-COST(01-21)HIX, DC-SG-SILVER-2500-40-POS-VISION-COST(01-21)HIX, DC-SG-GOLD-0-20-HMOPLUS-VISION-COST(01-21)HIX, DC-SG-GOLD-1500-20-DHMOPLUS-VISION-COST(01-21)HIX, DC-SG-PLATINUM-0-10-HMOPLUS-VISION-COST(01-21)HIX, DC-SG-SILVER-2000-40-DHMOPLUS-VISION-COST(01-21)HIX, DC-SG-GOLD-0-20-VISION-HMO-RX(01-21)HIX, DC-SG-PLATINUM-0-10-VISION-HMO-RX(01-21)HIX, DC-SG-BRONZE-6500-55-VISION-DHMO-RX(01-21)HIX, DC-SG-GOLD-500-20-VISION-DHMO-RX(01-21)HIX, DC-SG-GOLD-1000-20-VISION-DHMO-RX(01-21)HIX, DC-SG-GOLD-1500-20-VISION-DHMO-RX(01-21)HIX, DC-SG-PLATINUM-500-10-VISION-DHMO-RX(01-21)HIX, DC-SG-SILVER-2000-40-VISION-DHMO-RX(01-21)HIX, DC-SG-SILVER-2500-40-VISION-DHMO-RX(01-21)HIX, DC-SG-BRONZE-7000-0%-HSA-VISION-HDHP-RX(01-21)HIX, DC-SG-BRONZE-7000-50-20%-HSA-VISION-HDHP-RX(01-21)HIX, DC-SG-GOLD-1700-0%-HSA-VISION-HDHP-RX(01-21)HIX, DC-SG-SILVER-2000-30-HSA-VISION-HDHP-RX(01-21)HIX, DC-SG-SILVER-2500-30-HSA-VISION-HDHP-RX(01-21)HIX, DC-SG-BRONZE-6500-55-VISION-POS-RX(01-21)HIX, DC-SG-GOLD-1000-20-VISION-POS-RX(01-21)HIX, DC-SG-PLATINUM-0-10-VISION-POS-RX(01-21)HIX, DC-SG-PLATINUM-500-10-VISION-POS-RX(01-21)HIX, DC-SG-SILVER-2500-40-VISION-POS-RX(01-21)HIX, DC-SG-GOLD-0-20-HMOPLUS-VISION-RX(01-21)HIX, DC-SG-GOLD-1500-20-DHMOPLUS-VISION-RX(01-21)HIX, DC-SG-PLATINUM-0-10-HMOPLUS-VISION-RX(01-21)HIX, DC-SG-SILVER-2000-40-DHMOPLUS-VISION-RX(01-21)HIX, DC-SG-PED-DENTAL(01-21)HIX, DC-SG-PED-DENTAL-FEE(01-21)

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
District of Columbia - 2021 Small Group Rate Filing
Part III – Actuarial Memorandum and Certification**

1. Purpose

This document contains the Part III Actuarial Memorandum for Kaiser Foundation Health Plan (“KFHP”) of the Mid-Atlantic States’ Small Group business segment rates in the District of Columbia, with effective dates during 2021. Rates are guaranteed for 12 months starting on a Small Group’s effective date. These products are offered on the District of Columbia Marketplace (“the Exchange.”) This rate filing applies to new and renewal business on a guaranteed issue basis with no age limitations. This filing does not cover grandfathered products that existed prior to 2021. This actuarial memorandum is submitted in conjunction with the Part I Unified Rate Review Template (“URRT”) and is in compliance with 45 CFR § 156.215. The purpose of the actuarial memorandum is to provide certain information related to the submission of premium rate filings, including support for the values entered in the Part I URRT. This memorandum may not be appropriate for other purposes.

All products offered are comprehensive medical plans and range from no-deductible HMO style plans to high-deductible Health Savings Account (“HSA”) qualified plans as well as Point of Service style plans. All products include pediatric dental benefits and cover all required Essential Health Benefits (“EHBs”).

2. General Information Section

Company Identifying Information

Company Legal Name:	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
State:	District of Columbia
HIOS Issuer ID:	94506
Market:	Individual Market On Exchange
Effective Date:	January 1, 2021

Company Contact Information

Primary Contact Name:	Stephen Chuang
Primary Contact Telephone Number:	301-816-5854
Primary Contact Email Address:	Stephen.Chuang@kp.org
Secondary Contact Name:	Mia Chen
Secondary Contact Telephone Number:	301-816-6622
Secondary Contact Email Address:	Zhuoying.Chen@kp.org

3. Proposed Rate Changes

All current benefit plans are renewing in 2021 and two new plans are introduced. Primary factors that affect the rate change for the renewing plans are:

- Claims experience of the single risk pool different than projected in the previous year.

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- Medical inflation.
- Changes in population morbidity and demographic make-up of the pool.
- Risk adjustment transfer payments into the district-wide risk adjustment pool.
- Benefit plan design adjustments, including those made to comply with Actuarial Value (“AV”) requirements which results in varying rate changes by plan.
- Federal and District taxes and fees.

The proposed average rate change is 0.0%. The average rate change does not indicate that every member’s rate will change by this amount as rates are affected by the ages of those covered and benefits chosen.

Covid-19: Initial estimates for the impact of Covid-19 on 2021 experience are still being understood. Its impact on member, medical expense, and risk adjustment are still highly uncertain and change on a frequent basis. We do not assume any Covid-19 impacts on 2021 experience in this rate filing. If/When firmer assumptions are developed, we will include them in this rate filing as appropriate.

Proposed rates by plan can be found in the Appendix.

4. Market Experience

4.1. Experience and Current Period Premium, Claims and Enrollment

Premium

Data for experience period and current period premiums through February 2020 is pulled from KFHP’s data base which reflects premiums paid by policy holders. No MLR rebates were required for the experience period.

Claims

The experience period claims for the Individual and Small Group single risk pool are shown in Exhibit 2.

The claims data is for the incurred period January 2019 through December 2019 and paid through February 2020, including estimates for incurred but not reported claims. Net cost data from internal cost systems (i.e., the cost for medical services delivered within our integrated delivery system), fee for service claims, capitations and prescription drug claims net of drug rebates are aggregated to determine annual claims. Allowed claims are calculated based on system paid claims divided by the experience period paid benefit to allowed ratio expected for the plans offered in the experience period plus dental capitations.

Incurred but not reported estimates for non-capitated services are developed using the completion factor method consistent with KFHP’s monthly reserve estimate process. The

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completion factors are based on all commercial claims which includes Individual, Small Group and Large Group business segments. Except for capitated expenses, all claims are processed by KFHP’s internal systems. Capitated expenses are based on a monthly contractual PMPM amount paid to the vendor. Capitated and non-capitated expenses are shown separately in Exhibit 2.

Enrollment

Experience period and current period enrollment as of February 2020 is pulled from KFHP’s member data base. Experience period member months can be found on Exhibit 2.

4.2. Benefit Categories

Claims are assigned to one of the following benefit service categories: Inpatient Hospital, Outpatient Hospital, Professional, Other Medical, Capitation and Prescription Drugs. The categorization is derived from each claim’s specific information on services rendered, the location of service, and the type of provider. The categorization is an automated process within KFHP’s data warehouse. Examples of services by benefit category include:

Benefit Category	Services
Inpatient Hospital	Inpatient Facility, Inpatient Visits, Inpatient Surgery, Maternity
Outpatient Hospital	Outpatient Facility, Emergency/Urgent Care, Outpatient Surgery
Professional	Diagnostic Services, Office Visits, Cardiovascular, Dialysis, PT/OT/ST
Other Medical	Other Services
Capitation	Dental
Prescription Drug	Pharmacy

4.3. Projection Factors

4.3.1 Trend Factors

Projected trend factors are based on a mixture of expected industry trends, future fixed costs, and expected internalization of services, i.e., movement of medical care delivery between contracted external providers and our integrated delivery system. As an integrated health care provider, the majority of KFHP’s expenses are the fixed costs associated with providing medical care through Kaiser owned facilities. Therefore, the projected cost that is included in our total revenue requirement is primarily based on budgeting.

For traditional carriers, projected cost per service and utilization per member trends are developed to project expected future costs. However, given KFHP’s fixed cost structure, KFHP’s projected claims trends largely stem from the development of budgeted costs for the rating year. For the period from 2019 to 2021, our projected total annualized medical expense trend for the ACA market is 2.3%.

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Exhibit 4 includes an allocation of trend into cost and utilization service categories which is derived for use in the URRT.

4.3.2 Adjustments to Trended EHB Allowed Claims PMPM

Morbidity Adjustment

For the rating period, enrollees on average are expected to have per member per month (PMPM) costs that are similar to the PMPM costs of members in the experience period data. The expected relative cost of new members coming into the pool is expected to be lower than the cost of continuously enrolled members. A net morbidity factor reflecting the relative difference in cost is applied to projected claims. Development of this factor is shown in Exhibit 5.

Demographic Shift

Base period claims experience is adjusted for the average mix of population by age in the experience period membership. The average age factor is developed by applying the District of Columbia (“DC”) standard age curve to experience period member months. The same calculation is performed for projected rating period membership, which is based on actual KFHP enrolled members for the current period adjusted for expected distribution changes in the rating period. The projected age factor used is the closest rounded-age factor from the DC standard age curve. The projected allowed claims are then multiplied by the change in the average age factor from the experience to the rating period. The development of the average age factor is shown in Exhibit 6.

Plan Design Changes

All plans have cost sharing in the rating period that generates different levels of utilization adjustments when compared with the experience period plans. The net impact is reflected as the change in average utilization for the pool in Exhibit 8. This is calculated by dividing the average utilization adjustment in the projection period by the base period average utilization. Changes from the experience period to the projection period may include, but is not limited to, updates to Kaiser’s benefit factor rating model and member mix changes across plans in the projection period compared to the experience period.

Other Adjustments

No adjustments or factors, other than those previously discussed in this section, have been used to project the experience period allowed claims to the projection period.

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4.3.3 Manual Rate Adjustments

KFHP considers the experience period data to be fully credible, and has not employed the use of additional, external claims data to develop a manual rate.

4.3.4 Credibility of Experience

KFHP had approximately 84,000 covered lives in the single risk pool for the experience period, which is considered fully credible. Actuarial Standard of Practice #25 was considered when making this determination.

4.3.5 Establishing the Index Rate

The experience period data includes claims for non-EHBs. Claims for non-EHBs were removed from the allowed amount by applying the experience period ratio of EHB claims to total claims to the experience period allowed amounts. The non-EHB removal ratio is shown in Exhibit 9.

4.3.6 Development of the Market-wide Adjusted Index Rate (“MAIR”)

Calculation of the MAIR is shown on Exhibit 1. The factors used in the calculation, e.g. demographic adjustment, are described above and in the section immediately below.

Paid to Allowed Ratio

The projected 2021 paid to allowed ratio is calculated as the average effective plan design factor. The average plan design accounts for the projected member distribution across the available plans.

Reinsurance

Reinsurance is currently not applicable.

Risk Adjustment

KFHP’s experience period risk adjustment transfer for the Individual pool is estimated to be (\$59.98) PMPM. The projected risk adjustment transfer of (\$71.08) PMPM is based on expected experience period results by metal tier projected to the rating year.

Exhibit 10 shows KFHP’s experience period and projection period risk adjustment transfers which could include the impact of CMS changes to the risk adjustment transfer formula. The experience period transfer estimate is based on an ongoing study by a third-party consulting firm. The projected transfer PMPMs by metal level are adjusted for assumed risk

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scores for continuing and future new members entering the pool vs experience period risk scores. Anticipated market average premium increases and projected KFHP enrollment mix between metal levels also impacts the overall average transfer PMPM.

Exchange User Fees

Because DC's Exchange is not operated as a Federally Facilitated Marketplace, there is no load in the development of the MAIR for Exchange User Fees. Note that administrative expenses on Exhibit 11 include an amount for expected DC Exchange Assessment costs.

4.4. Plan Adjusted Index Rate ("PAIR")

Allowable plan level modifiers are applied to the MAIR to develop PAIRs which are shown on Exhibit 12. Allowable adjustments used in rate development include the following:

Non-EHB Adjustment

Rating period non-EHB covered benefits are added back to plan rates as a multiplier when calculating the Plan Adjusted Index Rate for each plan. Development of the non-EHB multiplier is shown in Exhibit 9.

Plan Level Adjustments

An adjustment accounting for differences in network, if applicable, is applied at the plan level. Network adjustments, shown on Exhibit 7, are unchanged from prior years.

Plan level benefit richness factors are applied based on the metal level of the specific plan. Factors indicate the level of induced demand expected at the different metal levels. The induced demand factors are published by CMS in the annual Notice of Benefit and Payment Parameters.

Plan design adjustments accounting for differences in cost sharing between plans have been developed using a consultant's Managed Care Rating Model calibrated with Kaiser-specific data.

Catastrophic Plan Adjustment

A catastrophic specific plan adjustment, when applicable, accounts for the eligibility requirements for consumers eligible to purchase the catastrophic plan compared to the entire pool.

Retention (Administrative Expense, Taxes & Fees, Profit & Risk Margin)

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Retention amounts for the experience period and rating period are shown on Exhibit 11. Projected retention is added uniformly across all plans.

4.5. Calibration

Calibration of the Plan Adjusted Index Rates is necessary in order to calculate Consumer Adjusted Premium Rates. The Plan Adjusted Index Rates are developed for the average member within the Single Risk Pool. Based upon the allowable rating parameters, factors are developed to calibrate the Plan Adjusted Index Rates to generate Consumer Adjusted Premium Rates. The calibrated Plan Adjusted Index Rates have been defined as Base Rates, and the calibration factors are applied uniformly to all plans in the single risk pool.

Age Curve Calibration

The determination of the calibration factor is based upon the DC Standard Age Curve and KFHP internal current period enrollment data. A weighted average age factor is calculated as the product of the enrollment by age and the unadjusted DC age factors. The projected age factor used is the interpolated age factor from the DC standard age curve. The Plan Adjusted Index Rates are then multiplied by the ratio of the age 21 factor and the projected age factor to adjust to rates for an individual aged 21. This ratio, or calibration factor, is 0.707. The development of the average age and calibration factors is shown in Exhibit 6.

Area Factor Calibration

KFHP does not vary rates by rating area, therefore the area calibration factor is 1.00.

4.6. Consumer Adjusted Premium Rate Development

Age 21 Plan Adjusted Index Rates are shown on Exhibit 12. The base rates are adjusted using the DC age slope factors on exhibit 6 to generate age specific rates. The age slope factor for a member is based on the member's age as of the effective date of coverage and remains unchanged for the remainder of the policy period. Where applicable, a quarterly rate adjustment is applied depending on the quarter of the policy's effective date. Quarterly rate factors are shown on Exhibit 13. Note that only the three oldest children under the age of 21 on a family policy are rated.

5. Projected Loss Ratio

Exhibit 14 provides an estimate of the Medical Loss Ratio (MLR) based upon assumptions in this rate filing for the projection year for the specific line of business pool and for the combined Small Group and Individual line of business pools. The combined MLR is expected to be just under 104%.

Federal Medical Loss Ratio

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Using the federally prescribed methodology, we project the combined loss ratio to be just under 108%.

6. Plan Product Information

6.1. Actuarial Value (“AV”) Metal Values

The AV Metal Values were developed based on the CMS Actuarial Value calculator, as all plans’ designs were compatible with the calculator. The Federal AVs are shown on the AV screen shots submitted in the Supporting Documentation section in SERFF.

AV Pricing Values/Allowable Plan Level Adjustments

Per the URRT Instructions, the Allowable Plan Level Adjustments include plan specific adjustment factors for the Cost-Sharing Design of each plan in addition to the EHBs, and administrative costs. The effective plan design adjustment components of the plan level adjustments are calculated using a proprietary pricing model, including model updates, data reflecting a standard population, and KFHP specific data. The cost share and model changes have varying effects on each plan design which leads to non-uniform rate changes between plans. The pricing method is consistent across all plans and does not include any utilization differences due to differing health status of members in different cost-sharing designs.

The AV pricing values, i.e., plan design factors for 2021 plans have changed due to routine updates to the pricing model and/or changes to cost sharing amounts. These changes can have different effects on each plan design, which leads to non-uniform rate changes between the plans.

6.2. Membership Projections

Current year member projections are based on current year open enrollment results and expected adds and cancellations occurring throughout the remainder of the year. Rating year member projections are based on KFHP forecasts.

6.3. Plan Type

There are no plan types that are not listed in the Worksheet 2 drop-down box.

7. Miscellaneous

7.1. Reliance

All data and assumptions contained in this filing were prepared by a team of KFHP employees.

7.2. Historical Rate Revisions Effective January 1

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2016	0.2%
2017	2.0%
2018	5.0%
2019	0.0%
2020	3.0%

7.3. Estimated Average Premium

Estimated average premiums per member and per policy for the current year and projection year are shown below. The projected premium includes the requested rate increase as well as the impact of expected membership changes between products.

	Per Member Per Year	Per Policy Per Year
Current Year	\$5,383	\$7,948
Projection Year	\$5,384	\$7,950

7.4. Exhibit Table of Contents

Exhibit 1	Market Index Rate
Exhibit 2	Allowed Claim PMPMs
Exhibit 3	Capitations
Exhibit 4	Trend Factors
Exhibit 5	Morbidity Factor
Exhibit 6	Demographics
Exhibit 7	Network Factor
Exhibit 8	Utilization Adjustment
Exhibit 9	Non-Essential Health Benefit Adjustments
Exhibit 10	Risk Adjustment Projection
Exhibit 11	Retention
Exhibit 12	Plan Adjusted Index Rate
Exhibit 13	Quarterly Renewal Factors
Exhibit 14	Projected Medical Loss Ratio
Exhibit 15	Cost Share Reduction Subsidy Non-Funding Impact
Appendix 1	First Quarter Plan Rates by Age
Appendix 2	Second Quarter Plan Rates by Age
Appendix 3	Third Quarter Plan Rates by Age
Appendix 4	Fourth Quarter Plan Rates by Age

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Actuarial Certification

I, Sheila A. Schroer, Executive Director and Chief Actuary, Mid-Atlantic States, for Kaiser Foundation Health Plan (KFHP), am a member in good standing 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 Individual plans sold on the Exchange. This actuarial memorandum documents the assumptions and sources of data pertaining to the development of KFHP premium rates effective January 2021.

- To the best of my knowledge and judgment, this rate filing is compliant with all applicable District of Columbia and Federal Statutes and Regulations, including 45 CFR §156.80 and §147.102, and the premiums are reasonable in relation to the benefits provided.
- Rates are developed in accordance with 45 CFR part 147.102 and only the allowable modifiers as described in 45 CFR §156.80(d)(1) and §156.80(d)(2) were used to generate plan level rates.
- The federal AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans.
- This filing is consistent with KFHP's internal business plans.
- The adjusted community rate charged can be reasonably expected to result in a medical loss ratio that, under ACA definitions, meets or exceeds the minimum requirement.

Rates, calculations and values were developed accordance with generally accepted actuarial principles and methodologies for rating blocks of business and in accordance with the Code of Professional Conduct and the following Actuarial Standards of Practice:

- ASOP No. 5, Incurred Health and Disability Claims
- ASOP No. 8, Regulatory Filings for Health Plan Entities
- ASOP No. 12, Risk Classification
- ASOP No. 23, Data Quality
- ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages
- ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans (Small Group Filings only)
- ASOP No. 41, Actuarial Communications
- ASOP No. 45, The Use of Health Status Based Risk Adjustment Methodologies
- ASOP No. 50, Determining Minimum Value and Actuarial Value under the Affordable Care Act

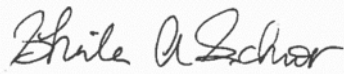
Qualifications:

1. The URRT does not demonstrate the process used by KFHP to develop the rates. Rather it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of Qualified Health Plans for Federally-facilitated Marketplaces, and for certification

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
District of Columbia - 2021 Small Group Rate Filing
Part III – Actuarial Memorandum and Certification

that the Index Rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

2. The information contained within this filing reflects the District of Columbia and Federal statutes, rules, regulations and guidance as of May 1, 2020. Changes to the applicable regulations, including but not limited to Risk Stabilization programs could have a significant impact on rate development. Subsequent changes to these statutes, rules and regulations may make these rates unacceptably deficient and would necessitate revisions to this filing.
3. Future experience is uncertain and in certain instances, assumptions were selected in an effort to achieve more affordable rates. KFHP has sufficient capital reserves as well as a diverse mix of lines of business which will allow for sustainable results for the organization, even if future results for this line of business may differ from what is projected in the filing.



Sheila A. Schroer, ASA, MAAA
Executive Director and Chief Actuary
Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
May 4, 2020

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Exhibit 1
Market Adjusted Index Rate

Source/Formula	Component	Value
(1) Exhibit 2	Experience Period Allowed PMPM	\$428.68
(2) Exhibit 9	Remove Non-EHBs Adjustment Factor	0.984
(3) = (1) x (2)	Experience Period Index Rate PMPM	\$421.98
(4) Exhibit 4	Annualized Medical Trend	2.3%
(5)	Months of Trend	24
(6) = (1+ (4)) ^ (24/12)	Trend Factor	1.047
(7) = (3) x (6)	Unadjusted Projected Allowed EHB PMPM	\$441.64
<u>Single Risk Pool Adjustments</u>		
(8) Exhibit 5	Change in Morbidity	0.998
(9) Exhibit 6	Change in Demographics	1.005
(10) Exhibit 7	Change in Network	1.000
(11) Exhibit 8	Change in Utilization	1.003
(12)	Change in Other	1.000
(13) = product (7) thru (12)	Projected Allowed EHBs PMPM	\$444.55
(14) Exhibit 12	Projected Paid to Allowed Ratio	0.895
(15) = (13) x (14)	Projected Paid EHBs PMPM	\$398.07
<u>Marketwide Adjustments</u>		
(16) Exhibit 10	Projected Risk Adj Transfer PMPM	(\$71.08)
(17) Exhibit 11	Projected Exchange User Fee Factor	1.000
(18) = [(15) - (16)] * (17)	Market Adjusted Projected Paid EHB PMPM	\$469.15
(19) = (18) / (14)	Market Adjusted Projected Allowed EHB PMPM	\$523.93
(20) Exhibit 9	Non-EHBs Loading Factor	1.010
(21) = (20) x (18)	Market Adjusted Projected Paid Total PMPM	\$473.83

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group**

**Exhibit 2
Allowed Claim PMPMs**

Pool	Member Months	Calculated Allowed	Capitation	Completion	Total
Individual Small Group	32,679	\$525.97	\$3.22	\$4.36	\$533.55
	51,108	355.46	3.22	2.95	361.63
Overall	83,787	\$421.96	\$3.22	\$3.50	\$428.68

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group**

**Exhibit 3
Capitations**

Source/Formula	Component	Combined
<i>Experience Period - Essential Health Benefits</i>		
(1) Input	Pediatric Dental PMPM	\$1.54
<i>Experience Period - Non Essential Health Benefits</i>		
(2) Input	Cosmetic Dental PMPM	\$0.60
(3) Input	Adult Dental PMPM	\$1.07
(4) = (2) + (3)	Subtotal Non EHBs PMPM	\$1.68
(5) = (1) + (4)	Experience Period - Total	\$3.22
<i>Projection Period - Essential Health Benefits</i>		
(6) Expected Contract Rate	Pediatric Dental Cap	\$11.04
(7) Exhibit 6	Percentage of Children < 21	14.5%
(8) = (6) x (7)	Pediatric Dental PMPM	\$1.60
(9) = (8)	Projection Period - Total	\$1.60

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group**

**Exhibit 4
Trend Factors**

Category	Cost	Utilization	Trend
Inpatient	3.0%	0.0%	3.0%
Outpatient	3.4%	0.2%	3.6%
Professional	1.0%	0.9%	1.9%
Other	0.5%	2.6%	3.1%
Capitation	0.0%	0.0%	0.0%
Rx	1.6%	0.7%	2.2%
Overall			2.3%

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group**

**Exhibit 5
Morbidity Factor**

	Member Months	Relative Morbidity
(1) Experience Period Single Risk Pool	83,787	1.000
(2) Continuing Experience Period Members	67,694	1.047
(3) Continuing Current Year New Members	9,990	0.977
(4) Projection Period New Members	19,196	0.839
(5) Projection Period Single Risk Pool	96,880	0.998
(6) Adjustment for Change in Risk = [(5) / (1)]		0.998

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group**

**Exhibit 6
Demographics**

Ages	DC Age Slope	Member Distribution	
		Experience Period	Current Period
0-14	0.654	11.2%	11.4%
15	0.654	0.6%	0.6%
16	0.654	0.6%	0.7%
17	0.654	0.5%	0.6%
18	0.654	0.5%	0.5%
19	0.654	0.5%	0.5%
20	0.654	0.5%	0.6%
21	0.727	0.5%	0.5%
22	0.727	0.8%	0.8%
23	0.727	1.6%	1.0%
24	0.727	1.8%	2.1%
25	0.727	2.4%	2.2%
26	0.727	3.5%	3.1%
27	0.727	4.0%	3.9%
28	0.744	4.1%	4.2%
29	0.760	4.2%	3.8%
30	0.779	4.0%	3.9%
31	0.799	3.8%	3.9%
32	0.817	3.4%	3.5%
33	0.836	3.7%	3.3%
34	0.856	3.0%	3.2%
35	0.876	2.9%	2.9%
36	0.896	2.9%	2.8%
37	0.916	2.3%	2.7%
38	0.927	2.2%	2.0%
39	0.938	2.0%	2.2%
40	0.975	2.1%	2.1%
41	1.013	1.6%	2.1%
42	1.053	1.6%	1.5%
43	1.094	1.4%	1.4%
44	1.137	1.3%	1.4%
45	1.181	1.2%	1.2%
46	1.227	1.4%	1.2%
47	1.275	1.5%	1.5%
48	1.325	1.2%	1.5%
49	1.377	1.3%	1.3%
50	1.431	1.2%	1.3%
51	1.487	1.1%	1.3%
52	1.545	1.2%	1.0%
53	1.605	1.3%	1.3%
54	1.668	1.4%	1.3%
55	1.733	1.1%	1.3%
56	1.801	1.1%	1.1%
57	1.871	1.0%	1.1%
58	1.944	1.2%	1.0%
59	2.020	1.1%	1.0%
60	2.099	1.2%	1.0%
61	2.181	1.0%	1.2%
62	2.181	0.8%	1.0%
63	2.181	0.9%	0.8%
64+	2.181	2.5%	2.7%

Demographic & Calibration Adjustment:

	Implied		
	Age	Factor	
Exp Period Avg Age Factor	41.3	1.024	(1)
Proj Period Avg Age Factor	41.4	1.029	(2)
Change in Demographics		1.005	= (2)/(1)
Age 21 Age Slope Factor		0.727	(3)
Index Rate Age Factor Calibration		0.707	= 1 / (2) x (3)

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group**

**Exhibit 7
Network Factor**

Experience Period

(1) Network	(2) Small Group Member Months	(3) Network Adjustment Factor
Signature	40,152	1.000
Signature 2TPOS	1,384	1.100
Select	9,572	1.050
Overall	51,108	1.012

Projection Period

(1) Network	(2) Small Group Member Months	(3) Network Adjustment Factor	(4) Normalizing Factor
Signature	50,144	1.000	0.988
Signature 2TPOS	2,194	1.100	1.086
Select	11,624	1.050	1.037
Overall	63,962	1.013	1.000

Change in Network Factor	1.000
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**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group**

**Exhibit 8
Utilization Adjustment**

	Pool	Member Months	Utilization
<i>Experience Period</i>			
(1)	Individual	32,679	0.846
(2)	Small Group	51,108	0.884
(3)	Overall	83,787	0.869
<i>Projection Period</i>			
(4)	Individual	32,918	0.846
(5)	Small Group	63,962	0.886
(6)	Overall	96,880	0.872
<i>Change in Average Utilization</i>			
(7)	= (6) / (3)		1.003

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group**

**Exhibit 9
Non-Essential Health Benefits Adjustments**

Source/Formula	Component	Value
<i>Experience Period</i>		
(1) Exhibit 2	Completed Allowed Claims	\$428.68
(2) Input	Non-EHB Capitation	\$1.68
(3) Input	Non-EHB Non Capitation	\$5.02
(4) = (1) - (2) - (3)	EHB Completed Allowed Claims	\$421.98
(5) = (4) / (1)	Exp Period Non-EHB Removal Factor	0.984
<i>Projection Period</i>		
(6) Exhibit 1	Market Adjusted Index Rate	\$523.93
(7) Exhibit 1	Risk Adj Transfer Paid PMPM	-\$71.08
(8) Exhibit 1	Paid to Allowed Ratio	0.895
(9) = (7) x (8)	Risk Adj Transfer Allowed PMPM	-\$79.38
(10) = (6) + (9)	Market Adjusted Index Rate Prior to Risk Adj	\$444.55
(11) Input	Non-EHB Capitation	\$0.00
(12) Input	Non-EHB Non Capitation	\$5.23
(13) = sum((10) thru (12)) - (9)	Projection Period Market Adjusted Allowed Total	\$529.16
(14) = (13) / (6)	Projection Period Non-EHB Load Factor	1.010

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Exhibit 10
Risk Adjustment Projection

		Estimated 2019	Annualized Change	Projected 2021
Platinum				
(1)	Member Months	19,793		25,518
(2)	HHS Transfer % of Premium	(0.087)		(0.101)
(3)	Statewide Average Premium PMPM	\$438.02	5.0%	\$482.88
(4) = (2) x (3)	Transfer PMPM	(\$38.05)		(\$48.67)
(5) = (1) x (4)	Transfer \$	(\$753,127)		(\$1,242,067)
Gold				
(6)	Member Months	24,436		30,743
(7)	HHS Transfer % of Premium	(0.141)		(0.154)
(8)	Statewide Average Premium PMPM	\$438.02	5.0%	\$482.88
(9) = (7) x (8)	Transfer PMPM	(\$61.97)		(\$74.22)
(10) = (6) x (9)	Transfer \$	(\$1,514,322)		(\$2,281,777)
Silver				
(11)	Member Months	5,110		5,563
(12)	HHS Transfer % of Premium	(0.219)		(0.215)
(13)	Statewide Average Premium PMPM	\$438.02	5.0%	\$482.88
(14) = (12) x (13)	Transfer PMPM	(\$95.96)		(\$103.77)
(15) = (11) x (14)	Transfer \$	(\$490,360)		(\$577,274)
Bronze				
(16)	Member Months	1,769		2,138
(17)	HHS Transfer % of Premium	(0.397)		(0.431)
(18)	Statewide Average Premium PMPM	\$438.02	5.0%	\$482.88
(19) = (17) x (18)	Transfer PMPM	(\$173.77)		(\$208.15)
(20) = (16) x (19)	Transfer \$	(\$307,404)		(\$444,991)
Catastrophic				
(21)	Member Months	N/A		N/A
(22)	HHS Transfer % of Premium	N/A		N/A
(23)	Statewide Average Premium PMPM (Cat)	N/A		N/A
(24) = (22) x (23)	Transfer PMPM	N/A		N/A
(25) = (21) x (24)	Transfer \$	N/A		N/A
Combined				
(26) = (1) + (6) + (11) + (16) + (21)	Total Risk Adjustment Member Months*	51,108		63,962
(27) = (28) / (26)	Total Transfer Paid (PMPM)	(\$59.98)		(\$71.08)
(28) = (5) + (10) + (15) + (20) + (25)	Total Transfer Paid	(\$3,065,212)		(\$4,546,109)

*Federal member month counting algorithms are not consistent with KFHP counting algorithms. Experience period member months on this exhibit may not match experience periods on other exhibits.

Transfer formula:

$$T = \left[\frac{PLRS \times IDF \times GCF}{\sum_i (s_i \times PLRS_i \times IDF_i \times GCF_i)} - \frac{AV \times ARF \times IDF \times GCF}{\sum_i (s_i \times AV_i \times ARF_i \times IDF_i \times GCF_i)} \right] \bar{P}$$

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Exhibit 11
Retention

Source/Formula	Retention Item	2019 Experience		2021 Projected	
		Net PMPM	% of Premium	Net PMPM	% of Premium
(1)	Operating Expense	\$40.80	9.5%	\$42.64	9.5%
(2)	Health Care Quality	3.88	4.3%	4.06	4.6%
(3)	Commissions	18.43	0.9%	20.51	0.9%
(4) = sum (1) thru (3)	Subtotal Admin Exp	\$63.11	14.7%	\$67.20	15.0%
(5)	Exchange Assessment	\$3.99	0.9%	\$4.49	1.0%
(6)	PCORI	0.06	0.0%	0.23	0.1%
(7)	State Premium Tax	8.56	2.0%	8.97	2.0%
(8)	Federal Income Tax	0.00	0.0%	0.00	0.0%
(9)	Health Ins Provider Fee	0.00	0.0%	0.00	0.0%
(10)	Risk Adjustment Fee	0.15	0.0%	0.19	0.0%
(11) = sum (5) thru (10)	Subtotal Taxes & Fees	\$12.77	3.0%	\$13.88	3.1%
(12)	Contribution to Reserve*	(\$35.51)	-8.3%	(\$121.59)	-27.1%
(13) = (4)+(11)+(12)	Total	\$40.36	9.4%	(\$40.51)	-9.0%

***Notes:**

1. Projected Contribution to Reserve is calculated as if claims are on an Individual and Small Group combined basis.

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group**

**Exhibit 12
Plan Adjustment Index Rate Development**

	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)
Name	Market Adjusted Index Rate	Impact of Non-EHB	Non-Funding of CSR Adjustment	Network Factor	Normalized Utilization	Plan Design	Catastrophic Plan Adjustment	Pure Premium	Retention	Plan Adjusted Index Rate	Age Curve Calibration*	Area Curve Calibration	Calibrated Plan Adj Index Rate (Age 21 Base Rate)
KP DC Platinum 0/10/Vision	\$523.93	1.010	1.000	0.988	1.035	0.955	1.000	\$516.32	0.917	\$473.56	0.707	1.000	\$334.62
KP DC Platinum 500/10/Vision	523.93	1.010	1.000	0.988	1.028	0.934	1.000	501.63	0.917	460.09	0.707	1.000	325.10
KP DC Platinum HMO Plus 0/10/Vision	523.93	1.010	1.000	0.988	1.035	0.993	1.000	536.97	0.917	492.50	0.707	1.000	348.00
KP DC Gold 0/20/Vision	523.93	1.010	1.000	0.988	1.000	0.893	1.000	466.86	0.917	428.20	0.707	1.000	302.57
KP DC Gold 1000/20/Vision	523.93	1.010	1.000	0.988	0.988	0.859	1.000	443.32	0.917	406.60	0.707	1.000	287.31
KP DC Gold 1500/20/Vision	523.93	1.010	1.000	0.988	0.983	0.850	1.000	436.85	0.917	400.67	0.707	1.000	283.11
KP DC Gold 1700/0%/HSA/Vision	523.93	1.010	1.000	0.988	0.966	0.838	1.000	423.07	0.917	388.04	0.707	1.000	274.19
KP DC Gold 500/20/Vision	523.93	1.010	1.000	0.988	0.990	0.874	1.000	451.78	0.917	414.36	0.707	1.000	292.79
KP DC Gold DHMO Plus 1500/20/Vision	523.93	1.010	1.000	0.988	0.983	0.884	1.000	454.32	0.917	416.70	0.707	1.000	294.44
KP DC Gold HMO Plus 0/20/Vision	523.93	1.010	1.000	0.988	1.000	0.929	1.000	485.54	0.917	445.33	0.707	1.000	314.67
KP DC Silver 2000/30/HSA/Vision	523.93	1.010	1.000	0.988	0.944	0.779	1.000	384.42	0.917	352.58	0.707	1.000	249.13
KP DC Silver 2000/40/Vision	523.93	1.010	1.000	0.988	0.942	0.798	1.000	392.70	0.917	360.18	0.707	1.000	254.50
KP DC Silver 2500/30/HSA/Vision	523.93	1.010	1.000	0.988	0.933	0.757	1.000	369.09	0.917	338.52	0.707	1.000	239.20
KP DC Silver 2500/40/Vision	523.93	1.010	1.000	0.988	0.936	0.794	1.000	388.27	0.917	356.11	0.707	1.000	251.63
KP DC Silver DHMO Plus 2000/40/Vision	523.93	1.010	1.000	0.988	0.942	0.830	1.000	408.41	0.917	374.58	0.707	1.000	264.68
KP DC Bronze 6500/55/Vision	523.93	1.010	1.000	0.988	0.895	0.752	1.000	351.95	0.917	322.80	0.707	1.000	228.09
KP DC Bronze 7000/0%/HSA/Vision	523.93	1.010	1.000	0.988	0.890	0.728	1.000	338.49	0.917	310.46	0.707	1.000	219.37
KP DC Bronze 7000/50/20%/HSA/Vision	523.93	1.010	1.000	0.988	0.877	0.711	1.000	325.85	0.917	298.87	0.707	1.000	211.18
KP DC Platinum 0/10/POS/Vision	523.93	1.010	1.000	1.086	1.022	0.937	1.000	550.10	0.917	504.54	0.707	1.000	356.51
KP DC Platinum 500/10/POS/Vision	523.93	1.010	1.000	1.086	1.017	0.918	1.000	536.59	0.917	492.15	0.707	1.000	347.76
KP DC Gold 1000/20/POS/Vision	523.93	1.010	1.000	1.086	0.979	0.847	1.000	476.32	0.917	436.87	0.707	1.000	308.69
KP DC Silver 2500/40/POS/Vision	523.93	1.010	1.000	1.086	0.928	0.771	1.000	411.42	0.917	377.34	0.707	1.000	266.63
KP DC Bronze 6500/55/POS/Vision	523.93	1.010	1.000	1.086	0.885	0.729	1.000	371.12	0.917	340.38	0.707	1.000	240.51
KP DC Platinum 0/10/Vision/Sel	523.93	1.010	1.000	1.037	1.035	0.955	1.000	542.14	0.917	497.24	0.707	1.000	351.35
KP DC Platinum 500/10/Vision/Sel	523.93	1.010	1.000	1.037	1.028	0.934	1.000	526.71	0.917	483.09	0.707	1.000	341.35
KP DC Gold 0/20/Vision/Sel	523.93	1.010	1.000	1.037	1.000	0.893	1.000	490.21	0.917	449.61	0.707	1.000	317.69
KP DC Gold 1000/20/Vision/Sel	523.93	1.010	1.000	1.037	0.988	0.859	1.000	465.48	0.917	426.93	0.707	1.000	301.67
KP DC Gold 1500/20/Vision/Sel	523.93	1.010	1.000	1.037	0.983	0.850	1.000	458.69	0.917	420.70	0.707	1.000	297.27
KP DC Gold 1700/0%/HSA/Vision/Sel	523.93	1.010	1.000	1.037	0.966	0.838	1.000	444.23	0.917	407.44	0.707	1.000	287.90
KP DC Gold 500/20/Vision/Sel	523.93	1.010	1.000	1.037	0.990	0.874	1.000	474.36	0.917	435.08	0.707	1.000	307.43
	\$523.93	1.010	1.000	1.000	1.000	0.895	1.000	\$474.91	0.917	\$435.58	0.707	1.000	\$307.78

* Age Curve Calibration from 41.4 to 21 years old

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Exhibit 13
Quarterly Renewal Factors

Source/Formula	Component	Renewal Quarter				Overall
		Q1	Q2	Q3	Q4	
(1) Data	Member Distribution by Renewal Qtr	48%	12%	15%	25%	100%
(2) Input	Months of Trend	0.0	3.0	6.0	9.0	
(3) Exhibit 4	Annual Trend	2.3%	2.3%	2.3%	2.3%	
(4) Exhibit 1	2021 Claims PMPM					\$473.83
(5) = (4) * [(1 + (3)) ^ ((2) / 12)]	Quarterly Projected Claims PMPM	\$473.83	\$476.53	\$479.25	\$481.99	\$476.97
(6) = (5) / Total (5)	Quarterly Rate Trend Factor	0.993	0.999	1.005	1.011	

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Exhibit 14
Projected Medical Loss Ratio

			Small Group Market PMPM	Combined Market PMPM
Component				
(1)	Input	Premium	\$448.68	\$453.00
(2)	Input	Net Claims	\$346.47	\$391.22
(3)	Exhibit 10	Risk Adjustment Transfer	(\$71.08)	(\$77.51)
(4)	= (2) - (3)	Total Medical Expense	\$417.54	\$468.73
(5)	Exhibit 11	Administrative Expenses	\$63.14	\$55.31
(6)	Exhibit 11	Health Care Quality	\$4.06	\$4.07
(7)	= (5) + (6)	Total	\$67.20	\$59.38
(8)	Exhibit 11	Exchange Fee	\$4.49	\$4.53
(9)	Exhibit 11	PCORI	\$0.23	\$0.23
(10)	Exhibit 11	DC Premium Tax	\$8.97	\$9.06
(11)	Exhibit 11	Federal Income Tax	\$0.00	\$0.00
(12)	Exhibit 11	Health Ins Provider Fee	\$0.00	\$0.00
(13)	Exhibit 11	Risk Adj Fee	\$0.19	\$0.19
(14)	= sum (8) thru (13)	Total Taxes and Fees	\$13.88	\$14.01
(15)	= (1) - (4) - (7) - (14)	Contribution to Reserve	(\$49.94)	(\$89.12)
(16)	= [(4)] / (1)]	Loss Ratio	93.1%	103.5%
(17)	= [(4) + (6)] / [(1) - (14)]	ACA Medical Loss Ratio	97.0%	107.7%

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Exhibit 15
Cost Share Reduction Subsidy Non-Funding Impact

		Silver Exchange Plans	Plan Design	Member Distribution
(1)	Base	KP DC Silver 2500/30/Vision	0.801	24.3%
(2)	73%	KP DC Silver 2200/30/CSR/Vision (2500)	0.815	3.7%
(3)	87%	KP DC Silver 0/10/CSR/Vision (2500)	0.898	0.9%
(4)	94%	KP DC Silver 0/5/CSR/Vision (2500)	0.962	0.6%
(5)	Base	KP DC Standard Silver 4000/40/Vision	0.785	50.9%
(6)	73%	KP DC Standard Silver 3500/40/CSR/Vision(40	0.798	2.5%
(7)	87%	KP DC Standard Silver 100/25/CSR/Vision (40	0.876	1.2%
(8)	94%	KP DC Standard Silver 0/5/CSR/Vision (4000)	0.932	2.5%
(9)	Base	KP DC Silver 3200/30%/HSA/Vision	0.750	10.4%
(10)	73%	KP DC Silver 2000/20%/CSR/Vision (3200)	0.792	1.3%
(11)	87%	KP DC Silver 600/10%/CSR/Vision (3200)	0.898	0.4%
(12)	94%	KP DC Silver 100/5%/CSR/Vision (3200)	0.959	1.0%
(13)	= Wtd Avg (1), (5), (9)	Silver Base Plan Average	0.785	
(14)	= Wtd Avg (1) thru (12)	Overall Silver Average	0.796	
(15)	= (14) / (13)	CSR Adjustment Factor for Silver Plans	1.014	100.0%

Note:

Rates do not include any adjustment for non-funding of Cost Share Reduction subsidies. The impact on this exhibit is shown for informational purposes only and represents an expected margin loss on Silver plans of 1.4%

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group**

**Rates Effective January 1, 2021
Appendix I-A**

	94506DC0350001	94506DC0350002	94506DC0350023	94506DC0350004	94506DC0350005	94506DC0350025	94506DC0350006	94506DC0350021
Age	KP DC Platinum 0/10/Vision	KP DC Platinum 500/10/Vision	KP DC Platinum HMO Plus 0/10/Vision	KP DC Gold 0/20/Vision	KP DC Gold 1000/20/Vision	KP DC Gold 1500/20/Vision	KP DC Gold 1700/0%/HSA/Vision	KP DC Gold 500/20/Vision
20 and Under	299.04	290.53	311.00	270.40	256.76	253.01	245.03	261.66
21	332.42	322.96	345.71	300.58	285.42	281.25	272.39	290.86
22	332.42	322.96	345.71	300.58	285.42	281.25	272.39	290.86
23	332.42	322.96	345.71	300.58	285.42	281.25	272.39	290.86
24	332.42	322.96	345.71	300.58	285.42	281.25	272.39	290.86
25	332.42	322.96	345.71	300.58	285.42	281.25	272.39	290.86
26	332.42	322.96	345.71	300.58	285.42	281.25	272.39	290.86
27	332.42	322.96	345.71	300.58	285.42	281.25	272.39	290.86
28	340.19	330.51	353.79	307.61	292.09	287.82	278.76	297.66
29	347.51	337.62	361.40	314.22	298.38	294.01	284.75	304.07
30	356.19	346.06	370.44	322.08	305.83	301.36	291.87	311.67
31	365.34	354.95	379.95	330.35	313.69	309.10	299.36	319.67
32	373.57	362.94	388.51	337.79	320.75	316.06	306.11	326.87
33	382.26	371.38	397.54	345.65	328.21	323.41	313.22	334.47
34	391.40	380.27	407.05	353.91	336.06	331.15	320.72	342.47
35	400.55	389.15	416.56	362.18	343.92	338.89	328.21	350.48
36	409.69	398.04	426.07	370.45	351.77	346.63	335.71	358.48
37	418.84	406.92	435.59	378.72	359.62	354.36	343.20	366.48
38	423.87	411.81	440.82	383.27	363.94	358.62	347.32	370.88
39	428.90	416.69	446.05	387.82	368.26	362.87	351.44	375.28
40	445.82	433.13	463.64	403.11	382.78	377.19	365.30	390.08
41	463.19	450.01	481.71	418.83	397.70	391.89	379.54	405.29
42	481.48	467.78	500.73	435.36	413.41	407.36	394.53	421.29
43	500.23	486.00	520.23	452.32	429.50	423.22	409.89	437.70
44	519.89	505.10	540.68	470.09	446.38	439.86	426.00	454.90
45	540.01	524.64	561.60	488.29	463.66	456.88	442.49	472.50
46	561.04	545.08	583.47	507.30	481.72	474.68	459.72	490.91
47	582.99	566.40	606.30	527.15	500.56	493.25	477.71	510.11
48	605.85	588.61	630.08	547.82	520.19	512.59	496.44	530.12
49	629.63	611.72	654.80	569.32	540.61	532.71	515.92	550.92
50	654.32	635.70	680.48	591.65	561.81	553.60	536.15	572.52
51	679.93	660.58	707.11	614.80	583.79	575.26	557.14	594.93
52	706.45	686.35	734.69	638.78	606.57	597.70	578.87	618.13
53	733.88	713.00	763.23	663.59	630.12	620.91	601.35	642.14
54	762.69	740.99	793.18	689.64	654.85	645.28	624.95	667.35
55	792.41	769.86	824.09	716.51	680.37	670.43	649.30	693.35
56	823.50	800.07	856.43	744.63	707.07	696.73	674.78	720.56
57	855.51	831.17	889.72	773.57	734.55	723.81	701.01	748.56
58	888.89	863.60	924.43	803.75	763.21	752.06	728.36	777.77
59	923.64	897.36	960.57	835.17	793.05	781.46	756.84	808.18
60	959.76	932.45	998.14	867.83	824.07	812.02	786.43	839.78
61	997.25	968.88	1,037.13	901.74	856.26	843.74	817.16	872.58
62	997.25	968.88	1,037.13	901.74	856.26	843.74	817.16	872.58
63	997.25	968.88	1,037.13	901.74	856.26	843.74	817.16	872.58
64+	997.25	968.88	1,037.13	901.74	856.26	843.74	817.16	872.58

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Rates Effective January 1, 2021
Appendix I-B

	94506DC0350026	94506DC0350024	94506DC0350010	94506DC0350008	94506DC0350011	94506DC0350009	94506DC0350027	94506DC0350012
Age	KP DC Gold DHMO Plus 1500/20/Vision	KP DC Gold HMO Plus 0/20/Vision	KP DC Silver 2000/30/HSA/Vision	KP DC Silver 2000/40/Vision	KP DC Silver 2500/30/HSA/Vision	KP DC Silver 2500/40/Vision	KP DC Silver DHMO Plus 2000/40/Vision	KP DC Bronze 6500/55/Vision
20 and Under	263.13	281.21	222.64	227.44	213.77	224.87	236.54	203.84
21	292.50	312.60	247.49	252.83	237.63	249.97	262.94	226.59
22	292.50	312.60	247.49	252.83	237.63	249.97	262.94	226.59
23	292.50	312.60	247.49	252.83	237.63	249.97	262.94	226.59
24	292.50	312.60	247.49	252.83	237.63	249.97	262.94	226.59
25	292.50	312.60	247.49	252.83	237.63	249.97	262.94	226.59
26	292.50	312.60	247.49	252.83	237.63	249.97	262.94	226.59
27	292.50	312.60	247.49	252.83	237.63	249.97	262.94	226.59
28	299.34	319.91	253.28	258.74	243.18	255.82	269.09	231.89
29	305.78	326.79	258.72	264.30	248.41	261.32	274.87	236.87
30	313.42	334.96	265.19	270.91	254.62	267.85	281.75	242.80
31	321.47	343.56	272.00	277.86	261.16	274.73	288.98	249.03
32	328.71	351.30	278.13	284.12	267.04	280.92	295.49	254.64
33	336.36	359.47	284.60	290.73	273.25	287.45	302.36	260.56
34	344.40	368.07	291.41	297.69	279.79	294.33	309.59	266.80
35	352.45	376.67	298.21	304.64	286.33	301.21	316.83	273.03
36	360.50	385.27	305.02	311.60	292.87	308.08	324.06	279.26
37	368.55	393.87	311.83	318.55	299.40	314.96	331.30	285.50
38	372.97	398.60	315.58	322.38	303.00	318.74	335.27	288.92
39	377.40	403.33	319.32	326.20	306.59	322.53	339.25	292.35
40	392.28	419.24	331.92	339.07	318.69	335.25	352.63	303.88
41	407.57	435.58	344.85	352.29	331.11	348.31	366.38	315.73
42	423.67	452.77	358.47	366.20	344.18	362.07	380.84	328.20
43	440.16	470.40	372.43	380.46	357.58	376.16	395.67	340.97
44	457.46	488.89	387.07	395.41	371.64	390.95	411.23	354.38
45	475.17	507.81	402.04	410.71	386.02	406.08	427.14	368.09
46	493.67	527.59	417.70	426.71	401.06	421.90	443.78	382.43
47	512.99	548.23	434.04	443.40	416.74	438.40	461.14	397.39
48	533.10	569.73	451.07	460.79	433.09	455.59	479.22	412.97
49	554.02	592.09	468.77	478.87	450.08	473.47	498.03	429.18
50	575.75	615.31	487.15	497.65	467.73	492.04	517.56	446.01
51	598.28	639.39	506.22	517.13	486.04	511.30	537.81	463.46
52	621.62	664.33	525.96	537.30	505.00	531.24	558.79	481.54
53	645.76	690.13	546.39	558.16	524.61	551.87	580.49	500.24
54	671.11	717.22	567.83	580.07	545.20	573.53	603.28	519.88
55	697.26	745.16	589.96	602.68	566.45	595.88	626.78	540.14
56	724.62	774.40	613.11	626.33	588.67	619.26	651.38	561.33
57	752.78	804.50	636.94	650.67	611.55	643.33	676.70	583.15
58	782.15	835.89	661.79	676.06	635.41	668.43	703.10	605.90
59	812.73	868.57	687.66	702.49	660.25	694.56	730.59	629.59
60	844.52	902.54	714.56	729.96	686.08	721.73	759.16	654.21
61	877.50	937.80	742.47	758.48	712.88	749.91	788.81	679.77
62	877.50	937.80	742.47	758.48	712.88	749.91	788.81	679.77
63	877.50	937.80	742.47	758.48	712.88	749.91	788.81	679.77
64+	877.50	937.80	742.47	758.48	712.88	749.91	788.81	679.77

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Rates Effective January 1, 2021
Appendix I-C

	94506DC0350015	94506DC0350014	94506DC0360004	94506DC0360005	94506DC0360003	94506DC0360002	94506DC0360001	94506DC0350016
Age	KP DC Bronze 7000/0%/HSA/Vision	7000/50/20%/HSA/Vision	KP DC Platinum 0/10/POS/Vision	KP DC Platinum 500/10/POS/Vision	KP DC Gold 1000/20/POS/Vision	KP DC Silver 2500/40/POS/Vision	KP DC Bronze 6500/55/POS/Vision	KP DC Platinum 0/10/Vision/Sel
20 and Under	196.04	188.72	318.60	310.78	275.87	238.28	214.94	313.99
21	217.93	209.79	354.16	345.47	306.66	264.88	238.93	349.04
22	217.93	209.79	354.16	345.47	306.66	264.88	238.93	349.04
23	217.93	209.79	354.16	345.47	306.66	264.88	238.93	349.04
24	217.93	209.79	354.16	345.47	306.66	264.88	238.93	349.04
25	217.93	209.79	354.16	345.47	306.66	264.88	238.93	349.04
26	217.93	209.79	354.16	345.47	306.66	264.88	238.93	349.04
27	217.93	209.79	354.16	345.47	306.66	264.88	238.93	349.04
28	223.02	214.70	362.45	353.55	313.83	271.07	244.51	357.20
29	227.82	219.31	370.24	361.15	320.58	276.90	249.77	364.88
30	233.51	224.80	379.50	370.18	328.59	283.82	256.02	374.00
31	239.51	230.57	389.24	379.69	337.03	291.11	262.59	383.61
32	244.90	235.76	398.01	388.24	344.62	297.67	268.51	392.25
33	250.60	241.24	407.26	397.27	352.64	304.59	274.75	401.37
34	256.60	247.02	417.01	406.77	361.07	311.88	281.32	410.97
35	262.59	252.79	426.75	416.28	369.51	319.16	287.90	420.57
36	268.59	258.56	436.49	425.78	377.95	326.45	294.47	430.18
37	274.58	264.33	446.24	435.28	386.38	333.74	301.04	439.78
38	277.88	267.50	451.60	440.51	391.02	337.74	304.66	445.06
39	281.18	270.68	456.95	445.74	395.66	341.75	308.27	450.34
40	292.27	281.36	474.98	463.32	411.27	355.23	320.43	468.10
41	303.66	292.32	493.49	481.38	427.30	369.08	332.92	486.35
42	315.65	303.86	512.98	500.39	444.17	383.65	346.07	505.55
43	327.94	315.70	532.95	519.87	461.46	398.59	359.54	525.24
44	340.83	328.10	553.90	540.30	479.60	414.26	373.67	545.88
45	354.02	340.80	575.33	561.21	498.16	430.29	388.13	567.01
46	367.81	354.08	597.74	583.07	517.57	447.05	403.25	589.09
47	382.20	367.93	621.13	605.88	537.81	464.53	419.03	612.14
48	397.18	382.36	645.48	629.64	558.90	482.75	435.46	636.14
49	412.77	397.36	670.82	654.35	580.84	501.70	452.55	661.11
50	428.96	412.94	697.12	680.01	603.62	521.37	470.30	687.03
51	445.75	429.10	724.40	706.62	627.24	541.77	488.70	713.92
52	463.13	445.84	752.66	734.19	651.70	562.91	507.76	741.77
53	481.12	463.15	781.89	762.70	677.01	584.77	527.48	770.57
54	500.00	481.33	812.58	792.64	703.59	607.72	548.19	800.82
55	519.49	500.09	844.25	823.52	731.00	631.40	569.55	832.03
56	539.87	519.71	877.37	855.84	759.69	656.18	591.90	864.67
57	560.85	539.91	911.47	889.10	789.21	681.68	614.90	898.28
58	582.74	560.98	947.04	923.79	820.01	708.28	638.89	933.33
59	605.52	582.91	984.06	959.91	852.06	735.97	663.87	969.82
60	629.20	605.71	1,022.55	997.45	885.39	764.75	689.83	1,007.75
61	653.78	629.37	1,062.48	1,036.41	919.98	794.63	716.78	1,047.11
62	653.78	629.37	1,062.48	1,036.41	919.98	794.63	716.78	1,047.11
63	653.78	629.37	1,062.48	1,036.41	919.98	794.63	716.78	1,047.11
64+	653.78	629.37	1,062.48	1,036.41	919.98	794.63	716.78	1,047.11

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Rates Effective January 1, 2021
Appendix I-D

	94506DC0350017	94506DC0350018	94506DC0350019	94506DC0350028	94506DC0350020	94506DC0350022
Age	KP DC Platinum 500/10/Vision/Sel	KP DC Gold 0/20/Vision/Sel	KP DC Gold 1000/20/Vision/Sel	KP DC Gold 1500/20/Vision/Sel	KP DC Gold 1700/0%/HSA/Vision/Sel	KP DC Gold 500/20/Vision/Sel
20 and Under	305.05	283.91	269.59	265.66	257.29	274.74
21	339.10	315.60	299.68	295.31	286.01	305.41
22	339.10	315.60	299.68	295.31	286.01	305.41
23	339.10	315.60	299.68	295.31	286.01	305.41
24	339.10	315.60	299.68	295.31	286.01	305.41
25	339.10	315.60	299.68	295.31	286.01	305.41
26	339.10	315.60	299.68	295.31	286.01	305.41
27	339.10	315.60	299.68	295.31	286.01	305.41
28	347.03	322.98	306.69	302.22	292.69	312.55
29	354.50	329.93	313.29	308.72	298.99	319.27
30	363.36	338.17	321.12	316.44	306.46	327.25
31	372.69	346.86	329.36	324.56	314.33	335.65
32	381.08	354.67	336.78	331.87	321.41	343.22
33	389.95	362.92	344.62	339.59	328.89	351.20
34	399.27	371.60	352.86	347.71	336.75	359.60
35	408.60	380.28	361.11	355.84	344.62	368.00
36	417.93	388.96	369.35	363.96	352.49	376.40
37	427.26	397.65	377.59	372.09	360.36	384.80
38	432.39	402.42	382.13	376.56	364.69	389.43
39	437.52	407.20	386.66	381.02	369.01	394.05
40	454.78	423.26	401.92	396.05	383.57	409.59
41	472.51	439.76	417.58	411.49	398.52	425.55
42	491.16	457.12	434.07	427.74	414.26	442.36
43	510.29	474.92	450.97	444.39	430.39	459.58
44	530.35	493.59	468.70	461.86	447.30	477.64
45	550.87	512.69	486.83	479.73	464.61	496.13
46	572.33	532.66	505.80	498.42	482.71	515.45
47	594.71	553.49	525.58	517.92	501.59	535.62
48	618.04	575.20	546.19	538.23	521.26	556.62
49	642.29	597.77	567.63	559.35	541.72	578.47
50	667.48	621.21	589.89	581.28	562.96	601.15
51	693.60	645.52	612.97	604.03	584.99	624.68
52	720.65	670.70	636.88	627.59	607.81	649.04
53	748.64	696.75	661.62	651.97	631.42	674.25
54	778.03	724.10	687.59	677.56	656.20	700.71
55	808.35	752.32	714.38	703.96	681.77	728.02
56	840.06	781.84	742.41	731.58	708.52	756.59
57	872.71	812.22	771.27	760.02	736.06	785.99
58	906.76	843.91	801.36	789.67	764.78	816.66
59	942.21	876.91	832.69	820.54	794.68	848.59
60	979.06	911.20	865.25	852.63	825.76	881.77
61	1,017.30	946.80	899.04	885.93	858.02	916.22
62	1,017.30	946.80	899.04	885.93	858.02	916.22
63	1,017.30	946.80	899.04	885.93	858.02	916.22
64+	1,017.30	946.80	899.04	885.93	858.02	916.22

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group**

**Rates Effective April 1, 2021
Appendix II-A**

	94506DC0350001	94506DC0350002	94506DC0350023	94506DC0350004	94506DC0350005	94506DC0350025	94506DC0350006	94506DC0350021
Age	KP DC Platinum 0/10/Vision	KP DC Platinum 500/10/Vision	KP DC Platinum HMO Plus 0/10/Vision	KP DC Gold 0/20/Vision	KP DC Gold 1000/20/Vision	KP DC Gold 1500/20/Vision	KP DC Gold 1700/0%/HSA/Vision	KP DC Gold 500/20/Vision
20 and Under	300.75	292.19	312.77	271.94	258.22	254.45	246.43	263.15
21	334.31	324.80	347.68	302.29	287.05	282.85	273.94	292.52
22	334.31	324.80	347.68	302.29	287.05	282.85	273.94	292.52
23	334.31	324.80	347.68	302.29	287.05	282.85	273.94	292.52
24	334.31	324.80	347.68	302.29	287.05	282.85	273.94	292.52
25	334.31	324.80	347.68	302.29	287.05	282.85	273.94	292.52
26	334.31	324.80	347.68	302.29	287.05	282.85	273.94	292.52
27	334.31	324.80	347.68	302.29	287.05	282.85	273.94	292.52
28	342.13	332.40	355.81	309.36	293.76	289.47	280.35	299.36
29	349.49	339.55	363.46	316.02	300.08	295.69	286.37	305.80
30	358.23	348.04	372.55	323.92	307.58	303.08	293.53	313.45
31	367.42	356.97	382.12	332.23	315.48	310.86	301.07	321.49
32	375.70	365.01	390.72	339.72	322.58	317.87	307.85	328.74
33	384.44	373.50	399.81	347.62	330.09	325.26	315.01	336.38
34	393.64	382.44	409.38	355.93	337.98	333.04	322.55	344.43
35	402.83	391.37	418.94	364.25	345.88	340.82	330.08	352.48
36	412.03	400.31	428.51	372.57	353.78	348.60	337.62	360.52
37	421.23	409.24	438.07	380.88	361.67	356.39	345.16	368.57
38	426.29	414.16	443.33	385.46	366.02	360.67	349.30	373.00
39	431.34	419.07	448.59	390.03	370.36	364.95	353.45	377.42
40	448.36	435.60	466.29	405.42	384.97	379.34	367.39	392.31
41	465.83	452.58	484.46	421.22	399.97	394.13	381.71	407.60
42	484.23	470.45	503.59	437.85	415.77	409.69	396.78	423.70
43	503.08	488.77	523.20	454.90	431.95	425.64	412.23	440.19
44	522.86	507.98	543.76	472.78	448.93	442.37	428.43	457.49
45	543.09	527.64	564.81	491.07	466.31	459.49	445.01	475.20
46	564.24	548.19	586.80	510.20	484.47	477.39	462.34	493.71
47	586.32	569.64	609.76	530.16	503.42	496.06	480.43	513.02
48	609.31	591.97	633.67	550.95	523.16	515.51	499.27	533.14
49	633.22	615.21	658.54	572.57	543.69	535.75	518.87	554.06
50	658.05	639.33	684.37	595.02	565.01	556.76	539.21	575.79
51	683.81	664.35	711.15	618.31	587.13	578.54	560.31	598.32
52	710.48	690.26	738.89	642.43	610.03	601.11	582.17	621.66
53	738.07	717.07	767.58	667.38	633.72	624.45	604.78	645.80
54	767.04	745.22	797.71	693.57	658.59	648.96	628.52	671.15
55	796.93	774.26	828.80	720.60	684.26	674.25	653.01	697.31
56	828.20	804.64	861.32	748.87	711.11	700.71	678.63	724.67
57	860.39	835.91	894.79	777.98	738.74	727.94	705.01	752.83
58	893.96	868.53	929.70	808.34	767.57	756.35	732.52	782.21
59	928.91	902.48	966.05	839.94	797.58	785.92	761.15	812.79
60	965.24	937.78	1,003.83	872.79	828.77	816.65	790.92	844.57
61	1,002.93	974.40	1,043.04	906.87	861.14	848.55	821.82	877.56
62	1,002.93	974.40	1,043.04	906.87	861.14	848.55	821.82	877.56
63	1,002.93	974.40	1,043.04	906.87	861.14	848.55	821.82	877.56
64+	1,002.93	974.40	1,043.04	906.87	861.14	848.55	821.82	877.56

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Rates Effective April 1, 2021
Appendix II-B

	94506DC0350026	94506DC0350024	94506DC0350010	94506DC0350008	94506DC0350011	94506DC0350009	94506DC0350027	94506DC0350012
Age	KP DC Gold DHMO Plus 1500/20/Vision	KP DC Gold HMO Plus 0/20/Vision	KP DC Silver 2000/30/HSA/Vision	KP DC Silver 2000/40/Vision	KP DC Silver 2500/30/HSA/Vision	KP DC Silver 2500/40/Vision	KP DC Silver DHMO Plus 2000/40/Vision	KP DC Bronze 6500/55/Vision
20 and Under	264.63	282.82	223.91	228.74	214.99	226.16	237.89	205.00
21	294.17	314.38	248.90	254.27	238.98	251.40	264.44	227.88
22	294.17	314.38	248.90	254.27	238.98	251.40	264.44	227.88
23	294.17	314.38	248.90	254.27	238.98	251.40	264.44	227.88
24	294.17	314.38	248.90	254.27	238.98	251.40	264.44	227.88
25	294.17	314.38	248.90	254.27	238.98	251.40	264.44	227.88
26	294.17	314.38	248.90	254.27	238.98	251.40	264.44	227.88
27	294.17	314.38	248.90	254.27	238.98	251.40	264.44	227.88
28	301.05	321.73	254.72	260.21	244.57	257.28	270.62	233.21
29	307.52	328.65	260.20	265.81	249.83	262.81	276.44	238.23
30	315.21	336.87	266.71	272.45	256.08	269.38	283.35	244.18
31	323.31	345.52	273.55	279.45	262.65	276.30	290.63	250.45
32	330.59	353.30	279.72	285.75	268.57	282.52	297.18	256.09
33	338.28	361.52	286.22	292.39	274.81	289.09	304.09	262.05
34	346.37	370.17	293.07	299.39	281.39	296.01	311.36	268.32
35	354.46	378.82	299.92	306.38	287.96	302.93	318.64	274.59
36	362.56	387.47	306.76	313.38	294.54	309.84	325.91	280.86
37	370.65	396.11	313.61	320.37	301.11	316.76	333.19	287.13
38	375.10	400.87	317.38	324.22	304.73	320.56	337.19	290.57
39	379.55	405.63	321.14	328.07	308.34	324.37	341.19	294.02
40	394.52	421.63	333.81	341.01	320.51	337.16	354.65	305.62
41	409.90	438.06	346.82	354.30	333.00	350.30	368.47	317.53
42	426.08	455.36	360.52	368.29	346.15	364.13	383.02	330.07
43	442.67	473.09	374.55	382.63	359.62	378.31	397.93	342.92
44	460.07	491.68	389.27	397.67	373.76	393.18	413.57	356.40
45	477.88	510.71	404.34	413.05	388.22	408.40	429.58	370.19
46	496.49	530.60	420.09	429.14	403.34	424.30	446.31	384.61
47	515.91	551.36	436.52	445.93	419.12	440.90	463.77	399.66
48	536.14	572.98	453.64	463.42	435.56	458.19	481.96	415.33
49	557.19	595.47	471.44	481.61	452.65	476.17	500.87	431.63
50	579.04	618.82	489.93	500.49	470.40	494.85	520.51	448.55
51	601.70	643.04	509.10	520.08	488.81	514.21	540.88	466.11
52	625.17	668.12	528.96	540.36	507.88	534.27	561.98	484.29
53	649.44	694.06	549.50	561.35	527.60	555.02	583.80	503.10
54	674.94	721.31	571.07	583.38	548.31	576.80	606.72	522.84
55	701.24	749.42	593.33	606.12	569.68	599.28	630.36	543.22
56	728.75	778.82	616.61	629.90	592.03	622.80	655.10	564.53
57	757.08	809.09	640.57	654.38	615.04	647.00	680.56	586.48
58	786.62	840.66	665.57	679.91	639.04	672.25	707.11	609.36
59	817.37	873.53	691.59	706.49	664.02	698.53	734.75	633.18
60	849.33	907.69	718.63	734.12	689.99	725.85	763.49	657.94
61	882.51	943.14	746.70	762.80	716.94	754.20	793.32	683.64
62	882.51	943.14	746.70	762.80	716.94	754.20	793.32	683.64
63	882.51	943.14	746.70	762.80	716.94	754.20	793.32	683.64
64+	882.51	943.14	746.70	762.80	716.94	754.20	793.32	683.64

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Rates Effective April 1, 2021
Appendix II-C

	94506DC0350015	94506DC0350014	94506DC0360004	94506DC0360005	94506DC0360003	94506DC0360002	94506DC0360001	94506DC0350016
Age	KP DC Bronze 7000/0%/HSA/Vision	7000/50/20%/HSA/Vision	KP DC Platinum 0/10/POS/Vision	KP DC Platinum 500/10/POS/Vision	KP DC Gold 1000/20/POS/Vision	KP DC Silver 2500/40/POS/Vision	KP DC Bronze 6500/55/POS/Vision	KP DC Platinum 0/10/Vision/Sel
20 and Under	197.16	189.80	320.42	312.56	277.44	239.64	216.16	315.78
21	219.17	210.99	356.19	347.44	308.41	266.39	240.29	351.03
22	219.17	210.99	356.19	347.44	308.41	266.39	240.29	351.03
23	219.17	210.99	356.19	347.44	308.41	266.39	240.29	351.03
24	219.17	210.99	356.19	347.44	308.41	266.39	240.29	351.03
25	219.17	210.99	356.19	347.44	308.41	266.39	240.29	351.03
26	219.17	210.99	356.19	347.44	308.41	266.39	240.29	351.03
27	219.17	210.99	356.19	347.44	308.41	266.39	240.29	351.03
28	224.30	215.92	364.51	355.57	315.62	272.62	245.91	359.24
29	229.12	220.56	372.35	363.21	322.41	278.48	251.20	366.96
30	234.85	226.08	381.66	372.29	330.47	285.44	257.48	376.14
31	240.88	231.88	391.46	381.85	338.95	292.77	264.09	385.79
32	246.30	237.11	400.28	390.46	346.59	299.36	270.04	394.49
33	252.03	242.62	409.59	399.54	354.65	306.33	276.32	403.66
34	258.06	248.43	419.39	409.09	363.13	313.66	282.93	413.32
35	264.09	254.23	429.19	418.65	371.62	320.98	289.54	422.97
36	270.12	260.03	438.98	428.21	380.10	328.31	296.15	432.63
37	276.15	265.84	448.78	437.77	388.59	335.64	302.76	442.29
38	279.46	269.03	454.17	443.03	393.25	339.67	306.40	447.60
39	282.78	272.22	459.56	448.28	397.92	343.70	310.03	452.91
40	293.94	282.96	477.69	465.97	413.62	357.26	322.26	470.78
41	305.39	293.99	496.31	484.13	429.74	371.18	334.82	489.12
42	317.45	305.60	515.90	503.24	446.70	385.84	348.04	508.44
43	329.81	317.50	535.99	522.84	464.10	400.86	361.59	528.23
44	342.77	329.98	557.06	543.39	482.34	416.62	375.81	549.00
45	356.04	342.75	578.62	564.42	501.00	432.74	390.35	570.24
46	369.91	356.10	601.15	586.40	520.52	449.60	405.55	592.45
47	384.38	370.03	624.67	609.34	540.88	467.18	421.42	615.63
48	399.45	384.54	649.17	633.24	562.09	485.51	437.94	639.77
49	415.13	399.63	674.64	658.09	584.15	504.56	455.13	664.88
50	431.41	415.30	701.10	683.89	607.06	524.35	472.98	690.95
51	448.29	431.55	728.54	710.66	630.82	544.87	491.49	717.99
52	465.77	448.38	756.95	738.38	655.42	566.12	510.66	746.00
53	483.86	465.80	786.35	767.05	680.87	588.10	530.49	774.97
54	502.86	484.08	817.22	797.16	707.60	611.19	551.31	805.39
55	522.45	502.95	849.06	828.22	735.17	635.00	572.80	836.77
56	542.95	522.68	882.38	860.72	764.02	659.92	595.27	869.61
57	564.05	543.00	916.67	894.18	793.72	685.57	618.41	903.41
58	586.06	564.18	952.44	929.06	824.69	712.32	642.54	938.65
59	608.97	586.24	989.68	965.38	856.93	740.17	667.66	975.35
60	632.79	609.16	1,028.38	1,003.14	890.44	769.11	693.77	1,013.50
61	657.51	632.96	1,068.56	1,042.32	925.23	799.16	720.87	1,053.09
62	657.51	632.96	1,068.56	1,042.32	925.23	799.16	720.87	1,053.09
63	657.51	632.96	1,068.56	1,042.32	925.23	799.16	720.87	1,053.09
64+	657.51	632.96	1,068.56	1,042.32	925.23	799.16	720.87	1,053.09

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

Market: District of Columbia Small Group

Rates Effective April 1, 2021

Appendix II-D

	94506DC0350017	94506DC0350018	94506DC0350019	94506DC0350028	94506DC0350020	94506DC0350022
Age	KP DC Platinum 500/10/Vision/Sel	KP DC Gold 0/20/Vision/Sel	KP DC Gold 1000/20/Vision/Sel	KP DC Gold 1500/20/Vision/Sel	1700/0%/HSA/Vision/Se l	KP DC Gold 500/20/Vision/Sel
20 and Under	306.79	285.53	271.13	267.18	258.76	276.31
21	341.04	317.40	301.40	297.00	287.64	307.15
22	341.04	317.40	301.40	297.00	287.64	307.15
23	341.04	317.40	301.40	297.00	287.64	307.15
24	341.04	317.40	301.40	297.00	287.64	307.15
25	341.04	317.40	301.40	297.00	287.64	307.15
26	341.04	317.40	301.40	297.00	287.64	307.15
27	341.04	317.40	301.40	297.00	287.64	307.15
28	349.01	324.82	308.44	303.94	294.36	314.33
29	356.52	331.81	315.08	310.48	300.69	321.09
30	365.43	340.10	322.95	318.24	308.21	329.12
31	374.81	348.83	331.24	326.41	316.12	337.57
32	383.26	356.69	338.71	333.77	323.25	345.17
33	392.17	364.99	346.58	341.53	330.76	353.20
34	401.55	373.72	354.88	349.70	338.68	361.65
35	410.94	382.45	363.17	357.87	346.59	370.10
36	420.32	391.18	371.46	366.04	354.50	378.55
37	429.70	399.92	379.75	374.21	362.42	387.00
38	434.86	404.72	384.31	378.70	366.77	391.65
39	440.02	409.52	388.87	383.20	371.12	396.30
40	457.38	425.67	404.21	398.31	385.76	411.93
41	475.20	442.26	419.96	413.84	400.79	427.98
42	493.97	459.73	436.55	430.18	416.62	444.88
43	513.20	477.63	453.54	446.93	432.84	462.20
44	533.37	496.40	471.37	464.50	449.85	480.37
45	554.01	515.61	489.61	482.47	467.26	498.96
46	575.59	535.70	508.68	501.26	485.46	518.39
47	598.11	556.65	528.58	520.87	504.45	538.67
48	621.56	578.48	549.31	541.30	524.24	559.80
49	645.96	601.18	570.87	562.54	544.81	581.77
50	671.29	624.76	593.25	584.60	566.18	604.58
51	697.56	649.21	616.47	607.48	588.33	628.24
52	724.77	674.53	640.52	631.17	611.28	652.75
53	752.91	700.73	665.39	655.69	635.02	678.10
54	782.47	728.23	691.51	681.42	659.94	704.71
55	812.96	756.61	718.46	707.98	685.66	732.17
56	844.86	786.30	746.65	735.76	712.57	760.90
57	877.69	816.86	775.67	764.35	740.26	790.48
58	911.94	848.73	805.93	794.18	769.14	821.32
59	947.59	881.91	837.44	825.22	799.21	853.43
60	984.65	916.40	870.19	857.50	830.47	886.81
61	1,023.12	952.20	904.19	891.00	862.91	921.45
62	1,023.12	952.20	904.19	891.00	862.91	921.45
63	1,023.12	952.20	904.19	891.00	862.91	921.45
64+	1,023.12	952.20	904.19	891.00	862.91	921.45

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group**

**Rates Effective July 1, 2021
Appendix III-A**

	94506DC0350001	94506DC0350002	94506DC0350023	94506DC0350004	94506DC0350005	94506DC0350025	94506DC0350006	94506DC0350021
Age	KP DC Platinum 0/10/Vision	KP DC Platinum 500/10/Vision	KP DC Platinum HMO Plus 0/10/Vision	KP DC Gold 0/20/Vision	KP DC Gold 1000/20/Vision	KP DC Gold 1500/20/Vision	KP DC Gold 1700/0%/HSA/Vision	KP DC Gold 500/20/Vision
20 and Under	302.46	293.86	314.56	273.49	259.70	255.90	247.84	264.65
21	336.22	326.66	349.67	304.02	288.69	284.47	275.50	294.19
22	336.22	326.66	349.67	304.02	288.69	284.47	275.50	294.19
23	336.22	326.66	349.67	304.02	288.69	284.47	275.50	294.19
24	336.22	326.66	349.67	304.02	288.69	284.47	275.50	294.19
25	336.22	326.66	349.67	304.02	288.69	284.47	275.50	294.19
26	336.22	326.66	349.67	304.02	288.69	284.47	275.50	294.19
27	336.22	326.66	349.67	304.02	288.69	284.47	275.50	294.19
28	344.08	334.30	357.84	311.13	295.44	291.12	281.95	301.07
29	351.48	341.48	365.54	317.82	301.79	297.38	288.01	307.55
30	360.27	350.02	374.68	325.76	309.33	304.81	295.21	315.23
31	369.52	359.01	384.30	334.13	317.28	312.64	302.79	323.33
32	377.85	367.10	392.95	341.66	324.42	319.68	309.61	330.61
33	386.63	375.63	402.09	349.60	331.97	327.12	316.81	338.30
34	395.88	384.62	411.71	357.96	339.91	334.94	324.39	346.39
35	405.13	393.61	421.33	366.33	347.85	342.77	331.97	354.49
36	414.38	402.59	430.95	374.69	355.79	350.59	339.55	362.58
37	423.63	411.58	440.57	383.06	363.74	358.42	347.13	370.67
38	428.72	416.52	445.86	387.66	368.10	362.72	351.30	375.13
39	433.81	421.46	451.15	392.26	372.47	367.03	355.46	379.58
40	450.92	438.09	468.95	407.73	387.16	381.51	369.49	394.55
41	468.49	455.16	487.22	423.62	402.25	396.37	383.89	409.93
42	486.99	473.14	506.46	440.35	418.14	412.03	399.04	426.11
43	505.95	491.56	526.18	457.49	434.42	428.07	414.58	442.70
44	525.84	510.88	546.87	475.47	451.49	444.89	430.88	460.11
45	546.19	530.65	568.03	493.87	468.97	462.11	447.55	477.91
46	567.46	551.32	590.15	513.11	487.23	480.11	464.98	496.53
47	589.66	572.89	613.24	533.18	506.29	498.89	483.17	515.95
48	612.79	595.35	637.29	554.09	526.15	518.46	502.12	536.18
49	636.83	618.72	662.30	575.84	546.80	538.80	521.83	557.23
50	661.81	642.98	688.27	598.42	568.24	559.93	542.29	579.08
51	687.71	668.14	715.21	621.84	590.48	581.84	563.51	601.74
52	714.53	694.20	743.10	646.09	613.51	604.54	585.49	625.21
53	742.28	721.16	771.96	671.18	637.33	628.02	608.23	649.49
54	771.42	749.47	802.26	697.53	662.35	652.67	632.10	674.98
55	801.48	778.68	833.52	724.71	688.16	678.10	656.74	701.29
56	832.93	809.23	866.23	753.15	715.16	704.71	682.51	728.80
57	865.30	840.68	899.90	782.42	742.96	732.10	709.03	757.13
58	899.06	873.48	935.01	812.95	771.95	760.66	736.70	786.67
59	934.21	907.63	971.56	844.73	802.13	790.40	765.50	817.43
60	970.74	943.13	1,009.56	877.77	833.50	821.31	795.44	849.39
61	1,008.66	979.97	1,049.00	912.06	866.06	853.40	826.50	882.57
62	1,008.66	979.97	1,049.00	912.06	866.06	853.40	826.50	882.57
63	1,008.66	979.97	1,049.00	912.06	866.06	853.40	826.50	882.57
64+	1,008.66	979.97	1,049.00	912.06	866.06	853.40	826.50	882.57

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

Market: District of Columbia Small Group

Rates Effective July 1, 2021

Appendix III-B

	94506DC0350026	94506DC0350024	94506DC0350010	94506DC0350008	94506DC0350011	94506DC0350009	94506DC0350027	94506DC0350012
Age	KP DC Gold DHMO Plus 1500/20/Vision	KP DC Gold HMO Plus 0/20/Vision	KP DC Silver 2000/30/HSA/Vision	KP DC Silver 2000/40/Vision	KP DC Silver 2500/30/HSA/Vision	KP DC Silver 2500/40/Vision	KP DC Silver DHMO Plus 2000/40/Vision	KP DC Bronze 6500/55/Vision
20 and Under	266.14	284.43	225.19	230.04	216.21	227.45	239.24	206.17
21	295.85	316.18	250.32	255.72	240.35	252.84	265.95	229.18
22	295.85	316.18	250.32	255.72	240.35	252.84	265.95	229.18
23	295.85	316.18	250.32	255.72	240.35	252.84	265.95	229.18
24	295.85	316.18	250.32	255.72	240.35	252.84	265.95	229.18
25	295.85	316.18	250.32	255.72	240.35	252.84	265.95	229.18
26	295.85	316.18	250.32	255.72	240.35	252.84	265.95	229.18
27	295.85	316.18	250.32	255.72	240.35	252.84	265.95	229.18
28	302.77	323.57	256.18	261.70	245.97	258.75	272.17	234.54
29	309.28	330.53	261.69	267.33	251.26	264.31	278.02	239.59
30	317.01	338.79	268.23	274.01	257.54	270.92	284.97	245.58
31	325.15	347.49	275.11	281.04	264.15	277.88	292.29	251.88
32	332.48	355.32	281.31	287.38	270.10	284.14	298.87	257.55
33	340.21	363.58	287.85	294.06	276.38	290.74	305.82	263.54
34	348.35	372.28	294.74	301.09	282.99	297.70	313.14	269.85
35	356.49	380.98	301.63	308.13	289.60	304.65	320.45	276.15
36	364.62	389.68	308.51	315.16	296.22	311.61	327.77	282.46
37	372.76	398.37	315.40	322.20	302.83	318.57	335.09	288.76
38	377.24	403.16	319.19	326.07	306.47	322.39	339.11	292.23
39	381.72	407.94	322.98	329.94	310.10	326.22	343.13	295.70
40	396.77	424.03	335.72	342.95	322.33	339.08	356.67	307.36
41	412.24	440.56	348.80	356.32	334.90	352.30	370.57	319.34
42	428.51	457.96	362.57	370.39	348.12	366.21	385.20	331.95
43	445.20	475.79	376.69	384.81	361.68	380.47	400.20	344.88
44	462.70	494.49	391.50	399.93	375.89	395.42	415.93	358.43
45	480.60	513.62	406.65	415.41	390.44	410.73	432.03	372.30
46	499.32	533.63	422.49	431.59	405.65	426.72	448.86	386.80
47	518.86	554.51	439.01	448.48	421.51	443.42	466.41	401.94
48	539.20	576.25	456.23	466.06	438.04	460.81	484.71	417.70
49	560.37	598.87	474.13	484.35	455.24	478.89	503.73	434.09
50	582.34	622.35	492.73	503.35	473.09	497.67	523.48	451.11
51	605.13	646.71	512.01	523.05	491.60	517.15	543.97	468.77
52	628.73	671.93	531.98	543.45	510.78	537.32	565.18	487.05
53	653.15	698.03	552.64	564.55	530.61	558.18	587.13	505.97
54	678.79	725.42	574.33	586.71	551.44	580.10	610.18	525.83
55	705.24	753.69	596.71	609.57	572.93	602.70	633.96	546.32
56	732.91	783.27	620.13	633.49	595.41	626.35	658.83	567.75
57	761.40	813.71	644.23	658.12	618.55	650.69	684.44	589.82
58	791.10	845.46	669.36	683.79	642.68	676.08	711.14	612.83
59	822.03	878.51	695.53	710.53	667.81	702.51	738.95	636.79
60	854.18	912.87	722.74	738.31	693.93	729.99	767.85	661.70
61	887.55	948.53	750.96	767.16	721.04	758.51	797.84	687.54
62	887.55	948.53	750.96	767.16	721.04	758.51	797.84	687.54
63	887.55	948.53	750.96	767.16	721.04	758.51	797.84	687.54
64+	887.55	948.53	750.96	767.16	721.04	758.51	797.84	687.54

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

Market: District of Columbia Small Group

Rates Effective July 1, 2021

Appendix III-C

	94506DC0350015	94506DC0350014	94506DC0360004	94506DC0360005	94506DC0360003	94506DC0360002	94506DC0360001	94506DC0350016
Age	KP DC Bronze 7000/0%/HSA/Vision	7000/50/20%/HSA/Vision	KP DC Platinum 0/10/POS/Vision	KP DC Platinum 500/10/POS/Vision	KP DC Gold 1000/20/POS/Vision	KP DC Silver 2500/40/POS/Vision	KP DC Bronze 6500/55/POS/Vision	KP DC Platinum 0/10/Vision/Sel
20 and Under	198.29	190.88	322.25	314.34	279.02	241.01	217.40	317.58
21	220.42	212.19	358.22	349.43	310.17	267.91	241.66	353.03
22	220.42	212.19	358.22	349.43	310.17	267.91	241.66	353.03
23	220.42	212.19	358.22	349.43	310.17	267.91	241.66	353.03
24	220.42	212.19	358.22	349.43	310.17	267.91	241.66	353.03
25	220.42	212.19	358.22	349.43	310.17	267.91	241.66	353.03
26	220.42	212.19	358.22	349.43	310.17	267.91	241.66	353.03
27	220.42	212.19	358.22	349.43	310.17	267.91	241.66	353.03
28	225.57	217.15	366.59	357.60	317.42	274.17	247.31	361.29
29	230.43	221.82	374.48	365.29	324.25	280.07	252.63	369.06
30	236.19	227.37	383.84	374.42	332.35	287.07	258.95	378.28
31	242.25	233.21	393.69	384.03	340.89	294.44	265.60	388.00
32	247.71	238.46	402.56	392.68	348.57	301.07	271.58	396.74
33	253.47	244.01	411.93	401.82	356.67	308.07	277.89	405.96
34	259.53	249.84	421.78	411.43	365.21	315.44	284.54	415.68
35	265.60	255.68	431.63	421.04	373.74	322.82	291.19	425.39
36	271.66	261.52	441.49	430.65	382.27	330.19	297.84	435.10
37	277.72	267.36	451.34	440.27	390.80	337.56	304.49	444.81
38	281.06	270.57	456.76	445.55	395.50	341.61	308.14	450.15
39	284.39	273.78	462.18	450.84	400.19	345.66	311.80	455.49
40	295.61	284.58	480.42	468.62	415.98	359.30	324.10	473.46
41	307.13	295.67	499.14	486.89	432.19	373.30	336.73	491.92
42	319.26	307.34	518.85	506.11	449.25	388.04	350.03	511.34
43	331.69	319.31	539.05	525.82	466.75	403.15	363.66	531.25
44	344.73	331.86	560.24	546.49	485.09	419.00	377.95	552.13
45	358.07	344.70	581.92	567.64	503.86	435.21	392.58	573.50
46	372.02	358.13	604.58	589.75	523.49	452.16	407.87	595.83
47	386.57	372.14	628.24	612.82	543.97	469.85	423.82	619.14
48	401.73	386.73	652.87	636.85	565.30	488.28	440.44	643.42
49	417.50	401.91	678.49	661.84	587.49	507.44	457.73	668.67
50	433.87	417.67	705.10	687.80	610.52	527.34	475.68	694.90
51	450.85	434.01	732.70	714.71	634.42	547.97	494.29	722.09
52	468.43	450.94	761.27	742.59	659.16	569.35	513.57	750.26
53	486.62	468.46	790.84	771.43	684.76	591.46	533.52	779.39
54	505.72	486.84	821.88	801.71	711.64	614.68	554.46	809.98
55	525.43	505.82	853.91	832.95	739.37	638.63	576.07	841.55
56	546.05	525.66	887.41	865.63	768.38	663.69	598.67	874.57
57	567.27	546.09	921.91	899.28	798.25	689.48	621.94	908.56
58	589.41	567.40	957.87	934.37	829.39	716.38	646.20	944.01
59	612.45	589.58	995.32	970.89	861.82	744.39	671.47	980.92
60	636.40	612.64	1,034.25	1,008.86	895.52	773.50	697.73	1,019.28
61	661.26	636.57	1,074.65	1,048.28	930.51	803.72	724.98	1,059.09
62	661.26	636.57	1,074.65	1,048.28	930.51	803.72	724.98	1,059.09
63	661.26	636.57	1,074.65	1,048.28	930.51	803.72	724.98	1,059.09
64+	661.26	636.57	1,074.65	1,048.28	930.51	803.72	724.98	1,059.09

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

Market: District of Columbia Small Group

Rates Effective July 1, 2021

Appendix III-D

	94506DC0350017	94506DC0350018	94506DC0350019	94506DC0350028	94506DC0350020	94506DC0350022
Age	KP DC Platinum 500/10/Vision/Sel	KP DC Gold 0/20/Vision/Sel	KP DC Gold 1000/20/Vision/Sel	KP DC Gold 1500/20/Vision/Sel	1700/0%/HSA/Vision/Se I	KP DC Gold 500/20/Vision/Sel
20 and Under	308.54	287.16	272.68	268.70	260.23	277.88
21	342.98	319.21	303.11	298.69	289.28	308.90
22	342.98	319.21	303.11	298.69	289.28	308.90
23	342.98	319.21	303.11	298.69	289.28	308.90
24	342.98	319.21	303.11	298.69	289.28	308.90
25	342.98	319.21	303.11	298.69	289.28	308.90
26	342.98	319.21	303.11	298.69	289.28	308.90
27	342.98	319.21	303.11	298.69	289.28	308.90
28	351.01	326.68	310.20	305.68	296.04	316.13
29	358.55	333.70	316.87	312.25	302.41	322.92
30	367.52	342.04	324.80	320.06	309.97	331.00
31	376.95	350.83	333.13	328.28	317.93	339.50
32	385.45	358.73	340.64	335.67	325.09	347.14
33	394.41	367.07	348.56	343.48	332.65	355.22
34	403.84	375.85	356.90	351.69	340.61	363.71
35	413.28	384.63	365.24	359.91	348.57	372.21
36	422.72	393.42	373.58	368.13	356.53	380.71
37	432.15	402.20	381.92	376.35	364.48	389.21
38	437.34	407.03	386.50	380.87	368.86	393.88
39	442.53	411.86	391.09	385.38	373.24	398.56
40	459.99	428.10	406.52	400.59	387.96	414.28
41	477.91	444.79	422.36	416.20	403.08	430.42
42	496.79	462.35	439.04	432.63	419.00	447.42
43	516.13	480.35	456.13	449.48	435.31	464.84
44	536.42	499.23	474.06	467.15	452.42	483.11
45	557.17	518.55	492.41	485.22	469.93	501.81
46	578.88	538.75	511.58	504.12	488.23	521.35
47	601.52	559.83	531.60	523.84	507.33	541.75
48	625.11	581.78	552.44	544.39	527.23	562.99
49	649.64	604.61	574.13	565.75	547.92	585.09
50	675.12	628.32	596.64	587.94	569.41	608.03
51	701.54	652.91	619.99	610.95	591.69	631.83
52	728.90	678.38	644.17	634.78	614.77	656.47
53	757.21	704.72	669.19	659.43	638.64	681.96
54	786.93	732.39	695.45	685.31	663.71	708.73
55	817.60	760.93	722.56	712.02	689.57	736.35
56	849.68	790.78	750.91	739.96	716.63	765.25
57	882.70	821.52	780.09	768.72	744.49	794.99
58	917.14	853.57	810.53	798.71	773.53	826.01
59	953.00	886.94	842.22	829.93	803.77	858.30
60	990.27	921.63	875.16	862.39	835.21	891.87
61	1,028.94	957.63	909.33	896.07	867.84	926.70
62	1,028.94	957.63	909.33	896.07	867.84	926.70
63	1,028.94	957.63	909.33	896.07	867.84	926.70
64+	1,028.94	957.63	909.33	896.07	867.84	926.70

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group**

**Rates Effective October 1, 2021
Appendix IV-A**

	94506DC0350001	94506DC0350002	94506DC0350023	94506DC0350004	94506DC0350005	94506DC0350025	94506DC0350006	94506DC0350021
Age	KP DC Platinum 0/10/Vision	KP DC Platinum 500/10/Vision	KP DC Platinum HMO Plus 0/10/Vision	KP DC Gold 0/20/Vision	KP DC Gold 1000/20/Vision	KP DC Gold 1500/20/Vision	KP DC Gold 1700/0%/HSA/Vision	KP DC Gold 500/20/Vision
20 and Under	304.19	295.53	316.35	275.05	261.18	257.36	249.25	266.16
21	338.14	328.52	351.66	305.75	290.33	286.09	277.08	295.87
22	338.14	328.52	351.66	305.75	290.33	286.09	277.08	295.87
23	338.14	328.52	351.66	305.75	290.33	286.09	277.08	295.87
24	338.14	328.52	351.66	305.75	290.33	286.09	277.08	295.87
25	338.14	328.52	351.66	305.75	290.33	286.09	277.08	295.87
26	338.14	328.52	351.66	305.75	290.33	286.09	277.08	295.87
27	338.14	328.52	351.66	305.75	290.33	286.09	277.08	295.87
28	346.05	336.20	359.89	312.90	297.12	292.78	283.55	302.79
29	353.49	343.43	367.62	319.63	303.51	299.08	289.65	309.30
30	362.33	352.02	376.82	327.62	311.10	306.55	296.89	317.03
31	371.63	361.06	386.49	336.04	319.09	314.42	304.52	325.17
32	380.00	369.19	395.20	343.61	326.28	321.51	311.38	332.50
33	388.84	377.78	404.39	351.60	333.86	328.98	318.62	340.23
34	398.14	386.81	414.06	360.01	341.85	336.85	326.24	348.37
35	407.44	395.85	423.74	368.42	349.84	344.72	333.86	356.51
36	416.75	404.89	433.41	376.83	357.82	352.59	341.48	364.65
37	426.05	413.93	443.08	385.24	365.81	360.46	349.11	372.79
38	431.17	418.90	448.41	389.87	370.21	364.79	353.30	377.27
39	436.28	423.87	453.73	394.49	374.60	369.12	357.49	381.74
40	453.49	440.59	471.62	410.06	389.37	383.68	371.59	396.80
41	471.17	457.76	490.01	426.04	404.55	398.64	386.08	412.27
42	489.77	475.84	509.35	442.86	420.52	414.38	401.32	428.55
43	508.84	494.36	529.19	460.10	436.90	430.51	416.95	445.23
44	528.84	513.79	549.99	478.19	454.07	447.43	433.34	462.73
45	549.31	533.68	571.27	496.69	471.64	464.75	450.10	480.64
46	570.70	554.46	593.52	516.04	490.01	482.85	467.64	499.36
47	593.03	576.15	616.74	536.23	509.18	501.74	485.93	518.89
48	616.28	598.75	640.92	557.25	529.15	521.41	504.99	539.24
49	640.47	622.25	666.08	579.12	549.92	541.88	524.80	560.41
50	665.58	646.65	692.20	601.83	571.48	563.13	545.38	582.38
51	691.63	671.95	719.29	625.39	593.85	585.16	566.73	605.17
52	718.61	698.16	747.34	649.78	617.01	607.99	588.83	628.78
53	746.52	725.28	776.37	675.01	640.97	631.60	611.70	653.20
54	775.82	753.75	806.84	701.51	666.13	656.39	635.71	678.83
55	806.05	783.12	838.28	728.85	692.09	681.97	660.48	705.29
56	837.68	813.85	871.17	757.45	719.24	708.73	686.40	732.96
57	870.24	845.48	905.03	786.89	747.20	736.28	713.08	761.45
58	904.19	878.47	940.35	817.59	776.35	765.00	740.90	791.16
59	939.54	912.81	977.11	849.55	806.70	794.91	769.87	822.09
60	976.28	948.51	1,015.32	882.78	838.25	826.00	799.97	854.24
61	1,014.42	985.56	1,054.98	917.25	870.99	858.27	831.23	887.61
62	1,014.42	985.56	1,054.98	917.25	870.99	858.27	831.23	887.61
63	1,014.42	985.56	1,054.98	917.25	870.99	858.27	831.23	887.61
64+	1,014.42	985.56	1,054.98	917.25	870.99	858.27	831.23	887.61

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

Market: District of Columbia Small Group

Rates Effective October 1, 2021

Appendix IV-B

	94506DC0350026	94506DC0350024	94506DC0350010	94506DC0350008	94506DC0350011	94506DC0350009	94506DC0350027	94506DC0350012
Age	KP DC Gold DHMO Plus 1500/20/Vision	KP DC Gold HMO Plus 0/20/Vision	KP DC Silver 2000/30/HSA/Vision	KP DC Silver 2000/40/Vision	KP DC Silver 2500/30/HSA/Vision	KP DC Silver 2500/40/Vision	KP DC Silver DHMO Plus 2000/40/Vision	KP DC Bronze 6500/55/Vision
20 and Under	267.66	286.05	226.47	231.35	217.45	228.75	240.61	207.35
21	297.54	317.98	251.75	257.18	241.72	254.28	267.47	230.49
22	297.54	317.98	251.75	257.18	241.72	254.28	267.47	230.49
23	297.54	317.98	251.75	257.18	241.72	254.28	267.47	230.49
24	297.54	317.98	251.75	257.18	241.72	254.28	267.47	230.49
25	297.54	317.98	251.75	257.18	241.72	254.28	267.47	230.49
26	297.54	317.98	251.75	257.18	241.72	254.28	267.47	230.49
27	297.54	317.98	251.75	257.18	241.72	254.28	267.47	230.49
28	304.50	325.42	257.64	263.19	247.37	260.22	273.72	235.88
29	311.04	332.42	263.18	268.85	252.69	265.82	279.61	240.95
30	318.82	340.73	269.76	275.57	259.01	272.47	286.60	246.98
31	327.01	349.47	276.68	282.65	265.66	279.46	293.95	253.32
32	334.37	357.35	282.92	289.02	271.64	285.76	300.58	259.02
33	342.15	365.66	289.50	295.74	277.96	292.40	307.57	265.05
34	350.33	374.40	296.42	302.81	284.61	299.40	314.92	271.39
35	358.52	383.15	303.35	309.89	291.26	306.39	322.28	277.73
36	366.70	391.90	310.27	316.96	297.91	313.39	329.64	284.07
37	374.89	400.65	317.20	324.04	304.56	320.38	337.00	290.41
38	379.39	405.46	321.01	327.93	308.21	324.23	341.05	293.90
39	383.89	410.27	324.82	331.82	311.87	328.08	345.09	297.39
40	399.04	426.45	337.63	344.91	324.17	341.02	358.71	309.12
41	414.59	443.07	350.79	358.35	336.81	354.31	372.69	321.16
42	430.96	460.57	364.64	372.50	350.11	368.30	387.40	333.85
43	447.74	478.50	378.84	387.01	363.74	382.64	402.49	346.85
44	465.34	497.31	393.73	402.22	378.04	397.68	418.31	360.48
45	483.35	516.56	408.97	417.78	392.67	413.07	434.49	374.43
46	502.17	536.68	424.90	434.05	407.96	429.16	451.42	389.01
47	521.82	557.67	441.52	451.03	423.92	445.95	469.08	404.23
48	542.28	579.54	458.83	468.72	440.54	463.44	487.47	420.08
49	563.56	602.28	476.84	487.12	457.83	481.62	506.60	436.57
50	585.66	625.90	495.54	506.22	475.79	500.51	526.47	453.69
51	608.58	650.40	514.93	526.03	494.41	520.10	547.07	471.44
52	632.32	675.77	535.02	546.55	513.69	540.38	568.41	489.83
53	656.88	702.01	555.79	567.77	533.64	561.37	590.48	508.85
54	682.66	729.56	577.61	590.06	554.59	583.41	613.66	528.83
55	709.26	757.99	600.12	613.05	576.20	606.14	637.58	549.44
56	737.09	787.74	623.67	637.11	598.81	629.92	662.59	570.99
57	765.74	818.35	647.91	661.87	622.08	654.41	688.35	593.19
58	795.62	850.28	673.18	687.70	646.35	679.94	715.20	616.33
59	826.72	883.52	699.50	714.58	671.62	706.52	743.16	640.43
60	859.06	918.08	726.86	742.53	697.89	734.15	772.23	665.47
61	892.62	953.94	755.25	771.53	725.15	762.83	802.40	691.47
62	892.62	953.94	755.25	771.53	725.15	762.83	802.40	691.47
63	892.62	953.94	755.25	771.53	725.15	762.83	802.40	691.47
64+	892.62	953.94	755.25	771.53	725.15	762.83	802.40	691.47

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

Market: District of Columbia Small Group

Rates Effective October 1, 2021

Appendix IV-C

	94506DC0350015	94506DC0350014	94506DC0360004	94506DC0360005	94506DC0360003	94506DC0360002	94506DC0360001	94506DC0350016
Age	KP DC Bronze 7000/0%/HSA/Vision	7000/50/20%/HSA/Vision	KP DC Platinum 0/10/POS/Vision	KP DC Platinum 500/10/POS/Vision	KP DC Gold 1000/20/POS/Vision	KP DC Silver 2500/40/POS/Vision	KP DC Bronze 6500/55/POS/Vision	KP DC Platinum 0/10/Vision/Sel
20 and Under	199.42	191.97	324.09	316.13	280.62	242.38	218.64	319.40
21	221.68	213.40	360.26	351.42	311.94	269.44	243.04	355.05
22	221.68	213.40	360.26	351.42	311.94	269.44	243.04	355.05
23	221.68	213.40	360.26	351.42	311.94	269.44	243.04	355.05
24	221.68	213.40	360.26	351.42	311.94	269.44	243.04	355.05
25	221.68	213.40	360.26	351.42	311.94	269.44	243.04	355.05
26	221.68	213.40	360.26	351.42	311.94	269.44	243.04	355.05
27	221.68	213.40	360.26	351.42	311.94	269.44	243.04	355.05
28	226.86	218.39	368.69	359.64	319.23	275.74	248.72	363.35
29	231.74	223.09	376.61	367.37	326.10	281.67	254.07	371.16
30	237.53	228.67	386.03	376.56	334.25	288.71	260.42	380.44
31	243.63	234.54	395.94	386.22	342.83	296.12	267.11	390.21
32	249.12	239.82	404.86	394.92	350.56	302.79	273.13	399.00
33	254.92	245.40	414.28	404.11	358.71	309.83	279.48	408.28
34	261.01	251.27	424.19	413.78	367.29	317.24	286.17	418.05
35	267.11	257.14	434.10	423.44	375.87	324.66	292.85	427.81
36	273.21	263.01	444.01	433.11	384.45	332.07	299.54	437.58
37	279.31	268.88	453.92	442.78	393.03	339.48	306.22	447.35
38	282.66	272.11	459.37	448.10	397.75	343.56	309.90	452.72
39	286.02	275.34	464.82	453.41	402.47	347.64	313.58	458.09
40	297.30	286.20	483.16	471.30	418.35	361.35	325.95	476.16
41	308.89	297.35	501.99	489.67	434.65	375.43	338.65	494.72
42	321.08	309.10	521.81	509.00	451.82	390.26	352.02	514.26
43	333.58	321.13	542.13	528.82	469.41	405.45	365.73	534.28
44	346.70	333.75	563.44	549.61	487.86	421.39	380.11	555.28
45	360.11	346.67	585.24	570.88	506.74	437.69	394.82	576.77
46	374.14	360.17	608.03	593.11	526.48	454.74	410.19	599.23
47	388.78	374.26	631.82	616.31	547.07	472.53	426.24	622.68
48	404.02	388.94	656.60	640.48	568.53	491.06	442.96	647.09
49	419.88	404.20	682.37	665.62	590.84	510.33	460.34	672.49
50	436.34	420.05	709.13	691.72	614.01	530.35	478.39	698.86
51	453.42	436.49	736.88	718.79	638.04	551.10	497.11	726.21
52	471.10	453.52	765.62	746.83	662.92	572.60	516.50	754.54
53	489.40	471.13	795.35	775.83	688.67	594.83	536.56	783.84
54	508.61	489.62	826.57	806.28	715.70	618.18	557.62	814.61
55	528.43	508.70	858.78	837.70	743.59	642.27	579.35	846.35
56	549.16	528.66	892.48	870.57	772.77	667.47	602.09	879.56
57	570.51	549.21	927.17	904.41	802.80	693.42	625.49	913.75
58	592.77	570.64	963.34	939.70	834.12	720.47	649.89	949.40
59	615.94	592.95	1,001.00	976.43	866.73	748.64	675.30	986.51
60	640.03	616.14	1,040.15	1,014.62	900.63	777.92	701.71	1,025.10
61	665.04	640.20	1,080.78	1,054.26	935.82	808.31	729.12	1,065.14
62	665.04	640.20	1,080.78	1,054.26	935.82	808.31	729.12	1,065.14
63	665.04	640.20	1,080.78	1,054.26	935.82	808.31	729.12	1,065.14
64+	665.04	640.20	1,080.78	1,054.26	935.82	808.31	729.12	1,065.14

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

Market: District of Columbia Small Group

Rates Effective October 1, 2021

Appendix IV-D

	94506DC0350017	94506DC0350018	94506DC0350019	94506DC0350028	94506DC0350020	94506DC0350022
Age	KP DC Platinum 500/10/Vision/Sel	KP DC Gold 0/20/Vision/Sel	KP DC Gold 1000/20/Vision/Sel	KP DC Gold 1500/20/Vision/Sel	1700/0%/HSA/Vision/Se l	KP DC Gold 500/20/Vision/Sel
20 and Under	310.31	288.80	274.23	270.23	261.72	279.47
21	344.94	321.03	304.84	300.40	290.93	310.67
22	344.94	321.03	304.84	300.40	290.93	310.67
23	344.94	321.03	304.84	300.40	290.93	310.67
24	344.94	321.03	304.84	300.40	290.93	310.67
25	344.94	321.03	304.84	300.40	290.93	310.67
26	344.94	321.03	304.84	300.40	290.93	310.67
27	344.94	321.03	304.84	300.40	290.93	310.67
28	353.01	328.54	311.97	307.42	297.73	317.93
29	360.60	335.61	318.68	314.03	304.14	324.77
30	369.61	344.00	326.65	321.88	311.74	332.89
31	379.10	352.83	335.04	330.15	319.74	341.43
32	387.64	360.78	342.58	337.59	326.95	349.12
33	396.66	369.17	350.55	345.44	334.55	357.24
34	406.15	378.00	358.94	353.70	342.55	365.79
35	415.64	386.83	367.32	361.97	350.56	374.34
36	425.13	395.66	375.71	370.23	358.56	382.88
37	434.62	404.49	384.10	378.49	366.56	391.43
38	439.84	409.35	388.71	383.04	370.97	396.13
39	445.06	414.21	393.32	387.58	375.37	400.83
40	462.61	430.55	408.84	402.87	390.17	416.64
41	480.64	447.33	424.77	418.57	405.38	432.88
42	499.62	464.99	441.54	435.10	421.39	449.97
43	519.07	483.10	458.73	452.04	437.80	467.49
44	539.48	502.08	476.77	469.81	455.00	485.87
45	560.35	521.51	495.22	487.99	472.61	504.67
46	582.18	541.83	514.50	507.00	491.02	524.33
47	604.95	563.02	534.63	526.83	510.23	544.84
48	628.68	585.10	555.60	547.49	530.24	566.21
49	653.35	608.06	577.40	568.98	551.05	588.43
50	678.97	631.91	600.04	591.29	572.66	611.50
51	705.54	656.64	623.53	614.43	595.07	635.43
52	733.06	682.25	647.85	638.40	618.28	660.22
53	761.53	708.75	673.01	663.19	642.29	685.86
54	791.42	736.57	699.42	689.22	667.50	712.78
55	822.26	765.27	726.68	716.08	693.51	740.55
56	854.53	795.30	755.19	744.18	720.72	769.61
57	887.74	826.21	784.54	773.10	748.73	799.52
58	922.38	858.44	815.16	803.27	777.95	830.72
59	958.44	892.00	847.02	834.67	808.36	863.20
60	995.92	926.89	880.15	867.31	839.97	896.95
61	1,034.82	963.09	914.52	901.19	872.79	932.00
62	1,034.82	963.09	914.52	901.19	872.79	932.00
63	1,034.82	963.09	914.52	901.19	872.79	932.00
64+	1,034.82	963.09	914.52	901.19	872.79	932.00

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

DC-SG-GOLD-0-20-VISION-HMO-COST(01-21)HIX, DC-SG-PLATINUM-0-10-VISION-HMO-COST(01-21)HIX, DC-SG-BRONZE-6500-55-VISION-DHMO-COST(01-21)HIX, DC-SG-GOLD-500-20-VISION-DHMO-COST(01-21)HIX , DC-SG-GOLD-1000-20-VISION-DHMO-COST(01-21)HIX, DC-SG-GOLD-1500-20-VISION-DHMO-COST(01-21)HIX, DC-SG-PLATINUM-500-10-VISION-DHMO-COST(01-21)HIX, DC-SG-SILVER-2000-40-VISION-DHMO-COST(01-21)HIX, DC-SG-SILVER-2500-40-VISION-DHMO-COST(01-21)HIX, DC-SG-BRONZE-7000-0%-HSA-VISION-HDHP-COST(01-21)HIX, DC-SG-BRONZE-7000-50-20%-HSA-VISION-HDHP-COST(01-21)HIX, DC-SG-GOLD-1700-0%-HSA-VISION-HDHP-COST(01-21)HIX, DC-SG-SILVER-2000-30-HSA-VISION-HDHP-COST(01-21)HIX, DC-SG-SILVER-2500-30-HSA-VISION-HDHP-COST(01-21)HIX, DC-SG-BRONZE-6500-55-POS-VISION-COST(01-21)HIX , DC-SG-GOLD-1000-20-POS-VISION-COST(01-21)HIX, DC-SG-PLATINUM-0-10-POS-VISION-COST(01-21)HIX, DC-SG-PLATINUM-500-10-POS-VISION-COST(01-21)HIX, DC-SG-SILVER-2500-40-POS-VISION-COST(01-21)HIX, DC-SG-GOLD-0-20-HMOPLUS-VISION-COST(01-21)HIX, DC-SG-GOLD-1500-20-DHMOPLUS-VISION-COST(01-21)HIX, DC-SG-PLATINUM-0-10-HMOPLUS-VISION-COST(01-21)HIX, DC-SG-SILVER-2000-40-DHMOPLUS-VISION-COST(01-21)HIX, DC-SG-GOLD-0-20-VISION-HMO-RX(01-21)HIX, DC-SG-PLATINUM-0-10-VISION-HMO-RX(01-21)HIX, DC-SG-BRONZE-6500-55-VISION-DHMO-RX(01-21)HIX, DC-SG-GOLD-500-20-VISION-DHMO-RX(01-21)HIX, DC-SG-GOLD-1000-20-VISION-DHMO-RX(01-21)HIX, DC-SG-GOLD-1500-20-VISION-DHMO-RX(01-21)HIX, DC-SG-PLATINUM-500-10-VISION-DHMO-RX(01-21)HIX, DC-SG-SILVER-2000-40-VISION-DHMO-RX(01-21)HIX, DC-SG-SILVER-2500-40-VISION-DHMO-RX(01-21)HIX, DC-SG-BRONZE-7000-0%-HSA-VISION-HDHP-RX(01-21)HIX, DC-SG-BRONZE-7000-50-20%-HSA-VISION-HDHP-RX(01-21)HIX, DC-SG-GOLD-1700-0%-HSA-VISION-HDHP-RX(01-21)HIX, DC-SG-SILVER-2000-30-HSA-VISION-HDHP-RX(01-21)HIX, DC-SG-SILVER-2500-30-HSA-VISION-HDHP-RX(01-21)HIX, DC-SG-BRONZE-6500-55-VISION-POS-RX(01-21)HIX, DC-SG-GOLD-1000-20-VISION-POS-RX(01-21)HIX, DC-SG-PLATINUM-0-10-VISION-POS-RX(01-21)HIX, DC-SG-PLATINUM-500-10-VISION-POS-RX(01-21)HIX, DC-SG-SILVER-2500-40-VISION-POS-RX(01-21)HIX, DC-SG-GOLD-0-20-HMOPLUS-VISION-RX(01-21)HIX, DC-SG-GOLD-1500-20-DHMOPLUS-VISION-RX(01-21)HIX, DC-SG-PLATINUM-0-10-HMOPLUS-VISION-RX(01-21)HIX, DC-SG-SILVER-2000-40-DHMOPLUS-VISION-RX(01-21)HIX, DC-SG-PED-DENTAL(01-21)HIX, DC-SG-PED-DENTAL-FEE(01-21)

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
District of Columbia - 2021 Small Group Rate Filing
Part III – Actuarial Memorandum and Certification**

1. Purpose

This document contains the Part III Actuarial Memorandum for Kaiser Foundation Health Plan (“KFHP”) of the Mid-Atlantic States’ Small Group business segment rates in the District of Columbia, with effective dates during 2021. Rates are guaranteed for 12 months starting on a Small Group’s effective date. These products are offered on the District of Columbia Marketplace (“the Exchange.”) This rate filing applies to new and renewal business on a guaranteed issue basis with no age limitations. This filing does not cover grandfathered products that existed prior to 2021. This actuarial memorandum is submitted in conjunction with the Part I Unified Rate Review Template (“URRT”) and is in compliance with 45 CFR § 156.215. The purpose of the actuarial memorandum is to provide certain information related to the submission of premium rate filings, including support for the values entered in the Part I URRT. This memorandum may not be appropriate for other purposes.

All products offered are comprehensive medical plans and range from no-deductible HMO style plans to high-deductible Health Savings Account (“HSA”) qualified plans as well as Point of Service style plans. All products include pediatric dental benefits and cover all required Essential Health Benefits (“EHBs”).

2. General Information Section

Company Identifying Information

Company Legal Name:	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
State:	District of Columbia
HIOS Issuer ID:	94506
Market:	Individual Market On Exchange
Effective Date:	January 1, 2021

Company Contact Information

Primary Contact Name:	Stephen Chuang
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Secondary Contact Email Address:	Zhuoying.Chen@kp.org

3. Proposed Rate Changes

All current benefit plans are renewing in 2021 and two new plans are introduced. Primary factors that affect the rate change for the renewing plans are:

- Claims experience of the single risk pool different than projected in the previous year.

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- Medical inflation.
- Changes in population morbidity and demographic make-up of the pool.
- Risk adjustment transfer payments into the district-wide risk adjustment pool.
- Benefit plan design adjustments, including those made to comply with Actuarial Value (“AV”) requirements which results in varying rate changes by plan.
- Federal and District taxes and fees.

The proposed average rate change is 0.0%. The average rate change does not indicate that every member’s rate will change by this amount as rates are affected by the ages of those covered and benefits chosen.

Covid-19: Initial estimates for the impact of Covid-19 on 2021 experience are still being understood. Its impact on member, medical expense, and risk adjustment are still highly uncertain and change on a frequent basis. We do not assume any Covid-19 impacts on 2021 experience in this rate filing. If/When firmer assumptions are developed, we will include them in this rate filing as appropriate.

Proposed rates by plan can be found in the Appendix.

4. Market Experience

4.1. Experience and Current Period Premium, Claims and Enrollment

Premium

Data for experience period and current period premiums through February 2020 is pulled from KFHP’s data base which reflects premiums paid by policy holders. No MLR rebates were required for the experience period.

Claims

The experience period claims for the Individual and Small Group single risk pool are shown in Exhibit 2.

The claims data is for the incurred period January 2019 through December 2019 and paid through February 2020, including estimates for incurred but not reported claims. Net cost data from internal cost systems (i.e., the cost for medical services delivered within our integrated delivery system), fee for service claims, capitations and prescription drug claims net of drug rebates are aggregated to determine annual claims. Allowed claims are calculated based on system paid claims divided by the experience period paid benefit to allowed ratio expected for the plans offered in the experience period plus dental capitations.

Incurred but not reported estimates for non-capitated services are developed using the completion factor method consistent with KFHP’s monthly reserve estimate process. The

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completion factors are based on all commercial claims which includes Individual, Small Group and Large Group business segments. Except for capitated expenses, all claims are processed by KFHP’s internal systems. Capitated expenses are based on a monthly contractual PMPM amount paid to the vendor. Capitated and non-capitated expenses are shown separately in Exhibit 2.

Enrollment

Experience period and current period enrollment as of February 2020 is pulled from KFHP’s member data base. Experience period member months can be found on Exhibit 2.

4.2. Benefit Categories

Claims are assigned to one of the following benefit service categories: Inpatient Hospital, Outpatient Hospital, Professional, Other Medical, Capitation and Prescription Drugs. The categorization is derived from each claim’s specific information on services rendered, the location of service, and the type of provider. The categorization is an automated process within KFHP’s data warehouse. Examples of services by benefit category include:

Benefit Category	Services
Inpatient Hospital	Inpatient Facility, Inpatient Visits, Inpatient Surgery, Maternity
Outpatient Hospital	Outpatient Facility, Emergency/Urgent Care, Outpatient Surgery
Professional	Diagnostic Services, Office Visits, Cardiovascular, Dialysis, PT/OT/ST
Other Medical	Other Services
Capitation	Dental
Prescription Drug	Pharmacy

4.3. Projection Factors

4.3.1 Trend Factors

Projected trend factors are based on a mixture of expected industry trends, future fixed costs, and expected internalization of services, i.e., movement of medical care delivery between contracted external providers and our integrated delivery system. As an integrated health care provider, the majority of KFHP’s expenses are the fixed costs associated with providing medical care through Kaiser owned facilities. Therefore, the projected cost that is included in our total revenue requirement is primarily based on budgeting.

For traditional carriers, projected cost per service and utilization per member trends are developed to project expected future costs. However, given KFHP’s fixed cost structure, KFHP’s projected claims trends largely stem from the development of budgeted costs for the rating year. For the period from 2019 to 2021, our projected total annualized medical expense trend for the ACA market is 2.3%.

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Exhibit 4 includes an allocation of trend into cost and utilization service categories which is derived for use in the URRT.

4.3.2 Adjustments to Trended EHB Allowed Claims PMPM

Morbidity Adjustment

For the rating period, enrollees on average are expected to have per member per month (PMPM) costs that are similar to the PMPM costs of members in the experience period data. The expected relative cost of new members coming into the pool is expected to be lower than the cost of continuously enrolled members. A net morbidity factor reflecting the relative difference in cost is applied to projected claims. Development of this factor is shown in Exhibit 5.

Demographic Shift

Base period claims experience is adjusted for the average mix of population by age in the experience period membership. The average age factor is developed by applying the District of Columbia (“DC”) standard age curve to experience period member months. The same calculation is performed for projected rating period membership, which is based on actual KFHP enrolled members for the current period adjusted for expected distribution changes in the rating period. The projected age factor used is the closest rounded-age factor from the DC standard age curve. The projected allowed claims are then multiplied by the change in the average age factor from the experience to the rating period. The development of the average age factor is shown in Exhibit 6.

Plan Design Changes

All plans have cost sharing in the rating period that generates different levels of utilization adjustments when compared with the experience period plans. The net impact is reflected as the change in average utilization for the pool in Exhibit 8. This is calculated by dividing the average utilization adjustment in the projection period by the base period average utilization. Changes from the experience period to the projection period may include, but is not limited to, updates to Kaiser’s benefit factor rating model and member mix changes across plans in the projection period compared to the experience period.

Other Adjustments

No adjustments or factors, other than those previously discussed in this section, have been used to project the experience period allowed claims to the projection period.

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
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4.3.3 Manual Rate Adjustments

KFHP considers the experience period data to be fully credible, and has not employed the use of additional, external claims data to develop a manual rate.

4.3.4 Credibility of Experience

KFHP had approximately 84,000 covered lives in the single risk pool for the experience period, which is considered fully credible. Actuarial Standard of Practice #25 was considered when making this determination.

4.3.5 Establishing the Index Rate

The experience period data includes claims for non-EHBs. Claims for non-EHBs were removed from the allowed amount by applying the experience period ratio of EHB claims to total claims to the experience period allowed amounts. The non-EHB removal ratio is shown in Exhibit 9.

4.3.6 Development of the Market-wide Adjusted Index Rate (“MAIR”)

Calculation of the MAIR is shown on Exhibit 1. The factors used in the calculation, e.g. demographic adjustment, are described above and in the section immediately below.

Paid to Allowed Ratio

The projected 2021 paid to allowed ratio is calculated as the average effective plan design factor. The average plan design accounts for the projected member distribution across the available plans.

Reinsurance

Reinsurance is currently not applicable.

Risk Adjustment

KFHP’s experience period risk adjustment transfer for the Individual pool is estimated to be (\$59.98) PMPM. The projected risk adjustment transfer of (\$71.08) PMPM is based on expected experience period results by metal tier projected to the rating year.

Exhibit 10 shows KFHP’s experience period and projection period risk adjustment transfers which could include the impact of CMS changes to the risk adjustment transfer formula. The experience period transfer estimate is based on an ongoing study by a third-party consulting firm. The projected transfer PMPMs by metal level are adjusted for assumed risk

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scores for continuing and future new members entering the pool vs experience period risk scores. Anticipated market average premium increases and projected KFHP enrollment mix between metal levels also impacts the overall average transfer PMPM.

Exchange User Fees

Because DC's Exchange is not operated as a Federally Facilitated Marketplace, there is no load in the development of the MAIR for Exchange User Fees. Note that administrative expenses on Exhibit 11 include an amount for expected DC Exchange Assessment costs.

4.4. Plan Adjusted Index Rate ("PAIR")

Allowable plan level modifiers are applied to the MAIR to develop PAIRs which are shown on Exhibit 12. Allowable adjustments used in rate development include the following:

Non-EHB Adjustment

Rating period non-EHB covered benefits are added back to plan rates as a multiplier when calculating the Plan Adjusted Index Rate for each plan. Development of the non-EHB multiplier is shown in Exhibit 9.

Plan Level Adjustments

An adjustment accounting for differences in network, if applicable, is applied at the plan level. Network adjustments, shown on Exhibit 7, are unchanged from prior years.

Plan level benefit richness factors are applied based on the metal level of the specific plan. Factors indicate the level of induced demand expected at the different metal levels. The induced demand factors are published by CMS in the annual Notice of Benefit and Payment Parameters.

Plan design adjustments accounting for differences in cost sharing between plans have been developed using a consultant's Managed Care Rating Model calibrated with Kaiser-specific data.

Catastrophic Plan Adjustment

A catastrophic specific plan adjustment, when applicable, accounts for the eligibility requirements for consumers eligible to purchase the catastrophic plan compared to the entire pool.

Retention (Administrative Expense, Taxes & Fees, Profit & Risk Margin)

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Retention amounts for the experience period and rating period are shown on Exhibit 11. Projected retention is added uniformly across all plans.

4.5. Calibration

Calibration of the Plan Adjusted Index Rates is necessary in order to calculate Consumer Adjusted Premium Rates. The Plan Adjusted Index Rates are developed for the average member within the Single Risk Pool. Based upon the allowable rating parameters, factors are developed to calibrate the Plan Adjusted Index Rates to generate Consumer Adjusted Premium Rates. The calibrated Plan Adjusted Index Rates have been defined as Base Rates, and the calibration factors are applied uniformly to all plans in the single risk pool.

Age Curve Calibration

The determination of the calibration factor is based upon the DC Standard Age Curve and KFHP internal current period enrollment data. A weighted average age factor is calculated as the product of the enrollment by age and the unadjusted DC age factors. The projected age factor used is the interpolated age factor from the DC standard age curve. The Plan Adjusted Index Rates are then multiplied by the ratio of the age 21 factor and the projected age factor to adjust to rates for an individual aged 21. This ratio, or calibration factor, is 0.707. The development of the average age and calibration factors is shown in Exhibit 6.

Area Factor Calibration

KFHP does not vary rates by rating area, therefore the area calibration factor is 1.00.

4.6. Consumer Adjusted Premium Rate Development

Age 21 Plan Adjusted Index Rates are shown on Exhibit 12. The base rates are adjusted using the DC age slope factors on exhibit 6 to generate age specific rates. The age slope factor for a member is based on the member's age as of the effective date of coverage and remains unchanged for the remainder of the policy period. Where applicable, a quarterly rate adjustment is applied depending on the quarter of the policy's effective date. Quarterly rate factors are shown on Exhibit 13. Note that only the three oldest children under the age of 21 on a family policy are rated.

5. Projected Loss Ratio

Exhibit 14 provides an estimate of the Medical Loss Ratio (MLR) based upon assumptions in this rate filing for the projection year for the specific line of business pool and for the combined Small Group and Individual line of business pools. The combined MLR is expected to be just under 104%.

Federal Medical Loss Ratio

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Using the federally prescribed methodology, we project the combined loss ratio to be just under 108%.

6. Plan Product Information

6.1. Actuarial Value (“AV”) Metal Values

The AV Metal Values were developed based on the CMS Actuarial Value calculator, as all plans’ designs were compatible with the calculator. The Federal AVs are shown on the AV screen shots submitted in the Supporting Documentation section in SERFF.

AV Pricing Values/Allowable Plan Level Adjustments

Per the URRT Instructions, the Allowable Plan Level Adjustments include plan specific adjustment factors for the Cost-Sharing Design of each plan in addition to the EHBs, and administrative costs. The effective plan design adjustment components of the plan level adjustments are calculated using a proprietary pricing model, including model updates, data reflecting a standard population, and KFHP specific data. The cost share and model changes have varying effects on each plan design which leads to non-uniform rate changes between plans. The pricing method is consistent across all plans and does not include any utilization differences due to differing health status of members in different cost-sharing designs.

The AV pricing values, i.e., plan design factors for 2021 plans have changed due to routine updates to the pricing model and/or changes to cost sharing amounts. These changes can have different effects on each plan design, which leads to non-uniform rate changes between the plans.

6.2. Membership Projections

Current year member projections are based on current year open enrollment results and expected adds and cancellations occurring throughout the remainder of the year. Rating year member projections are based on KFHP forecasts.

6.3. Plan Type

There are no plan types that are not listed in the Worksheet 2 drop-down box.

7. Miscellaneous

7.1. Reliance

All data and assumptions contained in this filing were prepared by a team of KFHP employees.

7.2. Historical Rate Revisions Effective January 1

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2016	0.2%
2017	2.0%
2018	5.0%
2019	0.0%
2020	3.0%

7.3. Estimated Average Premium

Estimated average premiums per member and per policy for the current year and projection year are shown below. The projected premium includes the requested rate increase as well as the impact of expected membership changes between products.

	Per Member Per Year	Per Policy Per Year
Current Year	\$5,383	\$7,948
Projection Year	\$5,384	\$7,950

7.4. Exhibit Table of Contents

Exhibit 1	Market Index Rate
Exhibit 2	Allowed Claim PMPMs
Exhibit 3	Capitations
Exhibit 4	Trend Factors
Exhibit 5	Morbidity Factor
Exhibit 6	Demographics
Exhibit 7	Network Factor
Exhibit 8	Utilization Adjustment
Exhibit 9	Non-Essential Health Benefit Adjustments
Exhibit 10	Risk Adjustment Projection
Exhibit 11	Retention
Exhibit 12	Plan Adjusted Index Rate
Exhibit 13	Quarterly Renewal Factors
Exhibit 14	Projected Medical Loss Ratio
Exhibit 15	Cost Share Reduction Subsidy Non-Funding Impact
Appendix 1	First Quarter Plan Rates by Age
Appendix 2	Second Quarter Plan Rates by Age
Appendix 3	Third Quarter Plan Rates by Age
Appendix 4	Fourth Quarter Plan Rates by Age

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Actuarial Certification

I, Sheila A. Schroer, Executive Director and Chief Actuary, Mid-Atlantic States, for Kaiser Foundation Health Plan (KFHP), am a member in good standing 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 Individual plans sold on the Exchange. This actuarial memorandum documents the assumptions and sources of data pertaining to the development of KFHP premium rates effective January 2021.

- To the best of my knowledge and judgment, this rate filing is compliant with all applicable District of Columbia and Federal Statutes and Regulations, including 45 CFR §156.80 and §147.102, and the premiums are reasonable in relation to the benefits provided.
- Rates are developed in accordance with 45 CFR part 147.102 and only the allowable modifiers as described in 45 CFR §156.80(d)(1) and §156.80(d)(2) were used to generate plan level rates.
- The federal AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans.
- This filing is consistent with KFHP's internal business plans.
- The adjusted community rate charged can be reasonably expected to result in a medical loss ratio that, under ACA definitions, meets or exceeds the minimum requirement.

Rates, calculations and values were developed accordance with generally accepted actuarial principles and methodologies for rating blocks of business and in accordance with the Code of Professional Conduct and the following Actuarial Standards of Practice:

- ASOP No. 5, Incurred Health and Disability Claims
- ASOP No. 8, Regulatory Filings for Health Plan Entities
- ASOP No. 12, Risk Classification
- ASOP No. 23, Data Quality
- ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages
- ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans (Small Group Filings only)
- ASOP No. 41, Actuarial Communications
- ASOP No. 45, The Use of Health Status Based Risk Adjustment Methodologies
- ASOP No. 50, Determining Minimum Value and Actuarial Value under the Affordable Care Act

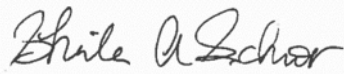
Qualifications:

1. The URRT does not demonstrate the process used by KFHP to develop the rates. Rather it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of Qualified Health Plans for Federally-facilitated Marketplaces, and for certification

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that the Index Rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

2. The information contained within this filing reflects the District of Columbia and Federal statutes, rules, regulations and guidance as of May 1, 2020. Changes to the applicable regulations, including but not limited to Risk Stabilization programs could have a significant impact on rate development. Subsequent changes to these statutes, rules and regulations may make these rates unacceptably deficient and would necessitate revisions to this filing.
3. Future experience is uncertain and in certain instances, assumptions were selected in an effort to achieve more affordable rates. KFHP has sufficient capital reserves as well as a diverse mix of lines of business which will allow for sustainable results for the organization, even if future results for this line of business may differ from what is projected in the filing.



Sheila A. Schroer, ASA, MAAA
Executive Director and Chief Actuary
Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
May 4, 2020

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Exhibit 1
Market Adjusted Index Rate

Source/Formula	Component	Value
(1) Exhibit 2	Experience Period Allowed PMPM	\$428.68
(2) Exhibit 9	Remove Non-EHBs Adjustment Factor	0.984
(3) = (1) x (2)	Experience Period Index Rate PMPM	\$421.98
(4) Exhibit 4	Annualized Medical Trend	2.3%
(5)	Months of Trend	24
(6) = (1+ (4)) ^ (24/12)	Trend Factor	1.047
(7) = (3) x (6)	Unadjusted Projected Allowed EHB PMPM	\$441.64
<u>Single Risk Pool Adjustments</u>		
(8) Exhibit 5	Change in Morbidity	0.998
(9) Exhibit 6	Change in Demographics	1.005
(10) Exhibit 7	Change in Network	1.000
(11) Exhibit 8	Change in Utilization	1.003
(12)	Change in Other	1.000
(13) = product (7) thru (12)	Projected Allowed EHBs PMPM	\$444.55
(14) Exhibit 12	Projected Paid to Allowed Ratio	0.895
(15) = (13) x (14)	Projected Paid EHBs PMPM	\$398.07
<u>Marketwide Adjustments</u>		
(16) Exhibit 10	Projected Risk Adj Transfer PMPM	(\$71.08)
(17) Exhibit 11	Projected Exchange User Fee Factor	1.000
(18) = [(15) - (16)] * (17)	Market Adjusted Projected Paid EHB PMPM	\$469.15
(19) = (18) / (14)	Market Adjusted Projected Allowed EHB PMPM	\$523.93
(20) Exhibit 9	Non-EHBs Loading Factor	1.010
(21) = (20) x (18)	Market Adjusted Projected Paid Total PMPM	\$473.83

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
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**Exhibit 2
Allowed Claim PMPMs**

Pool	Member Months	Calculated Allowed	Capitation	Completion	Total
Individual Small Group	32,679	\$525.97	\$3.22	\$4.36	\$533.55
	51,108	355.46	3.22	2.95	361.63
Overall	83,787	\$421.96	\$3.22	\$3.50	\$428.68

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group**

**Exhibit 3
Capitations**

Source/Formula	Component	Combined
<i>Experience Period - Essential Health Benefits</i>		
(1) Input	Pediatric Dental PMPM	\$1.54
<i>Experience Period - Non Essential Health Benefits</i>		
(2) Input	Cosmetic Dental PMPM	\$0.60
(3) Input	Adult Dental PMPM	\$1.07
(4) = (2) + (3)	Subtotal Non EHBs PMPM	\$1.68
(5) = (1) + (4)	Experience Period - Total	\$3.22
<i>Projection Period - Essential Health Benefits</i>		
(6) Expected Contract Rate	Pediatric Dental Cap	\$11.04
(7) Exhibit 6	Percentage of Children < 21	14.5%
(8) = (6) x (7)	Pediatric Dental PMPM	\$1.60
(9) = (8)	Projection Period - Total	\$1.60

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group**

**Exhibit 4
Trend Factors**

Category	Cost	Utilization	Trend
Inpatient	3.0%	0.0%	3.0%
Outpatient	3.4%	0.2%	3.6%
Professional	1.0%	0.9%	1.9%
Other	0.5%	2.6%	3.1%
Capitation	0.0%	0.0%	0.0%
Rx	1.6%	0.7%	2.2%
Overall			2.3%

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group**

**Exhibit 5
Morbidity Factor**

	Member Months	Relative Morbidity
(1) Experience Period Single Risk Pool	83,787	1.000
(2) Continuing Experience Period Members	67,694	1.047
(3) Continuing Current Year New Members	9,990	0.977
(4) Projection Period New Members	19,196	0.839
(5) Projection Period Single Risk Pool	96,880	0.998
(6) Adjustment for Change in Risk = [(5) / (1)]		0.998

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group**

**Exhibit 6
Demographics**

Ages	DC Age Slope	Member Distribution	
		Experience Period	Current Period
0-14	0.654	11.2%	11.4%
15	0.654	0.6%	0.6%
16	0.654	0.6%	0.7%
17	0.654	0.5%	0.6%
18	0.654	0.5%	0.5%
19	0.654	0.5%	0.5%
20	0.654	0.5%	0.6%
21	0.727	0.5%	0.5%
22	0.727	0.8%	0.8%
23	0.727	1.6%	1.0%
24	0.727	1.8%	2.1%
25	0.727	2.4%	2.2%
26	0.727	3.5%	3.1%
27	0.727	4.0%	3.9%
28	0.744	4.1%	4.2%
29	0.760	4.2%	3.8%
30	0.779	4.0%	3.9%
31	0.799	3.8%	3.9%
32	0.817	3.4%	3.5%
33	0.836	3.7%	3.3%
34	0.856	3.0%	3.2%
35	0.876	2.9%	2.9%
36	0.896	2.9%	2.8%
37	0.916	2.3%	2.7%
38	0.927	2.2%	2.0%
39	0.938	2.0%	2.2%
40	0.975	2.1%	2.1%
41	1.013	1.6%	2.1%
42	1.053	1.6%	1.5%
43	1.094	1.4%	1.4%
44	1.137	1.3%	1.4%
45	1.181	1.2%	1.2%
46	1.227	1.4%	1.2%
47	1.275	1.5%	1.5%
48	1.325	1.2%	1.5%
49	1.377	1.3%	1.3%
50	1.431	1.2%	1.3%
51	1.487	1.1%	1.3%
52	1.545	1.2%	1.0%
53	1.605	1.3%	1.3%
54	1.668	1.4%	1.3%
55	1.733	1.1%	1.3%
56	1.801	1.1%	1.1%
57	1.871	1.0%	1.1%
58	1.944	1.2%	1.0%
59	2.020	1.1%	1.0%
60	2.099	1.2%	1.0%
61	2.181	1.0%	1.2%
62	2.181	0.8%	1.0%
63	2.181	0.9%	0.8%
64+	2.181	2.5%	2.7%

Demographic & Calibration Adjustment:

	Implied		
	Age	Factor	
Exp Period Avg Age Factor	41.3	1.024	(1)
Proj Period Avg Age Factor	41.4	1.029	(2)
Change in Demographics		1.005	= (2)/(1)
Age 21 Age Slope Factor		0.727	(3)
Index Rate Age Factor Calibration		0.707	= 1 / (2) x (3)

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group**

**Exhibit 7
Network Factor**

Experience Period

(1) Network	(2) Small Group Member Months	(3) Network Adjustment Factor
Signature	40,152	1.000
Signature 2TPOS	1,384	1.100
Select	9,572	1.050
Overall	51,108	1.012

Projection Period

(1) Network	(2) Small Group Member Months	(3) Network Adjustment Factor	(4) Normalizing Factor
Signature	50,144	1.000	0.988
Signature 2TPOS	2,194	1.100	1.086
Select	11,624	1.050	1.037
Overall	63,962	1.013	1.000

Change in Network Factor	1.000
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**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group**

**Exhibit 8
Utilization Adjustment**

	Pool	Member Months	Utilization
<i>Experience Period</i>			
(1)	Individual	32,679	0.846
(2)	Small Group	51,108	0.884
(3)	Overall	83,787	0.869
<i>Projection Period</i>			
(4)	Individual	32,918	0.846
(5)	Small Group	63,962	0.886
(6)	Overall	96,880	0.872
<i>Change in Average Utilization</i>			
(7)	= (6) / (3)		1.003

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group**

**Exhibit 9
Non-Essential Health Benefits Adjustments**

Source/Formula	Component	Value
<i>Experience Period</i>		
(1) Exhibit 2	Completed Allowed Claims	\$428.68
(2) Input	Non-EHB Capitation	\$1.68
(3) Input	Non-EHB Non Capitation	\$5.02
(4) = (1) - (2) - (3)	EHB Completed Allowed Claims	\$421.98
(5) = (4) / (1)	Exp Period Non-EHB Removal Factor	0.984
<i>Projection Period</i>		
(6) Exhibit 1	Market Adjusted Index Rate	\$523.93
(7) Exhibit 1	Risk Adj Transfer Paid PMPM	-\$71.08
(8) Exhibit 1	Paid to Allowed Ratio	0.895
(9) = (7) x (8)	Risk Adj Transfer Allowed PMPM	-\$79.38
(10) = (6) + (9)	Market Adjusted Index Rate Prior to Risk Adj	\$444.55
(11) Input	Non-EHB Capitation	\$0.00
(12) Input	Non-EHB Non Capitation	\$5.23
(13) = sum((10) thru (12)) - (9)	Projection Period Market Adjusted Allowed Total	\$529.16
(14) = (13) / (6)	Projection Period Non-EHB Load Factor	1.010

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Exhibit 10
Risk Adjustment Projection

		Estimated 2019	Annualized Change	Projected 2021
Platinum				
(1)	Member Months	19,793		25,518
(2)	HHS Transfer % of Premium	(0.087)		(0.101)
(3)	Statewide Average Premium PMPM	\$438.02	5.0%	\$482.88
(4) = (2) x (3)	Transfer PMPM	(\$38.05)		(\$48.67)
(5) = (1) x (4)	Transfer \$	(\$753,127)		(\$1,242,067)
Gold				
(6)	Member Months	24,436		30,743
(7)	HHS Transfer % of Premium	(0.141)		(0.154)
(8)	Statewide Average Premium PMPM	\$438.02	5.0%	\$482.88
(9) = (7) x (8)	Transfer PMPM	(\$61.97)		(\$74.22)
(10) = (6) x (9)	Transfer \$	(\$1,514,322)		(\$2,281,777)
Silver				
(11)	Member Months	5,110		5,563
(12)	HHS Transfer % of Premium	(0.219)		(0.215)
(13)	Statewide Average Premium PMPM	\$438.02	5.0%	\$482.88
(14) = (12) x (13)	Transfer PMPM	(\$95.96)		(\$103.77)
(15) = (11) x (14)	Transfer \$	(\$490,360)		(\$577,274)
Bronze				
(16)	Member Months	1,769		2,138
(17)	HHS Transfer % of Premium	(0.397)		(0.431)
(18)	Statewide Average Premium PMPM	\$438.02	5.0%	\$482.88
(19) = (17) x (18)	Transfer PMPM	(\$173.77)		(\$208.15)
(20) = (16) x (19)	Transfer \$	(\$307,404)		(\$444,991)
Catastrophic				
(21)	Member Months	N/A		N/A
(22)	HHS Transfer % of Premium	N/A		N/A
(23)	Statewide Average Premium PMPM (Cat)	N/A		N/A
(24) = (22) x (23)	Transfer PMPM	N/A		N/A
(25) = (21) x (24)	Transfer \$	N/A		N/A
Combined				
(26) = (1) + (6) + (11) + (16) + (21)	Total Risk Adjustment Member Months*	51,108		63,962
(27) = (28) / (26)	Total Transfer Paid (PMPM)	(\$59.98)		(\$71.08)
(28) = (5) + (10) + (15) + (20) + (25)	Total Transfer Paid	(\$3,065,212)		(\$4,546,109)

*Federal member month counting algorithms are not consistent with KFHP counting algorithms. Experience period member months on this exhibit may not match experience periods on other exhibits.

Transfer formula:

$$T = \left[\frac{PLRS \times IDF \times GCF}{\sum_i (s_i \times PLRS_i \times IDF_i \times GCF_i)} - \frac{AV \times ARF \times IDF \times GCF}{\sum_i (s_i \times AV_i \times ARF_i \times IDF_i \times GCF_i)} \right] \bar{P}$$

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
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Exhibit 11
Retention

Source/Formula	Retention Item	2019 Experience		2021 Projected	
		Net PMPM	% of Premium	Net PMPM	% of Premium
(1)	Operating Expense	\$40.80	9.5%	\$42.64	9.5%
(2)	Health Care Quality	3.88	4.3%	4.06	4.6%
(3)	Commissions	18.43	0.9%	20.51	0.9%
(4) = sum (1) thru (3)	Subtotal Admin Exp	\$63.11	14.7%	\$67.20	15.0%
(5)	Exchange Assessment	\$3.99	0.9%	\$4.49	1.0%
(6)	PCORI	0.06	0.0%	0.23	0.1%
(7)	State Premium Tax	8.56	2.0%	8.97	2.0%
(8)	Federal Income Tax	0.00	0.0%	0.00	0.0%
(9)	Health Ins Provider Fee	0.00	0.0%	0.00	0.0%
(10)	Risk Adjustment Fee	0.15	0.0%	0.19	0.0%
(11) = sum (5) thru (10)	Subtotal Taxes & Fees	\$12.77	3.0%	\$13.88	3.1%
(12)	Contribution to Reserve*	(\$35.51)	-8.3%	(\$121.59)	-27.1%
(13) = (4)+(11)+(12)	Total	\$40.36	9.4%	(\$40.51)	-9.0%

***Notes:**

1. Projected Contribution to Reserve is calculated as if claims are on an Individual and Small Group combined basis.

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group**

**Exhibit 12
Plan Adjustment Index Rate Development**

	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)
Name	Market Adjusted Index Rate	Impact of Non-EHB	Non-Funding of CSR Adjustment	Network Factor	Normalized Utilization	Plan Design	Catastrophic Plan Adjustment	Pure Premium	Retention	Plan Adjusted Index Rate	Age Curve Calibration*	Area Curve Calibration	Calibrated Plan Adj Index Rate (Age 21 Base Rate)
KP DC Platinum 0/10/Vision	\$523.93	1.010	1.000	0.988	1.035	0.955	1.000	\$516.32	0.917	\$473.56	0.707	1.000	\$334.62
KP DC Platinum 500/10/Vision	523.93	1.010	1.000	0.988	1.028	0.934	1.000	501.63	0.917	460.09	0.707	1.000	325.10
KP DC Platinum HMO Plus 0/10/Vision	523.93	1.010	1.000	0.988	1.035	0.993	1.000	536.97	0.917	492.50	0.707	1.000	348.00
KP DC Gold 0/20/Vision	523.93	1.010	1.000	0.988	1.000	0.893	1.000	466.86	0.917	428.20	0.707	1.000	302.57
KP DC Gold 1000/20/Vision	523.93	1.010	1.000	0.988	0.988	0.859	1.000	443.32	0.917	406.60	0.707	1.000	287.31
KP DC Gold 1500/20/Vision	523.93	1.010	1.000	0.988	0.983	0.850	1.000	436.85	0.917	400.67	0.707	1.000	283.11
KP DC Gold 1700/0%/HSA/Vision	523.93	1.010	1.000	0.988	0.966	0.838	1.000	423.07	0.917	388.04	0.707	1.000	274.19
KP DC Gold 500/20/Vision	523.93	1.010	1.000	0.988	0.990	0.874	1.000	451.78	0.917	414.36	0.707	1.000	292.79
KP DC Gold DHMO Plus 1500/20/Vision	523.93	1.010	1.000	0.988	0.983	0.884	1.000	454.32	0.917	416.70	0.707	1.000	294.44
KP DC Gold HMO Plus 0/20/Vision	523.93	1.010	1.000	0.988	1.000	0.929	1.000	485.54	0.917	445.33	0.707	1.000	314.67
KP DC Silver 2000/30/HSA/Vision	523.93	1.010	1.000	0.988	0.944	0.779	1.000	384.42	0.917	352.58	0.707	1.000	249.13
KP DC Silver 2000/40/Vision	523.93	1.010	1.000	0.988	0.942	0.798	1.000	392.70	0.917	360.18	0.707	1.000	254.50
KP DC Silver 2500/30/HSA/Vision	523.93	1.010	1.000	0.988	0.933	0.757	1.000	369.09	0.917	338.52	0.707	1.000	239.20
KP DC Silver 2500/40/Vision	523.93	1.010	1.000	0.988	0.936	0.794	1.000	388.27	0.917	356.11	0.707	1.000	251.63
KP DC Silver DHMO Plus 2000/40/Vision	523.93	1.010	1.000	0.988	0.942	0.830	1.000	408.41	0.917	374.58	0.707	1.000	264.68
KP DC Bronze 6500/55/Vision	523.93	1.010	1.000	0.988	0.895	0.752	1.000	351.95	0.917	322.80	0.707	1.000	228.09
KP DC Bronze 7000/0%/HSA/Vision	523.93	1.010	1.000	0.988	0.890	0.728	1.000	338.49	0.917	310.46	0.707	1.000	219.37
KP DC Bronze 7000/50/20%/HSA/Vision	523.93	1.010	1.000	0.988	0.877	0.711	1.000	325.85	0.917	298.87	0.707	1.000	211.18
KP DC Platinum 0/10/POS/Vision	523.93	1.010	1.000	1.086	1.022	0.937	1.000	550.10	0.917	504.54	0.707	1.000	356.51
KP DC Platinum 500/10/POS/Vision	523.93	1.010	1.000	1.086	1.017	0.918	1.000	536.59	0.917	492.15	0.707	1.000	347.76
KP DC Gold 1000/20/POS/Vision	523.93	1.010	1.000	1.086	0.979	0.847	1.000	476.32	0.917	436.87	0.707	1.000	308.69
KP DC Silver 2500/40/POS/Vision	523.93	1.010	1.000	1.086	0.928	0.771	1.000	411.42	0.917	377.34	0.707	1.000	266.63
KP DC Bronze 6500/55/POS/Vision	523.93	1.010	1.000	1.086	0.885	0.729	1.000	371.12	0.917	340.38	0.707	1.000	240.51
KP DC Platinum 0/10/Vision/Sel	523.93	1.010	1.000	1.037	1.035	0.955	1.000	542.14	0.917	497.24	0.707	1.000	351.35
KP DC Platinum 500/10/Vision/Sel	523.93	1.010	1.000	1.037	1.028	0.934	1.000	526.71	0.917	483.09	0.707	1.000	341.35
KP DC Gold 0/20/Vision/Sel	523.93	1.010	1.000	1.037	1.000	0.893	1.000	490.21	0.917	449.61	0.707	1.000	317.69
KP DC Gold 1000/20/Vision/Sel	523.93	1.010	1.000	1.037	0.988	0.859	1.000	465.48	0.917	426.93	0.707	1.000	301.67
KP DC Gold 1500/20/Vision/Sel	523.93	1.010	1.000	1.037	0.983	0.850	1.000	458.69	0.917	420.70	0.707	1.000	297.27
KP DC Gold 1700/0%/HSA/Vision/Sel	523.93	1.010	1.000	1.037	0.966	0.838	1.000	444.23	0.917	407.44	0.707	1.000	287.90
KP DC Gold 500/20/Vision/Sel	523.93	1.010	1.000	1.037	0.990	0.874	1.000	474.36	0.917	435.08	0.707	1.000	307.43
	\$523.93	1.010	1.000	1.000	1.000	0.895	1.000	\$474.91	0.917	\$435.58	0.707	1.000	\$307.78

* Age Curve Calibration from 41.4 to 21 years old

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Exhibit 13
Quarterly Renewal Factors

Source/Formula	Component	Renewal Quarter				Overall
		Q1	Q2	Q3	Q4	
(1) Data	Member Distribution by Renewal Qtr	48%	12%	15%	25%	100%
(2) Input	Months of Trend	0.0	3.0	6.0	9.0	
(3) Exhibit 4	Annual Trend	2.3%	2.3%	2.3%	2.3%	
(4) Exhibit 1	2021 Claims PMPM					\$473.83
(5) = (4) * [(1 + (3)) ^ ((2) / 12)]	Quarterly Projected Claims PMPM	\$473.83	\$476.53	\$479.25	\$481.99	\$476.97
(6) = (5) / Total (5)	Quarterly Rate Trend Factor	0.993	0.999	1.005	1.011	

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Exhibit 14
Projected Medical Loss Ratio

			Small Group Market PMPM	Combined Market PMPM
Component				
(1)	Input	Premium	\$448.68	\$453.00
(2)	Input	Net Claims	\$346.47	\$391.22
(3)	Exhibit 10	Risk Adjustment Transfer	(\$71.08)	(\$77.51)
(4)	= (2) - (3)	Total Medical Expense	\$417.54	\$468.73
(5)	Exhibit 11	Administrative Expenses	\$63.14	\$55.31
(6)	Exhibit 11	Health Care Quality	\$4.06	\$4.07
(7)	= (5) + (6)	Total	\$67.20	\$59.38
(8)	Exhibit 11	Exchange Fee	\$4.49	\$4.53
(9)	Exhibit 11	PCORI	\$0.23	\$0.23
(10)	Exhibit 11	DC Premium Tax	\$8.97	\$9.06
(11)	Exhibit 11	Federal Income Tax	\$0.00	\$0.00
(12)	Exhibit 11	Health Ins Provider Fee	\$0.00	\$0.00
(13)	Exhibit 11	Risk Adj Fee	\$0.19	\$0.19
(14)	= sum (8) thru (13)	Total Taxes and Fees	\$13.88	\$14.01
(15)	= (1) - (4) - (7) - (14)	Contribution to Reserve	(\$49.94)	(\$89.12)
(16)	= [(4)] / (1)]	Loss Ratio	93.1%	103.5%
(17)	= [(4) + (6)] / [(1) - (14)]	ACA Medical Loss Ratio	97.0%	107.7%

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Exhibit 15
Cost Share Reduction Subsidy Non-Funding Impact

		Silver Exchange Plans	Plan Design	Member Distribution
(1)	Base	KP DC Silver 2500/30/Vision	0.801	24.3%
(2)	73%	KP DC Silver 2200/30/CSR/Vision (2500)	0.815	3.7%
(3)	87%	KP DC Silver 0/10/CSR/Vision (2500)	0.898	0.9%
(4)	94%	KP DC Silver 0/5/CSR/Vision (2500)	0.962	0.6%
(5)	Base	KP DC Standard Silver 4000/40/Vision	0.785	50.9%
(6)	73%	KP DC Standard Silver 3500/40/CSR/Vision(40	0.798	2.5%
(7)	87%	KP DC Standard Silver 100/25/CSR/Vision (40	0.876	1.2%
(8)	94%	KP DC Standard Silver 0/5/CSR/Vision (4000)	0.932	2.5%
(9)	Base	KP DC Silver 3200/30%/HSA/Vision	0.750	10.4%
(10)	73%	KP DC Silver 2000/20%/CSR/Vision (3200)	0.792	1.3%
(11)	87%	KP DC Silver 600/10%/CSR/Vision (3200)	0.898	0.4%
(12)	94%	KP DC Silver 100/5%/CSR/Vision (3200)	0.959	1.0%
(13)	= Wtd Avg (1), (5), (9)	Silver Base Plan Average	0.785	
(14)	= Wtd Avg (1) thru (12)	Overall Silver Average	0.796	
(15)	= (14) / (13)	CSR Adjustment Factor for Silver Plans	1.014	100.0%

Note:

Rates do not include any adjustment for non-funding of Cost Share Reduction subsidies. The impact on this exhibit is shown for informational purposes only and represents an expected margin loss on Silver plans of 1.4%

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group**

**Rates Effective January 1, 2021
Appendix I-A**

	94506DC0350001	94506DC0350002	94506DC0350023	94506DC0350004	94506DC0350005	94506DC0350025	94506DC0350006	94506DC0350021
Age	KP DC Platinum 0/10/Vision	KP DC Platinum 500/10/Vision	KP DC Platinum HMO Plus 0/10/Vision	KP DC Gold 0/20/Vision	KP DC Gold 1000/20/Vision	KP DC Gold 1500/20/Vision	KP DC Gold 1700/0%/HSA/Vision	KP DC Gold 500/20/Vision
20 and Under	299.04	290.53	311.00	270.40	256.76	253.01	245.03	261.66
21	332.42	322.96	345.71	300.58	285.42	281.25	272.39	290.86
22	332.42	322.96	345.71	300.58	285.42	281.25	272.39	290.86
23	332.42	322.96	345.71	300.58	285.42	281.25	272.39	290.86
24	332.42	322.96	345.71	300.58	285.42	281.25	272.39	290.86
25	332.42	322.96	345.71	300.58	285.42	281.25	272.39	290.86
26	332.42	322.96	345.71	300.58	285.42	281.25	272.39	290.86
27	332.42	322.96	345.71	300.58	285.42	281.25	272.39	290.86
28	340.19	330.51	353.79	307.61	292.09	287.82	278.76	297.66
29	347.51	337.62	361.40	314.22	298.38	294.01	284.75	304.07
30	356.19	346.06	370.44	322.08	305.83	301.36	291.87	311.67
31	365.34	354.95	379.95	330.35	313.69	309.10	299.36	319.67
32	373.57	362.94	388.51	337.79	320.75	316.06	306.11	326.87
33	382.26	371.38	397.54	345.65	328.21	323.41	313.22	334.47
34	391.40	380.27	407.05	353.91	336.06	331.15	320.72	342.47
35	400.55	389.15	416.56	362.18	343.92	338.89	328.21	350.48
36	409.69	398.04	426.07	370.45	351.77	346.63	335.71	358.48
37	418.84	406.92	435.59	378.72	359.62	354.36	343.20	366.48
38	423.87	411.81	440.82	383.27	363.94	358.62	347.32	370.88
39	428.90	416.69	446.05	387.82	368.26	362.87	351.44	375.28
40	445.82	433.13	463.64	403.11	382.78	377.19	365.30	390.08
41	463.19	450.01	481.71	418.83	397.70	391.89	379.54	405.29
42	481.48	467.78	500.73	435.36	413.41	407.36	394.53	421.29
43	500.23	486.00	520.23	452.32	429.50	423.22	409.89	437.70
44	519.89	505.10	540.68	470.09	446.38	439.86	426.00	454.90
45	540.01	524.64	561.60	488.29	463.66	456.88	442.49	472.50
46	561.04	545.08	583.47	507.30	481.72	474.68	459.72	490.91
47	582.99	566.40	606.30	527.15	500.56	493.25	477.71	510.11
48	605.85	588.61	630.08	547.82	520.19	512.59	496.44	530.12
49	629.63	611.72	654.80	569.32	540.61	532.71	515.92	550.92
50	654.32	635.70	680.48	591.65	561.81	553.60	536.15	572.52
51	679.93	660.58	707.11	614.80	583.79	575.26	557.14	594.93
52	706.45	686.35	734.69	638.78	606.57	597.70	578.87	618.13
53	733.88	713.00	763.23	663.59	630.12	620.91	601.35	642.14
54	762.69	740.99	793.18	689.64	654.85	645.28	624.95	667.35
55	792.41	769.86	824.09	716.51	680.37	670.43	649.30	693.35
56	823.50	800.07	856.43	744.63	707.07	696.73	674.78	720.56
57	855.51	831.17	889.72	773.57	734.55	723.81	701.01	748.56
58	888.89	863.60	924.43	803.75	763.21	752.06	728.36	777.77
59	923.64	897.36	960.57	835.17	793.05	781.46	756.84	808.18
60	959.76	932.45	998.14	867.83	824.07	812.02	786.43	839.78
61	997.25	968.88	1,037.13	901.74	856.26	843.74	817.16	872.58
62	997.25	968.88	1,037.13	901.74	856.26	843.74	817.16	872.58
63	997.25	968.88	1,037.13	901.74	856.26	843.74	817.16	872.58
64+	997.25	968.88	1,037.13	901.74	856.26	843.74	817.16	872.58

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Rates Effective January 1, 2021
Appendix I-B

	94506DC0350026	94506DC0350024	94506DC0350010	94506DC0350008	94506DC0350011	94506DC0350009	94506DC0350027	94506DC0350012
Age	KP DC Gold DHMO Plus 1500/20/Vision	KP DC Gold HMO Plus 0/20/Vision	KP DC Silver 2000/30/HSA/Vision	KP DC Silver 2000/40/Vision	KP DC Silver 2500/30/HSA/Vision	KP DC Silver 2500/40/Vision	KP DC Silver DHMO Plus 2000/40/Vision	KP DC Bronze 6500/55/Vision
20 and Under	263.13	281.21	222.64	227.44	213.77	224.87	236.54	203.84
21	292.50	312.60	247.49	252.83	237.63	249.97	262.94	226.59
22	292.50	312.60	247.49	252.83	237.63	249.97	262.94	226.59
23	292.50	312.60	247.49	252.83	237.63	249.97	262.94	226.59
24	292.50	312.60	247.49	252.83	237.63	249.97	262.94	226.59
25	292.50	312.60	247.49	252.83	237.63	249.97	262.94	226.59
26	292.50	312.60	247.49	252.83	237.63	249.97	262.94	226.59
27	292.50	312.60	247.49	252.83	237.63	249.97	262.94	226.59
28	299.34	319.91	253.28	258.74	243.18	255.82	269.09	231.89
29	305.78	326.79	258.72	264.30	248.41	261.32	274.87	236.87
30	313.42	334.96	265.19	270.91	254.62	267.85	281.75	242.80
31	321.47	343.56	272.00	277.86	261.16	274.73	288.98	249.03
32	328.71	351.30	278.13	284.12	267.04	280.92	295.49	254.64
33	336.36	359.47	284.60	290.73	273.25	287.45	302.36	260.56
34	344.40	368.07	291.41	297.69	279.79	294.33	309.59	266.80
35	352.45	376.67	298.21	304.64	286.33	301.21	316.83	273.03
36	360.50	385.27	305.02	311.60	292.87	308.08	324.06	279.26
37	368.55	393.87	311.83	318.55	299.40	314.96	331.30	285.50
38	372.97	398.60	315.58	322.38	303.00	318.74	335.27	288.92
39	377.40	403.33	319.32	326.20	306.59	322.53	339.25	292.35
40	392.28	419.24	331.92	339.07	318.69	335.25	352.63	303.88
41	407.57	435.58	344.85	352.29	331.11	348.31	366.38	315.73
42	423.67	452.77	358.47	366.20	344.18	362.07	380.84	328.20
43	440.16	470.40	372.43	380.46	357.58	376.16	395.67	340.97
44	457.46	488.89	387.07	395.41	371.64	390.95	411.23	354.38
45	475.17	507.81	402.04	410.71	386.02	406.08	427.14	368.09
46	493.67	527.59	417.70	426.71	401.06	421.90	443.78	382.43
47	512.99	548.23	434.04	443.40	416.74	438.40	461.14	397.39
48	533.10	569.73	451.07	460.79	433.09	455.59	479.22	412.97
49	554.02	592.09	468.77	478.87	450.08	473.47	498.03	429.18
50	575.75	615.31	487.15	497.65	467.73	492.04	517.56	446.01
51	598.28	639.39	506.22	517.13	486.04	511.30	537.81	463.46
52	621.62	664.33	525.96	537.30	505.00	531.24	558.79	481.54
53	645.76	690.13	546.39	558.16	524.61	551.87	580.49	500.24
54	671.11	717.22	567.83	580.07	545.20	573.53	603.28	519.88
55	697.26	745.16	589.96	602.68	566.45	595.88	626.78	540.14
56	724.62	774.40	613.11	626.33	588.67	619.26	651.38	561.33
57	752.78	804.50	636.94	650.67	611.55	643.33	676.70	583.15
58	782.15	835.89	661.79	676.06	635.41	668.43	703.10	605.90
59	812.73	868.57	687.66	702.49	660.25	694.56	730.59	629.59
60	844.52	902.54	714.56	729.96	686.08	721.73	759.16	654.21
61	877.50	937.80	742.47	758.48	712.88	749.91	788.81	679.77
62	877.50	937.80	742.47	758.48	712.88	749.91	788.81	679.77
63	877.50	937.80	742.47	758.48	712.88	749.91	788.81	679.77
64+	877.50	937.80	742.47	758.48	712.88	749.91	788.81	679.77

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Rates Effective January 1, 2021
Appendix I-C

	94506DC0350015	94506DC0350014	94506DC0360004	94506DC0360005	94506DC0360003	94506DC0360002	94506DC0360001	94506DC0350016
Age	KP DC Bronze 7000/0%/HSA/Vision	7000/50/20%/HSA/Vision	KP DC Platinum 0/10/POS/Vision	KP DC Platinum 500/10/POS/Vision	KP DC Gold 1000/20/POS/Vision	KP DC Silver 2500/40/POS/Vision	KP DC Bronze 6500/55/POS/Vision	KP DC Platinum 0/10/Vision/Sel
20 and Under	196.04	188.72	318.60	310.78	275.87	238.28	214.94	313.99
21	217.93	209.79	354.16	345.47	306.66	264.88	238.93	349.04
22	217.93	209.79	354.16	345.47	306.66	264.88	238.93	349.04
23	217.93	209.79	354.16	345.47	306.66	264.88	238.93	349.04
24	217.93	209.79	354.16	345.47	306.66	264.88	238.93	349.04
25	217.93	209.79	354.16	345.47	306.66	264.88	238.93	349.04
26	217.93	209.79	354.16	345.47	306.66	264.88	238.93	349.04
27	217.93	209.79	354.16	345.47	306.66	264.88	238.93	349.04
28	223.02	214.70	362.45	353.55	313.83	271.07	244.51	357.20
29	227.82	219.31	370.24	361.15	320.58	276.90	249.77	364.88
30	233.51	224.80	379.50	370.18	328.59	283.82	256.02	374.00
31	239.51	230.57	389.24	379.69	337.03	291.11	262.59	383.61
32	244.90	235.76	398.01	388.24	344.62	297.67	268.51	392.25
33	250.60	241.24	407.26	397.27	352.64	304.59	274.75	401.37
34	256.60	247.02	417.01	406.77	361.07	311.88	281.32	410.97
35	262.59	252.79	426.75	416.28	369.51	319.16	287.90	420.57
36	268.59	258.56	436.49	425.78	377.95	326.45	294.47	430.18
37	274.58	264.33	446.24	435.28	386.38	333.74	301.04	439.78
38	277.88	267.50	451.60	440.51	391.02	337.74	304.66	445.06
39	281.18	270.68	456.95	445.74	395.66	341.75	308.27	450.34
40	292.27	281.36	474.98	463.32	411.27	355.23	320.43	468.10
41	303.66	292.32	493.49	481.38	427.30	369.08	332.92	486.35
42	315.65	303.86	512.98	500.39	444.17	383.65	346.07	505.55
43	327.94	315.70	532.95	519.87	461.46	398.59	359.54	525.24
44	340.83	328.10	553.90	540.30	479.60	414.26	373.67	545.88
45	354.02	340.80	575.33	561.21	498.16	430.29	388.13	567.01
46	367.81	354.08	597.74	583.07	517.57	447.05	403.25	589.09
47	382.20	367.93	621.13	605.88	537.81	464.53	419.03	612.14
48	397.18	382.36	645.48	629.64	558.90	482.75	435.46	636.14
49	412.77	397.36	670.82	654.35	580.84	501.70	452.55	661.11
50	428.96	412.94	697.12	680.01	603.62	521.37	470.30	687.03
51	445.75	429.10	724.40	706.62	627.24	541.77	488.70	713.92
52	463.13	445.84	752.66	734.19	651.70	562.91	507.76	741.77
53	481.12	463.15	781.89	762.70	677.01	584.77	527.48	770.57
54	500.00	481.33	812.58	792.64	703.59	607.72	548.19	800.82
55	519.49	500.09	844.25	823.52	731.00	631.40	569.55	832.03
56	539.87	519.71	877.37	855.84	759.69	656.18	591.90	864.67
57	560.85	539.91	911.47	889.10	789.21	681.68	614.90	898.28
58	582.74	560.98	947.04	923.79	820.01	708.28	638.89	933.33
59	605.52	582.91	984.06	959.91	852.06	735.97	663.87	969.82
60	629.20	605.71	1,022.55	997.45	885.39	764.75	689.83	1,007.75
61	653.78	629.37	1,062.48	1,036.41	919.98	794.63	716.78	1,047.11
62	653.78	629.37	1,062.48	1,036.41	919.98	794.63	716.78	1,047.11
63	653.78	629.37	1,062.48	1,036.41	919.98	794.63	716.78	1,047.11
64+	653.78	629.37	1,062.48	1,036.41	919.98	794.63	716.78	1,047.11

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Rates Effective January 1, 2021
Appendix I-D

	94506DC0350017	94506DC0350018	94506DC0350019	94506DC0350028	94506DC0350020	94506DC0350022
Age	KP DC Platinum 500/10/Vision/Sel	KP DC Gold 0/20/Vision/Sel	KP DC Gold 1000/20/Vision/Sel	KP DC Gold 1500/20/Vision/Sel	KP DC Gold 1700/0%/HSA/Vision/Sel	KP DC Gold 500/20/Vision/Sel
20 and Under	305.05	283.91	269.59	265.66	257.29	274.74
21	339.10	315.60	299.68	295.31	286.01	305.41
22	339.10	315.60	299.68	295.31	286.01	305.41
23	339.10	315.60	299.68	295.31	286.01	305.41
24	339.10	315.60	299.68	295.31	286.01	305.41
25	339.10	315.60	299.68	295.31	286.01	305.41
26	339.10	315.60	299.68	295.31	286.01	305.41
27	339.10	315.60	299.68	295.31	286.01	305.41
28	347.03	322.98	306.69	302.22	292.69	312.55
29	354.50	329.93	313.29	308.72	298.99	319.27
30	363.36	338.17	321.12	316.44	306.46	327.25
31	372.69	346.86	329.36	324.56	314.33	335.65
32	381.08	354.67	336.78	331.87	321.41	343.22
33	389.95	362.92	344.62	339.59	328.89	351.20
34	399.27	371.60	352.86	347.71	336.75	359.60
35	408.60	380.28	361.11	355.84	344.62	368.00
36	417.93	388.96	369.35	363.96	352.49	376.40
37	427.26	397.65	377.59	372.09	360.36	384.80
38	432.39	402.42	382.13	376.56	364.69	389.43
39	437.52	407.20	386.66	381.02	369.01	394.05
40	454.78	423.26	401.92	396.05	383.57	409.59
41	472.51	439.76	417.58	411.49	398.52	425.55
42	491.16	457.12	434.07	427.74	414.26	442.36
43	510.29	474.92	450.97	444.39	430.39	459.58
44	530.35	493.59	468.70	461.86	447.30	477.64
45	550.87	512.69	486.83	479.73	464.61	496.13
46	572.33	532.66	505.80	498.42	482.71	515.45
47	594.71	553.49	525.58	517.92	501.59	535.62
48	618.04	575.20	546.19	538.23	521.26	556.62
49	642.29	597.77	567.63	559.35	541.72	578.47
50	667.48	621.21	589.89	581.28	562.96	601.15
51	693.60	645.52	612.97	604.03	584.99	624.68
52	720.65	670.70	636.88	627.59	607.81	649.04
53	748.64	696.75	661.62	651.97	631.42	674.25
54	778.03	724.10	687.59	677.56	656.20	700.71
55	808.35	752.32	714.38	703.96	681.77	728.02
56	840.06	781.84	742.41	731.58	708.52	756.59
57	872.71	812.22	771.27	760.02	736.06	785.99
58	906.76	843.91	801.36	789.67	764.78	816.66
59	942.21	876.91	832.69	820.54	794.68	848.59
60	979.06	911.20	865.25	852.63	825.76	881.77
61	1,017.30	946.80	899.04	885.93	858.02	916.22
62	1,017.30	946.80	899.04	885.93	858.02	916.22
63	1,017.30	946.80	899.04	885.93	858.02	916.22
64+	1,017.30	946.80	899.04	885.93	858.02	916.22

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group**

**Rates Effective April 1, 2021
Appendix II-A**

	94506DC0350001	94506DC0350002	94506DC0350023	94506DC0350004	94506DC0350005	94506DC0350025	94506DC0350006	94506DC0350021
Age	KP DC Platinum 0/10/Vision	KP DC Platinum 500/10/Vision	KP DC Platinum HMO Plus 0/10/Vision	KP DC Gold 0/20/Vision	KP DC Gold 1000/20/Vision	KP DC Gold 1500/20/Vision	KP DC Gold 1700/0%/HSA/Vision	KP DC Gold 500/20/Vision
20 and Under	300.75	292.19	312.77	271.94	258.22	254.45	246.43	263.15
21	334.31	324.80	347.68	302.29	287.05	282.85	273.94	292.52
22	334.31	324.80	347.68	302.29	287.05	282.85	273.94	292.52
23	334.31	324.80	347.68	302.29	287.05	282.85	273.94	292.52
24	334.31	324.80	347.68	302.29	287.05	282.85	273.94	292.52
25	334.31	324.80	347.68	302.29	287.05	282.85	273.94	292.52
26	334.31	324.80	347.68	302.29	287.05	282.85	273.94	292.52
27	334.31	324.80	347.68	302.29	287.05	282.85	273.94	292.52
28	342.13	332.40	355.81	309.36	293.76	289.47	280.35	299.36
29	349.49	339.55	363.46	316.02	300.08	295.69	286.37	305.80
30	358.23	348.04	372.55	323.92	307.58	303.08	293.53	313.45
31	367.42	356.97	382.12	332.23	315.48	310.86	301.07	321.49
32	375.70	365.01	390.72	339.72	322.58	317.87	307.85	328.74
33	384.44	373.50	399.81	347.62	330.09	325.26	315.01	336.38
34	393.64	382.44	409.38	355.93	337.98	333.04	322.55	344.43
35	402.83	391.37	418.94	364.25	345.88	340.82	330.08	352.48
36	412.03	400.31	428.51	372.57	353.78	348.60	337.62	360.52
37	421.23	409.24	438.07	380.88	361.67	356.39	345.16	368.57
38	426.29	414.16	443.33	385.46	366.02	360.67	349.30	373.00
39	431.34	419.07	448.59	390.03	370.36	364.95	353.45	377.42
40	448.36	435.60	466.29	405.42	384.97	379.34	367.39	392.31
41	465.83	452.58	484.46	421.22	399.97	394.13	381.71	407.60
42	484.23	470.45	503.59	437.85	415.77	409.69	396.78	423.70
43	503.08	488.77	523.20	454.90	431.95	425.64	412.23	440.19
44	522.86	507.98	543.76	472.78	448.93	442.37	428.43	457.49
45	543.09	527.64	564.81	491.07	466.31	459.49	445.01	475.20
46	564.24	548.19	586.80	510.20	484.47	477.39	462.34	493.71
47	586.32	569.64	609.76	530.16	503.42	496.06	480.43	513.02
48	609.31	591.97	633.67	550.95	523.16	515.51	499.27	533.14
49	633.22	615.21	658.54	572.57	543.69	535.75	518.87	554.06
50	658.05	639.33	684.37	595.02	565.01	556.76	539.21	575.79
51	683.81	664.35	711.15	618.31	587.13	578.54	560.31	598.32
52	710.48	690.26	738.89	642.43	610.03	601.11	582.17	621.66
53	738.07	717.07	767.58	667.38	633.72	624.45	604.78	645.80
54	767.04	745.22	797.71	693.57	658.59	648.96	628.52	671.15
55	796.93	774.26	828.80	720.60	684.26	674.25	653.01	697.31
56	828.20	804.64	861.32	748.87	711.11	700.71	678.63	724.67
57	860.39	835.91	894.79	777.98	738.74	727.94	705.01	752.83
58	893.96	868.53	929.70	808.34	767.57	756.35	732.52	782.21
59	928.91	902.48	966.05	839.94	797.58	785.92	761.15	812.79
60	965.24	937.78	1,003.83	872.79	828.77	816.65	790.92	844.57
61	1,002.93	974.40	1,043.04	906.87	861.14	848.55	821.82	877.56
62	1,002.93	974.40	1,043.04	906.87	861.14	848.55	821.82	877.56
63	1,002.93	974.40	1,043.04	906.87	861.14	848.55	821.82	877.56
64+	1,002.93	974.40	1,043.04	906.87	861.14	848.55	821.82	877.56

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Rates Effective April 1, 2021
Appendix II-B

	94506DC0350026	94506DC0350024	94506DC0350010	94506DC0350008	94506DC0350011	94506DC0350009	94506DC0350027	94506DC0350012
Age	KP DC Gold DHMO Plus 1500/20/Vision	KP DC Gold HMO Plus 0/20/Vision	KP DC Silver 2000/30/HSA/Vision	KP DC Silver 2000/40/Vision	KP DC Silver 2500/30/HSA/Vision	KP DC Silver 2500/40/Vision	KP DC Silver DHMO Plus 2000/40/Vision	KP DC Bronze 6500/55/Vision
20 and Under	264.63	282.82	223.91	228.74	214.99	226.16	237.89	205.00
21	294.17	314.38	248.90	254.27	238.98	251.40	264.44	227.88
22	294.17	314.38	248.90	254.27	238.98	251.40	264.44	227.88
23	294.17	314.38	248.90	254.27	238.98	251.40	264.44	227.88
24	294.17	314.38	248.90	254.27	238.98	251.40	264.44	227.88
25	294.17	314.38	248.90	254.27	238.98	251.40	264.44	227.88
26	294.17	314.38	248.90	254.27	238.98	251.40	264.44	227.88
27	294.17	314.38	248.90	254.27	238.98	251.40	264.44	227.88
28	301.05	321.73	254.72	260.21	244.57	257.28	270.62	233.21
29	307.52	328.65	260.20	265.81	249.83	262.81	276.44	238.23
30	315.21	336.87	266.71	272.45	256.08	269.38	283.35	244.18
31	323.31	345.52	273.55	279.45	262.65	276.30	290.63	250.45
32	330.59	353.30	279.72	285.75	268.57	282.52	297.18	256.09
33	338.28	361.52	286.22	292.39	274.81	289.09	304.09	262.05
34	346.37	370.17	293.07	299.39	281.39	296.01	311.36	268.32
35	354.46	378.82	299.92	306.38	287.96	302.93	318.64	274.59
36	362.56	387.47	306.76	313.38	294.54	309.84	325.91	280.86
37	370.65	396.11	313.61	320.37	301.11	316.76	333.19	287.13
38	375.10	400.87	317.38	324.22	304.73	320.56	337.19	290.57
39	379.55	405.63	321.14	328.07	308.34	324.37	341.19	294.02
40	394.52	421.63	333.81	341.01	320.51	337.16	354.65	305.62
41	409.90	438.06	346.82	354.30	333.00	350.30	368.47	317.53
42	426.08	455.36	360.52	368.29	346.15	364.13	383.02	330.07
43	442.67	473.09	374.55	382.63	359.62	378.31	397.93	342.92
44	460.07	491.68	389.27	397.67	373.76	393.18	413.57	356.40
45	477.88	510.71	404.34	413.05	388.22	408.40	429.58	370.19
46	496.49	530.60	420.09	429.14	403.34	424.30	446.31	384.61
47	515.91	551.36	436.52	445.93	419.12	440.90	463.77	399.66
48	536.14	572.98	453.64	463.42	435.56	458.19	481.96	415.33
49	557.19	595.47	471.44	481.61	452.65	476.17	500.87	431.63
50	579.04	618.82	489.93	500.49	470.40	494.85	520.51	448.55
51	601.70	643.04	509.10	520.08	488.81	514.21	540.88	466.11
52	625.17	668.12	528.96	540.36	507.88	534.27	561.98	484.29
53	649.44	694.06	549.50	561.35	527.60	555.02	583.80	503.10
54	674.94	721.31	571.07	583.38	548.31	576.80	606.72	522.84
55	701.24	749.42	593.33	606.12	569.68	599.28	630.36	543.22
56	728.75	778.82	616.61	629.90	592.03	622.80	655.10	564.53
57	757.08	809.09	640.57	654.38	615.04	647.00	680.56	586.48
58	786.62	840.66	665.57	679.91	639.04	672.25	707.11	609.36
59	817.37	873.53	691.59	706.49	664.02	698.53	734.75	633.18
60	849.33	907.69	718.63	734.12	689.99	725.85	763.49	657.94
61	882.51	943.14	746.70	762.80	716.94	754.20	793.32	683.64
62	882.51	943.14	746.70	762.80	716.94	754.20	793.32	683.64
63	882.51	943.14	746.70	762.80	716.94	754.20	793.32	683.64
64+	882.51	943.14	746.70	762.80	716.94	754.20	793.32	683.64

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Rates Effective April 1, 2021
Appendix II-C

	94506DC0350015	94506DC0350014	94506DC0360004	94506DC0360005	94506DC0360003	94506DC0360002	94506DC0360001	94506DC0350016
Age	KP DC Bronze 7000/0%/HSA/Vision	7000/50/20%/HSA/Vision	KP DC Platinum 0/10/POS/Vision	KP DC Platinum 500/10/POS/Vision	KP DC Gold 1000/20/POS/Vision	KP DC Silver 2500/40/POS/Vision	KP DC Bronze 6500/55/POS/Vision	KP DC Platinum 0/10/Vision/Sel
20 and Under	197.16	189.80	320.42	312.56	277.44	239.64	216.16	315.78
21	219.17	210.99	356.19	347.44	308.41	266.39	240.29	351.03
22	219.17	210.99	356.19	347.44	308.41	266.39	240.29	351.03
23	219.17	210.99	356.19	347.44	308.41	266.39	240.29	351.03
24	219.17	210.99	356.19	347.44	308.41	266.39	240.29	351.03
25	219.17	210.99	356.19	347.44	308.41	266.39	240.29	351.03
26	219.17	210.99	356.19	347.44	308.41	266.39	240.29	351.03
27	219.17	210.99	356.19	347.44	308.41	266.39	240.29	351.03
28	224.30	215.92	364.51	355.57	315.62	272.62	245.91	359.24
29	229.12	220.56	372.35	363.21	322.41	278.48	251.20	366.96
30	234.85	226.08	381.66	372.29	330.47	285.44	257.48	376.14
31	240.88	231.88	391.46	381.85	338.95	292.77	264.09	385.79
32	246.30	237.11	400.28	390.46	346.59	299.36	270.04	394.49
33	252.03	242.62	409.59	399.54	354.65	306.33	276.32	403.66
34	258.06	248.43	419.39	409.09	363.13	313.66	282.93	413.32
35	264.09	254.23	429.19	418.65	371.62	320.98	289.54	422.97
36	270.12	260.03	438.98	428.21	380.10	328.31	296.15	432.63
37	276.15	265.84	448.78	437.77	388.59	335.64	302.76	442.29
38	279.46	269.03	454.17	443.03	393.25	339.67	306.40	447.60
39	282.78	272.22	459.56	448.28	397.92	343.70	310.03	452.91
40	293.94	282.96	477.69	465.97	413.62	357.26	322.26	470.78
41	305.39	293.99	496.31	484.13	429.74	371.18	334.82	489.12
42	317.45	305.60	515.90	503.24	446.70	385.84	348.04	508.44
43	329.81	317.50	535.99	522.84	464.10	400.86	361.59	528.23
44	342.77	329.98	557.06	543.39	482.34	416.62	375.81	549.00
45	356.04	342.75	578.62	564.42	501.00	432.74	390.35	570.24
46	369.91	356.10	601.15	586.40	520.52	449.60	405.55	592.45
47	384.38	370.03	624.67	609.34	540.88	467.18	421.42	615.63
48	399.45	384.54	649.17	633.24	562.09	485.51	437.94	639.77
49	415.13	399.63	674.64	658.09	584.15	504.56	455.13	664.88
50	431.41	415.30	701.10	683.89	607.06	524.35	472.98	690.95
51	448.29	431.55	728.54	710.66	630.82	544.87	491.49	717.99
52	465.77	448.38	756.95	738.38	655.42	566.12	510.66	746.00
53	483.86	465.80	786.35	767.05	680.87	588.10	530.49	774.97
54	502.86	484.08	817.22	797.16	707.60	611.19	551.31	805.39
55	522.45	502.95	849.06	828.22	735.17	635.00	572.80	836.77
56	542.95	522.68	882.38	860.72	764.02	659.92	595.27	869.61
57	564.05	543.00	916.67	894.18	793.72	685.57	618.41	903.41
58	586.06	564.18	952.44	929.06	824.69	712.32	642.54	938.65
59	608.97	586.24	989.68	965.38	856.93	740.17	667.66	975.35
60	632.79	609.16	1,028.38	1,003.14	890.44	769.11	693.77	1,013.50
61	657.51	632.96	1,068.56	1,042.32	925.23	799.16	720.87	1,053.09
62	657.51	632.96	1,068.56	1,042.32	925.23	799.16	720.87	1,053.09
63	657.51	632.96	1,068.56	1,042.32	925.23	799.16	720.87	1,053.09
64+	657.51	632.96	1,068.56	1,042.32	925.23	799.16	720.87	1,053.09

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

Market: District of Columbia Small Group

Rates Effective April 1, 2021

Appendix II-D

	94506DC0350017	94506DC0350018	94506DC0350019	94506DC0350028	94506DC0350020	94506DC0350022
Age	KP DC Platinum 500/10/Vision/Sel	KP DC Gold 0/20/Vision/Sel	KP DC Gold 1000/20/Vision/Sel	KP DC Gold 1500/20/Vision/Sel	1700/0%/HSA/Vision/Se l	KP DC Gold 500/20/Vision/Sel
20 and Under	306.79	285.53	271.13	267.18	258.76	276.31
21	341.04	317.40	301.40	297.00	287.64	307.15
22	341.04	317.40	301.40	297.00	287.64	307.15
23	341.04	317.40	301.40	297.00	287.64	307.15
24	341.04	317.40	301.40	297.00	287.64	307.15
25	341.04	317.40	301.40	297.00	287.64	307.15
26	341.04	317.40	301.40	297.00	287.64	307.15
27	341.04	317.40	301.40	297.00	287.64	307.15
28	349.01	324.82	308.44	303.94	294.36	314.33
29	356.52	331.81	315.08	310.48	300.69	321.09
30	365.43	340.10	322.95	318.24	308.21	329.12
31	374.81	348.83	331.24	326.41	316.12	337.57
32	383.26	356.69	338.71	333.77	323.25	345.17
33	392.17	364.99	346.58	341.53	330.76	353.20
34	401.55	373.72	354.88	349.70	338.68	361.65
35	410.94	382.45	363.17	357.87	346.59	370.10
36	420.32	391.18	371.46	366.04	354.50	378.55
37	429.70	399.92	379.75	374.21	362.42	387.00
38	434.86	404.72	384.31	378.70	366.77	391.65
39	440.02	409.52	388.87	383.20	371.12	396.30
40	457.38	425.67	404.21	398.31	385.76	411.93
41	475.20	442.26	419.96	413.84	400.79	427.98
42	493.97	459.73	436.55	430.18	416.62	444.88
43	513.20	477.63	453.54	446.93	432.84	462.20
44	533.37	496.40	471.37	464.50	449.85	480.37
45	554.01	515.61	489.61	482.47	467.26	498.96
46	575.59	535.70	508.68	501.26	485.46	518.39
47	598.11	556.65	528.58	520.87	504.45	538.67
48	621.56	578.48	549.31	541.30	524.24	559.80
49	645.96	601.18	570.87	562.54	544.81	581.77
50	671.29	624.76	593.25	584.60	566.18	604.58
51	697.56	649.21	616.47	607.48	588.33	628.24
52	724.77	674.53	640.52	631.17	611.28	652.75
53	752.91	700.73	665.39	655.69	635.02	678.10
54	782.47	728.23	691.51	681.42	659.94	704.71
55	812.96	756.61	718.46	707.98	685.66	732.17
56	844.86	786.30	746.65	735.76	712.57	760.90
57	877.69	816.86	775.67	764.35	740.26	790.48
58	911.94	848.73	805.93	794.18	769.14	821.32
59	947.59	881.91	837.44	825.22	799.21	853.43
60	984.65	916.40	870.19	857.50	830.47	886.81
61	1,023.12	952.20	904.19	891.00	862.91	921.45
62	1,023.12	952.20	904.19	891.00	862.91	921.45
63	1,023.12	952.20	904.19	891.00	862.91	921.45
64+	1,023.12	952.20	904.19	891.00	862.91	921.45

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group**

**Rates Effective July 1, 2021
Appendix III-A**

	94506DC0350001	94506DC0350002	94506DC0350023	94506DC0350004	94506DC0350005	94506DC0350025	94506DC0350006	94506DC0350021
Age	KP DC Platinum 0/10/Vision	KP DC Platinum 500/10/Vision	KP DC Platinum HMO Plus 0/10/Vision	KP DC Gold 0/20/Vision	KP DC Gold 1000/20/Vision	KP DC Gold 1500/20/Vision	KP DC Gold 1700/0%/HSA/Vision	KP DC Gold 500/20/Vision
20 and Under	302.46	293.86	314.56	273.49	259.70	255.90	247.84	264.65
21	336.22	326.66	349.67	304.02	288.69	284.47	275.50	294.19
22	336.22	326.66	349.67	304.02	288.69	284.47	275.50	294.19
23	336.22	326.66	349.67	304.02	288.69	284.47	275.50	294.19
24	336.22	326.66	349.67	304.02	288.69	284.47	275.50	294.19
25	336.22	326.66	349.67	304.02	288.69	284.47	275.50	294.19
26	336.22	326.66	349.67	304.02	288.69	284.47	275.50	294.19
27	336.22	326.66	349.67	304.02	288.69	284.47	275.50	294.19
28	344.08	334.30	357.84	311.13	295.44	291.12	281.95	301.07
29	351.48	341.48	365.54	317.82	301.79	297.38	288.01	307.55
30	360.27	350.02	374.68	325.76	309.33	304.81	295.21	315.23
31	369.52	359.01	384.30	334.13	317.28	312.64	302.79	323.33
32	377.85	367.10	392.95	341.66	324.42	319.68	309.61	330.61
33	386.63	375.63	402.09	349.60	331.97	327.12	316.81	338.30
34	395.88	384.62	411.71	357.96	339.91	334.94	324.39	346.39
35	405.13	393.61	421.33	366.33	347.85	342.77	331.97	354.49
36	414.38	402.59	430.95	374.69	355.79	350.59	339.55	362.58
37	423.63	411.58	440.57	383.06	363.74	358.42	347.13	370.67
38	428.72	416.52	445.86	387.66	368.10	362.72	351.30	375.13
39	433.81	421.46	451.15	392.26	372.47	367.03	355.46	379.58
40	450.92	438.09	468.95	407.73	387.16	381.51	369.49	394.55
41	468.49	455.16	487.22	423.62	402.25	396.37	383.89	409.93
42	486.99	473.14	506.46	440.35	418.14	412.03	399.04	426.11
43	505.95	491.56	526.18	457.49	434.42	428.07	414.58	442.70
44	525.84	510.88	546.87	475.47	451.49	444.89	430.88	460.11
45	546.19	530.65	568.03	493.87	468.97	462.11	447.55	477.91
46	567.46	551.32	590.15	513.11	487.23	480.11	464.98	496.53
47	589.66	572.89	613.24	533.18	506.29	498.89	483.17	515.95
48	612.79	595.35	637.29	554.09	526.15	518.46	502.12	536.18
49	636.83	618.72	662.30	575.84	546.80	538.80	521.83	557.23
50	661.81	642.98	688.27	598.42	568.24	559.93	542.29	579.08
51	687.71	668.14	715.21	621.84	590.48	581.84	563.51	601.74
52	714.53	694.20	743.10	646.09	613.51	604.54	585.49	625.21
53	742.28	721.16	771.96	671.18	637.33	628.02	608.23	649.49
54	771.42	749.47	802.26	697.53	662.35	652.67	632.10	674.98
55	801.48	778.68	833.52	724.71	688.16	678.10	656.74	701.29
56	832.93	809.23	866.23	753.15	715.16	704.71	682.51	728.80
57	865.30	840.68	899.90	782.42	742.96	732.10	709.03	757.13
58	899.06	873.48	935.01	812.95	771.95	760.66	736.70	786.67
59	934.21	907.63	971.56	844.73	802.13	790.40	765.50	817.43
60	970.74	943.13	1,009.56	877.77	833.50	821.31	795.44	849.39
61	1,008.66	979.97	1,049.00	912.06	866.06	853.40	826.50	882.57
62	1,008.66	979.97	1,049.00	912.06	866.06	853.40	826.50	882.57
63	1,008.66	979.97	1,049.00	912.06	866.06	853.40	826.50	882.57
64+	1,008.66	979.97	1,049.00	912.06	866.06	853.40	826.50	882.57

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

Market: District of Columbia Small Group

Rates Effective July 1, 2021

Appendix III-B

	94506DC0350026	94506DC0350024	94506DC0350010	94506DC0350008	94506DC0350011	94506DC0350009	94506DC0350027	94506DC0350012
Age	KP DC Gold DHMO Plus 1500/20/Vision	KP DC Gold HMO Plus 0/20/Vision	KP DC Silver 2000/30/HSA/Vision	KP DC Silver 2000/40/Vision	KP DC Silver 2500/30/HSA/Vision	KP DC Silver 2500/40/Vision	KP DC Silver DHMO Plus 2000/40/Vision	KP DC Bronze 6500/55/Vision
20 and Under	266.14	284.43	225.19	230.04	216.21	227.45	239.24	206.17
21	295.85	316.18	250.32	255.72	240.35	252.84	265.95	229.18
22	295.85	316.18	250.32	255.72	240.35	252.84	265.95	229.18
23	295.85	316.18	250.32	255.72	240.35	252.84	265.95	229.18
24	295.85	316.18	250.32	255.72	240.35	252.84	265.95	229.18
25	295.85	316.18	250.32	255.72	240.35	252.84	265.95	229.18
26	295.85	316.18	250.32	255.72	240.35	252.84	265.95	229.18
27	295.85	316.18	250.32	255.72	240.35	252.84	265.95	229.18
28	302.77	323.57	256.18	261.70	245.97	258.75	272.17	234.54
29	309.28	330.53	261.69	267.33	251.26	264.31	278.02	239.59
30	317.01	338.79	268.23	274.01	257.54	270.92	284.97	245.58
31	325.15	347.49	275.11	281.04	264.15	277.88	292.29	251.88
32	332.48	355.32	281.31	287.38	270.10	284.14	298.87	257.55
33	340.21	363.58	287.85	294.06	276.38	290.74	305.82	263.54
34	348.35	372.28	294.74	301.09	282.99	297.70	313.14	269.85
35	356.49	380.98	301.63	308.13	289.60	304.65	320.45	276.15
36	364.62	389.68	308.51	315.16	296.22	311.61	327.77	282.46
37	372.76	398.37	315.40	322.20	302.83	318.57	335.09	288.76
38	377.24	403.16	319.19	326.07	306.47	322.39	339.11	292.23
39	381.72	407.94	322.98	329.94	310.10	326.22	343.13	295.70
40	396.77	424.03	335.72	342.95	322.33	339.08	356.67	307.36
41	412.24	440.56	348.80	356.32	334.90	352.30	370.57	319.34
42	428.51	457.96	362.57	370.39	348.12	366.21	385.20	331.95
43	445.20	475.79	376.69	384.81	361.68	380.47	400.20	344.88
44	462.70	494.49	391.50	399.93	375.89	395.42	415.93	358.43
45	480.60	513.62	406.65	415.41	390.44	410.73	432.03	372.30
46	499.32	533.63	422.49	431.59	405.65	426.72	448.86	386.80
47	518.86	554.51	439.01	448.48	421.51	443.42	466.41	401.94
48	539.20	576.25	456.23	466.06	438.04	460.81	484.71	417.70
49	560.37	598.87	474.13	484.35	455.24	478.89	503.73	434.09
50	582.34	622.35	492.73	503.35	473.09	497.67	523.48	451.11
51	605.13	646.71	512.01	523.05	491.60	517.15	543.97	468.77
52	628.73	671.93	531.98	543.45	510.78	537.32	565.18	487.05
53	653.15	698.03	552.64	564.55	530.61	558.18	587.13	505.97
54	678.79	725.42	574.33	586.71	551.44	580.10	610.18	525.83
55	705.24	753.69	596.71	609.57	572.93	602.70	633.96	546.32
56	732.91	783.27	620.13	633.49	595.41	626.35	658.83	567.75
57	761.40	813.71	644.23	658.12	618.55	650.69	684.44	589.82
58	791.10	845.46	669.36	683.79	642.68	676.08	711.14	612.83
59	822.03	878.51	695.53	710.53	667.81	702.51	738.95	636.79
60	854.18	912.87	722.74	738.31	693.93	729.99	767.85	661.70
61	887.55	948.53	750.96	767.16	721.04	758.51	797.84	687.54
62	887.55	948.53	750.96	767.16	721.04	758.51	797.84	687.54
63	887.55	948.53	750.96	767.16	721.04	758.51	797.84	687.54
64+	887.55	948.53	750.96	767.16	721.04	758.51	797.84	687.54

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

Market: District of Columbia Small Group

Rates Effective July 1, 2021

Appendix III-C

	94506DC0350015	94506DC0350014	94506DC0360004	94506DC0360005	94506DC0360003	94506DC0360002	94506DC0360001	94506DC0350016
Age	KP DC Bronze 7000/0%/HSA/Vision	7000/50/20%/HSA/Vision	KP DC Platinum 0/10/POS/Vision	KP DC Platinum 500/10/POS/Vision	KP DC Gold 1000/20/POS/Vision	KP DC Silver 2500/40/POS/Vision	KP DC Bronze 6500/55/POS/Vision	KP DC Platinum 0/10/Vision/Sel
20 and Under	198.29	190.88	322.25	314.34	279.02	241.01	217.40	317.58
21	220.42	212.19	358.22	349.43	310.17	267.91	241.66	353.03
22	220.42	212.19	358.22	349.43	310.17	267.91	241.66	353.03
23	220.42	212.19	358.22	349.43	310.17	267.91	241.66	353.03
24	220.42	212.19	358.22	349.43	310.17	267.91	241.66	353.03
25	220.42	212.19	358.22	349.43	310.17	267.91	241.66	353.03
26	220.42	212.19	358.22	349.43	310.17	267.91	241.66	353.03
27	220.42	212.19	358.22	349.43	310.17	267.91	241.66	353.03
28	225.57	217.15	366.59	357.60	317.42	274.17	247.31	361.29
29	230.43	221.82	374.48	365.29	324.25	280.07	252.63	369.06
30	236.19	227.37	383.84	374.42	332.35	287.07	258.95	378.28
31	242.25	233.21	393.69	384.03	340.89	294.44	265.60	388.00
32	247.71	238.46	402.56	392.68	348.57	301.07	271.58	396.74
33	253.47	244.01	411.93	401.82	356.67	308.07	277.89	405.96
34	259.53	249.84	421.78	411.43	365.21	315.44	284.54	415.68
35	265.60	255.68	431.63	421.04	373.74	322.82	291.19	425.39
36	271.66	261.52	441.49	430.65	382.27	330.19	297.84	435.10
37	277.72	267.36	451.34	440.27	390.80	337.56	304.49	444.81
38	281.06	270.57	456.76	445.55	395.50	341.61	308.14	450.15
39	284.39	273.78	462.18	450.84	400.19	345.66	311.80	455.49
40	295.61	284.58	480.42	468.62	415.98	359.30	324.10	473.46
41	307.13	295.67	499.14	486.89	432.19	373.30	336.73	491.92
42	319.26	307.34	518.85	506.11	449.25	388.04	350.03	511.34
43	331.69	319.31	539.05	525.82	466.75	403.15	363.66	531.25
44	344.73	331.86	560.24	546.49	485.09	419.00	377.95	552.13
45	358.07	344.70	581.92	567.64	503.86	435.21	392.58	573.50
46	372.02	358.13	604.58	589.75	523.49	452.16	407.87	595.83
47	386.57	372.14	628.24	612.82	543.97	469.85	423.82	619.14
48	401.73	386.73	652.87	636.85	565.30	488.28	440.44	643.42
49	417.50	401.91	678.49	661.84	587.49	507.44	457.73	668.67
50	433.87	417.67	705.10	687.80	610.52	527.34	475.68	694.90
51	450.85	434.01	732.70	714.71	634.42	547.97	494.29	722.09
52	468.43	450.94	761.27	742.59	659.16	569.35	513.57	750.26
53	486.62	468.46	790.84	771.43	684.76	591.46	533.52	779.39
54	505.72	486.84	821.88	801.71	711.64	614.68	554.46	809.98
55	525.43	505.82	853.91	832.95	739.37	638.63	576.07	841.55
56	546.05	525.66	887.41	865.63	768.38	663.69	598.67	874.57
57	567.27	546.09	921.91	899.28	798.25	689.48	621.94	908.56
58	589.41	567.40	957.87	934.37	829.39	716.38	646.20	944.01
59	612.45	589.58	995.32	970.89	861.82	744.39	671.47	980.92
60	636.40	612.64	1,034.25	1,008.86	895.52	773.50	697.73	1,019.28
61	661.26	636.57	1,074.65	1,048.28	930.51	803.72	724.98	1,059.09
62	661.26	636.57	1,074.65	1,048.28	930.51	803.72	724.98	1,059.09
63	661.26	636.57	1,074.65	1,048.28	930.51	803.72	724.98	1,059.09
64+	661.26	636.57	1,074.65	1,048.28	930.51	803.72	724.98	1,059.09

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

Market: District of Columbia Small Group

Rates Effective July 1, 2021

Appendix III-D

	94506DC0350017	94506DC0350018	94506DC0350019	94506DC0350028	94506DC0350020	94506DC0350022
Age	KP DC Platinum 500/10/Vision/Sel	KP DC Gold 0/20/Vision/Sel	KP DC Gold 1000/20/Vision/Sel	KP DC Gold 1500/20/Vision/Sel	1700/0%/HSA/Vision/Se I	KP DC Gold 500/20/Vision/Sel
20 and Under	308.54	287.16	272.68	268.70	260.23	277.88
21	342.98	319.21	303.11	298.69	289.28	308.90
22	342.98	319.21	303.11	298.69	289.28	308.90
23	342.98	319.21	303.11	298.69	289.28	308.90
24	342.98	319.21	303.11	298.69	289.28	308.90
25	342.98	319.21	303.11	298.69	289.28	308.90
26	342.98	319.21	303.11	298.69	289.28	308.90
27	342.98	319.21	303.11	298.69	289.28	308.90
28	351.01	326.68	310.20	305.68	296.04	316.13
29	358.55	333.70	316.87	312.25	302.41	322.92
30	367.52	342.04	324.80	320.06	309.97	331.00
31	376.95	350.83	333.13	328.28	317.93	339.50
32	385.45	358.73	340.64	335.67	325.09	347.14
33	394.41	367.07	348.56	343.48	332.65	355.22
34	403.84	375.85	356.90	351.69	340.61	363.71
35	413.28	384.63	365.24	359.91	348.57	372.21
36	422.72	393.42	373.58	368.13	356.53	380.71
37	432.15	402.20	381.92	376.35	364.48	389.21
38	437.34	407.03	386.50	380.87	368.86	393.88
39	442.53	411.86	391.09	385.38	373.24	398.56
40	459.99	428.10	406.52	400.59	387.96	414.28
41	477.91	444.79	422.36	416.20	403.08	430.42
42	496.79	462.35	439.04	432.63	419.00	447.42
43	516.13	480.35	456.13	449.48	435.31	464.84
44	536.42	499.23	474.06	467.15	452.42	483.11
45	557.17	518.55	492.41	485.22	469.93	501.81
46	578.88	538.75	511.58	504.12	488.23	521.35
47	601.52	559.83	531.60	523.84	507.33	541.75
48	625.11	581.78	552.44	544.39	527.23	562.99
49	649.64	604.61	574.13	565.75	547.92	585.09
50	675.12	628.32	596.64	587.94	569.41	608.03
51	701.54	652.91	619.99	610.95	591.69	631.83
52	728.90	678.38	644.17	634.78	614.77	656.47
53	757.21	704.72	669.19	659.43	638.64	681.96
54	786.93	732.39	695.45	685.31	663.71	708.73
55	817.60	760.93	722.56	712.02	689.57	736.35
56	849.68	790.78	750.91	739.96	716.63	765.25
57	882.70	821.52	780.09	768.72	744.49	794.99
58	917.14	853.57	810.53	798.71	773.53	826.01
59	953.00	886.94	842.22	829.93	803.77	858.30
60	990.27	921.63	875.16	862.39	835.21	891.87
61	1,028.94	957.63	909.33	896.07	867.84	926.70
62	1,028.94	957.63	909.33	896.07	867.84	926.70
63	1,028.94	957.63	909.33	896.07	867.84	926.70
64+	1,028.94	957.63	909.33	896.07	867.84	926.70

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group**

**Rates Effective October 1, 2021
Appendix IV-A**

	94506DC0350001	94506DC0350002	94506DC0350023	94506DC0350004	94506DC0350005	94506DC0350025	94506DC0350006	94506DC0350021
Age	KP DC Platinum 0/10/Vision	KP DC Platinum 500/10/Vision	KP DC Platinum HMO Plus 0/10/Vision	KP DC Gold 0/20/Vision	KP DC Gold 1000/20/Vision	KP DC Gold 1500/20/Vision	KP DC Gold 1700/0%/HSA/Vision	KP DC Gold 500/20/Vision
20 and Under	304.19	295.53	316.35	275.05	261.18	257.36	249.25	266.16
21	338.14	328.52	351.66	305.75	290.33	286.09	277.08	295.87
22	338.14	328.52	351.66	305.75	290.33	286.09	277.08	295.87
23	338.14	328.52	351.66	305.75	290.33	286.09	277.08	295.87
24	338.14	328.52	351.66	305.75	290.33	286.09	277.08	295.87
25	338.14	328.52	351.66	305.75	290.33	286.09	277.08	295.87
26	338.14	328.52	351.66	305.75	290.33	286.09	277.08	295.87
27	338.14	328.52	351.66	305.75	290.33	286.09	277.08	295.87
28	346.05	336.20	359.89	312.90	297.12	292.78	283.55	302.79
29	353.49	343.43	367.62	319.63	303.51	299.08	289.65	309.30
30	362.33	352.02	376.82	327.62	311.10	306.55	296.89	317.03
31	371.63	361.06	386.49	336.04	319.09	314.42	304.52	325.17
32	380.00	369.19	395.20	343.61	326.28	321.51	311.38	332.50
33	388.84	377.78	404.39	351.60	333.86	328.98	318.62	340.23
34	398.14	386.81	414.06	360.01	341.85	336.85	326.24	348.37
35	407.44	395.85	423.74	368.42	349.84	344.72	333.86	356.51
36	416.75	404.89	433.41	376.83	357.82	352.59	341.48	364.65
37	426.05	413.93	443.08	385.24	365.81	360.46	349.11	372.79
38	431.17	418.90	448.41	389.87	370.21	364.79	353.30	377.27
39	436.28	423.87	453.73	394.49	374.60	369.12	357.49	381.74
40	453.49	440.59	471.62	410.06	389.37	383.68	371.59	396.80
41	471.17	457.76	490.01	426.04	404.55	398.64	386.08	412.27
42	489.77	475.84	509.35	442.86	420.52	414.38	401.32	428.55
43	508.84	494.36	529.19	460.10	436.90	430.51	416.95	445.23
44	528.84	513.79	549.99	478.19	454.07	447.43	433.34	462.73
45	549.31	533.68	571.27	496.69	471.64	464.75	450.10	480.64
46	570.70	554.46	593.52	516.04	490.01	482.85	467.64	499.36
47	593.03	576.15	616.74	536.23	509.18	501.74	485.93	518.89
48	616.28	598.75	640.92	557.25	529.15	521.41	504.99	539.24
49	640.47	622.25	666.08	579.12	549.92	541.88	524.80	560.41
50	665.58	646.65	692.20	601.83	571.48	563.13	545.38	582.38
51	691.63	671.95	719.29	625.39	593.85	585.16	566.73	605.17
52	718.61	698.16	747.34	649.78	617.01	607.99	588.83	628.78
53	746.52	725.28	776.37	675.01	640.97	631.60	611.70	653.20
54	775.82	753.75	806.84	701.51	666.13	656.39	635.71	678.83
55	806.05	783.12	838.28	728.85	692.09	681.97	660.48	705.29
56	837.68	813.85	871.17	757.45	719.24	708.73	686.40	732.96
57	870.24	845.48	905.03	786.89	747.20	736.28	713.08	761.45
58	904.19	878.47	940.35	817.59	776.35	765.00	740.90	791.16
59	939.54	912.81	977.11	849.55	806.70	794.91	769.87	822.09
60	976.28	948.51	1,015.32	882.78	838.25	826.00	799.97	854.24
61	1,014.42	985.56	1,054.98	917.25	870.99	858.27	831.23	887.61
62	1,014.42	985.56	1,054.98	917.25	870.99	858.27	831.23	887.61
63	1,014.42	985.56	1,054.98	917.25	870.99	858.27	831.23	887.61
64+	1,014.42	985.56	1,054.98	917.25	870.99	858.27	831.23	887.61

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

Market: District of Columbia Small Group

Rates Effective October 1, 2021

Appendix IV-B

	94506DC0350026	94506DC0350024	94506DC0350010	94506DC0350008	94506DC0350011	94506DC0350009	94506DC0350027	94506DC0350012
Age	KP DC Gold DHMO Plus 1500/20/Vision	KP DC Gold HMO Plus 0/20/Vision	KP DC Silver 2000/30/HSA/Vision	KP DC Silver 2000/40/Vision	KP DC Silver 2500/30/HSA/Vision	KP DC Silver 2500/40/Vision	KP DC Silver DHMO Plus 2000/40/Vision	KP DC Bronze 6500/55/Vision
20 and Under	267.66	286.05	226.47	231.35	217.45	228.75	240.61	207.35
21	297.54	317.98	251.75	257.18	241.72	254.28	267.47	230.49
22	297.54	317.98	251.75	257.18	241.72	254.28	267.47	230.49
23	297.54	317.98	251.75	257.18	241.72	254.28	267.47	230.49
24	297.54	317.98	251.75	257.18	241.72	254.28	267.47	230.49
25	297.54	317.98	251.75	257.18	241.72	254.28	267.47	230.49
26	297.54	317.98	251.75	257.18	241.72	254.28	267.47	230.49
27	297.54	317.98	251.75	257.18	241.72	254.28	267.47	230.49
28	304.50	325.42	257.64	263.19	247.37	260.22	273.72	235.88
29	311.04	332.42	263.18	268.85	252.69	265.82	279.61	240.95
30	318.82	340.73	269.76	275.57	259.01	272.47	286.60	246.98
31	327.01	349.47	276.68	282.65	265.66	279.46	293.95	253.32
32	334.37	357.35	282.92	289.02	271.64	285.76	300.58	259.02
33	342.15	365.66	289.50	295.74	277.96	292.40	307.57	265.05
34	350.33	374.40	296.42	302.81	284.61	299.40	314.92	271.39
35	358.52	383.15	303.35	309.89	291.26	306.39	322.28	277.73
36	366.70	391.90	310.27	316.96	297.91	313.39	329.64	284.07
37	374.89	400.65	317.20	324.04	304.56	320.38	337.00	290.41
38	379.39	405.46	321.01	327.93	308.21	324.23	341.05	293.90
39	383.89	410.27	324.82	331.82	311.87	328.08	345.09	297.39
40	399.04	426.45	337.63	344.91	324.17	341.02	358.71	309.12
41	414.59	443.07	350.79	358.35	336.81	354.31	372.69	321.16
42	430.96	460.57	364.64	372.50	350.11	368.30	387.40	333.85
43	447.74	478.50	378.84	387.01	363.74	382.64	402.49	346.85
44	465.34	497.31	393.73	402.22	378.04	397.68	418.31	360.48
45	483.35	516.56	408.97	417.78	392.67	413.07	434.49	374.43
46	502.17	536.68	424.90	434.05	407.96	429.16	451.42	389.01
47	521.82	557.67	441.52	451.03	423.92	445.95	469.08	404.23
48	542.28	579.54	458.83	468.72	440.54	463.44	487.47	420.08
49	563.56	602.28	476.84	487.12	457.83	481.62	506.60	436.57
50	585.66	625.90	495.54	506.22	475.79	500.51	526.47	453.69
51	608.58	650.40	514.93	526.03	494.41	520.10	547.07	471.44
52	632.32	675.77	535.02	546.55	513.69	540.38	568.41	489.83
53	656.88	702.01	555.79	567.77	533.64	561.37	590.48	508.85
54	682.66	729.56	577.61	590.06	554.59	583.41	613.66	528.83
55	709.26	757.99	600.12	613.05	576.20	606.14	637.58	549.44
56	737.09	787.74	623.67	637.11	598.81	629.92	662.59	570.99
57	765.74	818.35	647.91	661.87	622.08	654.41	688.35	593.19
58	795.62	850.28	673.18	687.70	646.35	679.94	715.20	616.33
59	826.72	883.52	699.50	714.58	671.62	706.52	743.16	640.43
60	859.06	918.08	726.86	742.53	697.89	734.15	772.23	665.47
61	892.62	953.94	755.25	771.53	725.15	762.83	802.40	691.47
62	892.62	953.94	755.25	771.53	725.15	762.83	802.40	691.47
63	892.62	953.94	755.25	771.53	725.15	762.83	802.40	691.47
64+	892.62	953.94	755.25	771.53	725.15	762.83	802.40	691.47

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

Market: District of Columbia Small Group

Rates Effective October 1, 2021

Appendix IV-C

	94506DC0350015	94506DC0350014	94506DC0360004	94506DC0360005	94506DC0360003	94506DC0360002	94506DC0360001	94506DC0350016
Age	KP DC Bronze 7000/0%/HSA/Vision	7000/50/20%/HSA/Vision	KP DC Platinum 0/10/POS/Vision	KP DC Platinum 500/10/POS/Vision	KP DC Gold 1000/20/POS/Vision	KP DC Silver 2500/40/POS/Vision	KP DC Bronze 6500/55/POS/Vision	KP DC Platinum 0/10/Vision/Sel
20 and Under	199.42	191.97	324.09	316.13	280.62	242.38	218.64	319.40
21	221.68	213.40	360.26	351.42	311.94	269.44	243.04	355.05
22	221.68	213.40	360.26	351.42	311.94	269.44	243.04	355.05
23	221.68	213.40	360.26	351.42	311.94	269.44	243.04	355.05
24	221.68	213.40	360.26	351.42	311.94	269.44	243.04	355.05
25	221.68	213.40	360.26	351.42	311.94	269.44	243.04	355.05
26	221.68	213.40	360.26	351.42	311.94	269.44	243.04	355.05
27	221.68	213.40	360.26	351.42	311.94	269.44	243.04	355.05
28	226.86	218.39	368.69	359.64	319.23	275.74	248.72	363.35
29	231.74	223.09	376.61	367.37	326.10	281.67	254.07	371.16
30	237.53	228.67	386.03	376.56	334.25	288.71	260.42	380.44
31	243.63	234.54	395.94	386.22	342.83	296.12	267.11	390.21
32	249.12	239.82	404.86	394.92	350.56	302.79	273.13	399.00
33	254.92	245.40	414.28	404.11	358.71	309.83	279.48	408.28
34	261.01	251.27	424.19	413.78	367.29	317.24	286.17	418.05
35	267.11	257.14	434.10	423.44	375.87	324.66	292.85	427.81
36	273.21	263.01	444.01	433.11	384.45	332.07	299.54	437.58
37	279.31	268.88	453.92	442.78	393.03	339.48	306.22	447.35
38	282.66	272.11	459.37	448.10	397.75	343.56	309.90	452.72
39	286.02	275.34	464.82	453.41	402.47	347.64	313.58	458.09
40	297.30	286.20	483.16	471.30	418.35	361.35	325.95	476.16
41	308.89	297.35	501.99	489.67	434.65	375.43	338.65	494.72
42	321.08	309.10	521.81	509.00	451.82	390.26	352.02	514.26
43	333.58	321.13	542.13	528.82	469.41	405.45	365.73	534.28
44	346.70	333.75	563.44	549.61	487.86	421.39	380.11	555.28
45	360.11	346.67	585.24	570.88	506.74	437.69	394.82	576.77
46	374.14	360.17	608.03	593.11	526.48	454.74	410.19	599.23
47	388.78	374.26	631.82	616.31	547.07	472.53	426.24	622.68
48	404.02	388.94	656.60	640.48	568.53	491.06	442.96	647.09
49	419.88	404.20	682.37	665.62	590.84	510.33	460.34	672.49
50	436.34	420.05	709.13	691.72	614.01	530.35	478.39	698.86
51	453.42	436.49	736.88	718.79	638.04	551.10	497.11	726.21
52	471.10	453.52	765.62	746.83	662.92	572.60	516.50	754.54
53	489.40	471.13	795.35	775.83	688.67	594.83	536.56	783.84
54	508.61	489.62	826.57	806.28	715.70	618.18	557.62	814.61
55	528.43	508.70	858.78	837.70	743.59	642.27	579.35	846.35
56	549.16	528.66	892.48	870.57	772.77	667.47	602.09	879.56
57	570.51	549.21	927.17	904.41	802.80	693.42	625.49	913.75
58	592.77	570.64	963.34	939.70	834.12	720.47	649.89	949.40
59	615.94	592.95	1,001.00	976.43	866.73	748.64	675.30	986.51
60	640.03	616.14	1,040.15	1,014.62	900.63	777.92	701.71	1,025.10
61	665.04	640.20	1,080.78	1,054.26	935.82	808.31	729.12	1,065.14
62	665.04	640.20	1,080.78	1,054.26	935.82	808.31	729.12	1,065.14
63	665.04	640.20	1,080.78	1,054.26	935.82	808.31	729.12	1,065.14
64+	665.04	640.20	1,080.78	1,054.26	935.82	808.31	729.12	1,065.14

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

Market: District of Columbia Small Group

Rates Effective October 1, 2021

Appendix IV-D

	94506DC0350017	94506DC0350018	94506DC0350019	94506DC0350028	94506DC0350020	94506DC0350022
Age	KP DC Platinum 500/10/Vision/Sel	KP DC Gold 0/20/Vision/Sel	KP DC Gold 1000/20/Vision/Sel	KP DC Gold 1500/20/Vision/Sel	1700/0%/HSA/Vision/Se l	KP DC Gold 500/20/Vision/Sel
20 and Under	310.31	288.80	274.23	270.23	261.72	279.47
21	344.94	321.03	304.84	300.40	290.93	310.67
22	344.94	321.03	304.84	300.40	290.93	310.67
23	344.94	321.03	304.84	300.40	290.93	310.67
24	344.94	321.03	304.84	300.40	290.93	310.67
25	344.94	321.03	304.84	300.40	290.93	310.67
26	344.94	321.03	304.84	300.40	290.93	310.67
27	344.94	321.03	304.84	300.40	290.93	310.67
28	353.01	328.54	311.97	307.42	297.73	317.93
29	360.60	335.61	318.68	314.03	304.14	324.77
30	369.61	344.00	326.65	321.88	311.74	332.89
31	379.10	352.83	335.04	330.15	319.74	341.43
32	387.64	360.78	342.58	337.59	326.95	349.12
33	396.66	369.17	350.55	345.44	334.55	357.24
34	406.15	378.00	358.94	353.70	342.55	365.79
35	415.64	386.83	367.32	361.97	350.56	374.34
36	425.13	395.66	375.71	370.23	358.56	382.88
37	434.62	404.49	384.10	378.49	366.56	391.43
38	439.84	409.35	388.71	383.04	370.97	396.13
39	445.06	414.21	393.32	387.58	375.37	400.83
40	462.61	430.55	408.84	402.87	390.17	416.64
41	480.64	447.33	424.77	418.57	405.38	432.88
42	499.62	464.99	441.54	435.10	421.39	449.97
43	519.07	483.10	458.73	452.04	437.80	467.49
44	539.48	502.08	476.77	469.81	455.00	485.87
45	560.35	521.51	495.22	487.99	472.61	504.67
46	582.18	541.83	514.50	507.00	491.02	524.33
47	604.95	563.02	534.63	526.83	510.23	544.84
48	628.68	585.10	555.60	547.49	530.24	566.21
49	653.35	608.06	577.40	568.98	551.05	588.43
50	678.97	631.91	600.04	591.29	572.66	611.50
51	705.54	656.64	623.53	614.43	595.07	635.43
52	733.06	682.25	647.85	638.40	618.28	660.22
53	761.53	708.75	673.01	663.19	642.29	685.86
54	791.42	736.57	699.42	689.22	667.50	712.78
55	822.26	765.27	726.68	716.08	693.51	740.55
56	854.53	795.30	755.19	744.18	720.72	769.61
57	887.74	826.21	784.54	773.10	748.73	799.52
58	922.38	858.44	815.16	803.27	777.95	830.72
59	958.44	892.00	847.02	834.67	808.36	863.20
60	995.92	926.89	880.15	867.31	839.97	896.95
61	1,034.82	963.09	914.52	901.19	872.79	932.00
62	1,034.82	963.09	914.52	901.19	872.79	932.00
63	1,034.82	963.09	914.52	901.19	872.79	932.00
64+	1,034.82	963.09	914.52	901.19	872.79	932.00



KAISER PERMANENTE

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

May 1, 2020

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 On-Exchange Rate Filing
Filing #2

Dear Mr. Tanhehco,

Attached is the small group on-exchange rate filing for Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (Kaiser) for a premium rate change effective January 1, 2021. 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.

The overall rate change is 0.0%

Sincerely,

Stephen Chuang
Senior Actuarial Analyst
Kaiser Foundation Health Plan, Inc.
Phone: 301-816-5854
Fax: 301-816-7124
Email: stephen.chuang@kp.org

Please provide Company specific inputs for any cells shaded in blue that currently has dummy variables.

Purpose, Scope, and Reason for Rate Increase

Insurance Company Name	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
HIOS ID	94506
SERFF Filing Number	KPMA-132346497
Date of Submission	5/1/2020
Proposed Effective Date	1/1/2021

	Average Annual Premium
Before Rate Change	\$5,383
After Rate Change	\$5,384

	Amount in SERFF's Rate Review Detail Sector Explanation for differences		
Proposed Overall Rate Change	0.02%	0.02%	XXX
Proposed Minimum Rate Change	-14.72%	-14.72%	XXX
Proposed Maximum Rate Change	2.02%	2.02%	XXX

If the difference between the maximum and minimum rate increase is greater than 10%, Provide a statement and clear delineation of contributing factors explaining why certain individual will receive a rate decrease as low as the minimum while others will face rate increases as high as the maximum

The rating methodology and model were updated which steepened the slope between metal tiers. The induced utilization factors also creates a larger spread between metal tiers, resulting in higher metal tier plans seeing a slight increase or hold, and Bronze plans receiving a large rate decrease.

Relationship of Proposed Rate Scale to Current Rate Scale:

Provide a detailed breakdown of the average rate change from the previous approved filing by using the chart below to itemize the drivers of the average rate change. The table should include the previous assumption, current assumption, and the resulting change. Include additional lines as necessary.

Source of Change	Previous filing Assumption	Current Filing Assumption	Relativity Current Filing / Previous filing	
Base Period Experience	400	422	1.055	e.g. previous filing experience period index rate compared to the current filing experience index rate
Base Period Utilization Factor	1	1	0.968	If applicable, the change in this factor is based on the average copay impact difference between previous filing and current filing.
Pricing Trend	1	1	0.942	The change in this factor is based on the change the trend assumption in previous filing and current filing (e.g. 1.075*2 / 1.08*2)
Morbidity Adjustment	1	1	0.998	The change in this factor is based on the change in the morbidity assumptions between previous filing and current filing.
Risk Adjustment Recoveries	1	1	0.999	The change in this factor is based on the change in the risk adjustment recoveries assumptions between previous filing and current filing.
Pent Up Demand	1	1	1.000	
Reinsurance Recoveries	1	1	1.000	
Reinsurance Premium	1	1	1.000	
Average Age Impact	1	1	1.008	
Additional EHB	1	1	0.993	
Exchange Fee	1	1	0.990	
Fixed Cost Adjustment	1	1	1.000	
SG&A	1	1	1.182	
Margin	1	1	0.905	
Taxes and Fees	1	1	1.033	
Benefit Design Changes	1	1	1.005	
Geography	1	1	1.000	
Forbacco	1	1	1.000	
Provider Networks Changes	1	1	1.000	
Other	1	1	0.946	
XXXXXX	XXXX	XXXX	1.000	
XXXXXX	XXXX	XXXX	1.000	
XXXXXX	XXXX	XXXX	1.000	
XXXXXX	XXXX	XXXX	1.000	
Total Rate Change			1.000	
If applicable, Provide an explanation for difference between the Calculated Rate change and the average rate change in cell B17			1.000	
XXXXXX				

Annual Rate Change Distribution

	Impacted # of Contracts	Impacted # of Members	Impacted # of Groups, if applicable
Reduction of 15.00% or more	0	0	0
Reduction of 10.01% to 14.99%	88	125	13
Reduction of 5.01% to 10.00%	111	162	32
Reduction of 0.01% to 5.00%	778	1,094	113
No Change	26	41	7
Increase of 0.01% to 5.00%	2,100	3,158	352
Increase of 5.01% to 10.00%	0	0	0
Increase of 10.01% to 14.99%	0	0	0
Increase of 15.00% or more	0	0	0
Total	3,103	4,581	517

History of Rate Changes

For Year	Average Annual Proposed Rate Change	Average Annual Approved Rate Change
2017	2.00%	2.00%
2018	5.00%	5.00%
2019	0.00%	0.00%
2020	3.00%	3.00%

Retention

	PMPM in effect during the experience period	PMPM from Most Recent Approved Rate Filing	Proposed PMPM for Effective Date	Proposed Change in PMPM Compared to Prior 12 months	Proposed Change in PMPM Compared to Most Recently Approved Filing
Dates	12/31/2019	12/31/2020	12/31/2021		
Commissions & Brokers Fees	\$18.43	\$18.09	\$20.51	11.27%	13.39%
Taxes, Licenses & Fees	\$8.77	\$12.51	\$9.39	7.01%	-24.95%
Exchange Fee	\$3.99	\$4.28	\$4.49	12.41%	4.72%
Reinsurance	\$0.00	\$0.00	\$0.00		
All Other Admin Expense	\$44.66	\$46.40	\$46.69	4.51%	0.64%
Profit/Risk Margin	-\$35.51	-\$156.78	-\$121.59	242.40%	-22.44%
Total	\$40.36	-\$75.50	-\$40.51	-200.37%	-46.34%
Variable	\$6.79	-\$110.36	-\$73.12	-1176.59%	-33.74%
Non-Variable	\$33.57	\$34.87	\$32.61	-2.88%	-6.48%
Total	\$40.36	-\$75.50	-\$40.51	-200.37%	-46.34%
Check	TRUE	TRUE	TRUE		

	As % of Premium during the experience period	As % of Premium from Most Recent Approved Rate Filing	Proposed As % of Premium for Effective Date	Proposed Change in % of Premium Compared to Prior 12 months	Proposed Change in % of Premium Compared to Most Recently Approved Filing
Commissions & Brokers Fees	0.91%	4.22%	0.90%	-0.26%	-78.57%
Taxes, Licenses & Fees	2.05%	2.92%	2.09%	2.12%	-28.33%
Exchange Fee	0.93%	1.00%	1.00%	7.28%	0.00%
Reinsurance	0.00%	0.00%	0.00%		
All Other Admin Expense	13.83%	10.83%	14.07%	1.75%	29.99%
Profit/Risk Margin	-8.29%	-36.59%	-27.10%	226.78%	-25.93%
Total	9.43%	-17.62%	-9.03%	-195.79%	-48.76%
Variable	-0.97%	-25.76%	-18.86%	1850.29%	-26.79%
Non-Variable	10.39%	8.13%	9.83%	-5.44%	20.80%
Total	9.43%	-17.62%	-9.03%	-195.79%	-48.76%
Check	TRUE	TRUE	TRUE		

Trend & Projection Assumptions

Historical Experience (ACA Only): Incurred or Allowed Basis? Allowed (1) Choose the option based on how pricing is developed (i.e., if allowed trends are used in projections, select "Allowed").

Monthly Trend Analysis Based on Experience Data Time Period used for Rate Development (ACA Only)	Month	Member Months	Monthly Allowed Claims \$ PMPM*	Rolling 12 Mo Trend	Annualized Rolling 6 Mo Trend	Annualized Rolling 3 Mo Trend	Average Benefit Factor	Average Age/Gender Factor	Other Factor	Normalized Monthly Allowed Claims \$ PMPM*	Normalized Rolling 12 Mo Trend	Normalized Annualized Rolling 6 Mo Trend	Normalized Annualized Rolling 3 Mo Trend
	Jan-2017	6,536	\$388.66				0.80	1.04	1.00	\$436.96			
	Feb-2017	6,446	\$338.88				0.80	1.04	1.00	\$410.57			
	Mar-2017	6,912	\$413.31				0.80	1.04	1.00	\$500.74			
	Apr-2017	6,666	\$375.24				0.80	1.04	1.00	\$454.62			
	May-2017	6,539	\$797.67				0.80	1.04	1.00	\$966.41			
	Jun-2017	6,467	\$428.22			322.15%	0.80	1.04	1.00	\$518.80			322.15%
	Jul-2017	6,534	\$373.71			302.78%	0.80	1.04	1.00	\$452.76			302.78%
	Aug-2017	6,567	\$404.23			-65.80%	0.80	1.04	1.00	\$489.74			-65.80%
	Sep-2017	6,534	\$464.99			-63.52%	0.80	1.04	1.00	\$563.35			-63.52%
	Oct-2017	6,464	\$477.43			-50.01%	0.80	1.04	1.00	\$578.42			-50.01%
	Nov-2017	6,412	\$552.51			135.67%	0.80	1.04	1.00	\$669.38			135.67%
	Dec-2017	6,399	\$435.76		-0.42%	93.41%	0.80	1.04	1.00	\$527.94		-0.42%	93.41%
	Jan-2018	7,218	\$521.41		10.15%	59.18%	0.85	1.03	1.00	\$598.93		7.88%	47.21%
	Feb-2018	7,343	\$398.38		4.16%	-32.06%	0.85	1.03	1.00	\$457.61		0.42%	-41.48%
	Mar-2018	7,429	\$378.90		-6.32%	-38.77%	0.85	1.03	1.00	\$435.23		-11.14%	-50.52%
	Apr-2018	7,392	\$419.15		-16.53%	-60.81%	0.85	1.03	1.00	\$481.47		-22.19%	-65.76%
	May-2018	7,308	\$431.35		-8.47%	-32.62%	0.85	1.03	1.00	\$495.48		-16.36%	-36.79%
	Jun-2018	7,184	\$390.86		-12.03%	-15.85%	0.85	1.03	1.00	\$448.97		-20.92%	-15.85%
	Jul-2018	7,145	\$340.20		-31.90%	-10.56%	0.85	1.03	1.00	\$390.78		-37.50%	-10.56%
	Aug-2018	7,100	\$392.89		-31.52%	-30.06%	0.85	1.03	1.00	\$451.30		-36.15%	-30.06%
	Sep-2018	7,082	\$460.65		-28.43%	-42.02%	0.85	1.03	1.00	\$402.79		-32.17%	-42.02%
	Oct-2018	7,067	\$440.19		-24.02%	7.13%	0.85	1.03	1.00	\$505.64		-26.72%	7.13%
	Nov-2018	6,968	\$431.96		-17.48%	39.90%	0.85	1.03	1.00	\$496.19		-18.82%	39.90%
	Dec-2018	6,919	\$385.79	-9.89%	-14.99%	81.91%	0.85	1.03	1.00	\$443.15	-14.57%	-14.99%	81.91%
	Jan-2019	7,086	\$425.04	-14.32%	5.69%	21.69%	0.88	1.02	1.00	\$470.75	-18.59%	4.36%	15.76%
	Feb-2019	7,108	\$375.07	-15.47%	4.62%	-11.35%	0.88	1.02	1.00	\$415.40	-19.59%	2.13%	-19.68%
	Mar-2019	7,170	\$452.67	-13.85%	14.56%	-7.88%	0.88	1.02	1.00	\$479.19	-17.99%	10.49%	-20.39%
	Apr-2019	7,144	\$456.65	-13.77%	14.23%	7.16%	0.88	1.02	1.00	\$505.97	-17.86%	8.73%	-2.64%
	May-2019	7,081	\$430.72	-8.01%	14.26%	53.55%	0.88	1.02	1.00	\$477.04	-12.16%	7.41%	46.46%
	Jun-2019	6,989	\$434.41	-6.47%	19.14%	32.26%	0.88	1.02	1.00	\$481.12	-10.60%	10.76%	32.26%
	Jul-2019	6,963	\$435.83	-3.90%	11.79%	11.90%	0.88	1.02	1.00	\$482.69	-8.08%	5.25%	11.90%
	Aug-2019	6,936	\$451.78	-2.52%	20.36%	0.80%	0.88	1.02	1.00	\$500.36	-6.66%	14.62%	0.80%
	Sep-2019	6,856	\$411.54	0.86%	10.77%	-6.72%	0.88	1.02	1.00	\$455.79	-3.26%	6.76%	-6.72%
	Oct-2019	6,817	\$467.09	2.02%	10.02%	9.37%	0.88	1.02	1.00	\$517.32	-2.01%	7.45%	9.37%
	Nov-2019	6,815	\$413.22	3.87%	8.68%	-8.87%	0.88	1.02	1.00	\$457.65	-0.01%	7.48%	-8.87%
	Dec-2019	6,762	\$410.12	5.35%	2.77%	-2.75%	0.88	1.02	1.00	\$454.22	1.58%	2.77%	-2.75%
Last Month in Experience Period													

If applicable, please provide an explanation for the Other normalization factor.

XXXXXXXX

The Department is requesting each carrier provide additional trend exhibits, in excel with working formulas, that are similar to the aggregate information provided above. These exhibits should provide the data by Service Category, Metal Tier, etc. that are used by the Company in the trend development. Please state where in the filing it is located.

Traditional insurance companies develop trend projections based on cost and utilization data by service categories. Kaiser is an integrated delivery system, not a traditional insurance company. As such, the the majority of Kaiser's medical expense is on a fixed, budgeted basis not depended on provider contracts or member utilization. A summary of trend factors is included in Exhibit 4 of filing exhibits.

Solvency

	Most Recent Quarterly Financial Statement	Most Recent Annual Financial Statement
Total Adjusted Capital	350,508,538	350,508,538
Authorized Control Level	94,570,943	94,570,943
RBC Ratio	370.63%	370.63%

Loss Ratio

Time Period	Period Beginning Date	Period Ending Date	Member Months	Incurred Claims	Earned Premium	Loss Ratio
Historical Year -4	1/1/2015	12/31/2015	46,573	13,909,714	13,041,115	106.7%
Historical Year -3	1/1/2016	12/31/2016	46,026	13,354,248	12,226,942	109.2%
Historical Year -2	1/1/2017	12/31/2017	42,685	18,550,459	14,903,557	124.5%
Historical Year -1	1/1/2018	12/31/2018	46,565	15,280,530	17,674,898	86.3%
Historical Year 0	1/1/2019	12/31/2019	51,109	16,608,443	21,805,257	75.9%
Historical Totals			232,937	77,681,394	79,731,769	97.4%
Interim Time Period						
Interim Time Period	1/1/2020	12/31/2020	54,972	16,625,413	24,352,351	76.5%
Future Year 1						
Future Year 1	1/1/2021	12/31/2021	63,962	22,239,934	26,698,784	77.5%

Expected Incurred Claims	A-to-E Claims Ratio
13,909,714	100.0%
13,354,248	100.0%
18,550,459	100.0%
15,412,725	99.9%
16,757,080	99.1%
77,984,227	98.6%
Interim Time Period	
16,625,413	100.0%
Future Year 1	
22,239,934	100.0%

Quality Improvement Expenses	Adjustments to Earned Premium	Adj Medical Loss Ratio
57,769	0	107.1%
134,025	0	110.3%
200,752	0	125.8%
181,167	0	87.4%
198,439	0	76.8%
772,152	0	98.4%
Interim Time Period		
218,200	0	77.4%
Future Year 1		
259,547	0	78.4%

Anticipated Pricing Loss Ratio (no adjustments) 93%

Anticipated LR using Federally-prescribed MLR methodology 97%

Note:

The historical time periods should represent calendar years since the inception date of the plan type through the most recent date available allowing for the appropriate amount of run-out.

The interim time period the time periods available in the current year.

The future year should represent the 12 months immediately following the rate effective date.

Consumer Adjusted Premium Rate Development

Section III of WS2 of the 2020 URRRT requires that the Issuer provide the Actuarial Value and cost-sharing design of the plan. The Department requires that the issuer provide the breakdown of this value between Cost Sharing Only and Induced Utilization for every plan in the URRRT. Please see the example below.

Actuarial value and cost-sharing design of the plan

Actuarial value and cost-sharing design of the plan (From the URRRT)	0.698
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Paid/Allowed Ratio (Cost-Sharing only)	0.907
Used induced utilization factors	0.990
Calculated	0.898

In the text box, please state where in the filing it is located.

xxxxxx

Risk Adjustment

	Actual Risk Adjustment Received	Assumed in Most Recent Approved Rate Filing	Assumed in Current Rate Filing	Proposed Change in PMPM Compared to Prior 12 months	Proposed Change in PMPM Compared to Most Recently Approved Filing
Time Period	12/31/2019	12/31/2020	12/31/2021		
Total Risk adjustment (Dollar amount)	(\$3,065,212)	(\$3,972,360)	(\$4,546,109)		
Membership Member Months	51,108	54,232	63,962	25.15%	17.94%
PMPM	(\$59.98)	(\$73.25)	(\$71.08)	18.51%	-2.97%
Premium	\$21,885,255	\$23,236,908	\$26,688,765	31.13%	23.51%
As a % of Premium	-14%	-17%	-16%	13.10%	-7.34%

If the actual risk adjustment payable/receivable was more than 20% different than what was estimated in the previous filing, please provide details on how the current risk adjustment estimate has addressed prior results.

xxxxxx

1	Unified Rate Review v5.2										To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P.					
2											To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.					
3	Company Legal Name:	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.								State:	DC	To validate, select the Validate button or Ctrl + Shift + I.				
4	HIOS Issuer ID:	94506								Market:	Small Group	To finalize, select the Finalize button or Ctrl + Shift + F.				
5	Effective Date of Rate Change(s):	1/1/2021														
6																
7																
8	Market Level Calculations (Same for all Plans)															
9																
10																
11	Section I: Experience Period Data															
12	Experience Period:	1/1/2019		to	12/31/2019									PMPM		
13	Allowed Claims			Total	\$35,917,871.94									\$702.78		
14	Reinsurance				\$0.00									\$0.00		
15	Incurred Claims in Experience Period				\$31,661,480.70									\$619.50		
16	Risk Adjustment				-\$5,025,544.26									-\$98.33		
17	Experience Period Premium				\$36,538,969.25									\$714.94		
18	Experience Period Member Months				51,108											
19																
20																
21	Section II: Projections															
22	Benefit Category	Experience Period Index Rate PMPM	Year 1 Trend			Year 2 Trend			Trended EHB Allowed Claims PMPM							
23			Cost	Utilization	1.000	Cost	Utilization	1.000								
24	Inpatient Hospital	\$47.10	1.031	1.000	1.031	1.000	1.000	\$50.07								
25	Outpatient Hospital	\$27.08	1.034	1.002	1.034	1.002	1.002	\$29.07								
26	Professional	\$249.72	1.010	1.009	1.010	1.009	1.009	\$259.35								
27	Other Medical	\$17.51	1.005	1.026	1.005	1.026	1.026	\$18.62								
28	Capitation	\$1.54	1.000	1.000	1.000	1.000	1.000	\$1.54								
29	Prescription Drug	\$79.04	1.016	1.007	1.016	1.007	1.007	\$82.74								
30	Total	\$421.99						\$441.37								
31																
32	Morbidity Adjustment							0.998								
33	Demographic Shift							1.005								
34	Plan Design Changes							1.004								
35	Other							1.000								
36	Adjusted Trended EHB Allowed Claims PMPM for	1/1/2021						\$444.46								
37																
38	Manual EHB Allowed Claims PMPM							\$0.00								
39	Applied Credibility %							100.00%								
40																
41																
42			1/1/2021			Projected Period Totals										
43	Projected Index Rate for							\$444.46								
44	Reinsurance							\$0.00								
45	Risk Adjustment Payment/Charge							-\$5,077,224.18								
46	Exchange User Fees							\$0.00								
47	Market Adjusted Index Rate							\$523.84								
48	Projected Member Months							63,961								
49																
50	Information Not Releasable to the Public Unless Authorized by Law: This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.															
51																

Rating Area Data Collection

*Specify the total number of Rating Areas
Select only the Rating Areas you are
To validate, select the Validate button
To finalize, select the Finalize button*

Rating Area	Rating Factor
Rating Area 1	1.0000

*Areas in your State by selecting the Create Rating Areas button or Ctrl + Shift + R.
re offering plans within and add a factor for each area.
tton or Ctrl + Shift + I.
on or Ctrl + Shift + F.*

Rate Filing Justification Part II (Plain Language Summary)

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

Name of Company Kaiser Foundation Health Plan of the Mid-Atlantic
SERFF tracking number KPMA-132346497
Submission Date May 1, 2020
Product Name Small Group
Market Type Individual Small Group
Rate Filing Type Rate Increase New Filing

Scope and Range of the Increase:

The 0.0% increase is requested because:

Primary factors affecting the rate change are:

- Claims experience of the single risk pool different than projected in the previous year.
- Increases in medical inflation.
- Changes in population morbidity and demographic make-up of the pool.
- Risk adjustment transfer payments into the district-wide risk adjustment pool.
- Benefit plan design adjustments, including those made to comply with Actuarial Value ("AV") requirements which results in varying rate changes by plan.

This filing will impact:

of policyholder's 3,103

of covered lives 4,581

The average, minimum and maximum rate changes increases are:

- Average Rate Change: The average premium change, by percentage, across all policy holders if the filing is approved 0.0%
- Minimum Rate Change: The smallest premium increase (or largest decrease), by percentage, that any one policy holder would experience if the filing is approved -14.7%
- Maximum Rate Change: The largest premium increase, by percentage, that any one policy holder would experience if the filing is approved 2.0 %

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

Individual increases vary from the average rate change primarily due to plan specific rate changes and recognition that a member is a year older.

Financial Experience of Product

The overall financial experience of the product includes:

For the 2019 experience period, Kaiser lost \$1.8 million dollars on \$21.9 million dollars of premium on the Small Group pool. This is equivalent to a margin of -8.3%. The estimated net medical expense and risk adjustment incurred is \$19.8 million dollars. Other estimated expenses for administration, taxes and fees are \$3.9 million.

20.

The rate increase will affect the projected financial experience of the product by:

The proposed rate change combined with anticipated changes in medical expense, administration, taxes and fees is expected to result in a margin of -11.1% for the projection period.

Components of Increase

The request is made up of the following components:

Trend Increases – 2.3 % of the 0.0% total filed increase

1. Medical Utilization Changes – Defined as the increase in total plan claim costs not attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts. Examples include changes in the mix of services utilized, or an increase/decrease in the frequency of service utilization.

This component is n/a % of the 0.0% total filed increase.

2. Medical Price Changes – Defined as the increase in total plan claim costs attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts.

This component is n/a % of the 0.0% total filed increase.

Other Increases – -2.3 % of the 0.0% total filed increase

1. Medical Benefit Changes Required by Law – Defined as any new mandated plan benefit changes, as mandated by either State or Federal Regulation.

This component is 0.0% of the 0.0% total filed increase.

2. Medical Benefit Changes Not Required by Law – Defined as changes in plan benefit design made by the company, which are not required by either State or Federal Regulation.

This component is -0.1 % of the 0.0% total filed increase.

3. Changes to Administration Costs – Defined as increases in the costs of providing insurance coverage. Examples include claims payment expenses, distribution costs, taxes, and general business expenses such as rent, salaries, and overhead.

This component is 1.4 % of the 0.0% total filed increase.

4. Changes to Profit Margin – Defined as increases to company surplus or changes as an additional margin to cover the risk of the company.

This component is -3.6 % of the 0.0% total filed increase.

5. Other – Defined as:

This component is 0.0% of the 0.0% total filed increase.

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

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

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
1	Purpose of Filing	State the purpose of the filing. Identify the applicable law. List the proposed changes to the base rates and rating factors, and provide a general summary.	Yes	Actuarial Memorandum
2	Form Numbers	Form numbers should be listed in the actuarial memorandum.	Yes	AM (Page 1)
3	HIOS Product ID	The HIOS product ID should be listed in the actuarial memorandum.	Yes	AM (Page 2)
4	Effective Date	The requested effective date of the rate change. For filings effective 1/1/2017 and later, follow filing due date requirements.	Yes	SERFF Rate Filing Submission Date
5	Market	Indicate whether the products are sold in the individual or small employer group market.	Yes	AM (Page 1)
6	Status of Forms	Indicate whether the forms are open to new sales, closed, or a mixture of both, and whether the forms are grandfathered, non-grandfathered, or a mixture of both.	Yes	AM (Page 1)
7	Benefits/Metal level(s)	Include a basic description of the benefits of the forms referenced in the filing and the metal level of each plan design.	Yes	KPIF AM (Exhibit 12) SG AM (Exhibit 12)

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
7.1	AV Value	Provide the actuarial value of each plan design using the AV calculator developed and made available by HHS.	Yes	KPIF URRT SG URRT
8	Average Rate Increase Requested	The weighted average rate increase being requested, incremental and year-over-year renewal. The weights should be based on premium volume. In the small group market, please also provide weighted average rate increase requested for 2016Q1 over 2015Q1; etc.	Yes	Rate/Rule Schedule (Overall % Rate Impact)
9	Maximum Rate Increase Requested	The maximum rate increase that could be applied to a policyholder based on changes to the base rate and rating factors, incremental and year-over-year renewal. (Does not include changes in the demographics of the covered members.)	Yes	Rate/Rule Schedule
10	Minimum Rate Increase Requested	The minimum rate increase that could be applied to a policyholder based on changes to the base rate and rating factors, incremental and year-over-year renewal. (Does not include changes in the demographics of the covered members.)	Yes	Rate/Rule Schedule
11	Absolute Maximum Premium Increase	The absolute maximum year-over-year renewal rate increase that could be applied to a policyholder, including demographic changes such as aging.	Yes	Supporting Documentation (Absolute Maximum Premium Increase Exh)
12	Average Renewal Rate Increase for a Year	Calculate the average renewal rate increase, weighted by written premium, for renewals in the year ending with the effective period of the rate filing. The calculation must be performed for each HIOS product ID.	Yes	Rate/Rule Schedule (Rate Review Detail)
13	Rate Change History	Rate change history of the forms referenced in the filing. If nationwide experience is used in developing the rates, provide separately the rate history for Maryland and the nationwide average rate history.	Yes	Unified Rate Review Template
14	Exposure	Current number of policies, certificates and covered lives.	Yes	DISB AM Dataset

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
15	Member Months	Number of members in force during each month of the base experience period used in the rate development and in each of the two preceding twelve-month periods.	Yes	DISB Actuarial Memorandum Dataset
16	Past Experience	Provide monthly earned premium and incurred claims for the base experience period used in the rate development and each of the two preceding twelve-month periods.	Yes	DISB Actuarial Memorandum Dataset
17	Index Rate	Provide the index rate.	Yes	AM (Exhibit 1)
17.1	Rate Development	Show base experience used to develop rates and all adjustments and assumptions applied to arrive at the requested rates. For less than fully credible blocks, disclose the source of the base experience data used in the rate development and discuss the appropriateness of the data for pricing the policies in the filing.	Yes	AM (Exhibits 1-13)
18	Credibility Assumption	If the experience of the policies included in the filing is not fully credible, state and provide support for the credibility formula used in the rate development.	N/A	N/A
19	Trend Assumption	Show trend assumptions by major types of service as defined by HHS in the Part I Preliminary Justification template, separately by unit cost, utilization, and in total. Provide the development of the trend assumptions.	Yes	Unified Rate Review Template and AM Exhibit 4
20	Cost-Sharing Changes	Disclose any changes in cost sharing for the plans between the base experience period for rating and the requested effective date. Show how the experience has been adjusted for cost-sharing changes in the rate development. Provide support for the estimated cost impact of the cost-sharing changes.	Yes	Unified Rate Review Template, worksheet 2; and AM Exhibit 12
21	Benefit Changes	Disclose any changes in covered benefits for the plans between the base experience period for rating and the requested effective date. Show how the experience has been adjusted for changes in covered benefits in the rate development. Provide support for the estimated cost impact of the benefit changes.	Yes	Unified Rate Review Template, worksheet 2; and AM Exhibit 12

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
22	Plan Relativities	For rate change filings, if the rate change is not uniform for all plan designs, provide support for all requested rate changes by plan design. Disclose the minimum, maximum, and average impact of the changes on policyholders. For initial filings, provide the derivation of any new plan factors.	Yes	AM (Exhibit 12)
23	Rating Factors	Provide the age and other rating factors used. Disclose any changes to rating factors, and the minimum, maximum, and average impact on policyholders. Provide support for any changes.	Yes	AM (Exhibit 1 and 6)
23.1	Wellness Programs	Describe any wellness programs (as defined in section 2705(j) of the PHS Act) included in this filing.	N/A	N/A
24	Distribution of Rate Increases	Anticipated distribution of rate increases due to changes in base rates, plan relativities, and rating factors. This need not include changes in demographics of the individual or group.	Yes	Unified Rate Review Template, worksheet 2
25	Claim Reserve Needs	Provide the claims for the base experience period separately for paid claims, and estimated incurred claims (including claim reserve). Indicate the incurred period used for the base period. Indicate the paid-through date of the paid claims, and provide a basic description of the reserving methodology for claims reserves and contract reserves, if any. Provide margins used, if any.	Yes	Actuarial Memorandum (Section 4)
26	Administrative Costs of Programs that Improve Health Care Quality	Show the amount of administrative costs included with claims in the numerator of the MLR calculation . Show that the amount is consistent with the most recently filed Supplemental Health Care Exhibit or provide support for the difference.	Yes	Actuarial Memorandum (Exhibit 14)

Number	Data Element	Requirement Description	Individual/and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
27	Taxes and Licensing or Regulatory Fees	Show the amount of taxes, licenses, and fees subtracted from premium in the denominator of your medical loss ratio calculation(c). Show that the amount is consistent with the most recently filed Supplemental Health Care Exhibit or provide support for the difference.	Yes	AM (Exhibit 11)
28	Medical Loss Ratio (MLR)	Demonstrate that the projected loss ratio, including the requested rate change, meets the minimum MLR. Show the premium, claims, and adjustments separately with the development of the projected premium and projected claims (if not provided in the rate development section). If the loss ratio falls below the minimum for the subset of policy forms in the filing, show that when combined with all other policy forms in the market segment in Maryland, the loss ratio meets the minimum.	Yes	Actuarial Memorandum (Exhibit 14)
29	Risk Adjustment	Provide rate information relating to the Risk Adjustment program. Information should include assumed Risk Adjustment user fees, Risk Adjustment PMPM excluding user fees and assumed distribution of enrollment by risk score, plan, and geographical area. Provide support for the assumptions, including any demographic changes. Provide information/study on the development of risk scores and Risk Adjustment PMPM. Provide previous year-end estimated risk adjustment payable or receivable amount and quantitative support for the amount.	Yes	AM (Exhibit 10)

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
29.1	Reinsurance	Provide information on the Reinsurance contribution assumption, consistent with the national contribution rate for the projection period. In individual filings, provide information on the Reinsurance recovery assumption, consistent with the company's continuation table used in pricing. Provide previous year-end estimated reinsurance payable amount and quantitative support for the amount.	N/A	N/A
29.2	Risk Corridor	Does the company assume Risk Corridor charges or payments? If so, provide support. Provide previous year-end estimated risk corridor payable or receivable amount and quantitative support for the amount.	N/A	N/A
30	Past and Prospective Loss Experience Within and Outside the State	Indicate whether loss experience within or outside the state was used in the development of proposed rates. Provide an explanation for using loss experience within or outside the state.	Yes	AM (Section 4)
31	A Reasonable Margin for Reserve Needs	Show the assumed Margin for Reserve Needs used in the development of proposed rates. Margin for Reserve Needs includes factors that reflect assumed contributions to the company's surplus or the assumed profit margin. Demonstrate how this assumption was derived, how the assumption has changed from prior filings, and provide support for changes. If the assumption for Qualified Health Plans exceeds 3% as assumed in the risk corridor formula, justify the excess in light of the company's surplus position.	Yes	AM (Exhibit 11)

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
32	Past and Prospective Expenses	<p>Indicate the expense assumptions used in the development of proposed rates. Demonstrate how this assumption was derived. Show how this assumption has changed from prior filings, and provide support for any change.</p> <p>Provide the assumed administrative costs in the following categories:</p> <ul style="list-style-type: none"> • Salaries, wages, employment taxes, and other employee benefits • Commissions • Taxes, licenses, and other regulatory fees • Cost containment programs / quality improvement activities • All other administrative expenses • Total 	Yes	AM (Exhibits 2 and 11)
33	Any Other Relevant Factors Within and Outside the State	Show any other relevant factors that have been considered in the development of the proposed rates. Demonstrate how any related assumptions were derived. Show how these assumptions have changed from prior filings, and provide support for any change.	Yes	AM (Exhibits 1-15)
34	Other	Any other information needed to support the requested rates or to comply with Actuarial Standard of Practice No. 8.	N/A	N/A
35	Actuarial Certification	Signed and dated certification by a qualified actuary that the anticipated loss ratio meets the minimum requirement, the rates are reasonable in relation to benefits, the filing complies with the laws and regulations of the District of Columbia and all applicable Actuarial Standards of Practice, including ASOP No. 8, and that the rates are not unfairly discriminatory.	Yes	Actuarial Memorandum

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
36	Part I Preliminary Justification (Grandfathered Plan Filings)	Rate Summary Worksheet --- Provide this document with all Grandfathered plan filings. Provide in Excel and PDF format.	N/A	N/A
36.1	Unified Rate Review Template (Non-Grandfathered Filings)	Unified Rate Review Template as specified in the proposed Federal Rate Review regulation. Provide this document with all Non-Grandfathered plan filings. Provide in Excel and PDF format.	Yes	Supporting Documentation
37	Part II Preliminary Justification	Written description justifying the rate increase as specified by 45 CFR § 154.215(f). Provide for <i>all</i> individual and small employer group filings (whether or not they are “subject to review” as defined by HHS).	Yes	Supporting Documentation
38	DISB Actuarial Memorandum Dataset	Summarizes data elements contained in Actuarial Memorandum. Provide this document with all Non-Grandfathered plan filings. Provide in Excel format only.	Yes	Supporting Documentation
39	District of Columbia Plain Language Summary	Similar to the Part II Preliminary Justification, this is a written description of the rate increase as specified by 45 CFR § 154.215, but as a simple and brief narrative describing the data and assumptions that were used to develop the proposed rates. Provide this document for all individual and small employer group filings.	Yes	Supporting Documentation

40	Additional Requirements for Stand-Alone Dental Plan Filings	Provide the following for stand-alone dental plan filings: <ul style="list-style-type: none"> • Identification of the level of coverage (i.e. low or high), including the actuarial value of the plan determined in accordance with the proposed rule; • Certification of the level of coverage by a member of the American Academy of Actuaries using generally accepted actuarial principles; and • Demonstration that the plan has a reasonable annual limitation on cost-sharing. 	N/A	N/A
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CERTIFYING SIGNATURE

The undersigned representative of the organization submitting this rate filing attests that all items contained in the above checklist have been included in the filing to the best of the company's ability.

Stephen Chuang

(Print Name)



(Signature)

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: 2021 DC Small Group

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)
04/28/2020		Rate	2021 DC SG Rate Sheets	05/04/2020	2021 DC SG Rate Tables v1.pdf (Superseded)
04/28/2020		Supporting Document	Absolute Maximum Premium Increase	05/04/2020	Absolute Maximum Premium Increase Exhibit 2021.xlsx (Superseded)
04/21/2020		Supporting Document	Actuarial Justification	05/04/2020	2021 DC Small Group Actuarial Memorandum and Exhibits v1.pdf (Superseded)
04/21/2020		Supporting Document	Actuarial Memorandum	05/04/2020	2021 DC Small Group Actuarial Memorandum and Exhibits v1.pdf (Superseded)
04/21/2020		Supporting Document	Actuarial Memorandum and Certifications	05/04/2020	2021 DC Small Group Actuarial Memorandum and Exhibits v1.pdf (Superseded)
04/21/2020		Supporting Document	DISB Actuarial Memorandum Dataset	05/04/2020	Kaiser Small Group DC Actuarial_Memo_Dataset_2021 v1.xlsx (Superseded) Kaiser Small Group DC Actuarial_Memo_Dataset_2021 v1.pdf (Superseded)
04/21/2020		Supporting Document	Unified Rate Review Template	05/04/2020	Unified-Rate-Review-Template-v5.1_0 2021 DC SG v1.xlsm (Superseded) Unified-Rate-Review-Template-v5.1_0 2021 DC SG v1.pdf (Superseded)
04/21/2020		Supporting Document	District of Columbia Plain Language Summary	05/04/2020	2021_DC_SG_Part_II_Justification_Plain_Language_Summary.pdf (Superseded)

SERFF Tracking #:

KPMA-132346497

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:

2021 DC Small Group

Project Name/Number:

/

Attachment Absolute Maximum Premium Increase Exhibit 2021.xlsx is not a PDF document and cannot be reproduced here.

Attachment Kaiser Small Group DC Actuarial_Memo_Dataset_2021 v1.xlsx is not a PDF document and cannot be reproduced here.

Attachment Unified-Rate-Review-Template-v5.1_0 2021 DC SG v1.xlsm is not a PDF document and cannot be reproduced here.

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group**

**Rates Effective January 1, 2021
Appendix I-A**

	94506DC0350001	94506DC0350002	94506DC0350023	94506DC0350004	94506DC0350005	94506DC0350025	94506DC0350006	94506DC0350021
Age	KP DC Platinum 0/10/Vision	KP DC Platinum 500/10/Vision	KP DC Platinum HMO Plus 0/10/Vision	KP DC Gold 0/20/Vision	KP DC Gold 1000/20/Vision	KP DC Gold 1500/20/Vision	KP DC Gold 1700/0%/HSA/Vision	KP DC Gold 500/20/Vision
20 and Under	290.00	281.75	301.59	262.22	248.99	245.36	237.62	253.74
21	322.36	313.20	335.26	291.49	276.79	272.74	264.14	282.06
22	322.36	313.20	335.26	291.49	276.79	272.74	264.14	282.06
23	322.36	313.20	335.26	291.49	276.79	272.74	264.14	282.06
24	322.36	313.20	335.26	291.49	276.79	272.74	264.14	282.06
25	322.36	313.20	335.26	291.49	276.79	272.74	264.14	282.06
26	322.36	313.20	335.26	291.49	276.79	272.74	264.14	282.06
27	322.36	313.20	335.26	291.49	276.79	272.74	264.14	282.06
28	329.90	320.52	343.10	298.31	283.26	279.12	270.32	288.66
29	337.00	327.41	350.48	304.72	289.35	285.12	276.13	294.86
30	345.42	335.60	359.24	312.34	296.58	292.25	283.03	302.24
31	354.29	344.21	368.46	320.36	304.20	299.76	290.30	310.00
32	362.27	351.97	376.76	327.57	311.05	306.51	296.84	316.98
33	370.70	360.15	385.53	335.19	318.29	313.64	303.74	324.35
34	379.57	368.77	394.75	343.21	325.90	321.14	311.01	332.11
35	388.43	377.39	403.97	351.23	333.51	328.64	318.28	339.87
36	397.30	386.00	413.19	359.25	341.13	336.15	325.54	347.63
37	406.17	394.62	422.42	367.27	348.74	343.65	332.81	355.39
38	411.05	399.36	427.49	371.68	352.93	347.78	336.81	359.66
39	415.93	404.10	432.56	376.09	357.12	351.90	340.80	363.93
40	432.33	420.04	449.63	390.92	371.21	365.78	354.25	378.28
41	449.18	436.41	467.15	406.16	385.67	380.04	368.05	393.02
42	466.92	453.64	485.60	422.20	400.90	395.05	382.59	408.54
43	485.10	471.30	504.50	438.64	416.51	410.43	397.48	424.45
44	504.17	489.83	524.33	455.88	432.88	426.56	413.11	441.13
45	523.68	508.78	544.62	473.52	449.64	443.07	429.09	458.20
46	544.07	528.60	565.84	491.96	467.15	460.32	445.80	476.05
47	565.36	549.28	587.97	511.21	485.42	478.33	463.24	494.67
48	587.53	570.82	611.03	531.26	504.46	497.09	481.41	514.07
49	610.59	593.22	635.01	552.11	524.26	516.60	500.30	534.25
50	634.53	616.48	659.91	573.76	544.82	536.86	519.92	555.20
51	659.36	640.61	685.74	596.21	566.14	557.87	540.27	576.93
52	685.08	665.59	712.48	619.46	588.22	579.63	561.34	599.43
53	711.69	691.44	740.15	643.52	611.06	602.14	583.14	622.71
54	739.62	718.58	769.21	668.78	635.05	625.77	606.03	647.15
55	768.44	746.59	799.18	694.84	659.80	650.16	629.65	672.37
56	798.60	775.88	830.54	722.11	685.68	675.67	654.36	698.75
57	829.63	806.04	862.82	750.17	712.34	701.93	679.79	725.91
58	862.00	837.49	896.48	779.44	740.13	729.32	706.31	754.23
59	895.70	870.23	931.53	809.91	769.06	757.83	733.93	783.72
60	930.73	904.26	967.96	841.59	799.14	787.47	762.63	814.37
61	967.08	939.59	1,005.78	874.47	830.36	818.22	792.42	846.18
62	967.08	939.59	1,005.78	874.47	830.36	818.22	792.42	846.18
63	967.08	939.59	1,005.78	874.47	830.36	818.22	792.42	846.18
64+	967.08	939.59	1,005.78	874.47	830.36	818.22	792.42	846.18

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Rates Effective January 1, 2021
Appendix I-B

	94506DC0350026	94506DC0350024	94506DC0350010	94506DC0350008	94506DC0350011	94506DC0350009	94506DC0350027	94506DC0350012
Age	KP DC Gold DHMO Plus 1500/20/Vision	KP DC Gold HMO Plus 0/20/Vision	KP DC Silver 2000/30/HSA/Vision	KP DC Silver 2000/40/Vision	KP DC Silver 2500/30/HSA/Vision	KP DC Silver 2500/40/Vision	KP DC Silver DHMO Plus 2000/40/Vision	KP DC Bronze 6500/55/Vision
20 and Under	255.17	272.70	215.91	220.56	207.30	218.07	229.39	197.67
21	283.65	303.14	240.01	245.18	230.43	242.41	254.99	219.73
22	283.65	303.14	240.01	245.18	230.43	242.41	254.99	219.73
23	283.65	303.14	240.01	245.18	230.43	242.41	254.99	219.73
24	283.65	303.14	240.01	245.18	230.43	242.41	254.99	219.73
25	283.65	303.14	240.01	245.18	230.43	242.41	254.99	219.73
26	283.65	303.14	240.01	245.18	230.43	242.41	254.99	219.73
27	283.65	303.14	240.01	245.18	230.43	242.41	254.99	219.73
28	290.28	310.23	245.62	250.91	235.82	248.08	260.95	224.87
29	296.53	316.90	250.90	256.31	240.89	253.42	266.57	229.71
30	303.94	324.82	257.18	262.71	246.92	259.75	273.23	235.45
31	311.74	333.16	263.78	269.46	253.26	266.42	280.24	241.50
32	318.77	340.67	269.72	275.53	258.96	272.42	286.56	246.94
33	326.18	348.59	276.00	281.94	264.98	278.76	293.22	252.68
34	333.98	356.93	282.60	288.68	271.32	285.43	300.24	258.72
35	341.79	365.27	289.20	295.43	277.66	292.10	307.25	264.77
36	349.59	373.61	295.80	302.17	284.00	298.77	314.27	270.81
37	357.39	381.95	302.41	308.91	290.34	305.44	321.28	276.86
38	361.68	386.54	306.04	312.62	293.83	309.10	325.14	280.18
39	365.98	391.12	309.67	316.33	297.31	312.77	329.00	283.51
40	380.41	406.55	321.88	328.81	309.04	325.11	341.98	294.69
41	395.24	422.40	334.43	341.63	321.09	337.78	355.30	306.18
42	410.85	439.08	347.64	355.12	333.76	351.12	369.33	318.27
43	426.84	456.17	361.17	368.94	346.76	364.79	383.71	330.66
44	443.62	474.10	375.37	383.45	360.39	379.13	398.80	343.66
45	460.79	492.45	389.89	398.28	374.34	393.80	414.23	356.96
46	478.73	511.63	405.08	413.80	388.92	409.14	430.36	370.86
47	497.46	531.65	420.93	429.99	404.13	425.14	447.20	385.37
48	516.97	552.49	437.43	446.85	419.98	441.81	464.74	400.48
49	537.26	574.18	454.60	464.38	436.46	459.15	482.97	416.20
50	558.33	596.69	472.43	482.60	453.58	477.16	501.91	432.52
51	580.18	620.04	490.91	501.48	471.33	495.83	521.56	449.44
52	602.81	644.23	510.06	521.04	489.71	515.17	541.90	466.97
53	626.22	669.25	529.87	541.28	508.73	535.18	562.94	485.11
54	650.80	695.52	550.67	562.52	528.70	556.19	585.04	504.15
55	676.16	722.62	572.13	584.44	549.30	577.86	607.84	523.80
56	702.69	750.97	594.58	607.38	570.85	600.53	631.69	544.35
57	730.00	780.16	617.69	630.98	593.04	623.87	656.24	565.51
58	758.48	810.60	641.79	655.60	616.18	648.22	681.85	587.57
59	788.14	842.29	666.88	681.23	640.27	673.56	708.50	610.54
60	818.96	875.23	692.96	707.87	665.31	699.90	736.21	634.42
61	850.95	909.42	720.03	735.53	691.29	727.23	764.97	659.19
62	850.95	909.42	720.03	735.53	691.29	727.23	764.97	659.19
63	850.95	909.42	720.03	735.53	691.29	727.23	764.97	659.19
64+	850.95	909.42	720.03	735.53	691.29	727.23	764.97	659.19

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Rates Effective January 1, 2021
Appendix I-C

	94506DC0350015	94506DC0350014	94506DC0360004	94506DC0360005	94506DC0360003	94506DC0360002	94506DC0360001	94506DC0350016
Age	KP DC Bronze 7000/0%/HSA/Vision	7000/50/20%/HSA/Vision	KP DC Platinum 0/10/POS/Vision	KP DC Platinum 500/10/POS/Vision	KP DC Gold 1000/20/POS/Vision	KP DC Silver 2500/40/POS/Vision	KP DC Bronze 6500/55/POS/Vision	KP DC Platinum 0/10/Vision/Sel
20 and Under	190.12	183.01	308.96	301.38	267.53	231.08	208.44	304.49
21	211.34	203.44	343.45	335.02	297.39	256.87	231.71	338.48
22	211.34	203.44	343.45	335.02	297.39	256.87	231.71	338.48
23	211.34	203.44	343.45	335.02	297.39	256.87	231.71	338.48
24	211.34	203.44	343.45	335.02	297.39	256.87	231.71	338.48
25	211.34	203.44	343.45	335.02	297.39	256.87	231.71	338.48
26	211.34	203.44	343.45	335.02	297.39	256.87	231.71	338.48
27	211.34	203.44	343.45	335.02	297.39	256.87	231.71	338.48
28	216.28	208.20	351.48	342.85	304.34	262.88	237.12	346.39
29	220.93	212.68	359.03	350.23	310.89	268.53	242.22	353.84
30	226.46	217.99	368.01	358.98	318.66	275.24	248.28	362.69
31	232.27	223.59	377.46	368.20	326.84	282.31	254.65	372.00
32	237.50	228.63	385.96	376.50	334.21	288.67	260.39	380.38
33	243.03	233.94	394.94	385.25	341.98	295.38	266.45	389.23
34	248.84	239.54	404.39	394.47	350.16	302.45	272.82	398.54
35	254.65	245.14	413.83	403.68	358.34	309.51	279.19	407.85
36	260.47	250.74	423.28	412.90	366.52	316.58	285.57	417.16
37	266.28	256.33	432.73	422.12	374.70	323.65	291.94	426.47
38	269.48	259.41	437.93	427.19	379.20	327.53	295.45	431.59
39	272.68	262.49	443.12	432.26	383.70	331.42	298.95	436.72
40	283.43	272.84	460.60	449.31	398.84	344.49	310.75	453.94
41	294.48	283.48	478.56	466.82	414.38	357.92	322.86	471.63
42	306.11	294.67	497.45	485.25	430.75	372.05	335.61	490.26
43	318.03	306.14	516.82	504.14	447.52	386.54	348.67	509.35
44	330.53	318.18	537.13	523.96	465.11	401.73	362.38	529.37
45	343.32	330.49	557.92	544.24	483.11	417.28	376.40	549.85
46	356.69	343.36	579.65	565.43	501.92	433.53	391.06	571.27
47	370.64	356.79	602.33	587.55	521.56	450.49	406.36	593.62
48	385.18	370.79	625.95	610.60	542.01	468.16	422.30	616.90
49	400.30	385.34	650.51	634.56	563.28	486.53	438.87	641.11
50	415.99	400.45	676.02	659.44	585.37	505.61	456.08	666.25
51	432.27	416.12	702.48	685.25	608.28	525.40	473.93	692.32
52	449.13	432.35	729.88	711.98	632.01	545.89	492.41	719.32
53	466.58	449.14	758.22	739.63	656.55	567.09	511.54	747.26
54	484.89	466.77	787.99	768.66	682.32	589.35	531.62	776.59
55	503.79	484.96	818.69	798.61	708.91	612.32	552.33	806.85
56	523.55	503.99	850.82	829.95	736.73	636.34	574.00	838.51
57	543.90	523.58	883.89	862.21	765.36	661.07	596.31	871.10
58	565.12	544.01	918.37	895.85	795.22	686.87	619.58	905.09
59	587.22	565.27	954.28	930.87	826.31	713.72	643.80	940.48
60	610.18	587.38	991.60	967.27	858.63	741.63	668.98	977.26
61	634.02	610.32	1,030.34	1,005.06	892.17	770.61	695.12	1,015.43
62	634.02	610.32	1,030.34	1,005.06	892.17	770.61	695.12	1,015.43
63	634.02	610.32	1,030.34	1,005.06	892.17	770.61	695.12	1,015.43
64+	634.02	610.32	1,030.34	1,005.06	892.17	770.61	695.12	1,015.43

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Rates Effective January 1, 2021
Appendix I-D

	94506DC0350017	94506DC0350018	94506DC0350019	94506DC0350028	94506DC0350020	94506DC0350022
Age	KP DC Platinum 500/10/Vision/Sel	KP DC Gold 0/20/Vision/Sel	KP DC Gold 1000/20/Vision/Sel	KP DC Gold 1500/20/Vision/Sel	KP DC Gold 1700/0%/HSA/Vision/Sel	KP DC Gold 500/20/Vision/Sel
20 and Under	295.83	275.33	261.44	257.63	249.50	266.43
21	328.85	306.06	290.62	286.38	277.35	296.17
22	328.85	306.06	290.62	286.38	277.35	296.17
23	328.85	306.06	290.62	286.38	277.35	296.17
24	328.85	306.06	290.62	286.38	277.35	296.17
25	328.85	306.06	290.62	286.38	277.35	296.17
26	328.85	306.06	290.62	286.38	277.35	296.17
27	328.85	306.06	290.62	286.38	277.35	296.17
28	336.54	313.22	297.42	293.08	283.84	303.09
29	343.78	319.96	303.82	299.38	289.94	309.61
30	352.37	327.95	311.41	306.87	297.19	317.35
31	361.42	336.37	319.41	314.75	304.82	325.50
32	369.56	343.95	326.60	321.84	311.69	332.83
33	378.16	351.95	334.20	329.32	318.94	340.57
34	387.20	360.37	342.19	337.20	326.57	348.72
35	396.25	368.79	350.19	345.08	334.20	356.87
36	405.30	377.21	358.18	352.96	341.83	365.02
37	414.34	385.63	366.18	360.83	349.46	373.16
38	419.32	390.26	370.58	365.17	353.65	377.65
39	424.30	394.89	374.97	369.50	357.85	382.13
40	441.03	410.47	389.77	384.08	371.97	397.20
41	458.22	426.47	404.96	399.05	386.46	412.68
42	476.31	443.31	420.95	414.80	401.72	428.98
43	494.86	460.57	437.34	430.95	417.36	445.68
44	514.31	478.67	454.53	447.89	433.77	463.20
45	534.21	497.19	472.12	465.22	450.56	481.12
46	555.02	516.56	490.50	483.35	468.10	499.86
47	576.73	536.77	509.69	502.25	486.42	519.41
48	599.35	557.82	529.68	521.95	505.49	539.78
49	622.87	579.71	550.47	542.43	525.33	560.97
50	647.30	602.44	572.06	563.71	545.93	582.97
51	672.63	626.02	594.44	585.77	567.30	605.78
52	698.87	650.44	617.63	608.61	589.42	629.41
53	726.01	675.70	641.61	632.25	612.31	653.85
54	754.50	702.22	666.80	657.07	636.35	679.52
55	783.91	729.58	692.78	682.67	661.15	706.00
56	814.67	758.21	719.97	709.46	687.09	733.70
57	846.33	787.68	747.95	737.03	713.79	762.22
58	879.35	818.41	777.13	765.79	741.64	791.95
59	913.73	850.41	807.51	795.73	770.64	822.92
60	949.46	883.67	839.09	826.85	800.78	855.10
61	986.55	918.18	871.86	859.14	832.05	888.50
62	986.55	918.18	871.86	859.14	832.05	888.50
63	986.55	918.18	871.86	859.14	832.05	888.50
64+	986.55	918.18	871.86	859.14	832.05	888.50

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group**

**Rates Effective April 1, 2021
Appendix II-A**

	94506DC0350001	94506DC0350002	94506DC0350023	94506DC0350004	94506DC0350005	94506DC0350025	94506DC0350006	94506DC0350021
Age	KP DC Platinum 0/10/Vision	KP DC Platinum 500/10/Vision	KP DC Platinum HMO Plus 0/10/Vision	KP DC Gold 0/20/Vision	KP DC Gold 1000/20/Vision	KP DC Gold 1500/20/Vision	KP DC Gold 1700/0%/HSA/Vision	KP DC Gold 500/20/Vision
20 and Under	291.65	283.35	303.32	263.72	250.41	246.76	238.97	255.19
21	324.20	314.98	337.17	293.15	278.37	274.30	265.65	283.67
22	324.20	314.98	337.17	293.15	278.37	274.30	265.65	283.67
23	324.20	314.98	337.17	293.15	278.37	274.30	265.65	283.67
24	324.20	314.98	337.17	293.15	278.37	274.30	265.65	283.67
25	324.20	314.98	337.17	293.15	278.37	274.30	265.65	283.67
26	324.20	314.98	337.17	293.15	278.37	274.30	265.65	283.67
27	324.20	314.98	337.17	293.15	278.37	274.30	265.65	283.67
28	331.79	322.35	345.06	300.01	284.88	280.71	271.86	290.30
29	338.92	329.28	352.48	306.46	291.00	286.75	277.71	296.55
30	347.39	337.51	361.29	314.12	298.28	293.92	284.65	303.96
31	356.31	346.18	370.56	322.19	305.93	301.47	291.96	311.77
32	364.34	353.98	378.91	329.44	312.83	308.26	298.53	318.79
33	372.81	362.21	387.73	337.11	320.10	315.43	305.48	326.20
34	381.73	370.87	397.00	345.17	327.76	322.97	312.78	334.01
35	390.65	379.54	406.28	353.23	335.42	330.52	320.09	341.81
36	399.57	388.20	415.55	361.30	343.08	338.06	327.40	349.61
37	408.49	396.87	424.83	369.36	350.73	345.61	334.71	357.42
38	413.39	401.64	429.93	373.80	354.95	349.76	338.73	361.71
39	418.30	406.40	435.03	378.24	359.16	353.91	342.75	366.00
40	434.80	422.43	452.19	393.16	373.32	367.87	356.27	380.44
41	451.75	438.90	469.82	408.48	387.87	382.21	370.15	395.27
42	469.58	456.23	488.37	424.61	403.19	397.30	384.77	410.87
43	487.87	473.99	507.38	441.14	418.89	412.77	399.75	426.87
44	507.04	492.62	527.32	458.48	435.35	428.99	415.46	443.65
45	526.66	511.68	547.73	476.22	452.20	445.60	431.54	460.82
46	547.18	531.61	569.07	494.77	469.81	462.95	448.35	478.77
47	568.58	552.41	591.33	514.13	488.19	481.06	465.89	497.50
48	590.88	574.07	614.52	534.29	507.34	499.93	484.16	517.01
49	614.07	596.60	638.63	555.26	527.25	519.55	503.16	537.30
50	638.15	620.00	663.68	577.03	547.93	539.92	522.89	558.37
51	663.12	644.26	689.65	599.61	569.37	561.05	543.35	580.22
52	688.99	669.39	716.55	623.00	591.58	582.93	564.55	602.85
53	715.75	695.39	744.38	647.19	614.55	605.57	586.47	626.26
54	743.84	722.68	773.59	672.60	638.67	629.34	609.49	650.84
55	772.83	750.85	803.74	698.81	663.56	653.87	633.24	676.21
56	803.15	780.31	835.28	726.23	689.60	679.52	658.09	702.74
57	834.37	810.64	867.74	754.45	716.40	705.94	683.67	730.05
58	866.92	842.26	901.60	783.89	744.35	733.48	710.34	758.54
59	900.81	875.19	936.85	814.54	773.45	762.15	738.11	788.19
60	936.04	909.42	973.49	846.39	803.70	791.96	766.98	819.02
61	972.60	944.94	1,011.51	879.45	835.10	822.90	796.94	851.01
62	972.60	944.94	1,011.51	879.45	835.10	822.90	796.94	851.01
63	972.60	944.94	1,011.51	879.45	835.10	822.90	796.94	851.01
64+	972.60	944.94	1,011.51	879.45	835.10	822.90	796.94	851.01

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

Market: District of Columbia Small Group

Rates Effective April 1, 2021

Appendix II-B

	94506DC0350026	94506DC0350024	94506DC0350010	94506DC0350008	94506DC0350011	94506DC0350009	94506DC0350027	94506DC0350012
Age	KP DC Gold DHMO Plus 1500/20/Vision	KP DC Gold HMO Plus 0/20/Vision	KP DC Silver 2000/30/HSA/Vision	KP DC Silver 2000/40/Vision	KP DC Silver 2500/30/HSA/Vision	KP DC Silver 2500/40/Vision	KP DC Silver DHMO Plus 2000/40/Vision	KP DC Bronze 6500/55/Vision
20 and Under	256.63	274.26	217.14	221.82	208.48	219.32	230.70	198.80
21	285.27	304.87	241.38	246.58	231.75	243.80	256.45	220.99
22	285.27	304.87	241.38	246.58	231.75	243.80	256.45	220.99
23	285.27	304.87	241.38	246.58	231.75	243.80	256.45	220.99
24	285.27	304.87	241.38	246.58	231.75	243.80	256.45	220.99
25	285.27	304.87	241.38	246.58	231.75	243.80	256.45	220.99
26	285.27	304.87	241.38	246.58	231.75	243.80	256.45	220.99
27	285.27	304.87	241.38	246.58	231.75	243.80	256.45	220.99
28	291.94	312.00	247.02	252.34	237.17	249.50	262.44	226.16
29	298.22	318.71	252.34	257.77	242.27	254.86	268.09	231.02
30	305.67	326.68	258.64	264.21	248.32	261.24	274.79	236.79
31	313.52	335.07	265.29	271.00	254.70	267.94	281.84	242.87
32	320.59	342.61	271.26	277.10	260.44	273.98	288.19	248.35
33	328.04	350.58	277.57	283.54	266.49	280.35	294.90	254.12
34	335.89	358.97	284.21	290.33	272.87	287.06	301.95	260.20
35	343.74	367.36	290.85	297.11	279.25	293.76	309.01	266.28
36	351.58	375.74	297.49	303.89	285.62	300.47	316.06	272.36
37	359.43	384.13	304.13	310.68	292.00	307.18	323.11	278.44
38	363.75	388.74	307.78	314.41	295.50	310.87	327.00	281.78
39	368.06	393.36	311.44	318.14	299.01	314.56	330.88	285.13
40	382.58	408.87	323.72	330.69	310.80	326.96	343.93	296.37
41	397.49	424.81	336.34	343.58	322.92	339.71	357.33	307.92
42	413.19	441.58	349.62	357.14	335.67	353.12	371.44	320.08
43	429.28	458.78	363.23	371.05	348.74	366.87	385.90	332.55
44	446.15	476.81	377.51	385.63	362.45	381.29	401.07	345.62
45	463.42	495.26	392.12	400.56	376.47	396.05	416.59	358.99
46	481.47	514.55	407.39	416.16	391.14	411.47	432.82	372.97
47	500.30	534.68	423.33	432.44	406.44	427.57	449.75	387.57
48	519.92	555.65	439.93	449.40	422.38	444.34	467.39	402.76
49	540.33	577.45	457.19	467.03	438.95	461.77	485.73	418.57
50	561.51	600.10	475.12	485.35	456.17	479.88	504.78	434.99
51	583.49	623.58	493.72	504.34	474.02	498.66	524.53	452.01
52	606.25	647.91	512.97	524.01	492.51	518.11	544.99	469.64
53	629.79	673.07	532.89	544.36	511.63	538.23	566.16	487.88
54	654.51	699.49	553.81	565.73	531.71	559.36	588.38	507.03
55	680.02	726.74	575.39	587.78	552.43	581.16	611.31	526.79
56	706.70	755.26	597.97	610.84	574.11	603.96	635.29	547.46
57	734.17	784.62	621.21	634.58	596.43	627.43	659.99	568.73
58	762.81	815.23	645.45	659.34	619.70	651.92	685.74	590.92
59	792.63	847.10	670.68	685.12	643.92	677.40	712.55	614.03
60	823.63	880.23	696.91	711.91	669.11	703.89	740.41	638.04
61	855.81	914.61	724.14	739.73	695.25	731.39	769.34	662.97
62	855.81	914.61	724.14	739.73	695.25	731.39	769.34	662.97
63	855.81	914.61	724.14	739.73	695.25	731.39	769.34	662.97
64+	855.81	914.61	724.14	739.73	695.25	731.39	769.34	662.97

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Rates Effective April 1, 2021
Appendix II-C

	94506DC0350015	94506DC0350014	94506DC0360004	94506DC0360005	94506DC0360003	94506DC0360002	94506DC0360001	94506DC0350016
Age	KP DC Bronze 7000/0%/HSA/Vision	7000/50/20%/HSA/Vision	KP DC Platinum 0/10/POS/Vision	KP DC Platinum 500/10/POS/Vision	KP DC Gold 1000/20/POS/Vision	KP DC Silver 2500/40/POS/Vision	KP DC Bronze 6500/55/POS/Vision	KP DC Platinum 0/10/Vision/Sel
20 and Under	191.20	184.06	310.72	303.10	269.05	232.39	209.63	306.23
21	212.55	204.60	345.40	336.93	299.09	258.33	233.03	340.41
22	212.55	204.60	345.40	336.93	299.09	258.33	233.03	340.41
23	212.55	204.60	345.40	336.93	299.09	258.33	233.03	340.41
24	212.55	204.60	345.40	336.93	299.09	258.33	233.03	340.41
25	212.55	204.60	345.40	336.93	299.09	258.33	233.03	340.41
26	212.55	204.60	345.40	336.93	299.09	258.33	233.03	340.41
27	212.55	204.60	345.40	336.93	299.09	258.33	233.03	340.41
28	217.52	209.39	353.48	344.81	306.08	264.38	238.48	348.37
29	222.19	213.89	361.08	352.23	312.66	270.06	243.60	355.86
30	227.75	219.24	370.11	361.03	320.48	276.81	249.70	364.76
31	233.60	224.87	379.61	370.30	328.71	283.92	256.11	374.12
32	238.86	229.93	388.16	378.64	336.11	290.32	261.88	382.55
33	244.41	235.28	397.19	387.45	343.93	297.07	267.97	391.45
34	250.26	240.91	406.69	396.72	352.16	304.17	274.38	400.81
35	256.11	246.54	416.20	405.99	360.39	311.28	280.79	410.18
36	261.95	252.17	425.70	415.26	368.61	318.39	287.20	419.54
37	267.80	257.79	435.20	424.53	376.84	325.49	293.61	428.91
38	271.02	260.89	440.43	429.62	381.37	329.40	297.13	434.06
39	274.23	263.99	445.65	434.72	385.89	333.31	300.66	439.21
40	285.05	274.40	463.23	451.87	401.11	346.46	312.52	456.53
41	296.16	285.09	481.29	469.48	416.75	359.96	324.70	474.33
42	307.86	296.35	500.29	488.02	433.20	374.18	337.52	493.06
43	319.84	307.89	519.77	507.02	450.07	388.75	350.66	512.25
44	332.41	319.99	540.20	526.95	467.76	404.02	364.45	532.39
45	345.28	332.37	561.10	547.34	485.86	419.66	378.55	552.99
46	358.73	345.32	582.96	568.66	504.79	436.01	393.29	574.53
47	372.76	358.83	605.77	590.91	524.53	453.06	408.68	597.00
48	387.38	372.90	629.52	614.08	545.10	470.83	424.71	620.42
49	402.58	387.54	654.23	638.18	566.50	489.31	441.37	644.76
50	418.37	402.73	679.88	663.21	588.71	508.50	458.68	670.05
51	434.74	418.49	706.49	689.16	611.75	528.39	476.63	696.27
52	451.70	434.82	734.04	716.04	635.61	549.00	495.22	723.43
53	469.24	451.70	762.55	743.85	660.30	570.33	514.46	751.52
54	487.66	469.43	792.48	773.04	686.21	592.71	534.65	781.02
55	506.66	487.73	823.37	803.17	712.95	615.81	555.48	811.46
56	526.54	506.86	855.67	834.68	740.93	639.97	577.28	843.30
57	547.01	526.57	888.93	867.13	769.73	664.85	599.72	876.07
58	568.35	547.11	923.61	900.96	799.76	690.79	623.12	910.26
59	590.57	568.50	959.72	936.18	831.03	717.79	647.48	945.84
60	613.66	590.73	997.26	972.79	863.53	745.86	672.80	982.83
61	637.64	613.80	1,036.20	1,010.79	897.26	774.99	699.08	1,021.23
62	637.64	613.80	1,036.20	1,010.79	897.26	774.99	699.08	1,021.23
63	637.64	613.80	1,036.20	1,010.79	897.26	774.99	699.08	1,021.23
64+	637.64	613.80	1,036.20	1,010.79	897.26	774.99	699.08	1,021.23

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

Market: District of Columbia Small Group

Rates Effective April 1, 2021

Appendix II-D

	94506DC0350017	94506DC0350018	94506DC0350019	94506DC0350028	94506DC0350020	94506DC0350022
Age	KP DC Platinum 500/10/Vision/Sel	KP DC Gold 0/20/Vision/Sel	KP DC Gold 1000/20/Vision/Sel	KP DC Gold 1500/20/Vision/Sel	1700/0%/HSA/Vision/Se l	KP DC Gold 500/20/Vision/Sel
20 and Under	297.52	276.90	262.93	259.10	250.93	267.95
21	330.73	307.81	292.28	288.02	278.94	297.86
22	330.73	307.81	292.28	288.02	278.94	297.86
23	330.73	307.81	292.28	288.02	278.94	297.86
24	330.73	307.81	292.28	288.02	278.94	297.86
25	330.73	307.81	292.28	288.02	278.94	297.86
26	330.73	307.81	292.28	288.02	278.94	297.86
27	330.73	307.81	292.28	288.02	278.94	297.86
28	338.46	315.01	299.12	294.75	285.46	304.82
29	345.74	321.78	305.55	301.09	291.60	311.38
30	354.38	329.83	313.19	308.62	298.89	319.16
31	363.48	338.29	321.23	316.54	306.56	327.36
32	371.67	345.91	328.47	323.67	313.47	334.73
33	380.31	353.96	336.11	331.20	320.76	342.52
34	389.41	362.43	344.15	339.12	328.43	350.71
35	398.51	370.90	352.19	347.05	336.10	358.90
36	407.61	379.36	360.23	354.97	343.78	367.10
37	416.71	387.83	368.27	362.89	351.45	375.29
38	421.71	392.49	372.69	367.25	355.67	379.80
39	426.72	397.15	377.11	371.61	359.89	384.31
40	443.55	412.81	391.99	386.27	374.09	399.47
41	460.84	428.90	407.27	401.32	388.67	415.03
42	479.03	445.84	423.35	417.17	404.02	431.42
43	497.68	463.20	439.83	433.41	419.75	448.22
44	517.25	481.40	457.12	450.45	436.24	465.84
45	537.26	500.03	474.81	467.88	453.13	483.87
46	558.19	519.51	493.30	486.10	470.78	502.71
47	580.03	539.83	512.60	505.12	489.19	522.38
48	602.77	561.00	532.70	524.93	508.38	542.86
49	626.43	583.02	553.61	545.53	528.33	564.17
50	650.99	605.88	575.32	566.92	549.05	586.29
51	676.47	629.59	597.83	589.11	570.53	609.24
52	702.85	654.15	621.15	612.09	592.79	633.00
53	730.15	679.55	645.27	635.86	615.81	657.58
54	758.81	706.23	670.60	660.82	639.98	683.39
55	788.38	733.75	696.74	686.57	664.92	710.03
56	819.31	762.54	724.07	713.51	691.01	737.89
57	851.16	792.17	752.22	741.24	717.87	766.57
58	884.37	823.08	781.57	770.16	745.87	796.47
59	918.94	855.26	812.12	800.27	775.03	827.61
60	954.88	888.71	843.88	831.57	805.34	859.98
61	992.18	923.43	876.84	864.05	836.81	893.57
62	992.18	923.43	876.84	864.05	836.81	893.57
63	992.18	923.43	876.84	864.05	836.81	893.57
64+	992.18	923.43	876.84	864.05	836.81	893.57

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group**

**Rates Effective July 1, 2021
Appendix III-A**

	94506DC0350001	94506DC0350002	94506DC0350023	94506DC0350004	94506DC0350005	94506DC0350025	94506DC0350006	94506DC0350021
Age	KP DC Platinum 0/10/Vision	KP DC Platinum 500/10/Vision	KP DC Platinum HMO Plus 0/10/Vision	KP DC Gold 0/20/Vision	KP DC Gold 1000/20/Vision	KP DC Gold 1500/20/Vision	KP DC Gold 1700/0%/HSA/Vision	KP DC Gold 500/20/Vision
20 and Under	293.31	284.97	305.05	265.22	251.84	248.16	240.34	256.64
21	326.05	316.78	339.10	294.83	279.95	275.86	267.16	285.29
22	326.05	316.78	339.10	294.83	279.95	275.86	267.16	285.29
23	326.05	316.78	339.10	294.83	279.95	275.86	267.16	285.29
24	326.05	316.78	339.10	294.83	279.95	275.86	267.16	285.29
25	326.05	316.78	339.10	294.83	279.95	275.86	267.16	285.29
26	326.05	316.78	339.10	294.83	279.95	275.86	267.16	285.29
27	326.05	316.78	339.10	294.83	279.95	275.86	267.16	285.29
28	333.68	324.19	347.03	301.72	286.50	282.32	273.41	291.96
29	340.85	331.16	354.49	308.21	292.66	288.39	279.29	298.24
30	349.38	339.44	363.35	315.91	299.98	295.60	286.27	305.70
31	358.35	348.15	372.68	324.02	307.68	303.19	293.62	313.54
32	366.42	356.00	381.08	331.32	314.61	310.02	300.24	320.61
33	374.94	364.28	389.94	339.03	321.93	317.23	307.22	328.06
34	383.91	372.99	399.27	347.14	329.63	324.81	314.57	335.91
35	392.88	381.70	408.59	355.25	337.33	332.40	321.92	343.76
36	401.85	390.42	417.92	363.36	345.03	339.99	329.27	351.61
37	410.82	399.13	427.25	371.47	352.73	347.58	336.62	359.46
38	415.75	403.93	432.38	375.93	356.97	351.76	340.66	363.77
39	420.69	408.72	437.51	380.39	361.21	355.93	344.70	368.09
40	437.28	424.84	454.77	395.40	375.45	369.97	358.30	382.61
41	454.32	441.40	472.50	410.81	390.09	384.39	372.26	397.52
42	472.26	458.83	491.15	427.03	405.49	399.57	386.96	413.22
43	490.65	476.70	510.28	443.66	421.28	415.13	402.03	429.31
44	509.94	495.43	530.33	461.10	437.84	431.44	417.83	446.18
45	529.67	514.60	550.86	478.94	454.78	448.14	434.00	463.45
46	550.30	534.65	572.31	497.59	472.50	465.59	450.91	481.50
47	571.83	555.56	594.70	517.06	490.98	483.81	468.55	500.34
48	594.25	577.35	618.02	537.34	510.23	502.78	486.92	519.96
49	617.57	600.01	642.28	558.42	530.26	522.51	506.03	540.36
50	641.79	623.54	667.46	580.32	551.05	543.00	525.87	561.55
51	666.91	647.94	693.59	603.03	572.62	564.25	546.45	583.53
52	692.92	673.21	720.64	626.55	594.95	586.26	567.77	606.29
53	719.83	699.36	748.62	650.89	618.06	609.03	589.82	629.84
54	748.09	726.81	778.01	676.44	642.32	632.93	612.97	654.56
55	777.24	755.13	808.33	702.80	667.35	657.60	636.86	680.07
56	807.74	784.76	840.04	730.37	693.53	683.40	661.85	706.75
57	839.13	815.26	872.70	758.76	720.49	709.96	687.57	734.22
58	871.87	847.07	906.74	788.36	748.60	737.66	714.40	762.87
59	905.96	880.19	942.19	819.18	777.87	766.50	742.32	792.69
60	941.39	914.61	979.04	851.22	808.29	796.48	771.36	823.69
61	978.15	950.34	1,017.29	884.48	839.85	827.58	801.48	855.87
62	978.15	950.34	1,017.29	884.48	839.85	827.58	801.48	855.87
63	978.15	950.34	1,017.29	884.48	839.85	827.58	801.48	855.87
64+	978.15	950.34	1,017.29	884.48	839.85	827.58	801.48	855.87

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

Market: District of Columbia Small Group

Rates Effective July 1, 2021

Appendix III-B

	94506DC0350026	94506DC0350024	94506DC0350010	94506DC0350008	94506DC0350011	94506DC0350009	94506DC0350027	94506DC0350012
Age	KP DC Gold DHMO Plus 1500/20/Vision	KP DC Gold HMO Plus 0/20/Vision	KP DC Silver 2000/30/HSA/Vision	KP DC Silver 2000/40/Vision	KP DC Silver 2500/30/HSA/Vision	KP DC Silver 2500/40/Vision	KP DC Silver DHMO Plus 2000/40/Vision	KP DC Bronze 6500/55/Vision
20 and Under	258.09	275.82	218.38	223.08	209.67	220.57	232.01	199.93
21	286.90	306.61	242.76	247.98	233.07	245.19	257.91	222.25
22	286.90	306.61	242.76	247.98	233.07	245.19	257.91	222.25
23	286.90	306.61	242.76	247.98	233.07	245.19	257.91	222.25
24	286.90	306.61	242.76	247.98	233.07	245.19	257.91	222.25
25	286.90	306.61	242.76	247.98	233.07	245.19	257.91	222.25
26	286.90	306.61	242.76	247.98	233.07	245.19	257.91	222.25
27	286.90	306.61	242.76	247.98	233.07	245.19	257.91	222.25
28	293.61	313.78	248.43	253.78	238.52	250.92	263.94	227.45
29	299.92	320.53	253.78	259.24	243.65	256.32	269.62	232.34
30	307.42	328.54	260.12	265.72	249.74	262.73	276.36	238.15
31	315.31	336.98	266.80	272.54	256.15	269.47	283.45	244.26
32	322.41	344.57	272.81	278.68	261.92	275.54	289.84	249.76
33	329.91	352.58	279.15	285.16	268.02	281.95	296.58	255.57
34	337.81	361.02	285.83	291.98	274.43	288.70	303.67	261.69
35	345.70	369.45	292.51	298.81	280.84	295.44	310.77	267.80
36	353.59	377.89	299.19	305.63	287.25	302.19	317.86	273.91
37	361.48	386.32	305.87	312.45	293.66	308.93	324.96	280.03
38	365.82	390.96	309.54	316.20	297.19	312.64	328.86	283.39
39	370.16	395.60	313.21	319.95	300.72	316.35	332.76	286.75
40	384.77	411.21	325.57	332.58	312.58	328.83	345.89	298.06
41	399.76	427.23	338.26	345.54	324.76	341.65	359.37	309.68
42	415.55	444.10	351.61	359.18	337.58	355.14	373.56	321.91
43	431.73	461.39	365.30	373.17	350.73	368.96	388.11	334.44
44	448.70	479.53	379.66	387.83	364.51	383.47	403.36	347.59
45	466.06	498.09	394.36	402.84	378.62	398.31	418.97	361.04
46	484.21	517.49	409.72	418.53	393.37	413.82	435.29	375.10
47	503.16	537.73	425.74	434.91	408.76	430.01	452.32	389.78
48	522.89	558.82	442.44	451.96	424.79	446.87	470.05	405.06
49	543.41	580.75	459.80	469.70	441.46	464.41	488.50	420.96
50	564.72	603.52	477.83	488.12	458.77	482.62	507.66	437.47
51	586.82	627.14	496.53	507.22	476.72	501.51	527.53	454.59
52	609.71	651.60	515.90	527.00	495.32	521.07	548.10	472.32
53	633.38	676.91	535.94	547.47	514.55	541.30	569.39	490.66
54	658.25	703.48	556.97	568.96	534.75	562.55	591.74	509.92
55	683.90	730.89	578.68	591.13	555.59	584.47	614.80	529.79
56	710.73	759.57	601.38	614.33	577.39	607.41	638.92	550.58
57	738.36	789.09	624.76	638.20	599.83	631.02	663.75	571.98
58	767.16	819.88	649.13	663.10	623.23	655.64	689.65	594.30
59	797.16	851.93	674.51	689.03	647.60	681.27	716.61	617.53
60	828.33	885.25	700.89	715.98	672.92	707.91	744.64	641.68
61	860.69	919.83	728.27	743.94	699.21	735.57	773.73	666.75
62	860.69	919.83	728.27	743.94	699.21	735.57	773.73	666.75
63	860.69	919.83	728.27	743.94	699.21	735.57	773.73	666.75
64+	860.69	919.83	728.27	743.94	699.21	735.57	773.73	666.75

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

Market: District of Columbia Small Group

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Appendix III-C

	94506DC0350015	94506DC0350014	94506DC0360004	94506DC0360005	94506DC0360003	94506DC0360002	94506DC0360001	94506DC0350016
Age	KP DC Bronze 7000/0%/HSA/Vision	7000/50/20%/HSA/Vision	KP DC Platinum 0/10/POS/Vision	KP DC Platinum 500/10/POS/Vision	KP DC Gold 1000/20/POS/Vision	KP DC Silver 2500/40/POS/Vision	KP DC Bronze 6500/55/POS/Vision	KP DC Platinum 0/10/Vision/Sel
20 and Under	192.29	185.11	312.49	304.83	270.59	233.72	210.82	307.98
21	213.76	205.77	347.38	338.86	300.79	259.81	234.36	342.35
22	213.76	205.77	347.38	338.86	300.79	259.81	234.36	342.35
23	213.76	205.77	347.38	338.86	300.79	259.81	234.36	342.35
24	213.76	205.77	347.38	338.86	300.79	259.81	234.36	342.35
25	213.76	205.77	347.38	338.86	300.79	259.81	234.36	342.35
26	213.76	205.77	347.38	338.86	300.79	259.81	234.36	342.35
27	213.76	205.77	347.38	338.86	300.79	259.81	234.36	342.35
28	218.76	210.58	355.50	346.78	307.83	265.88	239.84	350.36
29	223.46	215.11	363.14	354.24	314.45	271.60	245.00	357.89
30	229.05	220.49	372.22	363.09	322.31	278.39	251.12	366.84
31	234.93	226.15	381.78	372.41	330.58	285.54	257.57	376.26
32	240.22	231.24	390.38	380.80	338.03	291.97	263.37	384.73
33	245.81	236.62	399.46	389.66	345.89	298.76	269.49	393.68
34	251.69	242.28	409.01	398.98	354.17	305.91	275.94	403.10
35	257.57	247.94	418.57	408.30	362.44	313.06	282.39	412.52
36	263.45	253.60	428.13	417.63	370.72	320.20	288.84	421.94
37	269.33	259.27	437.68	426.95	378.99	327.35	295.28	431.35
38	272.56	262.38	442.94	432.08	383.54	331.28	298.83	436.53
39	275.80	265.49	448.20	437.20	388.09	335.21	302.38	441.71
40	286.68	275.97	465.88	454.45	403.40	348.44	314.30	459.14
41	297.85	286.72	484.03	472.16	419.13	362.02	326.55	477.03
42	309.61	298.04	503.15	490.80	435.68	376.31	339.45	495.87
43	321.67	309.65	522.74	509.91	452.64	390.96	352.66	515.18
44	334.31	321.82	543.28	529.96	470.43	406.33	366.53	535.43
45	347.25	334.27	564.31	550.46	488.63	422.05	380.71	556.15
46	360.77	347.29	586.29	571.91	507.67	438.49	395.54	577.81
47	374.89	360.88	609.22	594.28	527.53	455.65	411.01	600.41
48	389.59	375.03	633.11	617.58	548.21	473.52	427.13	623.96
49	404.88	389.75	657.96	641.82	569.73	492.10	443.89	648.44
50	420.76	405.03	683.76	666.99	592.07	511.40	461.30	673.87
51	437.22	420.88	710.52	693.09	615.24	531.41	479.35	700.24
52	454.27	437.30	738.23	720.13	639.24	552.14	498.05	727.56
53	471.92	454.28	766.90	748.09	664.06	573.58	517.39	755.81
54	490.44	472.11	797.01	777.46	690.13	596.09	537.70	785.48
55	509.55	490.51	828.06	807.75	717.02	619.32	558.65	816.09
56	529.55	509.76	860.56	839.45	745.16	643.62	580.57	848.11
57	550.13	529.57	894.00	872.07	774.12	668.64	603.14	881.07
58	571.59	550.23	928.88	906.10	804.32	694.73	626.67	915.45
59	593.94	571.74	965.20	941.52	835.77	721.89	651.17	951.24
60	617.17	594.10	1,002.95	978.35	868.45	750.12	676.64	988.44
61	641.28	617.31	1,042.13	1,016.57	902.37	779.43	703.07	1,027.05
62	641.28	617.31	1,042.13	1,016.57	902.37	779.43	703.07	1,027.05
63	641.28	617.31	1,042.13	1,016.57	902.37	779.43	703.07	1,027.05
64+	641.28	617.31	1,042.13	1,016.57	902.37	779.43	703.07	1,027.05

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

Market: District of Columbia Small Group

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Appendix III-D

	94506DC0350017	94506DC0350018	94506DC0350019	94506DC0350028	94506DC0350020	94506DC0350022
Age	KP DC Platinum 500/10/Vision/Sel	KP DC Gold 0/20/Vision/Sel	KP DC Gold 1000/20/Vision/Sel	KP DC Gold 1500/20/Vision/Sel	1700/0%/HSA/Vision/Se l	KP DC Gold 500/20/Vision/Sel
20 and Under	299.22	278.48	264.43	260.58	252.36	269.48
21	332.62	309.57	293.95	289.66	280.53	299.56
22	332.62	309.57	293.95	289.66	280.53	299.56
23	332.62	309.57	293.95	289.66	280.53	299.56
24	332.62	309.57	293.95	289.66	280.53	299.56
25	332.62	309.57	293.95	289.66	280.53	299.56
26	332.62	309.57	293.95	289.66	280.53	299.56
27	332.62	309.57	293.95	289.66	280.53	299.56
28	340.39	316.80	300.82	296.43	287.09	306.56
29	347.71	323.62	307.29	302.81	293.26	313.16
30	356.41	331.71	314.98	310.38	300.59	320.98
31	365.56	340.22	323.06	318.35	308.31	329.23
32	373.79	347.89	330.34	325.52	315.26	336.64
33	382.48	355.98	338.02	333.09	322.59	344.47
34	391.64	364.50	346.11	341.06	330.30	352.71
35	400.79	373.01	354.20	349.03	338.02	360.95
36	409.94	381.53	362.28	357.00	345.74	369.19
37	419.09	390.04	370.37	364.96	353.46	377.43
38	424.12	394.73	374.82	369.35	357.70	381.97
39	429.15	399.41	379.27	373.73	361.95	386.50
40	446.08	415.17	394.23	388.47	376.22	401.75
41	463.47	431.35	409.59	403.61	390.89	417.40
42	481.77	448.38	425.76	419.55	406.32	433.89
43	500.52	465.84	442.34	435.89	422.14	450.78
44	520.20	484.15	459.73	453.02	438.73	468.50
45	540.33	502.88	477.52	470.55	455.71	486.63
46	561.37	522.47	496.12	488.88	473.46	505.58
47	583.34	542.91	515.53	508.00	491.98	525.36
48	606.21	564.20	535.74	527.92	511.28	545.96
49	630.00	586.34	556.77	548.64	531.34	567.39
50	654.71	609.34	578.60	570.16	552.18	589.64
51	680.33	633.18	601.25	592.47	573.79	612.71
52	706.87	657.88	624.70	615.58	596.17	636.61
53	734.32	683.43	648.96	639.48	619.32	661.33
54	763.14	710.26	674.43	664.59	643.63	687.29
55	792.88	737.93	700.71	690.48	668.71	714.08
56	823.99	766.89	728.21	717.58	694.95	742.10
57	856.02	796.70	756.51	745.47	721.96	770.94
58	889.41	827.78	786.03	774.55	750.13	801.02
59	924.19	860.14	816.76	804.83	779.46	832.33
60	960.33	893.78	848.70	836.31	809.94	864.89
61	997.85	928.70	881.85	868.98	841.58	898.67
62	997.85	928.70	881.85	868.98	841.58	898.67
63	997.85	928.70	881.85	868.98	841.58	898.67
64+	997.85	928.70	881.85	868.98	841.58	898.67

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group**

**Rates Effective October 1, 2021
Appendix IV-A**

	94506DC0350001	94506DC0350002	94506DC0350023	94506DC0350004	94506DC0350005	94506DC0350025	94506DC0350006	94506DC0350021
Age	KP DC Platinum 0/10/Vision	KP DC Platinum 500/10/Vision	KP DC Platinum HMO Plus 0/10/Vision	KP DC Gold 0/20/Vision	KP DC Gold 1000/20/Vision	KP DC Gold 1500/20/Vision	KP DC Gold 1700/0%/HSA/Vision	KP DC Gold 500/20/Vision
20 and Under	294.99	286.60	306.79	266.73	253.28	249.58	241.71	258.11
21	327.91	318.59	341.03	296.51	281.55	277.44	268.69	286.92
22	327.91	318.59	341.03	296.51	281.55	277.44	268.69	286.92
23	327.91	318.59	341.03	296.51	281.55	277.44	268.69	286.92
24	327.91	318.59	341.03	296.51	281.55	277.44	268.69	286.92
25	327.91	318.59	341.03	296.51	281.55	277.44	268.69	286.92
26	327.91	318.59	341.03	296.51	281.55	277.44	268.69	286.92
27	327.91	318.59	341.03	296.51	281.55	277.44	268.69	286.92
28	335.58	326.04	349.01	303.44	288.14	283.93	274.97	293.63
29	342.80	333.05	356.51	309.97	294.33	290.03	280.88	299.94
30	351.37	341.38	365.42	317.72	301.69	297.28	287.91	307.44
31	360.39	350.14	374.81	325.87	309.44	304.92	295.30	315.33
32	368.51	358.03	383.25	333.21	316.41	311.79	301.95	322.44
33	377.08	366.35	392.16	340.96	323.77	319.04	308.97	329.94
34	386.10	375.12	401.54	349.12	331.51	326.67	316.36	337.83
35	395.12	383.88	410.93	357.28	339.26	334.30	323.76	345.72
36	404.14	392.65	420.31	365.43	347.00	341.93	331.15	353.62
37	413.16	401.41	429.69	373.59	354.75	349.57	338.54	361.51
38	418.13	406.23	434.85	378.08	359.01	353.76	342.60	365.85
39	423.09	411.05	440.01	382.56	363.27	357.96	346.67	370.19
40	439.78	427.27	457.37	397.65	377.60	372.08	360.35	384.79
41	456.92	443.92	475.19	413.15	392.31	386.58	374.39	399.79
42	474.96	461.45	493.96	429.47	407.81	401.85	389.17	415.58
43	493.45	479.42	513.19	446.19	423.68	417.49	404.33	431.76
44	512.85	498.26	533.36	463.73	440.34	433.90	420.22	448.73
45	532.69	517.54	554.00	481.67	457.38	450.70	436.48	466.09
46	553.44	537.70	575.58	500.43	475.19	468.25	453.48	484.25
47	575.09	558.73	598.09	520.01	493.78	486.57	471.22	503.19
48	597.64	580.64	621.55	540.40	513.14	505.65	489.70	522.92
49	621.10	603.43	645.94	561.61	533.28	525.49	508.92	543.45
50	645.46	627.10	671.27	583.63	554.20	546.10	528.88	564.76
51	670.71	651.64	697.54	606.47	575.88	567.47	549.57	586.86
52	696.88	677.05	724.75	630.13	598.35	589.61	571.01	609.75
53	723.94	703.35	752.90	654.60	621.58	612.50	593.18	633.43
54	752.35	730.95	782.45	680.30	645.98	636.55	616.47	658.29
55	781.67	759.44	812.94	706.81	671.15	661.35	640.49	683.95
56	812.34	789.24	844.84	734.54	697.49	687.30	665.62	710.78
57	843.92	819.91	877.67	763.09	724.60	714.01	691.49	738.41
58	876.85	851.90	911.92	792.86	752.87	741.87	718.47	767.22
59	911.12	885.21	947.57	823.86	782.30	770.88	746.56	797.21
60	946.76	919.83	984.63	856.08	812.90	801.02	775.76	828.39
61	983.73	955.76	1,023.09	889.52	844.65	832.32	806.06	860.75
62	983.73	955.76	1,023.09	889.52	844.65	832.32	806.06	860.75
63	983.73	955.76	1,023.09	889.52	844.65	832.32	806.06	860.75
64+	983.73	955.76	1,023.09	889.52	844.65	832.32	806.06	860.75

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

Market: District of Columbia Small Group

Rates Effective October 1, 2021

Appendix IV-B

	94506DC0350026	94506DC0350024	94506DC0350010	94506DC0350008	94506DC0350011	94506DC0350009	94506DC0350027	94506DC0350012
Age	KP DC Gold DHMO Plus 1500/20/Vision	KP DC Gold HMO Plus 0/20/Vision	KP DC Silver 2000/30/HSA/Vision	KP DC Silver 2000/40/Vision	KP DC Silver 2500/30/HSA/Vision	KP DC Silver 2500/40/Vision	KP DC Silver DHMO Plus 2000/40/Vision	KP DC Bronze 6500/55/Vision
20 and Under	259.56	277.40	219.63	224.35	210.86	221.83	233.34	201.07
21	288.53	308.36	244.14	249.40	234.40	246.59	259.38	223.52
22	288.53	308.36	244.14	249.40	234.40	246.59	259.38	223.52
23	288.53	308.36	244.14	249.40	234.40	246.59	259.38	223.52
24	288.53	308.36	244.14	249.40	234.40	246.59	259.38	223.52
25	288.53	308.36	244.14	249.40	234.40	246.59	259.38	223.52
26	288.53	308.36	244.14	249.40	234.40	246.59	259.38	223.52
27	288.53	308.36	244.14	249.40	234.40	246.59	259.38	223.52
28	295.28	315.57	249.85	255.23	239.88	252.35	265.45	228.74
29	301.63	322.36	255.22	260.72	245.04	257.78	271.15	233.66
30	309.17	330.42	261.61	267.24	251.17	264.23	277.93	239.51
31	317.11	338.90	268.32	274.10	257.62	271.01	285.07	245.65
32	324.25	346.54	274.37	280.27	263.42	277.11	291.49	251.19
33	331.80	354.59	280.75	286.79	269.54	283.56	298.27	257.03
34	339.73	363.08	287.46	293.65	275.99	290.34	305.41	263.18
35	347.67	371.56	294.18	300.51	282.44	297.13	312.54	269.33
36	355.61	380.04	300.90	307.37	288.89	303.91	319.68	275.48
37	363.55	388.53	307.61	314.23	295.34	310.69	326.81	281.63
38	367.91	393.19	311.31	318.01	298.89	314.42	330.74	285.01
39	372.28	397.86	315.00	321.78	302.43	318.16	334.66	288.39
40	386.96	413.55	327.43	334.47	314.36	330.71	347.86	299.77
41	402.04	429.67	340.19	347.51	326.61	343.59	361.42	311.45
42	417.92	446.64	353.62	361.23	339.51	357.16	375.69	323.75
43	434.19	464.03	367.39	375.30	352.73	371.07	390.32	336.35
44	451.26	482.26	381.83	390.05	366.59	385.65	405.66	349.57
45	468.72	500.93	396.61	405.14	380.78	400.58	421.36	363.10
46	486.98	520.44	412.05	420.92	395.61	416.18	437.77	377.24
47	506.03	540.80	428.17	437.39	411.09	432.46	454.90	392.00
48	525.87	562.01	444.96	454.54	427.21	449.42	472.74	407.37
49	546.51	584.06	462.43	472.38	443.98	467.06	491.29	423.36
50	567.94	606.97	480.56	490.90	461.39	485.37	510.56	439.96
51	590.17	630.72	499.37	510.11	479.44	504.37	530.54	457.18
52	613.19	655.32	518.84	530.01	498.14	524.04	551.23	475.01
53	637.00	680.77	538.99	550.59	517.49	544.39	572.64	493.46
54	662.00	707.49	560.15	572.21	537.80	565.76	595.11	512.83
55	687.80	735.06	581.98	594.51	558.76	587.81	618.30	532.81
56	714.79	763.90	604.81	617.83	580.68	610.87	642.57	553.72
57	742.57	793.60	628.32	641.85	603.25	634.62	667.54	575.24
58	771.54	824.56	652.84	666.89	626.79	659.38	693.59	597.69
59	801.71	856.79	678.36	692.96	651.29	685.15	720.70	621.05
60	833.06	890.30	704.89	720.06	676.76	711.95	748.89	645.34
61	865.59	925.08	732.42	748.19	703.20	739.76	778.14	670.55
62	865.59	925.08	732.42	748.19	703.20	739.76	778.14	670.55
63	865.59	925.08	732.42	748.19	703.20	739.76	778.14	670.55
64+	865.59	925.08	732.42	748.19	703.20	739.76	778.14	670.55

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

Market: District of Columbia Small Group

Rates Effective October 1, 2021

Appendix IV-C

	94506DC0350015	94506DC0350014	94506DC0360004	94506DC0360005	94506DC0360003	94506DC0360002	94506DC0360001	94506DC0350016
Age	KP DC Bronze 7000/0%/HSA/Vision	7000/50/20%/HSA/Vision	KP DC Platinum 0/10/POS/Vision	KP DC Platinum 500/10/POS/Vision	KP DC Gold 1000/20/POS/Vision	KP DC Silver 2500/40/POS/Vision	KP DC Bronze 6500/55/POS/Vision	KP DC Platinum 0/10/Vision/Sel
20 and Under	193.39	186.17	314.28	306.57	272.13	235.05	212.03	309.73
21	214.98	206.95	349.36	340.79	302.51	261.29	235.69	344.31
22	214.98	206.95	349.36	340.79	302.51	261.29	235.69	344.31
23	214.98	206.95	349.36	340.79	302.51	261.29	235.69	344.31
24	214.98	206.95	349.36	340.79	302.51	261.29	235.69	344.31
25	214.98	206.95	349.36	340.79	302.51	261.29	235.69	344.31
26	214.98	206.95	349.36	340.79	302.51	261.29	235.69	344.31
27	214.98	206.95	349.36	340.79	302.51	261.29	235.69	344.31
28	220.01	211.78	357.53	348.76	309.58	267.40	241.21	352.36
29	224.74	216.34	365.22	356.26	316.24	273.15	246.39	359.93
30	230.36	221.75	374.35	365.16	324.15	279.98	252.55	368.93
31	236.27	227.44	383.96	374.54	332.47	287.17	259.04	378.40
32	241.59	232.56	392.61	382.98	339.96	293.64	264.87	386.93
33	247.21	237.97	401.74	391.88	347.87	300.47	271.03	395.93
34	253.12	243.67	411.35	401.26	356.19	307.65	277.52	405.40
35	259.04	249.36	420.96	410.63	364.51	314.84	284.00	414.87
36	264.95	255.05	430.57	420.01	372.83	322.03	290.48	424.34
37	270.87	260.75	440.18	429.38	381.15	329.22	296.97	433.82
38	274.12	263.88	445.47	434.54	385.73	333.17	300.53	439.03
39	277.37	267.01	450.75	439.70	390.31	337.13	304.10	444.23
40	288.31	277.54	468.53	457.04	405.70	350.42	316.10	461.76
41	299.55	288.36	486.79	474.85	421.52	364.08	328.42	479.75
42	311.38	299.74	506.02	493.60	438.16	378.46	341.38	498.70
43	323.50	311.41	525.72	512.82	455.22	393.19	354.68	518.12
44	336.22	323.65	546.38	532.98	473.11	408.65	368.62	538.48
45	349.23	336.18	567.53	553.61	491.42	424.46	382.88	559.32
46	362.83	349.27	589.63	575.17	510.56	441.00	397.80	581.10
47	377.03	362.94	612.70	597.67	530.54	458.25	413.36	603.84
48	391.81	377.17	636.73	621.11	551.34	476.22	429.57	627.52
49	407.19	391.97	661.71	645.48	572.98	494.91	446.43	652.14
50	423.16	407.34	687.66	670.80	595.45	514.32	463.93	677.72
51	439.72	423.28	714.57	697.05	618.75	534.44	482.09	704.24
52	456.87	439.79	742.45	724.23	642.89	555.29	500.89	731.71
53	474.61	456.87	771.28	752.36	667.85	576.85	520.34	760.12
54	493.24	474.81	801.55	781.89	694.07	599.50	540.77	789.96
55	512.46	493.31	832.79	812.36	721.11	622.86	561.84	820.74
56	532.57	512.67	865.47	844.24	749.41	647.30	583.89	852.95
57	553.27	532.59	899.10	877.05	778.54	672.46	606.58	886.10
58	574.85	553.37	934.18	911.27	808.91	698.69	630.25	920.67
59	597.33	575.01	970.71	946.90	840.54	726.01	654.89	956.67
60	620.69	597.49	1,008.67	983.93	873.41	754.40	680.50	994.08
61	644.94	620.84	1,048.07	1,022.37	907.53	783.87	707.07	1,032.92
62	644.94	620.84	1,048.07	1,022.37	907.53	783.87	707.07	1,032.92
63	644.94	620.84	1,048.07	1,022.37	907.53	783.87	707.07	1,032.92
64+	644.94	620.84	1,048.07	1,022.37	907.53	783.87	707.07	1,032.92

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

Market: District of Columbia Small Group

Rates Effective October 1, 2021

Appendix IV-D

	94506DC0350017	94506DC0350018	94506DC0350019	94506DC0350028	94506DC0350020	94506DC0350022
Age	KP DC Platinum 500/10/Vision/Sel	KP DC Gold 0/20/Vision/Sel	KP DC Gold 1000/20/Vision/Sel	KP DC Gold 1500/20/Vision/Sel	1700/0%/HSA/Vision/Se l	KP DC Gold 500/20/Vision/Sel
20 and Under	300.92	280.07	265.94	262.06	253.80	271.02
21	334.51	311.33	295.63	291.31	282.13	301.27
22	334.51	311.33	295.63	291.31	282.13	301.27
23	334.51	311.33	295.63	291.31	282.13	301.27
24	334.51	311.33	295.63	291.31	282.13	301.27
25	334.51	311.33	295.63	291.31	282.13	301.27
26	334.51	311.33	295.63	291.31	282.13	301.27
27	334.51	311.33	295.63	291.31	282.13	301.27
28	342.34	318.61	302.54	298.13	288.73	308.31
29	349.70	325.46	309.05	304.54	294.93	314.94
30	358.44	333.60	316.77	312.15	302.31	322.82
31	367.64	342.17	324.91	320.16	310.07	331.10
32	375.93	349.87	332.23	327.38	317.05	338.56
33	384.67	358.01	339.95	334.99	324.43	346.44
34	393.87	366.58	348.09	343.00	332.19	354.72
35	403.07	375.14	356.22	351.02	339.95	363.01
36	412.28	383.71	364.35	359.03	347.71	371.30
37	421.48	392.27	372.48	367.05	355.47	379.59
38	426.54	396.98	376.96	371.45	359.74	384.15
39	431.60	401.69	381.43	375.86	364.01	388.71
40	448.63	417.54	396.48	390.69	378.37	404.04
41	466.11	433.81	411.93	405.92	393.12	419.79
42	484.52	450.94	428.19	421.94	408.64	436.36
43	503.38	468.50	444.87	438.37	424.55	453.35
44	523.17	486.91	462.35	455.60	441.24	471.17
45	543.41	505.75	480.24	473.23	458.31	489.40
46	564.58	525.45	498.95	491.67	476.16	508.47
47	586.66	546.01	518.47	510.90	494.79	528.36
48	609.67	567.42	538.80	530.94	514.19	549.08
49	633.60	589.69	559.95	551.77	534.37	570.63
50	658.44	612.81	581.90	573.41	555.33	593.00
51	684.21	636.80	604.68	595.85	577.06	616.21
52	710.90	661.63	628.26	619.09	599.57	640.24
53	738.51	687.33	652.66	643.13	622.85	665.11
54	767.49	714.31	678.28	668.38	647.30	691.22
55	797.40	742.14	704.71	694.42	672.53	718.15
56	828.69	771.26	732.36	721.67	698.92	746.33
57	860.90	801.24	760.83	749.72	726.08	775.34
58	894.49	832.50	790.51	778.97	754.41	805.59
59	929.46	865.05	821.42	809.43	783.90	837.08
60	965.81	898.88	853.54	841.08	814.56	869.82
61	1,003.53	933.99	886.89	873.93	846.38	903.80
62	1,003.53	933.99	886.89	873.93	846.38	903.80
63	1,003.53	933.99	886.89	873.93	846.38	903.80
64+	1,003.53	933.99	886.89	873.93	846.38	903.80

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
District of Columbia - 2021 Small Group Rate Filing
Part III – Actuarial Memorandum and Certification

Form Numbers:

DC-SG-GOLD-0-20-VISION-HMO-COST(01-21)HIX, DC-SG-PLATINUM-0-10-VISION-HMO-COST(01-21)HIX, DC-SG-BRONZE-6500-55-VISION-DHMO-COST(01-21)HIX, DC-SG-GOLD-500-20-VISION-DHMO-COST(01-21)HIX, DC-SG-GOLD-1000-20-VISION-DHMO-COST(01-21)HIX, DC-SG-GOLD-1500-20-VISION-DHMO-COST(01-21)HIX, DC-SG-PLATINUM-500-10-VISION-DHMO-COST(01-21)HIX, DC-SG-SILVER-2000-40-VISION-DHMO-COST(01-21)HIX, DC-SG-SILVER-2500-40-VISION-DHMO-COST(01-21)HIX, DC-SG-BRONZE-7000-0%-HSA-VISION-HDHP-COST(01-21)HIX, DC-SG-BRONZE-7000-50-20%-HSA-VISION-HDHP-COST(01-21)HIX, DC-SG-GOLD-1700-0%-HSA-VISION-HDHP-COST(01-21)HIX, DC-SG-SILVER-2000-30-HSA-VISION-HDHP-COST(01-21)HIX, DC-SG-SILVER-2500-30-HSA-VISION-HDHP-COST(01-21)HIX, DC-SG-BRONZE-6500-55-POS-VISION-COST(01-21)HIX, DC-SG-GOLD-1000-20-POS-VISION-COST(01-21)HIX, DC-SG-PLATINUM-0-10-POS-VISION-COST(01-21)HIX, DC-SG-PLATINUM-500-10-POS-VISION-COST(01-21)HIX, DC-SG-SILVER-2500-40-POS-VISION-COST(01-21)HIX, DC-SG-GOLD-0-20-HMOPLUS-VISION-COST(01-21)HIX, DC-SG-GOLD-1500-20-DHMOPLUS-VISION-COST(01-21)HIX, DC-SG-PLATINUM-0-10-HMOPLUS-VISION-COST(01-21)HIX, DC-SG-SILVER-2000-40-DHMOPLUS-VISION-COST(01-21)HIX, DC-SG-GOLD-0-20-VISION-HMO-RX(01-21)HIX, DC-SG-PLATINUM-0-10-VISION-HMO-RX(01-21)HIX, DC-SG-BRONZE-6500-55-VISION-DHMO-RX(01-21)HIX, DC-SG-GOLD-500-20-VISION-DHMO-RX(01-21)HIX, DC-SG-GOLD-1000-20-VISION-DHMO-RX(01-21)HIX, DC-SG-GOLD-1500-20-VISION-DHMO-RX(01-21)HIX, DC-SG-PLATINUM-500-10-VISION-DHMO-RX(01-21)HIX, DC-SG-SILVER-2000-40-VISION-DHMO-RX(01-21)HIX, DC-SG-SILVER-2500-40-VISION-DHMO-RX(01-21)HIX, DC-SG-BRONZE-7000-0%-HSA-VISION-HDHP-RX(01-21)HIX, DC-SG-BRONZE-7000-50-20%-HSA-VISION-HDHP-RX(01-21)HIX, DC-SG-GOLD-1700-0%-HSA-VISION-HDHP-RX(01-21)HIX, DC-SG-SILVER-2000-30-HSA-VISION-HDHP-RX(01-21)HIX, DC-SG-SILVER-2500-30-HSA-VISION-HDHP-RX(01-21)HIX, DC-SG-BRONZE-6500-55-VISION-POS-RX(01-21)HIX, DC-SG-GOLD-1000-20-VISION-POS-RX(01-21)HIX, DC-SG-PLATINUM-0-10-VISION-POS-RX(01-21)HIX, DC-SG-PLATINUM-500-10-VISION-POS-RX(01-21)HIX, DC-SG-SILVER-2500-40-VISION-POS-RX(01-21)HIX, DC-SG-GOLD-0-20-HMOPLUS-VISION-RX(01-21)HIX, DC-SG-GOLD-1500-20-DHMOPLUS-VISION-RX(01-21)HIX, DC-SG-PLATINUM-0-10-HMOPLUS-VISION-RX(01-21)HIX, DC-SG-SILVER-2000-40-DHMOPLUS-VISION-RX(01-21)HIX, DC-SG-PED-DENTAL(01-21)HIX, DC-SG-PED-DENTAL-FEE(01-21)

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
District of Columbia - 2021 Small Group Rate Filing
Part III – Actuarial Memorandum and Certification**

1. Purpose

This document contains the Part III Actuarial Memorandum for Kaiser Foundation Health Plan (“KFHP”) of the Mid-Atlantic States’ Small Group business segment rates in the District of Columbia, with effective dates during 2021. Rates are guaranteed for 12 months starting on a Small Group’s effective date. These products are offered on the District of Columbia Marketplace (“the Exchange.”) This rate filing applies to new and renewal business on a guaranteed issue basis with no age limitations. This filing does not cover grandfathered products that existed prior to 2021. This actuarial memorandum is submitted in conjunction with the Part I Unified Rate Review Template (“URRT”) and is in compliance with 45 CFR § 156.215. The purpose of the actuarial memorandum is to provide certain information related to the submission of premium rate filings, including support for the values entered in the Part I URRT. This memorandum may not be appropriate for other purposes.

All products offered are comprehensive medical plans and range from no-deductible HMO style plans to high-deductible Health Savings Account (“HSA”) qualified plans as well as Point of Service style plans. All products include pediatric dental benefits and cover all required Essential Health Benefits (“EHBs”).

2. General Information Section

Company Identifying Information

Company Legal Name:	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
State:	District of Columbia
HIOS Issuer ID:	94506
Market:	Individual Market On Exchange
Effective Date:	January 1, 2021

Company Contact Information

Primary Contact Name:	Stephen Chuang
Primary Contact Telephone Number:	301-816-5854
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Secondary Contact Telephone Number:	301-816-6622
Secondary Contact Email Address:	Zhuoying.Chen@kp.org

3. Proposed Rate Changes

All current benefit plans are renewing in 2021 and two new plans are introduced. Primary factors that affect the rate change for the renewing plans are:

- Claims experience of the single risk pool different than projected in the previous year.

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- Medical inflation.
- Changes in population morbidity and demographic make-up of the pool.
- Risk adjustment transfer payments into the district-wide risk adjustment pool.
- Benefit plan design adjustments, including those made to comply with Actuarial Value (“AV”) requirements which results in varying rate changes by plan.
- Federal and District taxes and fees.

The proposed average rate change is 0.0%. The average rate change does not indicate that every member’s rate will change by this amount as rates are affected by the ages of those covered and benefits chosen.

Covid-19: Initial estimates for the impact of Covid-19 on 2021 experience are still being understood. Its impact on member, medical expense, and risk adjustment are still highly uncertain and change on a frequent basis. We do not assume any Covid-19 impacts on 2021 experience in this rate filing. If/When firmer assumptions are developed, we will include them in this rate filing as appropriate.

Proposed rates by plan can be found in the Appendix.

4. Market Experience

4.1. Experience and Current Period Premium, Claims and Enrollment

Premium

Data for experience period and current period premiums through February 2020 is pulled from KFHP’s data base which reflects premiums paid by policy holders. No MLR rebates were required for the experience period.

Claims

The experience period claims for the Individual and Small Group single risk pool are shown in Exhibit 2.

The claims data is for the incurred period January 2019 through December 2019 and paid through February 2020, including estimates for incurred but not reported claims. Net cost data from internal cost systems (i.e., the cost for medical services delivered within our integrated delivery system), fee for service claims, capitations and prescription drug claims net of drug rebates are aggregated to determine annual claims. Allowed claims are calculated based on system paid claims divided by the experience period paid benefit to allowed ratio expected for the plans offered in the experience period plus dental capitations.

Incurred but not reported estimates for non-capitated services are developed using the completion factor method consistent with KFHP’s monthly reserve estimate process. The

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completion factors are based on all commercial claims which includes Individual, Small Group and Large Group business segments. Except for capitated expenses, all claims are processed by KFHP’s internal systems. Capitated expenses are based on a monthly contractual PMPM amount paid to the vendor. Capitated and non-capitated expenses are shown separately in Exhibit 2.

Enrollment

Experience period and current period enrollment as of February 2020 is pulled from KFHP’s member data base. Experience period member months can be found on Exhibit 2.

4.2. Benefit Categories

Claims are assigned to one of the following benefit service categories: Inpatient Hospital, Outpatient Hospital, Professional, Other Medical, Capitation and Prescription Drugs. The categorization is derived from each claim’s specific information on services rendered, the location of service, and the type of provider. The categorization is an automated process within KFHP’s data warehouse. Examples of services by benefit category include:

Benefit Category	Services
Inpatient Hospital	Inpatient Facility, Inpatient Visits, Inpatient Surgery, Maternity
Outpatient Hospital	Outpatient Facility, Emergency/Urgent Care, Outpatient Surgery
Professional	Diagnostic Services, Office Visits, Cardiovascular, Dialysis, PT/OT/ST
Other Medical	Other Services
Capitation	Dental
Prescription Drug	Pharmacy

4.3. Projection Factors

4.3.1 Trend Factors

Projected trend factors are based on a mixture of expected industry trends, future fixed costs, and expected internalization of services, i.e., movement of medical care delivery between contracted external providers and our integrated delivery system. As an integrated health care provider, the majority of KFHP’s expenses are the fixed costs associated with providing medical care through Kaiser owned facilities. Therefore, the projected cost that is included in our total revenue requirement is primarily based on budgeting.

For traditional carriers, projected cost per service and utilization per member trends are developed to project expected future costs. However, given KFHP’s fixed cost structure, KFHP’s projected claims trends largely stem from the development of budgeted costs for the rating year. For the period from 2019 to 2021, our projected total annualized medical expense trend for the ACA market is 2.3%.

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Exhibit 4 includes an allocation of trend into cost and utilization service categories which is derived for use in the URRT.

4.3.2 Adjustments to Trended EHB Allowed Claims PMPM

Morbidity Adjustment

For the rating period, enrollees on average are expected to have per member per month (PMPM) costs that are similar to the PMPM costs of members in the experience period data. The expected relative cost of new members coming into the pool is expected to be lower than the cost of continuously enrolled members. A net morbidity factor reflecting the relative difference in cost is applied to projected claims. Development of this factor is shown in Exhibit 5.

Demographic Shift

Base period claims experience is adjusted for the average mix of population by age in the experience period membership. The average age factor is developed by applying the District of Columbia (“DC”) standard age curve to experience period member months. The same calculation is performed for projected rating period membership, which is based on actual KFHP enrolled members for the current period adjusted for expected distribution changes in the rating period. The projected age factor used is the closest rounded-age factor from the DC standard age curve. The projected allowed claims are then multiplied by the change in the average age factor from the experience to the rating period. The development of the average age factor is shown in Exhibit 6.

Plan Design Changes

All plans have cost sharing in the rating period that generates different levels of utilization adjustments when compared with the experience period plans. The net impact is reflected as the change in average utilization for the pool in Exhibit 8. This is calculated by dividing the average utilization adjustment in the projection period by the base period average utilization. Changes from the experience period to the projection period may include, but is not limited to, updates to Kaiser’s benefit factor rating model and member mix changes across plans in the projection period compared to the experience period.

Other Adjustments

No adjustments or factors, other than those previously discussed in this section, have been used to project the experience period allowed claims to the projection period.

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4.3.3 Manual Rate Adjustments

KFHP considers the experience period data to be fully credible, and has not employed the use of additional, external claims data to develop a manual rate.

4.3.4 Credibility of Experience

KFHP had approximately 84,000 covered lives in the single risk pool for the experience period, which is considered fully credible. Actuarial Standard of Practice #25 was considered when making this determination.

4.3.5 Establishing the Index Rate

The experience period data includes claims for non-EHBs. Claims for non-EHBs were removed from the allowed amount by applying the experience period ratio of EHB claims to total claims to the experience period allowed amounts. The non-EHB removal ratio is shown in Exhibit 9.

4.3.6 Development of the Market-wide Adjusted Index Rate (“MAIR”)

Calculation of the MAIR is shown on Exhibit 1. The factors used in the calculation, e.g. demographic adjustment, are described above and in the section immediately below.

Paid to Allowed Ratio

The projected 2021 paid to allowed ratio is calculated as the average effective plan design factor. The average plan design accounts for the projected member distribution across the available plans.

Reinsurance

Reinsurance is currently not applicable.

Risk Adjustment

KFHP’s experience period risk adjustment transfer for the Individual pool is estimated to be (\$59.98) PMPM. The projected risk adjustment transfer of (\$71.08) PMPM is based on expected experience period results by metal tier projected to the rating year.

Exhibit 10 shows KFHP’s experience period and projection period risk adjustment transfers which could include the impact of CMS changes to the risk adjustment transfer formula. The experience period transfer estimate is based on an ongoing study by a third-party consulting firm. The projected transfer PMPMs by metal level are adjusted for assumed risk

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scores for continuing and future new members entering the pool vs experience period risk scores. Anticipated market average premium increases and projected KFHP enrollment mix between metal levels also impacts the overall average transfer PMPM.

Exchange User Fees

Because DC's Exchange is not operated as a Federally Facilitated Marketplace, there is no load in the development of the MAIR for Exchange User Fees. Note that administrative expenses on Exhibit 11 include an amount for expected DC Exchange Assessment costs.

4.4. Plan Adjusted Index Rate ("PAIR")

Allowable plan level modifiers are applied to the MAIR to develop PAIRs which are shown on Exhibit 12. Allowable adjustments used in rate development include the following:

Non-EHB Adjustment

Rating period non-EHB covered benefits are added back to plan rates as a multiplier when calculating the Plan Adjusted Index Rate for each plan. Development of the non-EHB multiplier is shown in Exhibit 9.

Plan Level Adjustments

An adjustment accounting for differences in network, if applicable, is applied at the plan level. Network adjustments, shown on Exhibit 7, are unchanged from prior years.

Plan level benefit richness factors are applied based on the metal level of the specific plan. Factors indicate the level of induced demand expected at the different metal levels. The induced demand factors are published by CMS in the annual Notice of Benefit and Payment Parameters.

Plan design adjustments accounting for differences in cost sharing between plans have been developed using a consultant's Managed Care Rating Model calibrated with Kaiser-specific data.

Catastrophic Plan Adjustment

A catastrophic specific plan adjustment, when applicable, accounts for the eligibility requirements for consumers eligible to purchase the catastrophic plan compared to the entire pool.

Retention (Administrative Expense, Taxes & Fees, Profit & Risk Margin)

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Retention amounts for the experience period and rating period are shown on Exhibit 11. Projected retention is added uniformly across all plans.

4.5. Calibration

Calibration of the Plan Adjusted Index Rates is necessary in order to calculate Consumer Adjusted Premium Rates. The Plan Adjusted Index Rates are developed for the average member within the Single Risk Pool. Based upon the allowable rating parameters, factors are developed to calibrate the Plan Adjusted Index Rates to generate Consumer Adjusted Premium Rates. The calibrated Plan Adjusted Index Rates have been defined as Base Rates, and the calibration factors are applied uniformly to all plans in the single risk pool.

Age Curve Calibration

The determination of the calibration factor is based upon the DC Standard Age Curve and KFHP internal current period enrollment data. A weighted average age factor is calculated as the product of the enrollment by age and the unadjusted DC age factors. The projected age factor used is the interpolated age factor from the DC standard age curve. The Plan Adjusted Index Rates are then multiplied by the ratio of the age 21 factor and the projected age factor to adjust to rates for an individual aged 21. This ratio, or calibration factor, is 0.707. The development of the average age and calibration factors is shown in Exhibit 6.

Area Factor Calibration

KFHP does not vary rates by rating area, therefore the area calibration factor is 1.00.

4.6. Consumer Adjusted Premium Rate Development

Age 21 Plan Adjusted Index Rates are shown on Exhibit 12. The base rates are adjusted using the DC age slope factors on exhibit 6 to generate age specific rates. The age slope factor for a member is based on the member's age as of the effective date of coverage and remains unchanged for the remainder of the policy period. Where applicable, a quarterly rate adjustment is applied depending on the quarter of the policy's effective date. Quarterly rate factors are shown on Exhibit 13. Note that only the three oldest children under the age of 21 on a family policy are rated.

5. Projected Loss Ratio

Exhibit 14 provides an estimate of the Medical Loss Ratio (MLR) based upon assumptions in this rate filing for the projection year for the specific line of business pool and for the combined Small Group and Individual line of business pools. The combined MLR is expected to be just under 104%.

Federal Medical Loss Ratio

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Using the federally prescribed methodology, we project the combined loss ratio to be just under 108%.

6. Plan Product Information

6.1. Actuarial Value (“AV”) Metal Values

The AV Metal Values were developed based on the CMS Actuarial Value calculator, as all plans’ designs were compatible with the calculator. The Federal AVs are shown on the AV screen shots submitted in the Supporting Documentation section in SERFF.

AV Pricing Values/Allowable Plan Level Adjustments

Per the URRT Instructions, the Allowable Plan Level Adjustments include plan specific adjustment factors for the Cost-Sharing Design of each plan in addition to the EHBs, and administrative costs. The effective plan design adjustment components of the plan level adjustments are calculated using a proprietary pricing model, including model updates, data reflecting a standard population, and KFHP specific data. The cost share and model changes have varying effects on each plan design which leads to non-uniform rate changes between plans. The pricing method is consistent across all plans and does not include any utilization differences due to differing health status of members in different cost-sharing designs.

The AV pricing values, i.e., plan design factors for 2021 plans have changed due to routine updates to the pricing model and/or changes to cost sharing amounts. These changes can have different effects on each plan design, which leads to non-uniform rate changes between the plans.

6.2. Membership Projections

Current year member projections are based on current year open enrollment results and expected adds and cancellations occurring throughout the remainder of the year. Rating year member projections are based on KFHP forecasts.

6.3. Plan Type

There are no plan types that are not listed in the Worksheet 2 drop-down box.

7. Miscellaneous

7.1. Reliance

All data and assumptions contained in this filing were prepared by a team of KFHP employees.

7.2. Historical Rate Revisions Effective January 1

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2016	0.2%
2017	2.0%
2018	5.0%
2019	0.0%
2020	3.0%

7.3. Estimated Average Premium

Estimated average premiums per member and per policy for the current year and projection year are shown below. The projected premium includes the requested rate increase as well as the impact of expected membership changes between products.

	Per Member Per Year	Per Policy Per Year
Current Year	\$5,385	\$7,951
Projection Year	\$5,384	\$7,950

7.4. Exhibit Table of Contents

Exhibit 1	Market Index Rate
Exhibit 2	Allowed Claim PMPMs
Exhibit 3	Capitations
Exhibit 4	Trend Factors
Exhibit 5	Morbidity Factor
Exhibit 6	Demographics
Exhibit 7	Network Factor
Exhibit 8	Utilization Adjustment
Exhibit 9	Non-Essential Health Benefit Adjustments
Exhibit 10	Risk Adjustment Projection
Exhibit 11	Retention
Exhibit 12	Plan Adjusted Index Rate
Exhibit 13	Quarterly Renewal Factors
Exhibit 14	Projected Medical Loss Ratio
Exhibit 15	Cost Share Reduction Subsidy Non-Funding Impact
Appendix 1	First Quarter Plan Rates by Age
Appendix 2	Second Quarter Plan Rates by Age
Appendix 3	Third Quarter Plan Rates by Age
Appendix 4	Fourth Quarter Plan Rates by Age

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Actuarial Certification

I, Sheila A. Schroer, Executive Director and Chief Actuary, Mid-Atlantic States, for Kaiser Foundation Health Plan (KFHP), am a member in good standing 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 Individual plans sold on the Exchange. This actuarial memorandum documents the assumptions and sources of data pertaining to the development of KFHP premium rates effective January 2021.

- To the best of my knowledge and judgment, this rate filing is compliant with all applicable District of Columbia and Federal Statutes and Regulations, including 45 CFR §156.80 and §147.102, and the premiums are reasonable in relation to the benefits provided.
- Rates are developed in accordance with 45 CFR part 147.102 and only the allowable modifiers as described in 45 CFR §156.80(d)(1) and §156.80(d)(2) were used to generate plan level rates.
- The federal AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans.
- This filing is consistent with KFHP's internal business plans.
- The adjusted community rate charged can be reasonably expected to result in a medical loss ratio that, under ACA definitions, meets or exceeds the minimum requirement.

Rates, calculations and values were developed accordance with generally accepted actuarial principles and methodologies for rating blocks of business and in accordance with the Code of Professional Conduct and the following Actuarial Standards of Practice:

- ASOP No. 5, Incurred Health and Disability Claims
- ASOP No. 8, Regulatory Filings for Health Plan Entities
- ASOP No. 12, Risk Classification
- ASOP No. 23, Data Quality
- ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages
- ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans (Small Group Filings only)
- ASOP No. 41, Actuarial Communications
- ASOP No. 45, The Use of Health Status Based Risk Adjustment Methodologies
- ASOP No. 50, Determining Minimum Value and Actuarial Value under the Affordable Care Act

Qualifications:

1. The URRT does not demonstrate the process used by KFHP to develop the rates. Rather it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of Qualified Health Plans for Federally-facilitated Marketplaces, and for certification

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that the Index Rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

2. The information contained within this filing reflects the District of Columbia and Federal statutes, rules, regulations and guidance as of May 1, 2020. Changes to the applicable regulations, including but not limited to Risk Stabilization programs could have a significant impact on rate development. Subsequent changes to these statutes, rules and regulations may make these rates unacceptably deficient and would necessitate revisions to this filing.
3. Future experience is uncertain and in certain instances, assumptions were selected in an effort to achieve more affordable rates. KFHP has sufficient capital reserves as well as a diverse mix of lines of business which will allow for sustainable results for the organization, even if future results for this line of business may differ from what is projected in the filing.



Sheila A. Schroer, ASA, MAAA
Executive Director and Chief Actuary
Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
May 1, 2020

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Exhibit 1
Market Adjusted Index Rate

Source/Formula	Component	Value
(1) Exhibit 2	Experience Period Allowed PMPM	\$428.68
(2) Exhibit 9	Remove Non-EHBs Adjustment Factor	0.984
(3) = (1) x (2)	Experience Period Index Rate PMPM	\$421.98
(4) Exhibit 4	Annualized Medical Trend	2.3%
(5)	Months of Trend	24
(6) = (1+ (4)) ^ (24/12)	Trend Factor	1.047
(7) = (3) x (6)	Unadjusted Projected Allowed EHB PMPM	\$441.64
<u>Single Risk Pool Adjustments</u>		
(8) Exhibit 5	Change in Morbidity	0.998
(9) Exhibit 6	Change in Demographics	1.005
(10) Exhibit 7	Change in Network	1.000
(11) Exhibit 8	Change in Utilization	1.003
(12)	Change in Other	1.000
(13) = product (7) thru (12)	Projected Allowed EHBs PMPM	\$444.55
(14) Exhibit 12	Projected Paid to Allowed Ratio	0.895
(15) = (13) x (14)	Projected Paid EHBs PMPM	\$398.07
<u>Marketwide Adjustments</u>		
(16) Exhibit 10	Projected Risk Adj Transfer PMPM	(\$71.08)
(17) Exhibit 11	Projected Exchange User Fee Factor	1.000
(18) = [(15) - (16)] * (17)	Market Adjusted Projected Paid EHB PMPM	\$469.15
(19) = (18) / (14)	Market Adjusted Projected Allowed EHB PMPM	\$523.93
(20) Exhibit 9	Non-EHBs Loading Factor	1.010
(21) = (20) x (18)	Market Adjusted Projected Paid Total PMPM	\$473.83

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
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**Exhibit 2
Allowed Claim PMPMs**

Pool	Member Months	Calculated Allowed	Capitation	Completion	Total
Individual Small Group	32,679	\$525.97	\$3.22	\$4.36	\$533.55
	51,108	355.46	3.22	2.95	361.63
Overall	83,787	\$421.96	\$3.22	\$3.50	\$428.68

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
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**Exhibit 3
Capitations**

Source/Formula	Component	Combined
<i>Experience Period - Essential Health Benefits</i>		
(1) Input	Pediatric Dental PMPM	\$1.54
<i>Experience Period - Non Essential Health Benefits</i>		
(2) Input	Cosmetic Dental PMPM	\$0.60
(3) Input	Adult Dental PMPM	\$1.07
(4) = (2) + (3)	Subtotal Non EHBs PMPM	\$1.68
(5) = (1) + (4)	Experience Period - Total	\$3.22
<i>Projection Period - Essential Health Benefits</i>		
(6) Expected Contract Rate	Pediatric Dental Cap	\$11.04
(7) Exhibit 6	Percentage of Children < 21	14.5%
(8) = (6) x (7)	Pediatric Dental PMPM	\$1.60
(9) = (8)	Projection Period - Total	\$1.60

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group**

**Exhibit 4
Trend Factors**

Category	Cost	Utilization	Trend
Inpatient	3.0%	0.0%	3.0%
Outpatient	3.4%	0.2%	3.6%
Professional	1.0%	0.9%	1.9%
Other	0.5%	2.6%	3.1%
Capitation	0.0%	0.0%	0.0%
Rx	1.6%	0.7%	2.2%
Overall			2.3%

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**Exhibit 5
Morbidity Factor**

	Member Months	Relative Morbidity
(1) Experience Period Single Risk Pool	83,787	1.000
(2) Continuing Experience Period Members	67,694	1.047
(3) Continuing Current Year New Members	9,990	0.977
(4) Projection Period New Members	19,196	0.839
(5) Projection Period Single Risk Pool	96,880	0.998
(6) Adjustment for Change in Risk = [(5) / (1)]		0.998

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
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**Exhibit 6
Demographics**

Ages	DC Age Slope	Member Distribution	
		Experience Period	Current Period
0-14	0.654	11.2%	11.4%
15	0.654	0.6%	0.6%
16	0.654	0.6%	0.7%
17	0.654	0.5%	0.6%
18	0.654	0.5%	0.5%
19	0.654	0.5%	0.5%
20	0.654	0.5%	0.6%
21	0.727	0.5%	0.5%
22	0.727	0.8%	0.8%
23	0.727	1.6%	1.0%
24	0.727	1.8%	2.1%
25	0.727	2.4%	2.2%
26	0.727	3.5%	3.1%
27	0.727	4.0%	3.9%
28	0.744	4.1%	4.2%
29	0.760	4.2%	3.8%
30	0.779	4.0%	3.9%
31	0.799	3.8%	3.9%
32	0.817	3.4%	3.5%
33	0.836	3.7%	3.3%
34	0.856	3.0%	3.2%
35	0.876	2.9%	2.9%
36	0.896	2.9%	2.8%
37	0.916	2.3%	2.7%
38	0.927	2.2%	2.0%
39	0.938	2.0%	2.2%
40	0.975	2.1%	2.1%
41	1.013	1.6%	2.1%
42	1.053	1.6%	1.5%
43	1.094	1.4%	1.4%
44	1.137	1.3%	1.4%
45	1.181	1.2%	1.2%
46	1.227	1.4%	1.2%
47	1.275	1.5%	1.5%
48	1.325	1.2%	1.5%
49	1.377	1.3%	1.3%
50	1.431	1.2%	1.3%
51	1.487	1.1%	1.3%
52	1.545	1.2%	1.0%
53	1.605	1.3%	1.3%
54	1.668	1.4%	1.3%
55	1.733	1.1%	1.3%
56	1.801	1.1%	1.1%
57	1.871	1.0%	1.1%
58	1.944	1.2%	1.0%
59	2.020	1.1%	1.0%
60	2.099	1.2%	1.0%
61	2.181	1.0%	1.2%
62	2.181	0.8%	1.0%
63	2.181	0.9%	0.8%
64+	2.181	2.5%	2.7%

Demographic & Calibration Adjustment:

	Implied		
	Age	Factor	
Exp Period Avg Age Factor	41.3	1.024	(1)
Proj Period Avg Age Factor	41.4	1.029	(2)
Change in Demographics		1.005	= (2)/(1)
Age 21 Age Slope Factor		0.727	(3)
Index Rate Age Factor Calibration		0.707	= 1 / (2) x (3)

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**Exhibit 7
Network Factor**

Experience Period

(1)	(2)	(3)
Network	Small Group Member Months	Network Adjustment Factor
Signature	40,152	1.000
Signature 2TPOS	1,384	1.100
Select	9,572	1.050
Overall	51,108	1.012

Projection Period

(1)	(2)	(3)	(4)
Network	Small Group Member Months	Network Adjustment Factor	Normalizing Factor
Signature	50,144	1.000	0.988
Signature 2TPOS	2,194	1.100	1.086
Select	11,624	1.050	1.037
Overall	63,962	1.013	1.000

Change in Network Factor	1.000
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**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
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**Exhibit 8
Utilization Adjustment**

	Pool	Member Months	Utilization
<i>Experience Period</i>			
(1)	Individual	32,679	0.846
(2)	Small Group	51,108	0.884
(3)	Overall	83,787	0.869
<i>Projection Period</i>			
(4)	Individual	32,918	0.846
(5)	Small Group	63,962	0.886
(6)	Overall	96,880	0.872
<i>Change in Average Utilization</i>			
(7)	= (6) / (3)		1.003

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
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**Exhibit 9
Non-Essential Health Benefits Adjustments**

Source/Formula	Component	Value
<i>Experience Period</i>		
(1) Exhibit 2	Completed Allowed Claims	\$428.68
(2) Input	Non-EHB Capitation	\$1.68
(3) Input	Non-EHB Non Capitation	\$5.02
(4) = (1) - (2) - (3)	EHB Completed Allowed Claims	\$421.98
(5) = (4) / (1)	Exp Period Non-EHB Removal Factor	0.984
<i>Projection Period</i>		
(6) Exhibit 1	Market Adjusted Index Rate	\$523.93
(7) Exhibit 1	Risk Adj Transfer Paid PMPM	-\$71.08
(8) Exhibit 1	Paid to Allowed Ratio	0.895
(9) = (7) x (8)	Risk Adj Transfer Allowed PMPM	-\$79.38
(10) = (6) + (9)	Market Adjusted Index Rate Prior to Risk Adj	\$444.55
(11) Input	Non-EHB Capitation	\$0.00
(12) Input	Non-EHB Non Capitation	\$5.23
(13) = sum((10) thru (12)) - (9)	Projection Period Market Adjusted Allowed Total	\$529.16
(14) = (13) / (6)	Projection Period Non-EHB Load Factor	1.010

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Exhibit 10
Risk Adjustment Projection

		Estimated 2019	Annualized Change	Projected 2021
Platinum				
(1)	Member Months	19,793		25,518
(2)	HHS Transfer % of Premium	(0.087)		(0.101)
(3)	Statewide Average Premium PMPM	\$438.02	5.0%	\$482.88
(4) = (2) x (3)	Transfer PMPM	(\$38.05)		(\$48.67)
(5) = (1) x (4)	Transfer \$	(\$753,127)		(\$1,242,067)
Gold				
(6)	Member Months	24,436		30,743
(7)	HHS Transfer % of Premium	(0.141)		(0.154)
(8)	Statewide Average Premium PMPM	\$438.02	5.0%	\$482.88
(9) = (7) x (8)	Transfer PMPM	(\$61.97)		(\$74.22)
(10) = (6) x (9)	Transfer \$	(\$1,514,322)		(\$2,281,777)
Silver				
(11)	Member Months	5,110		5,563
(12)	HHS Transfer % of Premium	(0.219)		(0.215)
(13)	Statewide Average Premium PMPM	\$438.02	5.0%	\$482.88
(14) = (12) x (13)	Transfer PMPM	(\$95.96)		(\$103.77)
(15) = (11) x (14)	Transfer \$	(\$490,360)		(\$577,274)
Bronze				
(16)	Member Months	1,769		2,138
(17)	HHS Transfer % of Premium	(0.397)		(0.431)
(18)	Statewide Average Premium PMPM	\$438.02	5.0%	\$482.88
(19) = (17) x (18)	Transfer PMPM	(\$173.77)		(\$208.15)
(20) = (16) x (19)	Transfer \$	(\$307,404)		(\$444,991)
Catastrophic				
(21)	Member Months	N/A		N/A
(22)	HHS Transfer % of Premium	N/A		N/A
(23)	Statewide Average Premium PMPM (Cat)	N/A		N/A
(24) = (22) x (23)	Transfer PMPM	N/A		N/A
(25) = (21) x (24)	Transfer \$	N/A		N/A
Combined				
(26) = (1) + (6) + (11) + (16) + (21)	Total Risk Adjustment Member Months*	51,108		63,962
(27) = (28) / (26)	Total Transfer Paid (PMPM)	(\$59.98)		(\$71.08)
(28) = (5) + (10) + (15) + (20) + (25)	Total Transfer Paid	(\$3,065,212)		(\$4,546,109)

*Federal member month counting algorithms are not consistent with KFHP counting algorithms. Experience period member months on this exhibit may not match experience periods on other exhibits.

Transfer formula:

$$T = \left[\frac{PLRS \times IDF \times GCF}{\sum_i (s_i \times PLRS_i \times IDF_i \times GCF_i)} - \frac{AV \times ARF \times IDF \times GCF}{\sum_i (s_i \times AV_i \times ARF_i \times IDF_i \times GCF_i)} \right] \bar{P}$$

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Exhibit 11
Retention

Source/Formula	Retention Item	2019 Experience		2021 Projected	
		Net PMPM	% of Premium	Net PMPM	% of Premium
(1)	Operating Expense	\$40.80	9.5%	\$42.64	9.5%
(2)	Health Care Quality	3.88	4.3%	4.06	4.6%
(3)	Commissions	18.43	0.9%	20.51	0.9%
(4) = sum (1) thru (3)	Subtotal Admin Exp	\$63.11	14.7%	\$67.20	15.0%
(5)	Exchange Assessment	\$3.99	0.9%	\$4.49	1.0%
(6)	PCORI	0.06	0.0%	0.23	0.1%
(7)	State Premium Tax	8.56	2.0%	8.97	2.0%
(8)	Federal Income Tax	0.00	0.0%	0.00	0.0%
(9)	Health Ins Provider Fee	0.00	0.0%	0.00	0.0%
(10)	Risk Adjustment Fee	0.15	0.0%	0.19	0.0%
(11) = sum (5) thru (10)	Subtotal Taxes & Fees	\$12.77	3.0%	\$13.88	3.1%
(12)	Contribution to Reserve*	(\$35.51)	-8.3%	(\$136.85)	-30.5%
(13) = (4)+(11)+(12)	Total	\$40.36	9.4%	(\$55.77)	-12.4%

***Notes:**

1. Projected Contribution to Reserve is calculated as if claims are on an Individual and Small Group combined basis.

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group**

**Exhibit 12
Plan Adjustment Index Rate Development**

	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)
Name	Market Adjusted Index Rate	Impact of Non-EHB	Non-Funding of CSR Adjustment	Network Factor	Normalized Utilization	Plan Design	Catastrophic Plan Adjustment	Pure Premium	Retention	Plan Adjusted Index Rate	Age Curve Calibration*	Area Curve Calibration	Calibrated Plan Adj Index Rate (Age 21 Base Rate)
KP DC Platinum 0/10/Vision	\$523.93	1.010	1.000	0.988	1.035	0.955	1.000	\$516.32	0.889	\$459.24	0.707	1.000	\$324.50
KP DC Platinum 500/10/Vision	523.93	1.010	1.000	0.988	1.028	0.934	1.000	501.63	0.889	446.17	0.707	1.000	315.27
KP DC Platinum HMO Plus 0/10/Vision	523.93	1.010	1.000	0.988	1.035	0.993	1.000	536.97	0.889	477.61	0.707	1.000	337.48
KP DC Gold 0/20/Vision	523.93	1.010	1.000	0.988	1.000	0.893	1.000	466.86	0.889	415.25	0.707	1.000	293.42
KP DC Gold 1000/20/Vision	523.93	1.010	1.000	0.988	0.988	0.859	1.000	443.32	0.889	394.31	0.707	1.000	278.62
KP DC Gold 1500/20/Vision	523.93	1.010	1.000	0.988	0.983	0.850	1.000	436.85	0.889	388.55	0.707	1.000	274.55
KP DC Gold 1700/0%/HSA/Vision	523.93	1.010	1.000	0.988	0.966	0.838	1.000	423.07	0.889	376.30	0.707	1.000	265.89
KP DC Gold 500/20/Vision	523.93	1.010	1.000	0.988	0.990	0.874	1.000	451.78	0.889	401.83	0.707	1.000	283.93
KP DC Gold DHMO Plus 1500/20/Vision	523.93	1.010	1.000	0.988	0.983	0.884	1.000	454.32	0.889	404.10	0.707	1.000	285.53
KP DC Gold HMO Plus 0/20/Vision	523.93	1.010	1.000	0.988	1.000	0.929	1.000	485.54	0.889	431.86	0.707	1.000	305.15
KP DC Silver 2000/30/HSA/Vision	523.93	1.010	1.000	0.988	0.944	0.779	1.000	384.42	0.889	341.92	0.707	1.000	241.60
KP DC Silver 2000/40/Vision	523.93	1.010	1.000	0.988	0.942	0.798	1.000	392.70	0.889	349.28	0.707	1.000	246.80
KP DC Silver 2500/30/HSA/Vision	523.93	1.010	1.000	0.988	0.933	0.757	1.000	369.09	0.889	328.28	0.707	1.000	231.96
KP DC Silver 2500/40/Vision	523.93	1.010	1.000	0.988	0.936	0.794	1.000	388.27	0.889	345.34	0.707	1.000	244.02
KP DC Silver DHMO Plus 2000/40/Vision	523.93	1.010	1.000	0.988	0.942	0.830	1.000	408.41	0.889	363.26	0.707	1.000	256.68
KP DC Bronze 6500/55/Vision	523.93	1.010	1.000	0.988	0.895	0.752	1.000	351.95	0.889	313.04	0.707	1.000	221.19
KP DC Bronze 7000/0%/HSA/Vision	523.93	1.010	1.000	0.988	0.890	0.728	1.000	338.49	0.889	301.07	0.707	1.000	212.74
KP DC Bronze 7000/50/20%/HSA/Vision	523.93	1.010	1.000	0.988	0.877	0.711	1.000	325.85	0.889	289.83	0.707	1.000	204.79
KP DC Platinum 0/10/POS/Vision	523.93	1.010	1.000	1.086	1.022	0.937	1.000	550.10	0.889	489.28	0.707	1.000	345.72
KP DC Platinum 500/10/POS/Vision	523.93	1.010	1.000	1.086	1.017	0.918	1.000	536.59	0.889	477.27	0.707	1.000	337.24
KP DC Gold 1000/20/POS/Vision	523.93	1.010	1.000	1.086	0.979	0.847	1.000	476.32	0.889	423.66	0.707	1.000	299.36
KP DC Silver 2500/40/POS/Vision	523.93	1.010	1.000	1.086	0.928	0.771	1.000	411.42	0.889	365.93	0.707	1.000	258.57
KP DC Bronze 6500/55/POS/Vision	523.93	1.010	1.000	1.086	0.885	0.729	1.000	371.12	0.889	330.09	0.707	1.000	233.24
KP DC Platinum 0/10/Vision/Sel	523.93	1.010	1.000	1.037	1.035	0.955	1.000	542.14	0.889	482.20	0.707	1.000	340.72
KP DC Platinum 500/10/Vision/Sel	523.93	1.010	1.000	1.037	1.028	0.934	1.000	526.71	0.889	468.48	0.707	1.000	331.03
KP DC Gold 0/20/Vision/Sel	523.93	1.010	1.000	1.037	1.000	0.893	1.000	490.21	0.889	436.01	0.707	1.000	308.09
KP DC Gold 1000/20/Vision/Sel	523.93	1.010	1.000	1.037	0.988	0.859	1.000	465.48	0.889	414.02	0.707	1.000	292.55
KP DC Gold 1500/20/Vision/Sel	523.93	1.010	1.000	1.037	0.983	0.850	1.000	458.69	0.889	407.98	0.707	1.000	288.28
KP DC Gold 1700/0%/HSA/Vision/Sel	523.93	1.010	1.000	1.037	0.966	0.838	1.000	444.23	0.889	395.12	0.707	1.000	279.19
KP DC Gold 500/20/Vision/Sel	523.93	1.010	1.000	1.037	0.990	0.874	1.000	474.36	0.889	421.92	0.707	1.000	298.13
	\$523.93	1.010	1.000	1.000	1.000	0.895	1.000	\$474.91	0.889	\$422.41	0.707	1.000	\$298.48

* Age Curve Calibration from 41.4 to 21 years old

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Exhibit 13
Quarterly Renewal Factors

Source/Formula	Component	Renewal Quarter				Overall
		Q1	Q2	Q3	Q4	
(1) Data	Member Distribution by Renewal Qtr	48%	12%	15%	25%	100%
(2) Input	Months of Trend	0.0	3.0	6.0	9.0	
(3) Exhibit 4	Annual Trend	2.3%	2.3%	2.3%	2.3%	
(4) Exhibit 1	2021 Claims PMPM					\$473.83
(5) = (4) * [(1 + (3)) ^ ((2) / 12)]	Quarterly Projected Claims PMPM	\$473.83	\$476.53	\$479.25	\$481.99	\$476.97
(6) = (5) / Total (5)	Quarterly Rate Trend Factor	0.993	0.999	1.005	1.011	

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Exhibit 14
Projected Medical Loss Ratio

			Small Group Market PMPM	Combined Market PMPM
Component				
(1)	Input	Premium	\$448.68	\$453.00
(2)	Input	Net Claims	\$346.47	\$391.22
(3)	Exhibit 10	Risk Adjustment Transfer	(\$71.08)	(\$77.51)
(4)	= (2) - (3)	Total Medical Expense	\$417.54	\$468.73
(5)	Exhibit 11	Administrative Expenses	\$63.14	\$55.31
(6)	Exhibit 11	Health Care Quality	\$4.06	\$4.07
(7)	= (5) + (6)	Total	\$67.20	\$59.38
(8)	Exhibit 11	Exchange Fee	\$4.49	\$4.53
(9)	Exhibit 11	PCORI	\$0.23	\$0.23
(10)	Exhibit 11	DC Premium Tax	\$8.97	\$9.06
(11)	Exhibit 11	Federal Income Tax	\$0.00	\$0.00
(12)	Exhibit 11	Health Ins Provider Fee	\$0.00	\$0.00
(13)	Exhibit 11	Risk Adj Fee	\$0.19	\$0.19
(14)	= sum (8) thru (13)	Total Taxes and Fees	\$13.88	\$14.01
(15)	= (1) - (4) - (7) - (14)	Contribution to Reserve	(\$49.94)	(\$89.12)
(16)	= [(4)] / (1)]	Loss Ratio	93.1%	103.5%
(17)	= [(4) + (6)] / [(1) - (14)]	ACA Medical Loss Ratio	97.0%	107.7%

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Exhibit 15
Cost Share Reduction Subsidy Non-Funding Impact

		Silver Exchange Plans	Plan Design	Member Distribution
(1)	Base	KP DC Silver 2500/30/Vision	0.801	24.3%
(2)	73%	KP DC Silver 2200/30/CSR/Vision (2500)	0.815	3.7%
(3)	87%	KP DC Silver 0/10/CSR/Vision (2500)	0.898	0.9%
(4)	94%	KP DC Silver 0/5/CSR/Vision (2500)	0.962	0.6%
(5)	Base	KP DC Standard Silver 4000/40/Vision	0.785	50.9%
(6)	73%	KP DC Standard Silver 3500/40/CSR/Vision(40	0.798	2.5%
(7)	87%	KP DC Standard Silver 100/25/CSR/Vision (400	0.876	1.2%
(8)	94%	KP DC Standard Silver 0/5/CSR/Vision (4000)	0.932	2.5%
(9)	Base	KP DC Silver 3200/30%/HSA/Vision	0.750	10.4%
(10)	73%	KP DC Silver 2000/20%/CSR/Vision (3200)	0.792	1.3%
(11)	87%	KP DC Silver 600/10%/CSR/Vision (3200)	0.898	0.4%
(12)	94%	KP DC Silver 100/5%/CSR/Vision (3200)	0.959	1.0%
(13)	= Wtd Avg (1), (5), (9)	Silver Base Plan Average	0.785	
(14)	= Wtd Avg (1) thru (12)	Overall Silver Average	0.796	
(15)	= (14) / (13)	CSR Adjustment Factor for Silver Plans	1.014	100.0%

Note:

Rates do not include any adjustment for non-funding of Cost Share Reduction subsidies. The impact on this exhibit is shown for informational purposes only and represents an expected margin loss on Silver plans of 1.4%

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group**

**Rates Effective January 1, 2021
Appendix I-A**

	94506DC0350001	94506DC0350002	94506DC0350023	94506DC0350004	94506DC0350005	94506DC0350025	94506DC0350006	94506DC0350021
Age	KP DC Platinum 0/10/Vision	KP DC Platinum 500/10/Vision	KP DC Platinum HMO Plus 0/10/Vision	KP DC Gold 0/20/Vision	KP DC Gold 1000/20/Vision	KP DC Gold 1500/20/Vision	KP DC Gold 1700/0%/HSA/Vision	KP DC Gold 500/20/Vision
20 and Under	290.00	281.75	301.59	262.22	248.99	245.36	237.62	253.74
21	322.36	313.20	335.26	291.49	276.79	272.74	264.14	282.06
22	322.36	313.20	335.26	291.49	276.79	272.74	264.14	282.06
23	322.36	313.20	335.26	291.49	276.79	272.74	264.14	282.06
24	322.36	313.20	335.26	291.49	276.79	272.74	264.14	282.06
25	322.36	313.20	335.26	291.49	276.79	272.74	264.14	282.06
26	322.36	313.20	335.26	291.49	276.79	272.74	264.14	282.06
27	322.36	313.20	335.26	291.49	276.79	272.74	264.14	282.06
28	329.90	320.52	343.10	298.31	283.26	279.12	270.32	288.66
29	337.00	327.41	350.48	304.72	289.35	285.12	276.13	294.86
30	345.42	335.60	359.24	312.34	296.58	292.25	283.03	302.24
31	354.29	344.21	368.46	320.36	304.20	299.76	290.30	310.00
32	362.27	351.97	376.76	327.57	311.05	306.51	296.84	316.98
33	370.70	360.15	385.53	335.19	318.29	313.64	303.74	324.35
34	379.57	368.77	394.75	343.21	325.90	321.14	311.01	332.11
35	388.43	377.39	403.97	351.23	333.51	328.64	318.28	339.87
36	397.30	386.00	413.19	359.25	341.13	336.15	325.54	347.63
37	406.17	394.62	422.42	367.27	348.74	343.65	332.81	355.39
38	411.05	399.36	427.49	371.68	352.93	347.78	336.81	359.66
39	415.93	404.10	432.56	376.09	357.12	351.90	340.80	363.93
40	432.33	420.04	449.63	390.92	371.21	365.78	354.25	378.28
41	449.18	436.41	467.15	406.16	385.67	380.04	368.05	393.02
42	466.92	453.64	485.60	422.20	400.90	395.05	382.59	408.54
43	485.10	471.30	504.50	438.64	416.51	410.43	397.48	424.45
44	504.17	489.83	524.33	455.88	432.88	426.56	413.11	441.13
45	523.68	508.78	544.62	473.52	449.64	443.07	429.09	458.20
46	544.07	528.60	565.84	491.96	467.15	460.32	445.80	476.05
47	565.36	549.28	587.97	511.21	485.42	478.33	463.24	494.67
48	587.53	570.82	611.03	531.26	504.46	497.09	481.41	514.07
49	610.59	593.22	635.01	552.11	524.26	516.60	500.30	534.25
50	634.53	616.48	659.91	573.76	544.82	536.86	519.92	555.20
51	659.36	640.61	685.74	596.21	566.14	557.87	540.27	576.93
52	685.08	665.59	712.48	619.46	588.22	579.63	561.34	599.43
53	711.69	691.44	740.15	643.52	611.06	602.14	583.14	622.71
54	739.62	718.58	769.21	668.78	635.05	625.77	606.03	647.15
55	768.44	746.59	799.18	694.84	659.80	650.16	629.65	672.37
56	798.60	775.88	830.54	722.11	685.68	675.67	654.36	698.75
57	829.63	806.04	862.82	750.17	712.34	701.93	679.79	725.91
58	862.00	837.49	896.48	779.44	740.13	729.32	706.31	754.23
59	895.70	870.23	931.53	809.91	769.06	757.83	733.93	783.72
60	930.73	904.26	967.96	841.59	799.14	787.47	762.63	814.37
61	967.08	939.59	1,005.78	874.47	830.36	818.22	792.42	846.18
62	967.08	939.59	1,005.78	874.47	830.36	818.22	792.42	846.18
63	967.08	939.59	1,005.78	874.47	830.36	818.22	792.42	846.18
64+	967.08	939.59	1,005.78	874.47	830.36	818.22	792.42	846.18

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Rates Effective January 1, 2021
Appendix I-B

	94506DC0350026	94506DC0350024	94506DC0350010	94506DC0350008	94506DC0350011	94506DC0350009	94506DC0350027	94506DC0350012
Age	KP DC Gold DHMO Plus 1500/20/Vision	KP DC Gold HMO Plus 0/20/Vision	KP DC Silver 2000/30/HSA/Vision	KP DC Silver 2000/40/Vision	KP DC Silver 2500/30/HSA/Vision	KP DC Silver 2500/40/Vision	KP DC Silver DHMO Plus 2000/40/Vision	KP DC Bronze 6500/55/Vision
20 and Under	255.17	272.70	215.91	220.56	207.30	218.07	229.39	197.67
21	283.65	303.14	240.01	245.18	230.43	242.41	254.99	219.73
22	283.65	303.14	240.01	245.18	230.43	242.41	254.99	219.73
23	283.65	303.14	240.01	245.18	230.43	242.41	254.99	219.73
24	283.65	303.14	240.01	245.18	230.43	242.41	254.99	219.73
25	283.65	303.14	240.01	245.18	230.43	242.41	254.99	219.73
26	283.65	303.14	240.01	245.18	230.43	242.41	254.99	219.73
27	283.65	303.14	240.01	245.18	230.43	242.41	254.99	219.73
28	290.28	310.23	245.62	250.91	235.82	248.08	260.95	224.87
29	296.53	316.90	250.90	256.31	240.89	253.42	266.57	229.71
30	303.94	324.82	257.18	262.71	246.92	259.75	273.23	235.45
31	311.74	333.16	263.78	269.46	253.26	266.42	280.24	241.50
32	318.77	340.67	269.72	275.53	258.96	272.42	286.56	246.94
33	326.18	348.59	276.00	281.94	264.98	278.76	293.22	252.68
34	333.98	356.93	282.60	288.68	271.32	285.43	300.24	258.72
35	341.79	365.27	289.20	295.43	277.66	292.10	307.25	264.77
36	349.59	373.61	295.80	302.17	284.00	298.77	314.27	270.81
37	357.39	381.95	302.41	308.91	290.34	305.44	321.28	276.86
38	361.68	386.54	306.04	312.62	293.83	309.10	325.14	280.18
39	365.98	391.12	309.67	316.33	297.31	312.77	329.00	283.51
40	380.41	406.55	321.88	328.81	309.04	325.11	341.98	294.69
41	395.24	422.40	334.43	341.63	321.09	337.78	355.30	306.18
42	410.85	439.08	347.64	355.12	333.76	351.12	369.33	318.27
43	426.84	456.17	361.17	368.94	346.76	364.79	383.71	330.66
44	443.62	474.10	375.37	383.45	360.39	379.13	398.80	343.66
45	460.79	492.45	389.89	398.28	374.34	393.80	414.23	356.96
46	478.73	511.63	405.08	413.80	388.92	409.14	430.36	370.86
47	497.46	531.65	420.93	429.99	404.13	425.14	447.20	385.37
48	516.97	552.49	437.43	446.85	419.98	441.81	464.74	400.48
49	537.26	574.18	454.60	464.38	436.46	459.15	482.97	416.20
50	558.33	596.69	472.43	482.60	453.58	477.16	501.91	432.52
51	580.18	620.04	490.91	501.48	471.33	495.83	521.56	449.44
52	602.81	644.23	510.06	521.04	489.71	515.17	541.90	466.97
53	626.22	669.25	529.87	541.28	508.73	535.18	562.94	485.11
54	650.80	695.52	550.67	562.52	528.70	556.19	585.04	504.15
55	676.16	722.62	572.13	584.44	549.30	577.86	607.84	523.80
56	702.69	750.97	594.58	607.38	570.85	600.53	631.69	544.35
57	730.00	780.16	617.69	630.98	593.04	623.87	656.24	565.51
58	758.48	810.60	641.79	655.60	616.18	648.22	681.85	587.57
59	788.14	842.29	666.88	681.23	640.27	673.56	708.50	610.54
60	818.96	875.23	692.96	707.87	665.31	699.90	736.21	634.42
61	850.95	909.42	720.03	735.53	691.29	727.23	764.97	659.19
62	850.95	909.42	720.03	735.53	691.29	727.23	764.97	659.19
63	850.95	909.42	720.03	735.53	691.29	727.23	764.97	659.19
64+	850.95	909.42	720.03	735.53	691.29	727.23	764.97	659.19

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Rates Effective January 1, 2021
Appendix I-C

	94506DC0350015	94506DC0350014	94506DC0360004	94506DC0360005	94506DC0360003	94506DC0360002	94506DC0360001	94506DC0350016
Age	KP DC Bronze 7000/0%/HSA/Vision	7000/50/20%/HSA/Vision	KP DC Platinum 0/10/POS/Vision	KP DC Platinum 500/10/POS/Vision	KP DC Gold 1000/20/POS/Vision	KP DC Silver 2500/40/POS/Vision	KP DC Bronze 6500/55/POS/Vision	KP DC Platinum 0/10/Vision/Sel
20 and Under	190.12	183.01	308.96	301.38	267.53	231.08	208.44	304.49
21	211.34	203.44	343.45	335.02	297.39	256.87	231.71	338.48
22	211.34	203.44	343.45	335.02	297.39	256.87	231.71	338.48
23	211.34	203.44	343.45	335.02	297.39	256.87	231.71	338.48
24	211.34	203.44	343.45	335.02	297.39	256.87	231.71	338.48
25	211.34	203.44	343.45	335.02	297.39	256.87	231.71	338.48
26	211.34	203.44	343.45	335.02	297.39	256.87	231.71	338.48
27	211.34	203.44	343.45	335.02	297.39	256.87	231.71	338.48
28	216.28	208.20	351.48	342.85	304.34	262.88	237.12	346.39
29	220.93	212.68	359.03	350.23	310.89	268.53	242.22	353.84
30	226.46	217.99	368.01	358.98	318.66	275.24	248.28	362.69
31	232.27	223.59	377.46	368.20	326.84	282.31	254.65	372.00
32	237.50	228.63	385.96	376.50	334.21	288.67	260.39	380.38
33	243.03	233.94	394.94	385.25	341.98	295.38	266.45	389.23
34	248.84	239.54	404.39	394.47	350.16	302.45	272.82	398.54
35	254.65	245.14	413.83	403.68	358.34	309.51	279.19	407.85
36	260.47	250.74	423.28	412.90	366.52	316.58	285.57	417.16
37	266.28	256.33	432.73	422.12	374.70	323.65	291.94	426.47
38	269.48	259.41	437.93	427.19	379.20	327.53	295.45	431.59
39	272.68	262.49	443.12	432.26	383.70	331.42	298.95	436.72
40	283.43	272.84	460.60	449.31	398.84	344.49	310.75	453.94
41	294.48	283.48	478.56	466.82	414.38	357.92	322.86	471.63
42	306.11	294.67	497.45	485.25	430.75	372.05	335.61	490.26
43	318.03	306.14	516.82	504.14	447.52	386.54	348.67	509.35
44	330.53	318.18	537.13	523.96	465.11	401.73	362.38	529.37
45	343.32	330.49	557.92	544.24	483.11	417.28	376.40	549.85
46	356.69	343.36	579.65	565.43	501.92	433.53	391.06	571.27
47	370.64	356.79	602.33	587.55	521.56	450.49	406.36	593.62
48	385.18	370.79	625.95	610.60	542.01	468.16	422.30	616.90
49	400.30	385.34	650.51	634.56	563.28	486.53	438.87	641.11
50	415.99	400.45	676.02	659.44	585.37	505.61	456.08	666.25
51	432.27	416.12	702.48	685.25	608.28	525.40	473.93	692.32
52	449.13	432.35	729.88	711.98	632.01	545.89	492.41	719.32
53	466.58	449.14	758.22	739.63	656.55	567.09	511.54	747.26
54	484.89	466.77	787.99	768.66	682.32	589.35	531.62	776.59
55	503.79	484.96	818.69	798.61	708.91	612.32	552.33	806.85
56	523.55	503.99	850.82	829.95	736.73	636.34	574.00	838.51
57	543.90	523.58	883.89	862.21	765.36	661.07	596.31	871.10
58	565.12	544.01	918.37	895.85	795.22	686.87	619.58	905.09
59	587.22	565.27	954.28	930.87	826.31	713.72	643.80	940.48
60	610.18	587.38	991.60	967.27	858.63	741.63	668.98	977.26
61	634.02	610.32	1,030.34	1,005.06	892.17	770.61	695.12	1,015.43
62	634.02	610.32	1,030.34	1,005.06	892.17	770.61	695.12	1,015.43
63	634.02	610.32	1,030.34	1,005.06	892.17	770.61	695.12	1,015.43
64+	634.02	610.32	1,030.34	1,005.06	892.17	770.61	695.12	1,015.43

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Rates Effective January 1, 2021
Appendix I-D

	94506DC0350017	94506DC0350018	94506DC0350019	94506DC0350028	94506DC0350020	94506DC0350022
Age	KP DC Platinum 500/10/Vision/Sel	KP DC Gold 0/20/Vision/Sel	KP DC Gold 1000/20/Vision/Sel	KP DC Gold 1500/20/Vision/Sel	KP DC Gold 1700/0%/HSA/Vision/Sel	KP DC Gold 500/20/Vision/Sel
20 and Under	295.83	275.33	261.44	257.63	249.50	266.43
21	328.85	306.06	290.62	286.38	277.35	296.17
22	328.85	306.06	290.62	286.38	277.35	296.17
23	328.85	306.06	290.62	286.38	277.35	296.17
24	328.85	306.06	290.62	286.38	277.35	296.17
25	328.85	306.06	290.62	286.38	277.35	296.17
26	328.85	306.06	290.62	286.38	277.35	296.17
27	328.85	306.06	290.62	286.38	277.35	296.17
28	336.54	313.22	297.42	293.08	283.84	303.09
29	343.78	319.96	303.82	299.38	289.94	309.61
30	352.37	327.95	311.41	306.87	297.19	317.35
31	361.42	336.37	319.41	314.75	304.82	325.50
32	369.56	343.95	326.60	321.84	311.69	332.83
33	378.16	351.95	334.20	329.32	318.94	340.57
34	387.20	360.37	342.19	337.20	326.57	348.72
35	396.25	368.79	350.19	345.08	334.20	356.87
36	405.30	377.21	358.18	352.96	341.83	365.02
37	414.34	385.63	366.18	360.83	349.46	373.16
38	419.32	390.26	370.58	365.17	353.65	377.65
39	424.30	394.89	374.97	369.50	357.85	382.13
40	441.03	410.47	389.77	384.08	371.97	397.20
41	458.22	426.47	404.96	399.05	386.46	412.68
42	476.31	443.31	420.95	414.80	401.72	428.98
43	494.86	460.57	437.34	430.95	417.36	445.68
44	514.31	478.67	454.53	447.89	433.77	463.20
45	534.21	497.19	472.12	465.22	450.56	481.12
46	555.02	516.56	490.50	483.35	468.10	499.86
47	576.73	536.77	509.69	502.25	486.42	519.41
48	599.35	557.82	529.68	521.95	505.49	539.78
49	622.87	579.71	550.47	542.43	525.33	560.97
50	647.30	602.44	572.06	563.71	545.93	582.97
51	672.63	626.02	594.44	585.77	567.30	605.78
52	698.87	650.44	617.63	608.61	589.42	629.41
53	726.01	675.70	641.61	632.25	612.31	653.85
54	754.50	702.22	666.80	657.07	636.35	679.52
55	783.91	729.58	692.78	682.67	661.15	706.00
56	814.67	758.21	719.97	709.46	687.09	733.70
57	846.33	787.68	747.95	737.03	713.79	762.22
58	879.35	818.41	777.13	765.79	741.64	791.95
59	913.73	850.41	807.51	795.73	770.64	822.92
60	949.46	883.67	839.09	826.85	800.78	855.10
61	986.55	918.18	871.86	859.14	832.05	888.50
62	986.55	918.18	871.86	859.14	832.05	888.50
63	986.55	918.18	871.86	859.14	832.05	888.50
64+	986.55	918.18	871.86	859.14	832.05	888.50

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group**

**Rates Effective April 1, 2021
Appendix II-A**

	94506DC0350001	94506DC0350002	94506DC0350023	94506DC0350004	94506DC0350005	94506DC0350025	94506DC0350006	94506DC0350021
Age	KP DC Platinum 0/10/Vision	KP DC Platinum 500/10/Vision	KP DC Platinum HMO Plus 0/10/Vision	KP DC Gold 0/20/Vision	KP DC Gold 1000/20/Vision	KP DC Gold 1500/20/Vision	KP DC Gold 1700/0%/HSA/Vision	KP DC Gold 500/20/Vision
20 and Under	291.65	283.35	303.32	263.72	250.41	246.76	238.97	255.19
21	324.20	314.98	337.17	293.15	278.37	274.30	265.65	283.67
22	324.20	314.98	337.17	293.15	278.37	274.30	265.65	283.67
23	324.20	314.98	337.17	293.15	278.37	274.30	265.65	283.67
24	324.20	314.98	337.17	293.15	278.37	274.30	265.65	283.67
25	324.20	314.98	337.17	293.15	278.37	274.30	265.65	283.67
26	324.20	314.98	337.17	293.15	278.37	274.30	265.65	283.67
27	324.20	314.98	337.17	293.15	278.37	274.30	265.65	283.67
28	331.79	322.35	345.06	300.01	284.88	280.71	271.86	290.30
29	338.92	329.28	352.48	306.46	291.00	286.75	277.71	296.55
30	347.39	337.51	361.29	314.12	298.28	293.92	284.65	303.96
31	356.31	346.18	370.56	322.19	305.93	301.47	291.96	311.77
32	364.34	353.98	378.91	329.44	312.83	308.26	298.53	318.79
33	372.81	362.21	387.73	337.11	320.10	315.43	305.48	326.20
34	381.73	370.87	397.00	345.17	327.76	322.97	312.78	334.01
35	390.65	379.54	406.28	353.23	335.42	330.52	320.09	341.81
36	399.57	388.20	415.55	361.30	343.08	338.06	327.40	349.61
37	408.49	396.87	424.83	369.36	350.73	345.61	334.71	357.42
38	413.39	401.64	429.93	373.80	354.95	349.76	338.73	361.71
39	418.30	406.40	435.03	378.24	359.16	353.91	342.75	366.00
40	434.80	422.43	452.19	393.16	373.32	367.87	356.27	380.44
41	451.75	438.90	469.82	408.48	387.87	382.21	370.15	395.27
42	469.58	456.23	488.37	424.61	403.19	397.30	384.77	410.87
43	487.87	473.99	507.38	441.14	418.89	412.77	399.75	426.87
44	507.04	492.62	527.32	458.48	435.35	428.99	415.46	443.65
45	526.66	511.68	547.73	476.22	452.20	445.60	431.54	460.82
46	547.18	531.61	569.07	494.77	469.81	462.95	448.35	478.77
47	568.58	552.41	591.33	514.13	488.19	481.06	465.89	497.50
48	590.88	574.07	614.52	534.29	507.34	499.93	484.16	517.01
49	614.07	596.60	638.63	555.26	527.25	519.55	503.16	537.30
50	638.15	620.00	663.68	577.03	547.93	539.92	522.89	558.37
51	663.12	644.26	689.65	599.61	569.37	561.05	543.35	580.22
52	688.99	669.39	716.55	623.00	591.58	582.93	564.55	602.85
53	715.75	695.39	744.38	647.19	614.55	605.57	586.47	626.26
54	743.84	722.68	773.59	672.60	638.67	629.34	609.49	650.84
55	772.83	750.85	803.74	698.81	663.56	653.87	633.24	676.21
56	803.15	780.31	835.28	726.23	689.60	679.52	658.09	702.74
57	834.37	810.64	867.74	754.45	716.40	705.94	683.67	730.05
58	866.92	842.26	901.60	783.89	744.35	733.48	710.34	758.54
59	900.81	875.19	936.85	814.54	773.45	762.15	738.11	788.19
60	936.04	909.42	973.49	846.39	803.70	791.96	766.98	819.02
61	972.60	944.94	1,011.51	879.45	835.10	822.90	796.94	851.01
62	972.60	944.94	1,011.51	879.45	835.10	822.90	796.94	851.01
63	972.60	944.94	1,011.51	879.45	835.10	822.90	796.94	851.01
64+	972.60	944.94	1,011.51	879.45	835.10	822.90	796.94	851.01

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Rates Effective April 1, 2021
Appendix II-B

	94506DC0350026	94506DC0350024	94506DC0350010	94506DC0350008	94506DC0350011	94506DC0350009	94506DC0350027	94506DC0350012
Age	KP DC Gold DHMO Plus 1500/20/Vision	KP DC Gold HMO Plus 0/20/Vision	KP DC Silver 2000/30/HSA/Vision	KP DC Silver 2000/40/Vision	KP DC Silver 2500/30/HSA/Vision	KP DC Silver 2500/40/Vision	KP DC Silver DHMO Plus 2000/40/Vision	KP DC Bronze 6500/55/Vision
20 and Under	256.63	274.26	217.14	221.82	208.48	219.32	230.70	198.80
21	285.27	304.87	241.38	246.58	231.75	243.80	256.45	220.99
22	285.27	304.87	241.38	246.58	231.75	243.80	256.45	220.99
23	285.27	304.87	241.38	246.58	231.75	243.80	256.45	220.99
24	285.27	304.87	241.38	246.58	231.75	243.80	256.45	220.99
25	285.27	304.87	241.38	246.58	231.75	243.80	256.45	220.99
26	285.27	304.87	241.38	246.58	231.75	243.80	256.45	220.99
27	285.27	304.87	241.38	246.58	231.75	243.80	256.45	220.99
28	291.94	312.00	247.02	252.34	237.17	249.50	262.44	226.16
29	298.22	318.71	252.34	257.77	242.27	254.86	268.09	231.02
30	305.67	326.68	258.64	264.21	248.32	261.24	274.79	236.79
31	313.52	335.07	265.29	271.00	254.70	267.94	281.84	242.87
32	320.59	342.61	271.26	277.10	260.44	273.98	288.19	248.35
33	328.04	350.58	277.57	283.54	266.49	280.35	294.90	254.12
34	335.89	358.97	284.21	290.33	272.87	287.06	301.95	260.20
35	343.74	367.36	290.85	297.11	279.25	293.76	309.01	266.28
36	351.58	375.74	297.49	303.89	285.62	300.47	316.06	272.36
37	359.43	384.13	304.13	310.68	292.00	307.18	323.11	278.44
38	363.75	388.74	307.78	314.41	295.50	310.87	327.00	281.78
39	368.06	393.36	311.44	318.14	299.01	314.56	330.88	285.13
40	382.58	408.87	323.72	330.69	310.80	326.96	343.93	296.37
41	397.49	424.81	336.34	343.58	322.92	339.71	357.33	307.92
42	413.19	441.58	349.62	357.14	335.67	353.12	371.44	320.08
43	429.28	458.78	363.23	371.05	348.74	366.87	385.90	332.55
44	446.15	476.81	377.51	385.63	362.45	381.29	401.07	345.62
45	463.42	495.26	392.12	400.56	376.47	396.05	416.59	358.99
46	481.47	514.55	407.39	416.16	391.14	411.47	432.82	372.97
47	500.30	534.68	423.33	432.44	406.44	427.57	449.75	387.57
48	519.92	555.65	439.93	449.40	422.38	444.34	467.39	402.76
49	540.33	577.45	457.19	467.03	438.95	461.77	485.73	418.57
50	561.51	600.10	475.12	485.35	456.17	479.88	504.78	434.99
51	583.49	623.58	493.72	504.34	474.02	498.66	524.53	452.01
52	606.25	647.91	512.97	524.01	492.51	518.11	544.99	469.64
53	629.79	673.07	532.89	544.36	511.63	538.23	566.16	487.88
54	654.51	699.49	553.81	565.73	531.71	559.36	588.38	507.03
55	680.02	726.74	575.39	587.78	552.43	581.16	611.31	526.79
56	706.70	755.26	597.97	610.84	574.11	603.96	635.29	547.46
57	734.17	784.62	621.21	634.58	596.43	627.43	659.99	568.73
58	762.81	815.23	645.45	659.34	619.70	651.92	685.74	590.92
59	792.63	847.10	670.68	685.12	643.92	677.40	712.55	614.03
60	823.63	880.23	696.91	711.91	669.11	703.89	740.41	638.04
61	855.81	914.61	724.14	739.73	695.25	731.39	769.34	662.97
62	855.81	914.61	724.14	739.73	695.25	731.39	769.34	662.97
63	855.81	914.61	724.14	739.73	695.25	731.39	769.34	662.97
64+	855.81	914.61	724.14	739.73	695.25	731.39	769.34	662.97

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Rates Effective April 1, 2021
Appendix II-C

	94506DC0350015	94506DC0350014	94506DC0360004	94506DC0360005	94506DC0360003	94506DC0360002	94506DC0360001	94506DC0350016
Age	KP DC Bronze 7000/0%/HSA/Vision	7000/50/20%/HSA/Vision	KP DC Platinum 0/10/POS/Vision	KP DC Platinum 500/10/POS/Vision	KP DC Gold 1000/20/POS/Vision	KP DC Silver 2500/40/POS/Vision	KP DC Bronze 6500/55/POS/Vision	KP DC Platinum 0/10/Vision/Sel
20 and Under	191.20	184.06	310.72	303.10	269.05	232.39	209.63	306.23
21	212.55	204.60	345.40	336.93	299.09	258.33	233.03	340.41
22	212.55	204.60	345.40	336.93	299.09	258.33	233.03	340.41
23	212.55	204.60	345.40	336.93	299.09	258.33	233.03	340.41
24	212.55	204.60	345.40	336.93	299.09	258.33	233.03	340.41
25	212.55	204.60	345.40	336.93	299.09	258.33	233.03	340.41
26	212.55	204.60	345.40	336.93	299.09	258.33	233.03	340.41
27	212.55	204.60	345.40	336.93	299.09	258.33	233.03	340.41
28	217.52	209.39	353.48	344.81	306.08	264.38	238.48	348.37
29	222.19	213.89	361.08	352.23	312.66	270.06	243.60	355.86
30	227.75	219.24	370.11	361.03	320.48	276.81	249.70	364.76
31	233.60	224.87	379.61	370.30	328.71	283.92	256.11	374.12
32	238.86	229.93	388.16	378.64	336.11	290.32	261.88	382.55
33	244.41	235.28	397.19	387.45	343.93	297.07	267.97	391.45
34	250.26	240.91	406.69	396.72	352.16	304.17	274.38	400.81
35	256.11	246.54	416.20	405.99	360.39	311.28	280.79	410.18
36	261.95	252.17	425.70	415.26	368.61	318.39	287.20	419.54
37	267.80	257.79	435.20	424.53	376.84	325.49	293.61	428.91
38	271.02	260.89	440.43	429.62	381.37	329.40	297.13	434.06
39	274.23	263.99	445.65	434.72	385.89	333.31	300.66	439.21
40	285.05	274.40	463.23	451.87	401.11	346.46	312.52	456.53
41	296.16	285.09	481.29	469.48	416.75	359.96	324.70	474.33
42	307.86	296.35	500.29	488.02	433.20	374.18	337.52	493.06
43	319.84	307.89	519.77	507.02	450.07	388.75	350.66	512.25
44	332.41	319.99	540.20	526.95	467.76	404.02	364.45	532.39
45	345.28	332.37	561.10	547.34	485.86	419.66	378.55	552.99
46	358.73	345.32	582.96	568.66	504.79	436.01	393.29	574.53
47	372.76	358.83	605.77	590.91	524.53	453.06	408.68	597.00
48	387.38	372.90	629.52	614.08	545.10	470.83	424.71	620.42
49	402.58	387.54	654.23	638.18	566.50	489.31	441.37	644.76
50	418.37	402.73	679.88	663.21	588.71	508.50	458.68	670.05
51	434.74	418.49	706.49	689.16	611.75	528.39	476.63	696.27
52	451.70	434.82	734.04	716.04	635.61	549.00	495.22	723.43
53	469.24	451.70	762.55	743.85	660.30	570.33	514.46	751.52
54	487.66	469.43	792.48	773.04	686.21	592.71	534.65	781.02
55	506.66	487.73	823.37	803.17	712.95	615.81	555.48	811.46
56	526.54	506.86	855.67	834.68	740.93	639.97	577.28	843.30
57	547.01	526.57	888.93	867.13	769.73	664.85	599.72	876.07
58	568.35	547.11	923.61	900.96	799.76	690.79	623.12	910.26
59	590.57	568.50	959.72	936.18	831.03	717.79	647.48	945.84
60	613.66	590.73	997.26	972.79	863.53	745.86	672.80	982.83
61	637.64	613.80	1,036.20	1,010.79	897.26	774.99	699.08	1,021.23
62	637.64	613.80	1,036.20	1,010.79	897.26	774.99	699.08	1,021.23
63	637.64	613.80	1,036.20	1,010.79	897.26	774.99	699.08	1,021.23
64+	637.64	613.80	1,036.20	1,010.79	897.26	774.99	699.08	1,021.23

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

Market: District of Columbia Small Group

Rates Effective April 1, 2021

Appendix II-D

	94506DC0350017	94506DC0350018	94506DC0350019	94506DC0350028	94506DC0350020	94506DC0350022
Age	KP DC Platinum 500/10/Vision/Sel	KP DC Gold 0/20/Vision/Sel	KP DC Gold 1000/20/Vision/Sel	KP DC Gold 1500/20/Vision/Sel	1700/0%/HSA/Vision/Se l	KP DC Gold 500/20/Vision/Sel
20 and Under	297.52	276.90	262.93	259.10	250.93	267.95
21	330.73	307.81	292.28	288.02	278.94	297.86
22	330.73	307.81	292.28	288.02	278.94	297.86
23	330.73	307.81	292.28	288.02	278.94	297.86
24	330.73	307.81	292.28	288.02	278.94	297.86
25	330.73	307.81	292.28	288.02	278.94	297.86
26	330.73	307.81	292.28	288.02	278.94	297.86
27	330.73	307.81	292.28	288.02	278.94	297.86
28	338.46	315.01	299.12	294.75	285.46	304.82
29	345.74	321.78	305.55	301.09	291.60	311.38
30	354.38	329.83	313.19	308.62	298.89	319.16
31	363.48	338.29	321.23	316.54	306.56	327.36
32	371.67	345.91	328.47	323.67	313.47	334.73
33	380.31	353.96	336.11	331.20	320.76	342.52
34	389.41	362.43	344.15	339.12	328.43	350.71
35	398.51	370.90	352.19	347.05	336.10	358.90
36	407.61	379.36	360.23	354.97	343.78	367.10
37	416.71	387.83	368.27	362.89	351.45	375.29
38	421.71	392.49	372.69	367.25	355.67	379.80
39	426.72	397.15	377.11	371.61	359.89	384.31
40	443.55	412.81	391.99	386.27	374.09	399.47
41	460.84	428.90	407.27	401.32	388.67	415.03
42	479.03	445.84	423.35	417.17	404.02	431.42
43	497.68	463.20	439.83	433.41	419.75	448.22
44	517.25	481.40	457.12	450.45	436.24	465.84
45	537.26	500.03	474.81	467.88	453.13	483.87
46	558.19	519.51	493.30	486.10	470.78	502.71
47	580.03	539.83	512.60	505.12	489.19	522.38
48	602.77	561.00	532.70	524.93	508.38	542.86
49	626.43	583.02	553.61	545.53	528.33	564.17
50	650.99	605.88	575.32	566.92	549.05	586.29
51	676.47	629.59	597.83	589.11	570.53	609.24
52	702.85	654.15	621.15	612.09	592.79	633.00
53	730.15	679.55	645.27	635.86	615.81	657.58
54	758.81	706.23	670.60	660.82	639.98	683.39
55	788.38	733.75	696.74	686.57	664.92	710.03
56	819.31	762.54	724.07	713.51	691.01	737.89
57	851.16	792.17	752.22	741.24	717.87	766.57
58	884.37	823.08	781.57	770.16	745.87	796.47
59	918.94	855.26	812.12	800.27	775.03	827.61
60	954.88	888.71	843.88	831.57	805.34	859.98
61	992.18	923.43	876.84	864.05	836.81	893.57
62	992.18	923.43	876.84	864.05	836.81	893.57
63	992.18	923.43	876.84	864.05	836.81	893.57
64+	992.18	923.43	876.84	864.05	836.81	893.57

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group**

**Rates Effective July 1, 2021
Appendix III-A**

	94506DC0350001	94506DC0350002	94506DC0350023	94506DC0350004	94506DC0350005	94506DC0350025	94506DC0350006	94506DC0350021
Age	KP DC Platinum 0/10/Vision	KP DC Platinum 500/10/Vision	KP DC Platinum HMO Plus 0/10/Vision	KP DC Gold 0/20/Vision	KP DC Gold 1000/20/Vision	KP DC Gold 1500/20/Vision	KP DC Gold 1700/0%/HSA/Vision	KP DC Gold 500/20/Vision
20 and Under	293.31	284.97	305.05	265.22	251.84	248.16	240.34	256.64
21	326.05	316.78	339.10	294.83	279.95	275.86	267.16	285.29
22	326.05	316.78	339.10	294.83	279.95	275.86	267.16	285.29
23	326.05	316.78	339.10	294.83	279.95	275.86	267.16	285.29
24	326.05	316.78	339.10	294.83	279.95	275.86	267.16	285.29
25	326.05	316.78	339.10	294.83	279.95	275.86	267.16	285.29
26	326.05	316.78	339.10	294.83	279.95	275.86	267.16	285.29
27	326.05	316.78	339.10	294.83	279.95	275.86	267.16	285.29
28	333.68	324.19	347.03	301.72	286.50	282.32	273.41	291.96
29	340.85	331.16	354.49	308.21	292.66	288.39	279.29	298.24
30	349.38	339.44	363.35	315.91	299.98	295.60	286.27	305.70
31	358.35	348.15	372.68	324.02	307.68	303.19	293.62	313.54
32	366.42	356.00	381.08	331.32	314.61	310.02	300.24	320.61
33	374.94	364.28	389.94	339.03	321.93	317.23	307.22	328.06
34	383.91	372.99	399.27	347.14	329.63	324.81	314.57	335.91
35	392.88	381.70	408.59	355.25	337.33	332.40	321.92	343.76
36	401.85	390.42	417.92	363.36	345.03	339.99	329.27	351.61
37	410.82	399.13	427.25	371.47	352.73	347.58	336.62	359.46
38	415.75	403.93	432.38	375.93	356.97	351.76	340.66	363.77
39	420.69	408.72	437.51	380.39	361.21	355.93	344.70	368.09
40	437.28	424.84	454.77	395.40	375.45	369.97	358.30	382.61
41	454.32	441.40	472.50	410.81	390.09	384.39	372.26	397.52
42	472.26	458.83	491.15	427.03	405.49	399.57	386.96	413.22
43	490.65	476.70	510.28	443.66	421.28	415.13	402.03	429.31
44	509.94	495.43	530.33	461.10	437.84	431.44	417.83	446.18
45	529.67	514.60	550.86	478.94	454.78	448.14	434.00	463.45
46	550.30	534.65	572.31	497.59	472.50	465.59	450.91	481.50
47	571.83	555.56	594.70	517.06	490.98	483.81	468.55	500.34
48	594.25	577.35	618.02	537.34	510.23	502.78	486.92	519.96
49	617.57	600.01	642.28	558.42	530.26	522.51	506.03	540.36
50	641.79	623.54	667.46	580.32	551.05	543.00	525.87	561.55
51	666.91	647.94	693.59	603.03	572.62	564.25	546.45	583.53
52	692.92	673.21	720.64	626.55	594.95	586.26	567.77	606.29
53	719.83	699.36	748.62	650.89	618.06	609.03	589.82	629.84
54	748.09	726.81	778.01	676.44	642.32	632.93	612.97	654.56
55	777.24	755.13	808.33	702.80	667.35	657.60	636.86	680.07
56	807.74	784.76	840.04	730.37	693.53	683.40	661.85	706.75
57	839.13	815.26	872.70	758.76	720.49	709.96	687.57	734.22
58	871.87	847.07	906.74	788.36	748.60	737.66	714.40	762.87
59	905.96	880.19	942.19	819.18	777.87	766.50	742.32	792.69
60	941.39	914.61	979.04	851.22	808.29	796.48	771.36	823.69
61	978.15	950.34	1,017.29	884.48	839.85	827.58	801.48	855.87
62	978.15	950.34	1,017.29	884.48	839.85	827.58	801.48	855.87
63	978.15	950.34	1,017.29	884.48	839.85	827.58	801.48	855.87
64+	978.15	950.34	1,017.29	884.48	839.85	827.58	801.48	855.87

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Rates Effective July 1, 2021
Appendix III-B

	94506DC0350026	94506DC0350024	94506DC0350010	94506DC0350008	94506DC0350011	94506DC0350009	94506DC0350027	94506DC0350012
Age	KP DC Gold DHMO Plus 1500/20/Vision	KP DC Gold HMO Plus 0/20/Vision	KP DC Silver 2000/30/HSA/Vision	KP DC Silver 2000/40/Vision	KP DC Silver 2500/30/HSA/Vision	KP DC Silver 2500/40/Vision	KP DC Silver DHMO Plus 2000/40/Vision	KP DC Bronze 6500/55/Vision
20 and Under	258.09	275.82	218.38	223.08	209.67	220.57	232.01	199.93
21	286.90	306.61	242.76	247.98	233.07	245.19	257.91	222.25
22	286.90	306.61	242.76	247.98	233.07	245.19	257.91	222.25
23	286.90	306.61	242.76	247.98	233.07	245.19	257.91	222.25
24	286.90	306.61	242.76	247.98	233.07	245.19	257.91	222.25
25	286.90	306.61	242.76	247.98	233.07	245.19	257.91	222.25
26	286.90	306.61	242.76	247.98	233.07	245.19	257.91	222.25
27	286.90	306.61	242.76	247.98	233.07	245.19	257.91	222.25
28	293.61	313.78	248.43	253.78	238.52	250.92	263.94	227.45
29	299.92	320.53	253.78	259.24	243.65	256.32	269.62	232.34
30	307.42	328.54	260.12	265.72	249.74	262.73	276.36	238.15
31	315.31	336.98	266.80	272.54	256.15	269.47	283.45	244.26
32	322.41	344.57	272.81	278.68	261.92	275.54	289.84	249.76
33	329.91	352.58	279.15	285.16	268.02	281.95	296.58	255.57
34	337.81	361.02	285.83	291.98	274.43	288.70	303.67	261.69
35	345.70	369.45	292.51	298.81	280.84	295.44	310.77	267.80
36	353.59	377.89	299.19	305.63	287.25	302.19	317.86	273.91
37	361.48	386.32	305.87	312.45	293.66	308.93	324.96	280.03
38	365.82	390.96	309.54	316.20	297.19	312.64	328.86	283.39
39	370.16	395.60	313.21	319.95	300.72	316.35	332.76	286.75
40	384.77	411.21	325.57	332.58	312.58	328.83	345.89	298.06
41	399.76	427.23	338.26	345.54	324.76	341.65	359.37	309.68
42	415.55	444.10	351.61	359.18	337.58	355.14	373.56	321.91
43	431.73	461.39	365.30	373.17	350.73	368.96	388.11	334.44
44	448.70	479.53	379.66	387.83	364.51	383.47	403.36	347.59
45	466.06	498.09	394.36	402.84	378.62	398.31	418.97	361.04
46	484.21	517.49	409.72	418.53	393.37	413.82	435.29	375.10
47	503.16	537.73	425.74	434.91	408.76	430.01	452.32	389.78
48	522.89	558.82	442.44	451.96	424.79	446.87	470.05	405.06
49	543.41	580.75	459.80	469.70	441.46	464.41	488.50	420.96
50	564.72	603.52	477.83	488.12	458.77	482.62	507.66	437.47
51	586.82	627.14	496.53	507.22	476.72	501.51	527.53	454.59
52	609.71	651.60	515.90	527.00	495.32	521.07	548.10	472.32
53	633.38	676.91	535.94	547.47	514.55	541.30	569.39	490.66
54	658.25	703.48	556.97	568.96	534.75	562.55	591.74	509.92
55	683.90	730.89	578.68	591.13	555.59	584.47	614.80	529.79
56	710.73	759.57	601.38	614.33	577.39	607.41	638.92	550.58
57	738.36	789.09	624.76	638.20	599.83	631.02	663.75	571.98
58	767.16	819.88	649.13	663.10	623.23	655.64	689.65	594.30
59	797.16	851.93	674.51	689.03	647.60	681.27	716.61	617.53
60	828.33	885.25	700.89	715.98	672.92	707.91	744.64	641.68
61	860.69	919.83	728.27	743.94	699.21	735.57	773.73	666.75
62	860.69	919.83	728.27	743.94	699.21	735.57	773.73	666.75
63	860.69	919.83	728.27	743.94	699.21	735.57	773.73	666.75
64+	860.69	919.83	728.27	743.94	699.21	735.57	773.73	666.75

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

Market: District of Columbia Small Group

Rates Effective July 1, 2021

Appendix III-C

	94506DC0350015	94506DC0350014	94506DC0360004	94506DC0360005	94506DC0360003	94506DC0360002	94506DC0360001	94506DC0350016
Age	KP DC Bronze 7000/0%/HSA/Vision	7000/50/20%/HSA/Vision	KP DC Platinum 0/10/POS/Vision	KP DC Platinum 500/10/POS/Vision	KP DC Gold 1000/20/POS/Vision	KP DC Silver 2500/40/POS/Vision	KP DC Bronze 6500/55/POS/Vision	KP DC Platinum 0/10/Vision/Sel
20 and Under	192.29	185.11	312.49	304.83	270.59	233.72	210.82	307.98
21	213.76	205.77	347.38	338.86	300.79	259.81	234.36	342.35
22	213.76	205.77	347.38	338.86	300.79	259.81	234.36	342.35
23	213.76	205.77	347.38	338.86	300.79	259.81	234.36	342.35
24	213.76	205.77	347.38	338.86	300.79	259.81	234.36	342.35
25	213.76	205.77	347.38	338.86	300.79	259.81	234.36	342.35
26	213.76	205.77	347.38	338.86	300.79	259.81	234.36	342.35
27	213.76	205.77	347.38	338.86	300.79	259.81	234.36	342.35
28	218.76	210.58	355.50	346.78	307.83	265.88	239.84	350.36
29	223.46	215.11	363.14	354.24	314.45	271.60	245.00	357.89
30	229.05	220.49	372.22	363.09	322.31	278.39	251.12	366.84
31	234.93	226.15	381.78	372.41	330.58	285.54	257.57	376.26
32	240.22	231.24	390.38	380.80	338.03	291.97	263.37	384.73
33	245.81	236.62	399.46	389.66	345.89	298.76	269.49	393.68
34	251.69	242.28	409.01	398.98	354.17	305.91	275.94	403.10
35	257.57	247.94	418.57	408.30	362.44	313.06	282.39	412.52
36	263.45	253.60	428.13	417.63	370.72	320.20	288.84	421.94
37	269.33	259.27	437.68	426.95	378.99	327.35	295.28	431.35
38	272.56	262.38	442.94	432.08	383.54	331.28	298.83	436.53
39	275.80	265.49	448.20	437.20	388.09	335.21	302.38	441.71
40	286.68	275.97	465.88	454.45	403.40	348.44	314.30	459.14
41	297.85	286.72	484.03	472.16	419.13	362.02	326.55	477.03
42	309.61	298.04	503.15	490.80	435.68	376.31	339.45	495.87
43	321.67	309.65	522.74	509.91	452.64	390.96	352.66	515.18
44	334.31	321.82	543.28	529.96	470.43	406.33	366.53	535.43
45	347.25	334.27	564.31	550.46	488.63	422.05	380.71	556.15
46	360.77	347.29	586.29	571.91	507.67	438.49	395.54	577.81
47	374.89	360.88	609.22	594.28	527.53	455.65	411.01	600.41
48	389.59	375.03	633.11	617.58	548.21	473.52	427.13	623.96
49	404.88	389.75	657.96	641.82	569.73	492.10	443.89	648.44
50	420.76	405.03	683.76	666.99	592.07	511.40	461.30	673.87
51	437.22	420.88	710.52	693.09	615.24	531.41	479.35	700.24
52	454.27	437.30	738.23	720.13	639.24	552.14	498.05	727.56
53	471.92	454.28	766.90	748.09	664.06	573.58	517.39	755.81
54	490.44	472.11	797.01	777.46	690.13	596.09	537.70	785.48
55	509.55	490.51	828.06	807.75	717.02	619.32	558.65	816.09
56	529.55	509.76	860.56	839.45	745.16	643.62	580.57	848.11
57	550.13	529.57	894.00	872.07	774.12	668.64	603.14	881.07
58	571.59	550.23	928.88	906.10	804.32	694.73	626.67	915.45
59	593.94	571.74	965.20	941.52	835.77	721.89	651.17	951.24
60	617.17	594.10	1,002.95	978.35	868.45	750.12	676.64	988.44
61	641.28	617.31	1,042.13	1,016.57	902.37	779.43	703.07	1,027.05
62	641.28	617.31	1,042.13	1,016.57	902.37	779.43	703.07	1,027.05
63	641.28	617.31	1,042.13	1,016.57	902.37	779.43	703.07	1,027.05
64+	641.28	617.31	1,042.13	1,016.57	902.37	779.43	703.07	1,027.05

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

Market: District of Columbia Small Group

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Appendix III-D

	94506DC0350017	94506DC0350018	94506DC0350019	94506DC0350028	94506DC0350020	94506DC0350022
Age	KP DC Platinum 500/10/Vision/Sel	KP DC Gold 0/20/Vision/Sel	KP DC Gold 1000/20/Vision/Sel	KP DC Gold 1500/20/Vision/Sel	1700/0%/HSA/Vision/Se I	KP DC Gold 500/20/Vision/Sel
20 and Under	299.22	278.48	264.43	260.58	252.36	269.48
21	332.62	309.57	293.95	289.66	280.53	299.56
22	332.62	309.57	293.95	289.66	280.53	299.56
23	332.62	309.57	293.95	289.66	280.53	299.56
24	332.62	309.57	293.95	289.66	280.53	299.56
25	332.62	309.57	293.95	289.66	280.53	299.56
26	332.62	309.57	293.95	289.66	280.53	299.56
27	332.62	309.57	293.95	289.66	280.53	299.56
28	340.39	316.80	300.82	296.43	287.09	306.56
29	347.71	323.62	307.29	302.81	293.26	313.16
30	356.41	331.71	314.98	310.38	300.59	320.98
31	365.56	340.22	323.06	318.35	308.31	329.23
32	373.79	347.89	330.34	325.52	315.26	336.64
33	382.48	355.98	338.02	333.09	322.59	344.47
34	391.64	364.50	346.11	341.06	330.30	352.71
35	400.79	373.01	354.20	349.03	338.02	360.95
36	409.94	381.53	362.28	357.00	345.74	369.19
37	419.09	390.04	370.37	364.96	353.46	377.43
38	424.12	394.73	374.82	369.35	357.70	381.97
39	429.15	399.41	379.27	373.73	361.95	386.50
40	446.08	415.17	394.23	388.47	376.22	401.75
41	463.47	431.35	409.59	403.61	390.89	417.40
42	481.77	448.38	425.76	419.55	406.32	433.89
43	500.52	465.84	442.34	435.89	422.14	450.78
44	520.20	484.15	459.73	453.02	438.73	468.50
45	540.33	502.88	477.52	470.55	455.71	486.63
46	561.37	522.47	496.12	488.88	473.46	505.58
47	583.34	542.91	515.53	508.00	491.98	525.36
48	606.21	564.20	535.74	527.92	511.28	545.96
49	630.00	586.34	556.77	548.64	531.34	567.39
50	654.71	609.34	578.60	570.16	552.18	589.64
51	680.33	633.18	601.25	592.47	573.79	612.71
52	706.87	657.88	624.70	615.58	596.17	636.61
53	734.32	683.43	648.96	639.48	619.32	661.33
54	763.14	710.26	674.43	664.59	643.63	687.29
55	792.88	737.93	700.71	690.48	668.71	714.08
56	823.99	766.89	728.21	717.58	694.95	742.10
57	856.02	796.70	756.51	745.47	721.96	770.94
58	889.41	827.78	786.03	774.55	750.13	801.02
59	924.19	860.14	816.76	804.83	779.46	832.33
60	960.33	893.78	848.70	836.31	809.94	864.89
61	997.85	928.70	881.85	868.98	841.58	898.67
62	997.85	928.70	881.85	868.98	841.58	898.67
63	997.85	928.70	881.85	868.98	841.58	898.67
64+	997.85	928.70	881.85	868.98	841.58	898.67

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group**

**Rates Effective October 1, 2021
Appendix IV-A**

	94506DC0350001	94506DC0350002	94506DC0350023	94506DC0350004	94506DC0350005	94506DC0350025	94506DC0350006	94506DC0350021
Age	KP DC Platinum 0/10/Vision	KP DC Platinum 500/10/Vision	KP DC Platinum HMO Plus 0/10/Vision	KP DC Gold 0/20/Vision	KP DC Gold 1000/20/Vision	KP DC Gold 1500/20/Vision	KP DC Gold 1700/0%/HSA/Vision	KP DC Gold 500/20/Vision
20 and Under	294.99	286.60	306.79	266.73	253.28	249.58	241.71	258.11
21	327.91	318.59	341.03	296.51	281.55	277.44	268.69	286.92
22	327.91	318.59	341.03	296.51	281.55	277.44	268.69	286.92
23	327.91	318.59	341.03	296.51	281.55	277.44	268.69	286.92
24	327.91	318.59	341.03	296.51	281.55	277.44	268.69	286.92
25	327.91	318.59	341.03	296.51	281.55	277.44	268.69	286.92
26	327.91	318.59	341.03	296.51	281.55	277.44	268.69	286.92
27	327.91	318.59	341.03	296.51	281.55	277.44	268.69	286.92
28	335.58	326.04	349.01	303.44	288.14	283.93	274.97	293.63
29	342.80	333.05	356.51	309.97	294.33	290.03	280.88	299.94
30	351.37	341.38	365.42	317.72	301.69	297.28	287.91	307.44
31	360.39	350.14	374.81	325.87	309.44	304.92	295.30	315.33
32	368.51	358.03	383.25	333.21	316.41	311.79	301.95	322.44
33	377.08	366.35	392.16	340.96	323.77	319.04	308.97	329.94
34	386.10	375.12	401.54	349.12	331.51	326.67	316.36	337.83
35	395.12	383.88	410.93	357.28	339.26	334.30	323.76	345.72
36	404.14	392.65	420.31	365.43	347.00	341.93	331.15	353.62
37	413.16	401.41	429.69	373.59	354.75	349.57	338.54	361.51
38	418.13	406.23	434.85	378.08	359.01	353.76	342.60	365.85
39	423.09	411.05	440.01	382.56	363.27	357.96	346.67	370.19
40	439.78	427.27	457.37	397.65	377.60	372.08	360.35	384.79
41	456.92	443.92	475.19	413.15	392.31	386.58	374.39	399.79
42	474.96	461.45	493.96	429.47	407.81	401.85	389.17	415.58
43	493.45	479.42	513.19	446.19	423.68	417.49	404.33	431.76
44	512.85	498.26	533.36	463.73	440.34	433.90	420.22	448.73
45	532.69	517.54	554.00	481.67	457.38	450.70	436.48	466.09
46	553.44	537.70	575.58	500.43	475.19	468.25	453.48	484.25
47	575.09	558.73	598.09	520.01	493.78	486.57	471.22	503.19
48	597.64	580.64	621.55	540.40	513.14	505.65	489.70	522.92
49	621.10	603.43	645.94	561.61	533.28	525.49	508.92	543.45
50	645.46	627.10	671.27	583.63	554.20	546.10	528.88	564.76
51	670.71	651.64	697.54	606.47	575.88	567.47	549.57	586.86
52	696.88	677.05	724.75	630.13	598.35	589.61	571.01	609.75
53	723.94	703.35	752.90	654.60	621.58	612.50	593.18	633.43
54	752.35	730.95	782.45	680.30	645.98	636.55	616.47	658.29
55	781.67	759.44	812.94	706.81	671.15	661.35	640.49	683.95
56	812.34	789.24	844.84	734.54	697.49	687.30	665.62	710.78
57	843.92	819.91	877.67	763.09	724.60	714.01	691.49	738.41
58	876.85	851.90	911.92	792.86	752.87	741.87	718.47	767.22
59	911.12	885.21	947.57	823.86	782.30	770.88	746.56	797.21
60	946.76	919.83	984.63	856.08	812.90	801.02	775.76	828.39
61	983.73	955.76	1,023.09	889.52	844.65	832.32	806.06	860.75
62	983.73	955.76	1,023.09	889.52	844.65	832.32	806.06	860.75
63	983.73	955.76	1,023.09	889.52	844.65	832.32	806.06	860.75
64+	983.73	955.76	1,023.09	889.52	844.65	832.32	806.06	860.75

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

Market: District of Columbia Small Group

Rates Effective October 1, 2021

Appendix IV-B

	94506DC0350026	94506DC0350024	94506DC0350010	94506DC0350008	94506DC0350011	94506DC0350009	94506DC0350027	94506DC0350012
Age	KP DC Gold DHMO Plus 1500/20/Vision	KP DC Gold HMO Plus 0/20/Vision	KP DC Silver 2000/30/HSA/Vision	KP DC Silver 2000/40/Vision	KP DC Silver 2500/30/HSA/Vision	KP DC Silver 2500/40/Vision	KP DC Silver DHMO Plus 2000/40/Vision	KP DC Bronze 6500/55/Vision
20 and Under	259.56	277.40	219.63	224.35	210.86	221.83	233.34	201.07
21	288.53	308.36	244.14	249.40	234.40	246.59	259.38	223.52
22	288.53	308.36	244.14	249.40	234.40	246.59	259.38	223.52
23	288.53	308.36	244.14	249.40	234.40	246.59	259.38	223.52
24	288.53	308.36	244.14	249.40	234.40	246.59	259.38	223.52
25	288.53	308.36	244.14	249.40	234.40	246.59	259.38	223.52
26	288.53	308.36	244.14	249.40	234.40	246.59	259.38	223.52
27	288.53	308.36	244.14	249.40	234.40	246.59	259.38	223.52
28	295.28	315.57	249.85	255.23	239.88	252.35	265.45	228.74
29	301.63	322.36	255.22	260.72	245.04	257.78	271.15	233.66
30	309.17	330.42	261.61	267.24	251.17	264.23	277.93	239.51
31	317.11	338.90	268.32	274.10	257.62	271.01	285.07	245.65
32	324.25	346.54	274.37	280.27	263.42	277.11	291.49	251.19
33	331.80	354.59	280.75	286.79	269.54	283.56	298.27	257.03
34	339.73	363.08	287.46	293.65	275.99	290.34	305.41	263.18
35	347.67	371.56	294.18	300.51	282.44	297.13	312.54	269.33
36	355.61	380.04	300.90	307.37	288.89	303.91	319.68	275.48
37	363.55	388.53	307.61	314.23	295.34	310.69	326.81	281.63
38	367.91	393.19	311.31	318.01	298.89	314.42	330.74	285.01
39	372.28	397.86	315.00	321.78	302.43	318.16	334.66	288.39
40	386.96	413.55	327.43	334.47	314.36	330.71	347.86	299.77
41	402.04	429.67	340.19	347.51	326.61	343.59	361.42	311.45
42	417.92	446.64	353.62	361.23	339.51	357.16	375.69	323.75
43	434.19	464.03	367.39	375.30	352.73	371.07	390.32	336.35
44	451.26	482.26	381.83	390.05	366.59	385.65	405.66	349.57
45	468.72	500.93	396.61	405.14	380.78	400.58	421.36	363.10
46	486.98	520.44	412.05	420.92	395.61	416.18	437.77	377.24
47	506.03	540.80	428.17	437.39	411.09	432.46	454.90	392.00
48	525.87	562.01	444.96	454.54	427.21	449.42	472.74	407.37
49	546.51	584.06	462.43	472.38	443.98	467.06	491.29	423.36
50	567.94	606.97	480.56	490.90	461.39	485.37	510.56	439.96
51	590.17	630.72	499.37	510.11	479.44	504.37	530.54	457.18
52	613.19	655.32	518.84	530.01	498.14	524.04	551.23	475.01
53	637.00	680.77	538.99	550.59	517.49	544.39	572.64	493.46
54	662.00	707.49	560.15	572.21	537.80	565.76	595.11	512.83
55	687.80	735.06	581.98	594.51	558.76	587.81	618.30	532.81
56	714.79	763.90	604.81	617.83	580.68	610.87	642.57	553.72
57	742.57	793.60	628.32	641.85	603.25	634.62	667.54	575.24
58	771.54	824.56	652.84	666.89	626.79	659.38	693.59	597.69
59	801.71	856.79	678.36	692.96	651.29	685.15	720.70	621.05
60	833.06	890.30	704.89	720.06	676.76	711.95	748.89	645.34
61	865.59	925.08	732.42	748.19	703.20	739.76	778.14	670.55
62	865.59	925.08	732.42	748.19	703.20	739.76	778.14	670.55
63	865.59	925.08	732.42	748.19	703.20	739.76	778.14	670.55
64+	865.59	925.08	732.42	748.19	703.20	739.76	778.14	670.55

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

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Appendix IV-C

	94506DC0350015	94506DC0350014	94506DC0360004	94506DC0360005	94506DC0360003	94506DC0360002	94506DC0360001	94506DC0350016
Age	KP DC Bronze 7000/0%/HSA/Vision	7000/50/20%/HSA/Vision	KP DC Platinum 0/10/POS/Vision	KP DC Platinum 500/10/POS/Vision	KP DC Gold 1000/20/POS/Vision	KP DC Silver 2500/40/POS/Vision	KP DC Bronze 6500/55/POS/Vision	KP DC Platinum 0/10/Vision/Sel
20 and Under	193.39	186.17	314.28	306.57	272.13	235.05	212.03	309.73
21	214.98	206.95	349.36	340.79	302.51	261.29	235.69	344.31
22	214.98	206.95	349.36	340.79	302.51	261.29	235.69	344.31
23	214.98	206.95	349.36	340.79	302.51	261.29	235.69	344.31
24	214.98	206.95	349.36	340.79	302.51	261.29	235.69	344.31
25	214.98	206.95	349.36	340.79	302.51	261.29	235.69	344.31
26	214.98	206.95	349.36	340.79	302.51	261.29	235.69	344.31
27	214.98	206.95	349.36	340.79	302.51	261.29	235.69	344.31
28	220.01	211.78	357.53	348.76	309.58	267.40	241.21	352.36
29	224.74	216.34	365.22	356.26	316.24	273.15	246.39	359.93
30	230.36	221.75	374.35	365.16	324.15	279.98	252.55	368.93
31	236.27	227.44	383.96	374.54	332.47	287.17	259.04	378.40
32	241.59	232.56	392.61	382.98	339.96	293.64	264.87	386.93
33	247.21	237.97	401.74	391.88	347.87	300.47	271.03	395.93
34	253.12	243.67	411.35	401.26	356.19	307.65	277.52	405.40
35	259.04	249.36	420.96	410.63	364.51	314.84	284.00	414.87
36	264.95	255.05	430.57	420.01	372.83	322.03	290.48	424.34
37	270.87	260.75	440.18	429.38	381.15	329.22	296.97	433.82
38	274.12	263.88	445.47	434.54	385.73	333.17	300.53	439.03
39	277.37	267.01	450.75	439.70	390.31	337.13	304.10	444.23
40	288.31	277.54	468.53	457.04	405.70	350.42	316.10	461.76
41	299.55	288.36	486.79	474.85	421.52	364.08	328.42	479.75
42	311.38	299.74	506.02	493.60	438.16	378.46	341.38	498.70
43	323.50	311.41	525.72	512.82	455.22	393.19	354.68	518.12
44	336.22	323.65	546.38	532.98	473.11	408.65	368.62	538.48
45	349.23	336.18	567.53	553.61	491.42	424.46	382.88	559.32
46	362.83	349.27	589.63	575.17	510.56	441.00	397.80	581.10
47	377.03	362.94	612.70	597.67	530.54	458.25	413.36	603.84
48	391.81	377.17	636.73	621.11	551.34	476.22	429.57	627.52
49	407.19	391.97	661.71	645.48	572.98	494.91	446.43	652.14
50	423.16	407.34	687.66	670.80	595.45	514.32	463.93	677.72
51	439.72	423.28	714.57	697.05	618.75	534.44	482.09	704.24
52	456.87	439.79	742.45	724.23	642.89	555.29	500.89	731.71
53	474.61	456.87	771.28	752.36	667.85	576.85	520.34	760.12
54	493.24	474.81	801.55	781.89	694.07	599.50	540.77	789.96
55	512.46	493.31	832.79	812.36	721.11	622.86	561.84	820.74
56	532.57	512.67	865.47	844.24	749.41	647.30	583.89	852.95
57	553.27	532.59	899.10	877.05	778.54	672.46	606.58	886.10
58	574.85	553.37	934.18	911.27	808.91	698.69	630.25	920.67
59	597.33	575.01	970.71	946.90	840.54	726.01	654.89	956.67
60	620.69	597.49	1,008.67	983.93	873.41	754.40	680.50	994.08
61	644.94	620.84	1,048.07	1,022.37	907.53	783.87	707.07	1,032.92
62	644.94	620.84	1,048.07	1,022.37	907.53	783.87	707.07	1,032.92
63	644.94	620.84	1,048.07	1,022.37	907.53	783.87	707.07	1,032.92
64+	644.94	620.84	1,048.07	1,022.37	907.53	783.87	707.07	1,032.92

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Market: District of Columbia Small Group

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Appendix IV-D

	94506DC0350017	94506DC0350018	94506DC0350019	94506DC0350028	94506DC0350020	94506DC0350022
Age	KP DC Platinum 500/10/Vision/Sel	KP DC Gold 0/20/Vision/Sel	KP DC Gold 1000/20/Vision/Sel	KP DC Gold 1500/20/Vision/Sel	1700/0%/HSA/Vision/Se l	KP DC Gold 500/20/Vision/Sel
20 and Under	300.92	280.07	265.94	262.06	253.80	271.02
21	334.51	311.33	295.63	291.31	282.13	301.27
22	334.51	311.33	295.63	291.31	282.13	301.27
23	334.51	311.33	295.63	291.31	282.13	301.27
24	334.51	311.33	295.63	291.31	282.13	301.27
25	334.51	311.33	295.63	291.31	282.13	301.27
26	334.51	311.33	295.63	291.31	282.13	301.27
27	334.51	311.33	295.63	291.31	282.13	301.27
28	342.34	318.61	302.54	298.13	288.73	308.31
29	349.70	325.46	309.05	304.54	294.93	314.94
30	358.44	333.60	316.77	312.15	302.31	322.82
31	367.64	342.17	324.91	320.16	310.07	331.10
32	375.93	349.87	332.23	327.38	317.05	338.56
33	384.67	358.01	339.95	334.99	324.43	346.44
34	393.87	366.58	348.09	343.00	332.19	354.72
35	403.07	375.14	356.22	351.02	339.95	363.01
36	412.28	383.71	364.35	359.03	347.71	371.30
37	421.48	392.27	372.48	367.05	355.47	379.59
38	426.54	396.98	376.96	371.45	359.74	384.15
39	431.60	401.69	381.43	375.86	364.01	388.71
40	448.63	417.54	396.48	390.69	378.37	404.04
41	466.11	433.81	411.93	405.92	393.12	419.79
42	484.52	450.94	428.19	421.94	408.64	436.36
43	503.38	468.50	444.87	438.37	424.55	453.35
44	523.17	486.91	462.35	455.60	441.24	471.17
45	543.41	505.75	480.24	473.23	458.31	489.40
46	564.58	525.45	498.95	491.67	476.16	508.47
47	586.66	546.01	518.47	510.90	494.79	528.36
48	609.67	567.42	538.80	530.94	514.19	549.08
49	633.60	589.69	559.95	551.77	534.37	570.63
50	658.44	612.81	581.90	573.41	555.33	593.00
51	684.21	636.80	604.68	595.85	577.06	616.21
52	710.90	661.63	628.26	619.09	599.57	640.24
53	738.51	687.33	652.66	643.13	622.85	665.11
54	767.49	714.31	678.28	668.38	647.30	691.22
55	797.40	742.14	704.71	694.42	672.53	718.15
56	828.69	771.26	732.36	721.67	698.92	746.33
57	860.90	801.24	760.83	749.72	726.08	775.34
58	894.49	832.50	790.51	778.97	754.41	805.59
59	929.46	865.05	821.42	809.43	783.90	837.08
60	965.81	898.88	853.54	841.08	814.56	869.82
61	1,003.53	933.99	886.89	873.93	846.38	903.80
62	1,003.53	933.99	886.89	873.93	846.38	903.80
63	1,003.53	933.99	886.89	873.93	846.38	903.80
64+	1,003.53	933.99	886.89	873.93	846.38	903.80

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
District of Columbia - 2021 Small Group Rate Filing
Part III – Actuarial Memorandum and Certification

Form Numbers:

DC-SG-GOLD-0-20-VISION-HMO-COST(01-21)HIX, DC-SG-PLATINUM-0-10-VISION-HMO-COST(01-21)HIX, DC-SG-BRONZE-6500-55-VISION-DHMO-COST(01-21)HIX, DC-SG-GOLD-500-20-VISION-DHMO-COST(01-21)HIX, DC-SG-GOLD-1000-20-VISION-DHMO-COST(01-21)HIX, DC-SG-GOLD-1500-20-VISION-DHMO-COST(01-21)HIX, DC-SG-PLATINUM-500-10-VISION-DHMO-COST(01-21)HIX, DC-SG-SILVER-2000-40-VISION-DHMO-COST(01-21)HIX, DC-SG-SILVER-2500-40-VISION-DHMO-COST(01-21)HIX, DC-SG-BRONZE-7000-0%-HSA-VISION-HDHP-COST(01-21)HIX, DC-SG-BRONZE-7000-50-20%-HSA-VISION-HDHP-COST(01-21)HIX, DC-SG-GOLD-1700-0%-HSA-VISION-HDHP-COST(01-21)HIX, DC-SG-SILVER-2000-30-HSA-VISION-HDHP-COST(01-21)HIX, DC-SG-SILVER-2500-30-HSA-VISION-HDHP-COST(01-21)HIX, DC-SG-BRONZE-6500-55-POS-VISION-COST(01-21)HIX, DC-SG-GOLD-1000-20-POS-VISION-COST(01-21)HIX, DC-SG-PLATINUM-0-10-POS-VISION-COST(01-21)HIX, DC-SG-PLATINUM-500-10-POS-VISION-COST(01-21)HIX, DC-SG-SILVER-2500-40-POS-VISION-COST(01-21)HIX, DC-SG-GOLD-0-20-HMOPLUS-VISION-COST(01-21)HIX, DC-SG-GOLD-1500-20-DHMOPLUS-VISION-COST(01-21)HIX, DC-SG-PLATINUM-0-10-HMOPLUS-VISION-COST(01-21)HIX, DC-SG-SILVER-2000-40-DHMOPLUS-VISION-COST(01-21)HIX, DC-SG-GOLD-0-20-VISION-HMO-RX(01-21)HIX, DC-SG-PLATINUM-0-10-VISION-HMO-RX(01-21)HIX, DC-SG-BRONZE-6500-55-VISION-DHMO-RX(01-21)HIX, DC-SG-GOLD-500-20-VISION-DHMO-RX(01-21)HIX, DC-SG-GOLD-1000-20-VISION-DHMO-RX(01-21)HIX, DC-SG-GOLD-1500-20-VISION-DHMO-RX(01-21)HIX, DC-SG-PLATINUM-500-10-VISION-DHMO-RX(01-21)HIX, DC-SG-SILVER-2000-40-VISION-DHMO-RX(01-21)HIX, DC-SG-SILVER-2500-40-VISION-DHMO-RX(01-21)HIX, DC-SG-BRONZE-7000-0%-HSA-VISION-HDHP-RX(01-21)HIX, DC-SG-BRONZE-7000-50-20%-HSA-VISION-HDHP-RX(01-21)HIX, DC-SG-GOLD-1700-0%-HSA-VISION-HDHP-RX(01-21)HIX, DC-SG-SILVER-2000-30-HSA-VISION-HDHP-RX(01-21)HIX, DC-SG-SILVER-2500-30-HSA-VISION-HDHP-RX(01-21)HIX, DC-SG-BRONZE-6500-55-VISION-POS-RX(01-21)HIX, DC-SG-GOLD-1000-20-VISION-POS-RX(01-21)HIX, DC-SG-PLATINUM-0-10-VISION-POS-RX(01-21)HIX, DC-SG-PLATINUM-500-10-VISION-POS-RX(01-21)HIX, DC-SG-SILVER-2500-40-VISION-POS-RX(01-21)HIX, DC-SG-GOLD-0-20-HMOPLUS-VISION-RX(01-21)HIX, DC-SG-GOLD-1500-20-DHMOPLUS-VISION-RX(01-21)HIX, DC-SG-PLATINUM-0-10-HMOPLUS-VISION-RX(01-21)HIX, DC-SG-SILVER-2000-40-DHMOPLUS-VISION-RX(01-21)HIX, DC-SG-PED-DENTAL(01-21)HIX, DC-SG-PED-DENTAL-FEE(01-21)

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
District of Columbia - 2021 Small Group Rate Filing
Part III – Actuarial Memorandum and Certification**

1. Purpose

This document contains the Part III Actuarial Memorandum for Kaiser Foundation Health Plan (“KFHP”) of the Mid-Atlantic States’ Small Group business segment rates in the District of Columbia, with effective dates during 2021. Rates are guaranteed for 12 months starting on a Small Group’s effective date. These products are offered on the District of Columbia Marketplace (“the Exchange.”) This rate filing applies to new and renewal business on a guaranteed issue basis with no age limitations. This filing does not cover grandfathered products that existed prior to 2021. This actuarial memorandum is submitted in conjunction with the Part I Unified Rate Review Template (“URRT”) and is in compliance with 45 CFR § 156.215. The purpose of the actuarial memorandum is to provide certain information related to the submission of premium rate filings, including support for the values entered in the Part I URRT. This memorandum may not be appropriate for other purposes.

All products offered are comprehensive medical plans and range from no-deductible HMO style plans to high-deductible Health Savings Account (“HSA”) qualified plans as well as Point of Service style plans. All products include pediatric dental benefits and cover all required Essential Health Benefits (“EHBs”).

2. General Information Section

Company Identifying Information

Company Legal Name:	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
State:	District of Columbia
HIOS Issuer ID:	94506
Market:	Individual Market On Exchange
Effective Date:	January 1, 2021

Company Contact Information

Primary Contact Name:	Stephen Chuang
Primary Contact Telephone Number:	301-816-5854
Primary Contact Email Address:	Stephen.Chuang@kp.org
Secondary Contact Name:	Mia Chen
Secondary Contact Telephone Number:	301-816-6622
Secondary Contact Email Address:	Zhuoying.Chen@kp.org

3. Proposed Rate Changes

All current benefit plans are renewing in 2021 and two new plans are introduced. Primary factors that affect the rate change for the renewing plans are:

- Claims experience of the single risk pool different than projected in the previous year.

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- Medical inflation.
- Changes in population morbidity and demographic make-up of the pool.
- Risk adjustment transfer payments into the district-wide risk adjustment pool.
- Benefit plan design adjustments, including those made to comply with Actuarial Value (“AV”) requirements which results in varying rate changes by plan.
- Federal and District taxes and fees.

The proposed average rate change is 0.0%. The average rate change does not indicate that every member’s rate will change by this amount as rates are affected by the ages of those covered and benefits chosen.

Covid-19: Initial estimates for the impact of Covid-19 on 2021 experience are still being understood. Its impact on member, medical expense, and risk adjustment are still highly uncertain and change on a frequent basis. We do not assume any Covid-19 impacts on 2021 experience in this rate filing. If/When firmer assumptions are developed, we will include them in this rate filing as appropriate.

Proposed rates by plan can be found in the Appendix.

4. Market Experience

4.1. Experience and Current Period Premium, Claims and Enrollment

Premium

Data for experience period and current period premiums through February 2020 is pulled from KFHP’s data base which reflects premiums paid by policy holders. No MLR rebates were required for the experience period.

Claims

The experience period claims for the Individual and Small Group single risk pool are shown in Exhibit 2.

The claims data is for the incurred period January 2019 through December 2019 and paid through February 2020, including estimates for incurred but not reported claims. Net cost data from internal cost systems (i.e., the cost for medical services delivered within our integrated delivery system), fee for service claims, capitations and prescription drug claims net of drug rebates are aggregated to determine annual claims. Allowed claims are calculated based on system paid claims divided by the experience period paid benefit to allowed ratio expected for the plans offered in the experience period plus dental capitations.

Incurred but not reported estimates for non-capitated services are developed using the completion factor method consistent with KFHP’s monthly reserve estimate process. The

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completion factors are based on all commercial claims which includes Individual, Small Group and Large Group business segments. Except for capitated expenses, all claims are processed by KFHP’s internal systems. Capitated expenses are based on a monthly contractual PMPM amount paid to the vendor. Capitated and non-capitated expenses are shown separately in Exhibit 2.

Enrollment

Experience period and current period enrollment as of February 2020 is pulled from KFHP’s member data base. Experience period member months can be found on Exhibit 2.

4.2. Benefit Categories

Claims are assigned to one of the following benefit service categories: Inpatient Hospital, Outpatient Hospital, Professional, Other Medical, Capitation and Prescription Drugs. The categorization is derived from each claim’s specific information on services rendered, the location of service, and the type of provider. The categorization is an automated process within KFHP’s data warehouse. Examples of services by benefit category include:

Benefit Category	Services
Inpatient Hospital	Inpatient Facility, Inpatient Visits, Inpatient Surgery, Maternity
Outpatient Hospital	Outpatient Facility, Emergency/Urgent Care, Outpatient Surgery
Professional	Diagnostic Services, Office Visits, Cardiovascular, Dialysis, PT/OT/ST
Other Medical	Other Services
Capitation	Dental
Prescription Drug	Pharmacy

4.3. Projection Factors

4.3.1 Trend Factors

Projected trend factors are based on a mixture of expected industry trends, future fixed costs, and expected internalization of services, i.e., movement of medical care delivery between contracted external providers and our integrated delivery system. As an integrated health care provider, the majority of KFHP’s expenses are the fixed costs associated with providing medical care through Kaiser owned facilities. Therefore, the projected cost that is included in our total revenue requirement is primarily based on budgeting.

For traditional carriers, projected cost per service and utilization per member trends are developed to project expected future costs. However, given KFHP’s fixed cost structure, KFHP’s projected claims trends largely stem from the development of budgeted costs for the rating year. For the period from 2019 to 2021, our projected total annualized medical expense trend for the ACA market is 2.3%.

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Exhibit 4 includes an allocation of trend into cost and utilization service categories which is derived for use in the URRT.

4.3.2 Adjustments to Trended EHB Allowed Claims PMPM

Morbidity Adjustment

For the rating period, enrollees on average are expected to have per member per month (PMPM) costs that are similar to the PMPM costs of members in the experience period data. The expected relative cost of new members coming into the pool is expected to be lower than the cost of continuously enrolled members. A net morbidity factor reflecting the relative difference in cost is applied to projected claims. Development of this factor is shown in Exhibit 5.

Demographic Shift

Base period claims experience is adjusted for the average mix of population by age in the experience period membership. The average age factor is developed by applying the District of Columbia (“DC”) standard age curve to experience period member months. The same calculation is performed for projected rating period membership, which is based on actual KFHP enrolled members for the current period adjusted for expected distribution changes in the rating period. The projected age factor used is the closest rounded-age factor from the DC standard age curve. The projected allowed claims are then multiplied by the change in the average age factor from the experience to the rating period. The development of the average age factor is shown in Exhibit 6.

Plan Design Changes

All plans have cost sharing in the rating period that generates different levels of utilization adjustments when compared with the experience period plans. The net impact is reflected as the change in average utilization for the pool in Exhibit 8. This is calculated by dividing the average utilization adjustment in the projection period by the base period average utilization. Changes from the experience period to the projection period may include, but is not limited to, updates to Kaiser’s benefit factor rating model and member mix changes across plans in the projection period compared to the experience period.

Other Adjustments

No adjustments or factors, other than those previously discussed in this section, have been used to project the experience period allowed claims to the projection period.

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4.3.3 Manual Rate Adjustments

KFHP considers the experience period data to be fully credible, and has not employed the use of additional, external claims data to develop a manual rate.

4.3.4 Credibility of Experience

KFHP had approximately 84,000 covered lives in the single risk pool for the experience period, which is considered fully credible. Actuarial Standard of Practice #25 was considered when making this determination.

4.3.5 Establishing the Index Rate

The experience period data includes claims for non-EHBs. Claims for non-EHBs were removed from the allowed amount by applying the experience period ratio of EHB claims to total claims to the experience period allowed amounts. The non-EHB removal ratio is shown in Exhibit 9.

4.3.6 Development of the Market-wide Adjusted Index Rate (“MAIR”)

Calculation of the MAIR is shown on Exhibit 1. The factors used in the calculation, e.g. demographic adjustment, are described above and in the section immediately below.

Paid to Allowed Ratio

The projected 2021 paid to allowed ratio is calculated as the average effective plan design factor. The average plan design accounts for the projected member distribution across the available plans.

Reinsurance

Reinsurance is currently not applicable.

Risk Adjustment

KFHP’s experience period risk adjustment transfer for the Individual pool is estimated to be (\$59.98) PMPM. The projected risk adjustment transfer of (\$71.08) PMPM is based on expected experience period results by metal tier projected to the rating year.

Exhibit 10 shows KFHP’s experience period and projection period risk adjustment transfers which could include the impact of CMS changes to the risk adjustment transfer formula. The experience period transfer estimate is based on an ongoing study by a third-party consulting firm. The projected transfer PMPMs by metal level are adjusted for assumed risk

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scores for continuing and future new members entering the pool vs experience period risk scores. Anticipated market average premium increases and projected KFHP enrollment mix between metal levels also impacts the overall average transfer PMPM.

Exchange User Fees

Because DC's Exchange is not operated as a Federally Facilitated Marketplace, there is no load in the development of the MAIR for Exchange User Fees. Note that administrative expenses on Exhibit 11 include an amount for expected DC Exchange Assessment costs.

4.4. Plan Adjusted Index Rate ("PAIR")

Allowable plan level modifiers are applied to the MAIR to develop PAIRs which are shown on Exhibit 12. Allowable adjustments used in rate development include the following:

Non-EHB Adjustment

Rating period non-EHB covered benefits are added back to plan rates as a multiplier when calculating the Plan Adjusted Index Rate for each plan. Development of the non-EHB multiplier is shown in Exhibit 9.

Plan Level Adjustments

An adjustment accounting for differences in network, if applicable, is applied at the plan level. Network adjustments, shown on Exhibit 7, are unchanged from prior years.

Plan level benefit richness factors are applied based on the metal level of the specific plan. Factors indicate the level of induced demand expected at the different metal levels. The induced demand factors are published by CMS in the annual Notice of Benefit and Payment Parameters.

Plan design adjustments accounting for differences in cost sharing between plans have been developed using a consultant's Managed Care Rating Model calibrated with Kaiser-specific data.

Catastrophic Plan Adjustment

A catastrophic specific plan adjustment, when applicable, accounts for the eligibility requirements for consumers eligible to purchase the catastrophic plan compared to the entire pool.

Retention (Administrative Expense, Taxes & Fees, Profit & Risk Margin)

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Retention amounts for the experience period and rating period are shown on Exhibit 11. Projected retention is added uniformly across all plans.

4.5. Calibration

Calibration of the Plan Adjusted Index Rates is necessary in order to calculate Consumer Adjusted Premium Rates. The Plan Adjusted Index Rates are developed for the average member within the Single Risk Pool. Based upon the allowable rating parameters, factors are developed to calibrate the Plan Adjusted Index Rates to generate Consumer Adjusted Premium Rates. The calibrated Plan Adjusted Index Rates have been defined as Base Rates, and the calibration factors are applied uniformly to all plans in the single risk pool.

Age Curve Calibration

The determination of the calibration factor is based upon the DC Standard Age Curve and KFHP internal current period enrollment data. A weighted average age factor is calculated as the product of the enrollment by age and the unadjusted DC age factors. The projected age factor used is the interpolated age factor from the DC standard age curve. The Plan Adjusted Index Rates are then multiplied by the ratio of the age 21 factor and the projected age factor to adjust to rates for an individual aged 21. This ratio, or calibration factor, is 0.707. The development of the average age and calibration factors is shown in Exhibit 6.

Area Factor Calibration

KFHP does not vary rates by rating area, therefore the area calibration factor is 1.00.

4.6. Consumer Adjusted Premium Rate Development

Age 21 Plan Adjusted Index Rates are shown on Exhibit 12. The base rates are adjusted using the DC age slope factors on exhibit 6 to generate age specific rates. The age slope factor for a member is based on the member's age as of the effective date of coverage and remains unchanged for the remainder of the policy period. Where applicable, a quarterly rate adjustment is applied depending on the quarter of the policy's effective date. Quarterly rate factors are shown on Exhibit 13. Note that only the three oldest children under the age of 21 on a family policy are rated.

5. Projected Loss Ratio

Exhibit 14 provides an estimate of the Medical Loss Ratio (MLR) based upon assumptions in this rate filing for the projection year for the specific line of business pool and for the combined Small Group and Individual line of business pools. The combined MLR is expected to be just under 104%.

Federal Medical Loss Ratio

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Using the federally prescribed methodology, we project the combined loss ratio to be just under 108%.

6. Plan Product Information

6.1. Actuarial Value (“AV”) Metal Values

The AV Metal Values were developed based on the CMS Actuarial Value calculator, as all plans’ designs were compatible with the calculator. The Federal AVs are shown on the AV screen shots submitted in the Supporting Documentation section in SERFF.

AV Pricing Values/Allowable Plan Level Adjustments

Per the URRT Instructions, the Allowable Plan Level Adjustments include plan specific adjustment factors for the Cost-Sharing Design of each plan in addition to the EHBs, and administrative costs. The effective plan design adjustment components of the plan level adjustments are calculated using a proprietary pricing model, including model updates, data reflecting a standard population, and KFHP specific data. The cost share and model changes have varying effects on each plan design which leads to non-uniform rate changes between plans. The pricing method is consistent across all plans and does not include any utilization differences due to differing health status of members in different cost-sharing designs.

The AV pricing values, i.e., plan design factors for 2021 plans have changed due to routine updates to the pricing model and/or changes to cost sharing amounts. These changes can have different effects on each plan design, which leads to non-uniform rate changes between the plans.

6.2. Membership Projections

Current year member projections are based on current year open enrollment results and expected adds and cancellations occurring throughout the remainder of the year. Rating year member projections are based on KFHP forecasts.

6.3. Plan Type

There are no plan types that are not listed in the Worksheet 2 drop-down box.

7. Miscellaneous

7.1. Reliance

All data and assumptions contained in this filing were prepared by a team of KFHP employees.

7.2. Historical Rate Revisions Effective January 1

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2016	0.2%
2017	2.0%
2018	5.0%
2019	0.0%
2020	3.0%

7.3. Estimated Average Premium

Estimated average premiums per member and per policy for the current year and projection year are shown below. The projected premium includes the requested rate increase as well as the impact of expected membership changes between products.

	Per Member Per Year	Per Policy Per Year
Current Year	\$5,385	\$7,951
Projection Year	\$5,384	\$7,950

7.4. Exhibit Table of Contents

Exhibit 1	Market Index Rate
Exhibit 2	Allowed Claim PMPMs
Exhibit 3	Capitations
Exhibit 4	Trend Factors
Exhibit 5	Morbidity Factor
Exhibit 6	Demographics
Exhibit 7	Network Factor
Exhibit 8	Utilization Adjustment
Exhibit 9	Non-Essential Health Benefit Adjustments
Exhibit 10	Risk Adjustment Projection
Exhibit 11	Retention
Exhibit 12	Plan Adjusted Index Rate
Exhibit 13	Quarterly Renewal Factors
Exhibit 14	Projected Medical Loss Ratio
Exhibit 15	Cost Share Reduction Subsidy Non-Funding Impact
Appendix 1	First Quarter Plan Rates by Age
Appendix 2	Second Quarter Plan Rates by Age
Appendix 3	Third Quarter Plan Rates by Age
Appendix 4	Fourth Quarter Plan Rates by Age

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Part III – Actuarial Memorandum and Certification

Actuarial Certification

I, Sheila A. Schroer, Executive Director and Chief Actuary, Mid-Atlantic States, for Kaiser Foundation Health Plan (KFHP), am a member in good standing 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 Individual plans sold on the Exchange. This actuarial memorandum documents the assumptions and sources of data pertaining to the development of KFHP premium rates effective January 2021.

- To the best of my knowledge and judgment, this rate filing is compliant with all applicable District of Columbia and Federal Statutes and Regulations, including 45 CFR §156.80 and §147.102, and the premiums are reasonable in relation to the benefits provided.
- Rates are developed in accordance with 45 CFR part 147.102 and only the allowable modifiers as described in 45 CFR §156.80(d)(1) and §156.80(d)(2) were used to generate plan level rates.
- The federal AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans.
- This filing is consistent with KFHP's internal business plans.
- The adjusted community rate charged can be reasonably expected to result in a medical loss ratio that, under ACA definitions, meets or exceeds the minimum requirement.

Rates, calculations and values were developed accordance with generally accepted actuarial principles and methodologies for rating blocks of business and in accordance with the Code of Professional Conduct and the following Actuarial Standards of Practice:

- ASOP No. 5, Incurred Health and Disability Claims
- ASOP No. 8, Regulatory Filings for Health Plan Entities
- ASOP No. 12, Risk Classification
- ASOP No. 23, Data Quality
- ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages
- ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans (Small Group Filings only)
- ASOP No. 41, Actuarial Communications
- ASOP No. 45, The Use of Health Status Based Risk Adjustment Methodologies
- ASOP No. 50, Determining Minimum Value and Actuarial Value under the Affordable Care Act

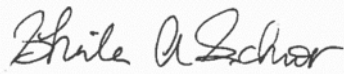
Qualifications:

1. The URRT does not demonstrate the process used by KFHP to develop the rates. Rather it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of Qualified Health Plans for Federally-facilitated Marketplaces, and for certification

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that the Index Rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

2. The information contained within this filing reflects the District of Columbia and Federal statutes, rules, regulations and guidance as of May 1, 2020. Changes to the applicable regulations, including but not limited to Risk Stabilization programs could have a significant impact on rate development. Subsequent changes to these statutes, rules and regulations may make these rates unacceptably deficient and would necessitate revisions to this filing.
3. Future experience is uncertain and in certain instances, assumptions were selected in an effort to achieve more affordable rates. KFHP has sufficient capital reserves as well as a diverse mix of lines of business which will allow for sustainable results for the organization, even if future results for this line of business may differ from what is projected in the filing.



Sheila A. Schroer, ASA, MAAA
Executive Director and Chief Actuary
Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
May 1, 2020

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Exhibit 1
Market Adjusted Index Rate

Source/Formula	Component	Value
(1) Exhibit 2	Experience Period Allowed PMPM	\$428.68
(2) Exhibit 9	Remove Non-EHBs Adjustment Factor	0.984
(3) = (1) x (2)	Experience Period Index Rate PMPM	\$421.98
(4) Exhibit 4	Annualized Medical Trend	2.3%
(5)	Months of Trend	24
(6) = (1+ (4)) ^ (24/12)	Trend Factor	1.047
(7) = (3) x (6)	Unadjusted Projected Allowed EHB PMPM	\$441.64
<u>Single Risk Pool Adjustments</u>		
(8) Exhibit 5	Change in Morbidity	0.998
(9) Exhibit 6	Change in Demographics	1.005
(10) Exhibit 7	Change in Network	1.000
(11) Exhibit 8	Change in Utilization	1.003
(12)	Change in Other	1.000
(13) = product (7) thru (12)	Projected Allowed EHBs PMPM	\$444.55
(14) Exhibit 12	Projected Paid to Allowed Ratio	0.895
(15) = (13) x (14)	Projected Paid EHBs PMPM	\$398.07
<u>Marketwide Adjustments</u>		
(16) Exhibit 10	Projected Risk Adj Transfer PMPM	(\$71.08)
(17) Exhibit 11	Projected Exchange User Fee Factor	1.000
(18) = [(15) - (16)] * (17)	Market Adjusted Projected Paid EHB PMPM	\$469.15
(19) = (18) / (14)	Market Adjusted Projected Allowed EHB PMPM	\$523.93
(20) Exhibit 9	Non-EHBs Loading Factor	1.010
(21) = (20) x (18)	Market Adjusted Projected Paid Total PMPM	\$473.83

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group**

**Exhibit 2
Allowed Claim PMPMs**

Pool	Member Months	Calculated Allowed	Capitation	Completion	Total
Individual Small Group	32,679	\$525.97	\$3.22	\$4.36	\$533.55
	51,108	355.46	3.22	2.95	361.63
Overall	83,787	\$421.96	\$3.22	\$3.50	\$428.68

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group**

**Exhibit 3
Capitations**

Source/Formula	Component	Combined
<i>Experience Period - Essential Health Benefits</i>		
(1) Input	Pediatric Dental PMPM	\$1.54
<i>Experience Period - Non Essential Health Benefits</i>		
(2) Input	Cosmetic Dental PMPM	\$0.60
(3) Input	Adult Dental PMPM	\$1.07
(4) = (2) + (3)	Subtotal Non EHBs PMPM	\$1.68
(5) = (1) + (4)	Experience Period - Total	\$3.22
<i>Projection Period - Essential Health Benefits</i>		
(6) Expected Contract Rate	Pediatric Dental Cap	\$11.04
(7) Exhibit 6	Percentage of Children < 21	14.5%
(8) = (6) x (7)	Pediatric Dental PMPM	\$1.60
(9) = (8)	Projection Period - Total	\$1.60

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group**

**Exhibit 4
Trend Factors**

Category	Cost	Utilization	Trend
Inpatient	3.0%	0.0%	3.0%
Outpatient	3.4%	0.2%	3.6%
Professional	1.0%	0.9%	1.9%
Other	0.5%	2.6%	3.1%
Capitation	0.0%	0.0%	0.0%
Rx	1.6%	0.7%	2.2%
Overall			2.3%

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group**

**Exhibit 5
Morbidity Factor**

	Member Months	Relative Morbidity
(1) Experience Period Single Risk Pool	83,787	1.000
(2) Continuing Experience Period Members	67,694	1.047
(3) Continuing Current Year New Members	9,990	0.977
(4) Projection Period New Members	19,196	0.839
(5) Projection Period Single Risk Pool	96,880	0.998
(6) Adjustment for Change in Risk = [(5) / (1)]		0.998

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group**

**Exhibit 6
Demographics**

Ages	DC Age Slope	Member Distribution	
		Experience Period	Current Period
0-14	0.654	11.2%	11.4%
15	0.654	0.6%	0.6%
16	0.654	0.6%	0.7%
17	0.654	0.5%	0.6%
18	0.654	0.5%	0.5%
19	0.654	0.5%	0.5%
20	0.654	0.5%	0.6%
21	0.727	0.5%	0.5%
22	0.727	0.8%	0.8%
23	0.727	1.6%	1.0%
24	0.727	1.8%	2.1%
25	0.727	2.4%	2.2%
26	0.727	3.5%	3.1%
27	0.727	4.0%	3.9%
28	0.744	4.1%	4.2%
29	0.760	4.2%	3.8%
30	0.779	4.0%	3.9%
31	0.799	3.8%	3.9%
32	0.817	3.4%	3.5%
33	0.836	3.7%	3.3%
34	0.856	3.0%	3.2%
35	0.876	2.9%	2.9%
36	0.896	2.9%	2.8%
37	0.916	2.3%	2.7%
38	0.927	2.2%	2.0%
39	0.938	2.0%	2.2%
40	0.975	2.1%	2.1%
41	1.013	1.6%	2.1%
42	1.053	1.6%	1.5%
43	1.094	1.4%	1.4%
44	1.137	1.3%	1.4%
45	1.181	1.2%	1.2%
46	1.227	1.4%	1.2%
47	1.275	1.5%	1.5%
48	1.325	1.2%	1.5%
49	1.377	1.3%	1.3%
50	1.431	1.2%	1.3%
51	1.487	1.1%	1.3%
52	1.545	1.2%	1.0%
53	1.605	1.3%	1.3%
54	1.668	1.4%	1.3%
55	1.733	1.1%	1.3%
56	1.801	1.1%	1.1%
57	1.871	1.0%	1.1%
58	1.944	1.2%	1.0%
59	2.020	1.1%	1.0%
60	2.099	1.2%	1.0%
61	2.181	1.0%	1.2%
62	2.181	0.8%	1.0%
63	2.181	0.9%	0.8%
64+	2.181	2.5%	2.7%

Demographic & Calibration Adjustment:

	Implied		
	Age	Factor	
Exp Period Avg Age Factor	41.3	1.024	(1)
Proj Period Avg Age Factor	41.4	1.029	(2)
Change in Demographics		1.005	= (2)/(1)
Age 21 Age Slope Factor		0.727	(3)
Index Rate Age Factor Calibration		0.707	= 1 / (2) x (3)

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group**

**Exhibit 7
Network Factor**

Experience Period

(1)	(2)	(3)
Network	Small Group Member Months	Network Adjustment Factor
Signature	40,152	1.000
Signature 2TPOS	1,384	1.100
Select	9,572	1.050
Overall	51,108	1.012

Projection Period

(1)	(2)	(3)	(4)
Network	Small Group Member Months	Network Adjustment Factor	Normalizing Factor
Signature	50,144	1.000	0.988
Signature 2TPOS	2,194	1.100	1.086
Select	11,624	1.050	1.037
Overall	63,962	1.013	1.000

Change in Network Factor	1.000
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**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group**

**Exhibit 8
Utilization Adjustment**

	Pool	Member Months	Utilization
<i>Experience Period</i>			
(1)	Individual	32,679	0.846
(2)	Small Group	51,108	0.884
(3)	Overall	83,787	0.869
<i>Projection Period</i>			
(4)	Individual	32,918	0.846
(5)	Small Group	63,962	0.886
(6)	Overall	96,880	0.872
<i>Change in Average Utilization</i>			
(7)	= (6) / (3)		1.003

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group**

**Exhibit 9
Non-Essential Health Benefits Adjustments**

Source/Formula	Component	Value
<i>Experience Period</i>		
(1) Exhibit 2	Completed Allowed Claims	\$428.68
(2) Input	Non-EHB Capitation	\$1.68
(3) Input	Non-EHB Non Capitation	\$5.02
(4) = (1) - (2) - (3)	EHB Completed Allowed Claims	\$421.98
(5) = (4) / (1)	Exp Period Non-EHB Removal Factor	0.984
<i>Projection Period</i>		
(6) Exhibit 1	Market Adjusted Index Rate	\$523.93
(7) Exhibit 1	Risk Adj Transfer Paid PMPM	-\$71.08
(8) Exhibit 1	Paid to Allowed Ratio	0.895
(9) = (7) x (8)	Risk Adj Transfer Allowed PMPM	-\$79.38
(10) = (6) + (9)	Market Adjusted Index Rate Prior to Risk Adj	\$444.55
(11) Input	Non-EHB Capitation	\$0.00
(12) Input	Non-EHB Non Capitation	\$5.23
(13) = sum((10) thru (12)) - (9)	Projection Period Market Adjusted Allowed Total	\$529.16
(14) = (13) / (6)	Projection Period Non-EHB Load Factor	1.010

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Exhibit 10
Risk Adjustment Projection

		Estimated 2019	Annualized Change	Projected 2021
Platinum				
(1)	Member Months	19,793		25,518
(2)	HHS Transfer % of Premium	(0.087)		(0.101)
(3)	Statewide Average Premium PMPM	\$438.02	5.0%	\$482.88
(4) = (2) x (3)	Transfer PMPM	(\$38.05)		(\$48.67)
(5) = (1) x (4)	Transfer \$	(\$753,127)		(\$1,242,067)
Gold				
(6)	Member Months	24,436		30,743
(7)	HHS Transfer % of Premium	(0.141)		(0.154)
(8)	Statewide Average Premium PMPM	\$438.02	5.0%	\$482.88
(9) = (7) x (8)	Transfer PMPM	(\$61.97)		(\$74.22)
(10) = (6) x (9)	Transfer \$	(\$1,514,322)		(\$2,281,777)
Silver				
(11)	Member Months	5,110		5,563
(12)	HHS Transfer % of Premium	(0.219)		(0.215)
(13)	Statewide Average Premium PMPM	\$438.02	5.0%	\$482.88
(14) = (12) x (13)	Transfer PMPM	(\$95.96)		(\$103.77)
(15) = (11) x (14)	Transfer \$	(\$490,360)		(\$577,274)
Bronze				
(16)	Member Months	1,769		2,138
(17)	HHS Transfer % of Premium	(0.397)		(0.431)
(18)	Statewide Average Premium PMPM	\$438.02	5.0%	\$482.88
(19) = (17) x (18)	Transfer PMPM	(\$173.77)		(\$208.15)
(20) = (16) x (19)	Transfer \$	(\$307,404)		(\$444,991)
Catastrophic				
(21)	Member Months	N/A		N/A
(22)	HHS Transfer % of Premium	N/A		N/A
(23)	Statewide Average Premium PMPM (Cat)	N/A		N/A
(24) = (22) x (23)	Transfer PMPM	N/A		N/A
(25) = (21) x (24)	Transfer \$	N/A		N/A
Combined				
(26) = (1) + (6) + (11) + (16) + (21)	Total Risk Adjustment Member Months*	51,108		63,962
(27) = (28) / (26)	Total Transfer Paid (PMPM)	(\$59.98)		(\$71.08)
(28) = (5) + (10) + (15) + (20) + (25)	Total Transfer Paid	(\$3,065,212)		(\$4,546,109)

*Federal member month counting algorithms are not consistent with KFHP counting algorithms. Experience period member months on this exhibit may not match experience periods on other exhibits.

Transfer formula:

$$T = \left[\frac{PLRS \times IDF \times GCF}{\sum_i (s_i \times PLRS_i \times IDF_i \times GCF_i)} - \frac{AV \times ARF \times IDF \times GCF}{\sum_i (s_i \times AV_i \times ARF_i \times IDF_i \times GCF_i)} \right] \bar{P}$$

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Exhibit 11
Retention

Source/Formula	Retention Item	2019 Experience		2021 Projected	
		Net PMPM	% of Premium	Net PMPM	% of Premium
(1)	Operating Expense	\$40.80	9.5%	\$42.64	9.5%
(2)	Health Care Quality	3.88	4.3%	4.06	4.6%
(3)	Commissions	18.43	0.9%	20.51	0.9%
(4) = sum (1) thru (3)	Subtotal Admin Exp	\$63.11	14.7%	\$67.20	15.0%
(5)	Exchange Assessment	\$3.99	0.9%	\$4.49	1.0%
(6)	PCORI	0.06	0.0%	0.23	0.1%
(7)	State Premium Tax	8.56	2.0%	8.97	2.0%
(8)	Federal Income Tax	0.00	0.0%	0.00	0.0%
(9)	Health Ins Provider Fee	0.00	0.0%	0.00	0.0%
(10)	Risk Adjustment Fee	0.15	0.0%	0.19	0.0%
(11) = sum (5) thru (10)	Subtotal Taxes & Fees	\$12.77	3.0%	\$13.88	3.1%
(12)	Contribution to Reserve*	(\$35.51)	-8.3%	(\$136.85)	-30.5%
(13) = (4)+(11)+(12)	Total	\$40.36	9.4%	(\$55.77)	-12.4%

***Notes:**

1. Projected Contribution to Reserve is calculated as if claims are on an Individual and Small Group combined basis.

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group**

**Exhibit 12
Plan Adjustment Index Rate Development**

	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)
Name	Market Adjusted Index Rate	Impact of Non-EHB	Non-Funding of CSR Adjustment	Network Factor	Normalized Utilization	Plan Design	Catastrophic Plan Adjustment	Pure Premium	Retention	Plan Adjusted Index Rate	Age Curve Calibration*	Area Curve Calibration	Calibrated Plan Adj Index Rate (Age 21 Base Rate)
KP DC Platinum 0/10/Vision	\$523.93	1.010	1.000	0.988	1.035	0.955	1.000	\$516.32	0.889	\$459.24	0.707	1.000	\$324.50
KP DC Platinum 500/10/Vision	523.93	1.010	1.000	0.988	1.028	0.934	1.000	501.63	0.889	446.17	0.707	1.000	315.27
KP DC Platinum HMO Plus 0/10/Vision	523.93	1.010	1.000	0.988	1.035	0.993	1.000	536.97	0.889	477.61	0.707	1.000	337.48
KP DC Gold 0/20/Vision	523.93	1.010	1.000	0.988	1.000	0.893	1.000	466.86	0.889	415.25	0.707	1.000	293.42
KP DC Gold 1000/20/Vision	523.93	1.010	1.000	0.988	0.988	0.859	1.000	443.32	0.889	394.31	0.707	1.000	278.62
KP DC Gold 1500/20/Vision	523.93	1.010	1.000	0.988	0.983	0.850	1.000	436.85	0.889	388.55	0.707	1.000	274.55
KP DC Gold 1700/0%/HSA/Vision	523.93	1.010	1.000	0.988	0.966	0.838	1.000	423.07	0.889	376.30	0.707	1.000	265.89
KP DC Gold 500/20/Vision	523.93	1.010	1.000	0.988	0.990	0.874	1.000	451.78	0.889	401.83	0.707	1.000	283.93
KP DC Gold DHMO Plus 1500/20/Vision	523.93	1.010	1.000	0.988	0.983	0.884	1.000	454.32	0.889	404.10	0.707	1.000	285.53
KP DC Gold HMO Plus 0/20/Vision	523.93	1.010	1.000	0.988	1.000	0.929	1.000	485.54	0.889	431.86	0.707	1.000	305.15
KP DC Silver 2000/30/HSA/Vision	523.93	1.010	1.000	0.988	0.944	0.779	1.000	384.42	0.889	341.92	0.707	1.000	241.60
KP DC Silver 2000/40/Vision	523.93	1.010	1.000	0.988	0.942	0.798	1.000	392.70	0.889	349.28	0.707	1.000	246.80
KP DC Silver 2500/30/HSA/Vision	523.93	1.010	1.000	0.988	0.933	0.757	1.000	369.09	0.889	328.28	0.707	1.000	231.96
KP DC Silver 2500/40/Vision	523.93	1.010	1.000	0.988	0.936	0.794	1.000	388.27	0.889	345.34	0.707	1.000	244.02
KP DC Silver DHMO Plus 2000/40/Vision	523.93	1.010	1.000	0.988	0.942	0.830	1.000	408.41	0.889	363.26	0.707	1.000	256.68
KP DC Bronze 6500/55/Vision	523.93	1.010	1.000	0.988	0.895	0.752	1.000	351.95	0.889	313.04	0.707	1.000	221.19
KP DC Bronze 7000/0%/HSA/Vision	523.93	1.010	1.000	0.988	0.890	0.728	1.000	338.49	0.889	301.07	0.707	1.000	212.74
KP DC Bronze 7000/50/20%/HSA/Vision	523.93	1.010	1.000	0.988	0.877	0.711	1.000	325.85	0.889	289.83	0.707	1.000	204.79
KP DC Platinum 0/10/POS/Vision	523.93	1.010	1.000	1.086	1.022	0.937	1.000	550.10	0.889	489.28	0.707	1.000	345.72
KP DC Platinum 500/10/POS/Vision	523.93	1.010	1.000	1.086	1.017	0.918	1.000	536.59	0.889	477.27	0.707	1.000	337.24
KP DC Gold 1000/20/POS/Vision	523.93	1.010	1.000	1.086	0.979	0.847	1.000	476.32	0.889	423.66	0.707	1.000	299.36
KP DC Silver 2500/40/POS/Vision	523.93	1.010	1.000	1.086	0.928	0.771	1.000	411.42	0.889	365.93	0.707	1.000	258.57
KP DC Bronze 6500/55/POS/Vision	523.93	1.010	1.000	1.086	0.885	0.729	1.000	371.12	0.889	330.09	0.707	1.000	233.24
KP DC Platinum 0/10/Vision/Sel	523.93	1.010	1.000	1.037	1.035	0.955	1.000	542.14	0.889	482.20	0.707	1.000	340.72
KP DC Platinum 500/10/Vision/Sel	523.93	1.010	1.000	1.037	1.028	0.934	1.000	526.71	0.889	468.48	0.707	1.000	331.03
KP DC Gold 0/20/Vision/Sel	523.93	1.010	1.000	1.037	1.000	0.893	1.000	490.21	0.889	436.01	0.707	1.000	308.09
KP DC Gold 1000/20/Vision/Sel	523.93	1.010	1.000	1.037	0.988	0.859	1.000	465.48	0.889	414.02	0.707	1.000	292.55
KP DC Gold 1500/20/Vision/Sel	523.93	1.010	1.000	1.037	0.983	0.850	1.000	458.69	0.889	407.98	0.707	1.000	288.28
KP DC Gold 1700/0%/HSA/Vision/Sel	523.93	1.010	1.000	1.037	0.966	0.838	1.000	444.23	0.889	395.12	0.707	1.000	279.19
KP DC Gold 500/20/Vision/Sel	523.93	1.010	1.000	1.037	0.990	0.874	1.000	474.36	0.889	421.92	0.707	1.000	298.13
	\$523.93	1.010	1.000	1.000	1.000	0.895	1.000	\$474.91	0.889	\$422.41	0.707	1.000	\$298.48

* Age Curve Calibration from 41.4 to 21 years old

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Exhibit 13
Quarterly Renewal Factors

Source/Formula	Component	Renewal Quarter				Overall
		Q1	Q2	Q3	Q4	
(1) Data	Member Distribution by Renewal Qtr	48%	12%	15%	25%	100%
(2) Input	Months of Trend	0.0	3.0	6.0	9.0	
(3) Exhibit 4	Annual Trend	2.3%	2.3%	2.3%	2.3%	
(4) Exhibit 1	2021 Claims PMPM					\$473.83
(5) = (4) * [(1 + (3)) ^ ((2) / 12)]	Quarterly Projected Claims PMPM	\$473.83	\$476.53	\$479.25	\$481.99	\$476.97
(6) = (5) / Total (5)	Quarterly Rate Trend Factor	0.993	0.999	1.005	1.011	

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Exhibit 14
Projected Medical Loss Ratio

			Small Group Market PMPM	Combined Market PMPM
Component				
(1)	Input	Premium	\$448.68	\$453.00
(2)	Input	Net Claims	\$346.47	\$391.22
(3)	Exhibit 10	Risk Adjustment Transfer	(\$71.08)	(\$77.51)
(4)	= (2) - (3)	Total Medical Expense	\$417.54	\$468.73
(5)	Exhibit 11	Administrative Expenses	\$63.14	\$55.31
(6)	Exhibit 11	Health Care Quality	\$4.06	\$4.07
(7)	= (5) + (6)	Total	\$67.20	\$59.38
(8)	Exhibit 11	Exchange Fee	\$4.49	\$4.53
(9)	Exhibit 11	PCORI	\$0.23	\$0.23
(10)	Exhibit 11	DC Premium Tax	\$8.97	\$9.06
(11)	Exhibit 11	Federal Income Tax	\$0.00	\$0.00
(12)	Exhibit 11	Health Ins Provider Fee	\$0.00	\$0.00
(13)	Exhibit 11	Risk Adj Fee	\$0.19	\$0.19
(14)	= sum (8) thru (13)	Total Taxes and Fees	\$13.88	\$14.01
(15)	= (1) - (4) - (7) - (14)	Contribution to Reserve	(\$49.94)	(\$89.12)
(16)	= [(4)] / (1)]	Loss Ratio	93.1%	103.5%
(17)	= [(4) + (6)] / [(1) - (14)]	ACA Medical Loss Ratio	97.0%	107.7%

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Exhibit 15
Cost Share Reduction Subsidy Non-Funding Impact

		Silver Exchange Plans	Plan Design	Member Distribution
(1)	Base	KP DC Silver 2500/30/Vision	0.801	24.3%
(2)	73%	KP DC Silver 2200/30/CSR/Vision (2500)	0.815	3.7%
(3)	87%	KP DC Silver 0/10/CSR/Vision (2500)	0.898	0.9%
(4)	94%	KP DC Silver 0/5/CSR/Vision (2500)	0.962	0.6%
(5)	Base	KP DC Standard Silver 4000/40/Vision	0.785	50.9%
(6)	73%	KP DC Standard Silver 3500/40/CSR/Vision(40	0.798	2.5%
(7)	87%	KP DC Standard Silver 100/25/CSR/Vision (40	0.876	1.2%
(8)	94%	KP DC Standard Silver 0/5/CSR/Vision (4000)	0.932	2.5%
(9)	Base	KP DC Silver 3200/30%/HSA/Vision	0.750	10.4%
(10)	73%	KP DC Silver 2000/20%/CSR/Vision (3200)	0.792	1.3%
(11)	87%	KP DC Silver 600/10%/CSR/Vision (3200)	0.898	0.4%
(12)	94%	KP DC Silver 100/5%/CSR/Vision (3200)	0.959	1.0%
(13)	= Wtd Avg (1), (5), (9)	Silver Base Plan Average	0.785	
(14)	= Wtd Avg (1) thru (12)	Overall Silver Average	0.796	
(15)	= (14) / (13)	CSR Adjustment Factor for Silver Plans	1.014	100.0%

Note:

Rates do not include any adjustment for non-funding of Cost Share Reduction subsidies. The impact on this exhibit is shown for informational purposes only and represents an expected margin loss on Silver plans of 1.4%

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group**

**Rates Effective January 1, 2021
Appendix I-A**

	94506DC0350001	94506DC0350002	94506DC0350023	94506DC0350004	94506DC0350005	94506DC0350025	94506DC0350006	94506DC0350021
Age	KP DC Platinum 0/10/Vision	KP DC Platinum 500/10/Vision	KP DC Platinum HMO Plus 0/10/Vision	KP DC Gold 0/20/Vision	KP DC Gold 1000/20/Vision	KP DC Gold 1500/20/Vision	KP DC Gold 1700/0%/HSA/Vision	KP DC Gold 500/20/Vision
20 and Under	290.00	281.75	301.59	262.22	248.99	245.36	237.62	253.74
21	322.36	313.20	335.26	291.49	276.79	272.74	264.14	282.06
22	322.36	313.20	335.26	291.49	276.79	272.74	264.14	282.06
23	322.36	313.20	335.26	291.49	276.79	272.74	264.14	282.06
24	322.36	313.20	335.26	291.49	276.79	272.74	264.14	282.06
25	322.36	313.20	335.26	291.49	276.79	272.74	264.14	282.06
26	322.36	313.20	335.26	291.49	276.79	272.74	264.14	282.06
27	322.36	313.20	335.26	291.49	276.79	272.74	264.14	282.06
28	329.90	320.52	343.10	298.31	283.26	279.12	270.32	288.66
29	337.00	327.41	350.48	304.72	289.35	285.12	276.13	294.86
30	345.42	335.60	359.24	312.34	296.58	292.25	283.03	302.24
31	354.29	344.21	368.46	320.36	304.20	299.76	290.30	310.00
32	362.27	351.97	376.76	327.57	311.05	306.51	296.84	316.98
33	370.70	360.15	385.53	335.19	318.29	313.64	303.74	324.35
34	379.57	368.77	394.75	343.21	325.90	321.14	311.01	332.11
35	388.43	377.39	403.97	351.23	333.51	328.64	318.28	339.87
36	397.30	386.00	413.19	359.25	341.13	336.15	325.54	347.63
37	406.17	394.62	422.42	367.27	348.74	343.65	332.81	355.39
38	411.05	399.36	427.49	371.68	352.93	347.78	336.81	359.66
39	415.93	404.10	432.56	376.09	357.12	351.90	340.80	363.93
40	432.33	420.04	449.63	390.92	371.21	365.78	354.25	378.28
41	449.18	436.41	467.15	406.16	385.67	380.04	368.05	393.02
42	466.92	453.64	485.60	422.20	400.90	395.05	382.59	408.54
43	485.10	471.30	504.50	438.64	416.51	410.43	397.48	424.45
44	504.17	489.83	524.33	455.88	432.88	426.56	413.11	441.13
45	523.68	508.78	544.62	473.52	449.64	443.07	429.09	458.20
46	544.07	528.60	565.84	491.96	467.15	460.32	445.80	476.05
47	565.36	549.28	587.97	511.21	485.42	478.33	463.24	494.67
48	587.53	570.82	611.03	531.26	504.46	497.09	481.41	514.07
49	610.59	593.22	635.01	552.11	524.26	516.60	500.30	534.25
50	634.53	616.48	659.91	573.76	544.82	536.86	519.92	555.20
51	659.36	640.61	685.74	596.21	566.14	557.87	540.27	576.93
52	685.08	665.59	712.48	619.46	588.22	579.63	561.34	599.43
53	711.69	691.44	740.15	643.52	611.06	602.14	583.14	622.71
54	739.62	718.58	769.21	668.78	635.05	625.77	606.03	647.15
55	768.44	746.59	799.18	694.84	659.80	650.16	629.65	672.37
56	798.60	775.88	830.54	722.11	685.68	675.67	654.36	698.75
57	829.63	806.04	862.82	750.17	712.34	701.93	679.79	725.91
58	862.00	837.49	896.48	779.44	740.13	729.32	706.31	754.23
59	895.70	870.23	931.53	809.91	769.06	757.83	733.93	783.72
60	930.73	904.26	967.96	841.59	799.14	787.47	762.63	814.37
61	967.08	939.59	1,005.78	874.47	830.36	818.22	792.42	846.18
62	967.08	939.59	1,005.78	874.47	830.36	818.22	792.42	846.18
63	967.08	939.59	1,005.78	874.47	830.36	818.22	792.42	846.18
64+	967.08	939.59	1,005.78	874.47	830.36	818.22	792.42	846.18

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Rates Effective January 1, 2021
Appendix I-B

	94506DC0350026	94506DC0350024	94506DC0350010	94506DC0350008	94506DC0350011	94506DC0350009	94506DC0350027	94506DC0350012
Age	KP DC Gold DHMO Plus 1500/20/Vision	KP DC Gold HMO Plus 0/20/Vision	KP DC Silver 2000/30/HSA/Vision	KP DC Silver 2000/40/Vision	KP DC Silver 2500/30/HSA/Vision	KP DC Silver 2500/40/Vision	KP DC Silver DHMO Plus 2000/40/Vision	KP DC Bronze 6500/55/Vision
20 and Under	255.17	272.70	215.91	220.56	207.30	218.07	229.39	197.67
21	283.65	303.14	240.01	245.18	230.43	242.41	254.99	219.73
22	283.65	303.14	240.01	245.18	230.43	242.41	254.99	219.73
23	283.65	303.14	240.01	245.18	230.43	242.41	254.99	219.73
24	283.65	303.14	240.01	245.18	230.43	242.41	254.99	219.73
25	283.65	303.14	240.01	245.18	230.43	242.41	254.99	219.73
26	283.65	303.14	240.01	245.18	230.43	242.41	254.99	219.73
27	283.65	303.14	240.01	245.18	230.43	242.41	254.99	219.73
28	290.28	310.23	245.62	250.91	235.82	248.08	260.95	224.87
29	296.53	316.90	250.90	256.31	240.89	253.42	266.57	229.71
30	303.94	324.82	257.18	262.71	246.92	259.75	273.23	235.45
31	311.74	333.16	263.78	269.46	253.26	266.42	280.24	241.50
32	318.77	340.67	269.72	275.53	258.96	272.42	286.56	246.94
33	326.18	348.59	276.00	281.94	264.98	278.76	293.22	252.68
34	333.98	356.93	282.60	288.68	271.32	285.43	300.24	258.72
35	341.79	365.27	289.20	295.43	277.66	292.10	307.25	264.77
36	349.59	373.61	295.80	302.17	284.00	298.77	314.27	270.81
37	357.39	381.95	302.41	308.91	290.34	305.44	321.28	276.86
38	361.68	386.54	306.04	312.62	293.83	309.10	325.14	280.18
39	365.98	391.12	309.67	316.33	297.31	312.77	329.00	283.51
40	380.41	406.55	321.88	328.81	309.04	325.11	341.98	294.69
41	395.24	422.40	334.43	341.63	321.09	337.78	355.30	306.18
42	410.85	439.08	347.64	355.12	333.76	351.12	369.33	318.27
43	426.84	456.17	361.17	368.94	346.76	364.79	383.71	330.66
44	443.62	474.10	375.37	383.45	360.39	379.13	398.80	343.66
45	460.79	492.45	389.89	398.28	374.34	393.80	414.23	356.96
46	478.73	511.63	405.08	413.80	388.92	409.14	430.36	370.86
47	497.46	531.65	420.93	429.99	404.13	425.14	447.20	385.37
48	516.97	552.49	437.43	446.85	419.98	441.81	464.74	400.48
49	537.26	574.18	454.60	464.38	436.46	459.15	482.97	416.20
50	558.33	596.69	472.43	482.60	453.58	477.16	501.91	432.52
51	580.18	620.04	490.91	501.48	471.33	495.83	521.56	449.44
52	602.81	644.23	510.06	521.04	489.71	515.17	541.90	466.97
53	626.22	669.25	529.87	541.28	508.73	535.18	562.94	485.11
54	650.80	695.52	550.67	562.52	528.70	556.19	585.04	504.15
55	676.16	722.62	572.13	584.44	549.30	577.86	607.84	523.80
56	702.69	750.97	594.58	607.38	570.85	600.53	631.69	544.35
57	730.00	780.16	617.69	630.98	593.04	623.87	656.24	565.51
58	758.48	810.60	641.79	655.60	616.18	648.22	681.85	587.57
59	788.14	842.29	666.88	681.23	640.27	673.56	708.50	610.54
60	818.96	875.23	692.96	707.87	665.31	699.90	736.21	634.42
61	850.95	909.42	720.03	735.53	691.29	727.23	764.97	659.19
62	850.95	909.42	720.03	735.53	691.29	727.23	764.97	659.19
63	850.95	909.42	720.03	735.53	691.29	727.23	764.97	659.19
64+	850.95	909.42	720.03	735.53	691.29	727.23	764.97	659.19

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Rates Effective January 1, 2021
Appendix I-C

	94506DC0350015	94506DC0350014	94506DC0360004	94506DC0360005	94506DC0360003	94506DC0360002	94506DC0360001	94506DC0350016
Age	KP DC Bronze 7000/0%/HSA/Vision	7000/50/20%/HSA/Vision	KP DC Platinum 0/10/POS/Vision	KP DC Platinum 500/10/POS/Vision	KP DC Gold 1000/20/POS/Vision	KP DC Silver 2500/40/POS/Vision	KP DC Bronze 6500/55/POS/Vision	KP DC Platinum 0/10/Vision/Sel
20 and Under	190.12	183.01	308.96	301.38	267.53	231.08	208.44	304.49
21	211.34	203.44	343.45	335.02	297.39	256.87	231.71	338.48
22	211.34	203.44	343.45	335.02	297.39	256.87	231.71	338.48
23	211.34	203.44	343.45	335.02	297.39	256.87	231.71	338.48
24	211.34	203.44	343.45	335.02	297.39	256.87	231.71	338.48
25	211.34	203.44	343.45	335.02	297.39	256.87	231.71	338.48
26	211.34	203.44	343.45	335.02	297.39	256.87	231.71	338.48
27	211.34	203.44	343.45	335.02	297.39	256.87	231.71	338.48
28	216.28	208.20	351.48	342.85	304.34	262.88	237.12	346.39
29	220.93	212.68	359.03	350.23	310.89	268.53	242.22	353.84
30	226.46	217.99	368.01	358.98	318.66	275.24	248.28	362.69
31	232.27	223.59	377.46	368.20	326.84	282.31	254.65	372.00
32	237.50	228.63	385.96	376.50	334.21	288.67	260.39	380.38
33	243.03	233.94	394.94	385.25	341.98	295.38	266.45	389.23
34	248.84	239.54	404.39	394.47	350.16	302.45	272.82	398.54
35	254.65	245.14	413.83	403.68	358.34	309.51	279.19	407.85
36	260.47	250.74	423.28	412.90	366.52	316.58	285.57	417.16
37	266.28	256.33	432.73	422.12	374.70	323.65	291.94	426.47
38	269.48	259.41	437.93	427.19	379.20	327.53	295.45	431.59
39	272.68	262.49	443.12	432.26	383.70	331.42	298.95	436.72
40	283.43	272.84	460.60	449.31	398.84	344.49	310.75	453.94
41	294.48	283.48	478.56	466.82	414.38	357.92	322.86	471.63
42	306.11	294.67	497.45	485.25	430.75	372.05	335.61	490.26
43	318.03	306.14	516.82	504.14	447.52	386.54	348.67	509.35
44	330.53	318.18	537.13	523.96	465.11	401.73	362.38	529.37
45	343.32	330.49	557.92	544.24	483.11	417.28	376.40	549.85
46	356.69	343.36	579.65	565.43	501.92	433.53	391.06	571.27
47	370.64	356.79	602.33	587.55	521.56	450.49	406.36	593.62
48	385.18	370.79	625.95	610.60	542.01	468.16	422.30	616.90
49	400.30	385.34	650.51	634.56	563.28	486.53	438.87	641.11
50	415.99	400.45	676.02	659.44	585.37	505.61	456.08	666.25
51	432.27	416.12	702.48	685.25	608.28	525.40	473.93	692.32
52	449.13	432.35	729.88	711.98	632.01	545.89	492.41	719.32
53	466.58	449.14	758.22	739.63	656.55	567.09	511.54	747.26
54	484.89	466.77	787.99	768.66	682.32	589.35	531.62	776.59
55	503.79	484.96	818.69	798.61	708.91	612.32	552.33	806.85
56	523.55	503.99	850.82	829.95	736.73	636.34	574.00	838.51
57	543.90	523.58	883.89	862.21	765.36	661.07	596.31	871.10
58	565.12	544.01	918.37	895.85	795.22	686.87	619.58	905.09
59	587.22	565.27	954.28	930.87	826.31	713.72	643.80	940.48
60	610.18	587.38	991.60	967.27	858.63	741.63	668.98	977.26
61	634.02	610.32	1,030.34	1,005.06	892.17	770.61	695.12	1,015.43
62	634.02	610.32	1,030.34	1,005.06	892.17	770.61	695.12	1,015.43
63	634.02	610.32	1,030.34	1,005.06	892.17	770.61	695.12	1,015.43
64+	634.02	610.32	1,030.34	1,005.06	892.17	770.61	695.12	1,015.43

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Rates Effective January 1, 2021
Appendix I-D

	94506DC0350017	94506DC0350018	94506DC0350019	94506DC0350028	94506DC0350020	94506DC0350022
Age	KP DC Platinum 500/10/Vision/Sel	KP DC Gold 0/20/Vision/Sel	KP DC Gold 1000/20/Vision/Sel	KP DC Gold 1500/20/Vision/Sel	KP DC Gold 1700/0%/HSA/Vision/Sel	KP DC Gold 500/20/Vision/Sel
20 and Under	295.83	275.33	261.44	257.63	249.50	266.43
21	328.85	306.06	290.62	286.38	277.35	296.17
22	328.85	306.06	290.62	286.38	277.35	296.17
23	328.85	306.06	290.62	286.38	277.35	296.17
24	328.85	306.06	290.62	286.38	277.35	296.17
25	328.85	306.06	290.62	286.38	277.35	296.17
26	328.85	306.06	290.62	286.38	277.35	296.17
27	328.85	306.06	290.62	286.38	277.35	296.17
28	336.54	313.22	297.42	293.08	283.84	303.09
29	343.78	319.96	303.82	299.38	289.94	309.61
30	352.37	327.95	311.41	306.87	297.19	317.35
31	361.42	336.37	319.41	314.75	304.82	325.50
32	369.56	343.95	326.60	321.84	311.69	332.83
33	378.16	351.95	334.20	329.32	318.94	340.57
34	387.20	360.37	342.19	337.20	326.57	348.72
35	396.25	368.79	350.19	345.08	334.20	356.87
36	405.30	377.21	358.18	352.96	341.83	365.02
37	414.34	385.63	366.18	360.83	349.46	373.16
38	419.32	390.26	370.58	365.17	353.65	377.65
39	424.30	394.89	374.97	369.50	357.85	382.13
40	441.03	410.47	389.77	384.08	371.97	397.20
41	458.22	426.47	404.96	399.05	386.46	412.68
42	476.31	443.31	420.95	414.80	401.72	428.98
43	494.86	460.57	437.34	430.95	417.36	445.68
44	514.31	478.67	454.53	447.89	433.77	463.20
45	534.21	497.19	472.12	465.22	450.56	481.12
46	555.02	516.56	490.50	483.35	468.10	499.86
47	576.73	536.77	509.69	502.25	486.42	519.41
48	599.35	557.82	529.68	521.95	505.49	539.78
49	622.87	579.71	550.47	542.43	525.33	560.97
50	647.30	602.44	572.06	563.71	545.93	582.97
51	672.63	626.02	594.44	585.77	567.30	605.78
52	698.87	650.44	617.63	608.61	589.42	629.41
53	726.01	675.70	641.61	632.25	612.31	653.85
54	754.50	702.22	666.80	657.07	636.35	679.52
55	783.91	729.58	692.78	682.67	661.15	706.00
56	814.67	758.21	719.97	709.46	687.09	733.70
57	846.33	787.68	747.95	737.03	713.79	762.22
58	879.35	818.41	777.13	765.79	741.64	791.95
59	913.73	850.41	807.51	795.73	770.64	822.92
60	949.46	883.67	839.09	826.85	800.78	855.10
61	986.55	918.18	871.86	859.14	832.05	888.50
62	986.55	918.18	871.86	859.14	832.05	888.50
63	986.55	918.18	871.86	859.14	832.05	888.50
64+	986.55	918.18	871.86	859.14	832.05	888.50

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group**

**Rates Effective April 1, 2021
Appendix II-A**

	94506DC0350001	94506DC0350002	94506DC0350023	94506DC0350004	94506DC0350005	94506DC0350025	94506DC0350006	94506DC0350021
Age	KP DC Platinum 0/10/Vision	KP DC Platinum 500/10/Vision	KP DC Platinum HMO Plus 0/10/Vision	KP DC Gold 0/20/Vision	KP DC Gold 1000/20/Vision	KP DC Gold 1500/20/Vision	KP DC Gold 1700/0%/HSA/Vision	KP DC Gold 500/20/Vision
20 and Under	291.65	283.35	303.32	263.72	250.41	246.76	238.97	255.19
21	324.20	314.98	337.17	293.15	278.37	274.30	265.65	283.67
22	324.20	314.98	337.17	293.15	278.37	274.30	265.65	283.67
23	324.20	314.98	337.17	293.15	278.37	274.30	265.65	283.67
24	324.20	314.98	337.17	293.15	278.37	274.30	265.65	283.67
25	324.20	314.98	337.17	293.15	278.37	274.30	265.65	283.67
26	324.20	314.98	337.17	293.15	278.37	274.30	265.65	283.67
27	324.20	314.98	337.17	293.15	278.37	274.30	265.65	283.67
28	331.79	322.35	345.06	300.01	284.88	280.71	271.86	290.30
29	338.92	329.28	352.48	306.46	291.00	286.75	277.71	296.55
30	347.39	337.51	361.29	314.12	298.28	293.92	284.65	303.96
31	356.31	346.18	370.56	322.19	305.93	301.47	291.96	311.77
32	364.34	353.98	378.91	329.44	312.83	308.26	298.53	318.79
33	372.81	362.21	387.73	337.11	320.10	315.43	305.48	326.20
34	381.73	370.87	397.00	345.17	327.76	322.97	312.78	334.01
35	390.65	379.54	406.28	353.23	335.42	330.52	320.09	341.81
36	399.57	388.20	415.55	361.30	343.08	338.06	327.40	349.61
37	408.49	396.87	424.83	369.36	350.73	345.61	334.71	357.42
38	413.39	401.64	429.93	373.80	354.95	349.76	338.73	361.71
39	418.30	406.40	435.03	378.24	359.16	353.91	342.75	366.00
40	434.80	422.43	452.19	393.16	373.32	367.87	356.27	380.44
41	451.75	438.90	469.82	408.48	387.87	382.21	370.15	395.27
42	469.58	456.23	488.37	424.61	403.19	397.30	384.77	410.87
43	487.87	473.99	507.38	441.14	418.89	412.77	399.75	426.87
44	507.04	492.62	527.32	458.48	435.35	428.99	415.46	443.65
45	526.66	511.68	547.73	476.22	452.20	445.60	431.54	460.82
46	547.18	531.61	569.07	494.77	469.81	462.95	448.35	478.77
47	568.58	552.41	591.33	514.13	488.19	481.06	465.89	497.50
48	590.88	574.07	614.52	534.29	507.34	499.93	484.16	517.01
49	614.07	596.60	638.63	555.26	527.25	519.55	503.16	537.30
50	638.15	620.00	663.68	577.03	547.93	539.92	522.89	558.37
51	663.12	644.26	689.65	599.61	569.37	561.05	543.35	580.22
52	688.99	669.39	716.55	623.00	591.58	582.93	564.55	602.85
53	715.75	695.39	744.38	647.19	614.55	605.57	586.47	626.26
54	743.84	722.68	773.59	672.60	638.67	629.34	609.49	650.84
55	772.83	750.85	803.74	698.81	663.56	653.87	633.24	676.21
56	803.15	780.31	835.28	726.23	689.60	679.52	658.09	702.74
57	834.37	810.64	867.74	754.45	716.40	705.94	683.67	730.05
58	866.92	842.26	901.60	783.89	744.35	733.48	710.34	758.54
59	900.81	875.19	936.85	814.54	773.45	762.15	738.11	788.19
60	936.04	909.42	973.49	846.39	803.70	791.96	766.98	819.02
61	972.60	944.94	1,011.51	879.45	835.10	822.90	796.94	851.01
62	972.60	944.94	1,011.51	879.45	835.10	822.90	796.94	851.01
63	972.60	944.94	1,011.51	879.45	835.10	822.90	796.94	851.01
64+	972.60	944.94	1,011.51	879.45	835.10	822.90	796.94	851.01

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Rates Effective April 1, 2021
Appendix II-B

	94506DC0350026	94506DC0350024	94506DC0350010	94506DC0350008	94506DC0350011	94506DC0350009	94506DC0350027	94506DC0350012
Age	KP DC Gold DHMO Plus 1500/20/Vision	KP DC Gold HMO Plus 0/20/Vision	KP DC Silver 2000/30/HSA/Vision	KP DC Silver 2000/40/Vision	KP DC Silver 2500/30/HSA/Vision	KP DC Silver 2500/40/Vision	KP DC Silver DHMO Plus 2000/40/Vision	KP DC Bronze 6500/55/Vision
20 and Under	256.63	274.26	217.14	221.82	208.48	219.32	230.70	198.80
21	285.27	304.87	241.38	246.58	231.75	243.80	256.45	220.99
22	285.27	304.87	241.38	246.58	231.75	243.80	256.45	220.99
23	285.27	304.87	241.38	246.58	231.75	243.80	256.45	220.99
24	285.27	304.87	241.38	246.58	231.75	243.80	256.45	220.99
25	285.27	304.87	241.38	246.58	231.75	243.80	256.45	220.99
26	285.27	304.87	241.38	246.58	231.75	243.80	256.45	220.99
27	285.27	304.87	241.38	246.58	231.75	243.80	256.45	220.99
28	291.94	312.00	247.02	252.34	237.17	249.50	262.44	226.16
29	298.22	318.71	252.34	257.77	242.27	254.86	268.09	231.02
30	305.67	326.68	258.64	264.21	248.32	261.24	274.79	236.79
31	313.52	335.07	265.29	271.00	254.70	267.94	281.84	242.87
32	320.59	342.61	271.26	277.10	260.44	273.98	288.19	248.35
33	328.04	350.58	277.57	283.54	266.49	280.35	294.90	254.12
34	335.89	358.97	284.21	290.33	272.87	287.06	301.95	260.20
35	343.74	367.36	290.85	297.11	279.25	293.76	309.01	266.28
36	351.58	375.74	297.49	303.89	285.62	300.47	316.06	272.36
37	359.43	384.13	304.13	310.68	292.00	307.18	323.11	278.44
38	363.75	388.74	307.78	314.41	295.50	310.87	327.00	281.78
39	368.06	393.36	311.44	318.14	299.01	314.56	330.88	285.13
40	382.58	408.87	323.72	330.69	310.80	326.96	343.93	296.37
41	397.49	424.81	336.34	343.58	322.92	339.71	357.33	307.92
42	413.19	441.58	349.62	357.14	335.67	353.12	371.44	320.08
43	429.28	458.78	363.23	371.05	348.74	366.87	385.90	332.55
44	446.15	476.81	377.51	385.63	362.45	381.29	401.07	345.62
45	463.42	495.26	392.12	400.56	376.47	396.05	416.59	358.99
46	481.47	514.55	407.39	416.16	391.14	411.47	432.82	372.97
47	500.30	534.68	423.33	432.44	406.44	427.57	449.75	387.57
48	519.92	555.65	439.93	449.40	422.38	444.34	467.39	402.76
49	540.33	577.45	457.19	467.03	438.95	461.77	485.73	418.57
50	561.51	600.10	475.12	485.35	456.17	479.88	504.78	434.99
51	583.49	623.58	493.72	504.34	474.02	498.66	524.53	452.01
52	606.25	647.91	512.97	524.01	492.51	518.11	544.99	469.64
53	629.79	673.07	532.89	544.36	511.63	538.23	566.16	487.88
54	654.51	699.49	553.81	565.73	531.71	559.36	588.38	507.03
55	680.02	726.74	575.39	587.78	552.43	581.16	611.31	526.79
56	706.70	755.26	597.97	610.84	574.11	603.96	635.29	547.46
57	734.17	784.62	621.21	634.58	596.43	627.43	659.99	568.73
58	762.81	815.23	645.45	659.34	619.70	651.92	685.74	590.92
59	792.63	847.10	670.68	685.12	643.92	677.40	712.55	614.03
60	823.63	880.23	696.91	711.91	669.11	703.89	740.41	638.04
61	855.81	914.61	724.14	739.73	695.25	731.39	769.34	662.97
62	855.81	914.61	724.14	739.73	695.25	731.39	769.34	662.97
63	855.81	914.61	724.14	739.73	695.25	731.39	769.34	662.97
64+	855.81	914.61	724.14	739.73	695.25	731.39	769.34	662.97

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Rates Effective April 1, 2021
Appendix II-C

	94506DC0350015	94506DC0350014	94506DC0360004	94506DC0360005	94506DC0360003	94506DC0360002	94506DC0360001	94506DC0350016
Age	KP DC Bronze 7000/0%/HSA/Vision	7000/50/20%/HSA/Vision	KP DC Platinum 0/10/POS/Vision	KP DC Platinum 500/10/POS/Vision	KP DC Gold 1000/20/POS/Vision	KP DC Silver 2500/40/POS/Vision	KP DC Bronze 6500/55/POS/Vision	KP DC Platinum 0/10/Vision/Sel
20 and Under	191.20	184.06	310.72	303.10	269.05	232.39	209.63	306.23
21	212.55	204.60	345.40	336.93	299.09	258.33	233.03	340.41
22	212.55	204.60	345.40	336.93	299.09	258.33	233.03	340.41
23	212.55	204.60	345.40	336.93	299.09	258.33	233.03	340.41
24	212.55	204.60	345.40	336.93	299.09	258.33	233.03	340.41
25	212.55	204.60	345.40	336.93	299.09	258.33	233.03	340.41
26	212.55	204.60	345.40	336.93	299.09	258.33	233.03	340.41
27	212.55	204.60	345.40	336.93	299.09	258.33	233.03	340.41
28	217.52	209.39	353.48	344.81	306.08	264.38	238.48	348.37
29	222.19	213.89	361.08	352.23	312.66	270.06	243.60	355.86
30	227.75	219.24	370.11	361.03	320.48	276.81	249.70	364.76
31	233.60	224.87	379.61	370.30	328.71	283.92	256.11	374.12
32	238.86	229.93	388.16	378.64	336.11	290.32	261.88	382.55
33	244.41	235.28	397.19	387.45	343.93	297.07	267.97	391.45
34	250.26	240.91	406.69	396.72	352.16	304.17	274.38	400.81
35	256.11	246.54	416.20	405.99	360.39	311.28	280.79	410.18
36	261.95	252.17	425.70	415.26	368.61	318.39	287.20	419.54
37	267.80	257.79	435.20	424.53	376.84	325.49	293.61	428.91
38	271.02	260.89	440.43	429.62	381.37	329.40	297.13	434.06
39	274.23	263.99	445.65	434.72	385.89	333.31	300.66	439.21
40	285.05	274.40	463.23	451.87	401.11	346.46	312.52	456.53
41	296.16	285.09	481.29	469.48	416.75	359.96	324.70	474.33
42	307.86	296.35	500.29	488.02	433.20	374.18	337.52	493.06
43	319.84	307.89	519.77	507.02	450.07	388.75	350.66	512.25
44	332.41	319.99	540.20	526.95	467.76	404.02	364.45	532.39
45	345.28	332.37	561.10	547.34	485.86	419.66	378.55	552.99
46	358.73	345.32	582.96	568.66	504.79	436.01	393.29	574.53
47	372.76	358.83	605.77	590.91	524.53	453.06	408.68	597.00
48	387.38	372.90	629.52	614.08	545.10	470.83	424.71	620.42
49	402.58	387.54	654.23	638.18	566.50	489.31	441.37	644.76
50	418.37	402.73	679.88	663.21	588.71	508.50	458.68	670.05
51	434.74	418.49	706.49	689.16	611.75	528.39	476.63	696.27
52	451.70	434.82	734.04	716.04	635.61	549.00	495.22	723.43
53	469.24	451.70	762.55	743.85	660.30	570.33	514.46	751.52
54	487.66	469.43	792.48	773.04	686.21	592.71	534.65	781.02
55	506.66	487.73	823.37	803.17	712.95	615.81	555.48	811.46
56	526.54	506.86	855.67	834.68	740.93	639.97	577.28	843.30
57	547.01	526.57	888.93	867.13	769.73	664.85	599.72	876.07
58	568.35	547.11	923.61	900.96	799.76	690.79	623.12	910.26
59	590.57	568.50	959.72	936.18	831.03	717.79	647.48	945.84
60	613.66	590.73	997.26	972.79	863.53	745.86	672.80	982.83
61	637.64	613.80	1,036.20	1,010.79	897.26	774.99	699.08	1,021.23
62	637.64	613.80	1,036.20	1,010.79	897.26	774.99	699.08	1,021.23
63	637.64	613.80	1,036.20	1,010.79	897.26	774.99	699.08	1,021.23
64+	637.64	613.80	1,036.20	1,010.79	897.26	774.99	699.08	1,021.23

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

Market: District of Columbia Small Group

Rates Effective April 1, 2021

Appendix II-D

	94506DC0350017	94506DC0350018	94506DC0350019	94506DC0350028	94506DC0350020	94506DC0350022
Age	KP DC Platinum 500/10/Vision/Sel	KP DC Gold 0/20/Vision/Sel	KP DC Gold 1000/20/Vision/Sel	KP DC Gold 1500/20/Vision/Sel	1700/0%/HSA/Vision/Se l	KP DC Gold 500/20/Vision/Sel
20 and Under	297.52	276.90	262.93	259.10	250.93	267.95
21	330.73	307.81	292.28	288.02	278.94	297.86
22	330.73	307.81	292.28	288.02	278.94	297.86
23	330.73	307.81	292.28	288.02	278.94	297.86
24	330.73	307.81	292.28	288.02	278.94	297.86
25	330.73	307.81	292.28	288.02	278.94	297.86
26	330.73	307.81	292.28	288.02	278.94	297.86
27	330.73	307.81	292.28	288.02	278.94	297.86
28	338.46	315.01	299.12	294.75	285.46	304.82
29	345.74	321.78	305.55	301.09	291.60	311.38
30	354.38	329.83	313.19	308.62	298.89	319.16
31	363.48	338.29	321.23	316.54	306.56	327.36
32	371.67	345.91	328.47	323.67	313.47	334.73
33	380.31	353.96	336.11	331.20	320.76	342.52
34	389.41	362.43	344.15	339.12	328.43	350.71
35	398.51	370.90	352.19	347.05	336.10	358.90
36	407.61	379.36	360.23	354.97	343.78	367.10
37	416.71	387.83	368.27	362.89	351.45	375.29
38	421.71	392.49	372.69	367.25	355.67	379.80
39	426.72	397.15	377.11	371.61	359.89	384.31
40	443.55	412.81	391.99	386.27	374.09	399.47
41	460.84	428.90	407.27	401.32	388.67	415.03
42	479.03	445.84	423.35	417.17	404.02	431.42
43	497.68	463.20	439.83	433.41	419.75	448.22
44	517.25	481.40	457.12	450.45	436.24	465.84
45	537.26	500.03	474.81	467.88	453.13	483.87
46	558.19	519.51	493.30	486.10	470.78	502.71
47	580.03	539.83	512.60	505.12	489.19	522.38
48	602.77	561.00	532.70	524.93	508.38	542.86
49	626.43	583.02	553.61	545.53	528.33	564.17
50	650.99	605.88	575.32	566.92	549.05	586.29
51	676.47	629.59	597.83	589.11	570.53	609.24
52	702.85	654.15	621.15	612.09	592.79	633.00
53	730.15	679.55	645.27	635.86	615.81	657.58
54	758.81	706.23	670.60	660.82	639.98	683.39
55	788.38	733.75	696.74	686.57	664.92	710.03
56	819.31	762.54	724.07	713.51	691.01	737.89
57	851.16	792.17	752.22	741.24	717.87	766.57
58	884.37	823.08	781.57	770.16	745.87	796.47
59	918.94	855.26	812.12	800.27	775.03	827.61
60	954.88	888.71	843.88	831.57	805.34	859.98
61	992.18	923.43	876.84	864.05	836.81	893.57
62	992.18	923.43	876.84	864.05	836.81	893.57
63	992.18	923.43	876.84	864.05	836.81	893.57
64+	992.18	923.43	876.84	864.05	836.81	893.57

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group**

**Rates Effective July 1, 2021
Appendix III-A**

	94506DC0350001	94506DC0350002	94506DC0350023	94506DC0350004	94506DC0350005	94506DC0350025	94506DC0350006	94506DC0350021
Age	KP DC Platinum 0/10/Vision	KP DC Platinum 500/10/Vision	KP DC Platinum HMO Plus 0/10/Vision	KP DC Gold 0/20/Vision	KP DC Gold 1000/20/Vision	KP DC Gold 1500/20/Vision	KP DC Gold 1700/0%/HSA/Vision	KP DC Gold 500/20/Vision
20 and Under	293.31	284.97	305.05	265.22	251.84	248.16	240.34	256.64
21	326.05	316.78	339.10	294.83	279.95	275.86	267.16	285.29
22	326.05	316.78	339.10	294.83	279.95	275.86	267.16	285.29
23	326.05	316.78	339.10	294.83	279.95	275.86	267.16	285.29
24	326.05	316.78	339.10	294.83	279.95	275.86	267.16	285.29
25	326.05	316.78	339.10	294.83	279.95	275.86	267.16	285.29
26	326.05	316.78	339.10	294.83	279.95	275.86	267.16	285.29
27	326.05	316.78	339.10	294.83	279.95	275.86	267.16	285.29
28	333.68	324.19	347.03	301.72	286.50	282.32	273.41	291.96
29	340.85	331.16	354.49	308.21	292.66	288.39	279.29	298.24
30	349.38	339.44	363.35	315.91	299.98	295.60	286.27	305.70
31	358.35	348.15	372.68	324.02	307.68	303.19	293.62	313.54
32	366.42	356.00	381.08	331.32	314.61	310.02	300.24	320.61
33	374.94	364.28	389.94	339.03	321.93	317.23	307.22	328.06
34	383.91	372.99	399.27	347.14	329.63	324.81	314.57	335.91
35	392.88	381.70	408.59	355.25	337.33	332.40	321.92	343.76
36	401.85	390.42	417.92	363.36	345.03	339.99	329.27	351.61
37	410.82	399.13	427.25	371.47	352.73	347.58	336.62	359.46
38	415.75	403.93	432.38	375.93	356.97	351.76	340.66	363.77
39	420.69	408.72	437.51	380.39	361.21	355.93	344.70	368.09
40	437.28	424.84	454.77	395.40	375.45	369.97	358.30	382.61
41	454.32	441.40	472.50	410.81	390.09	384.39	372.26	397.52
42	472.26	458.83	491.15	427.03	405.49	399.57	386.96	413.22
43	490.65	476.70	510.28	443.66	421.28	415.13	402.03	429.31
44	509.94	495.43	530.33	461.10	437.84	431.44	417.83	446.18
45	529.67	514.60	550.86	478.94	454.78	448.14	434.00	463.45
46	550.30	534.65	572.31	497.59	472.50	465.59	450.91	481.50
47	571.83	555.56	594.70	517.06	490.98	483.81	468.55	500.34
48	594.25	577.35	618.02	537.34	510.23	502.78	486.92	519.96
49	617.57	600.01	642.28	558.42	530.26	522.51	506.03	540.36
50	641.79	623.54	667.46	580.32	551.05	543.00	525.87	561.55
51	666.91	647.94	693.59	603.03	572.62	564.25	546.45	583.53
52	692.92	673.21	720.64	626.55	594.95	586.26	567.77	606.29
53	719.83	699.36	748.62	650.89	618.06	609.03	589.82	629.84
54	748.09	726.81	778.01	676.44	642.32	632.93	612.97	654.56
55	777.24	755.13	808.33	702.80	667.35	657.60	636.86	680.07
56	807.74	784.76	840.04	730.37	693.53	683.40	661.85	706.75
57	839.13	815.26	872.70	758.76	720.49	709.96	687.57	734.22
58	871.87	847.07	906.74	788.36	748.60	737.66	714.40	762.87
59	905.96	880.19	942.19	819.18	777.87	766.50	742.32	792.69
60	941.39	914.61	979.04	851.22	808.29	796.48	771.36	823.69
61	978.15	950.34	1,017.29	884.48	839.85	827.58	801.48	855.87
62	978.15	950.34	1,017.29	884.48	839.85	827.58	801.48	855.87
63	978.15	950.34	1,017.29	884.48	839.85	827.58	801.48	855.87
64+	978.15	950.34	1,017.29	884.48	839.85	827.58	801.48	855.87

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Rates Effective July 1, 2021
Appendix III-B

	94506DC0350026	94506DC0350024	94506DC0350010	94506DC0350008	94506DC0350011	94506DC0350009	94506DC0350027	94506DC0350012
Age	KP DC Gold DHMO Plus 1500/20/Vision	KP DC Gold HMO Plus 0/20/Vision	KP DC Silver 2000/30/HSA/Vision	KP DC Silver 2000/40/Vision	KP DC Silver 2500/30/HSA/Vision	KP DC Silver 2500/40/Vision	KP DC Silver DHMO Plus 2000/40/Vision	KP DC Bronze 6500/55/Vision
20 and Under	258.09	275.82	218.38	223.08	209.67	220.57	232.01	199.93
21	286.90	306.61	242.76	247.98	233.07	245.19	257.91	222.25
22	286.90	306.61	242.76	247.98	233.07	245.19	257.91	222.25
23	286.90	306.61	242.76	247.98	233.07	245.19	257.91	222.25
24	286.90	306.61	242.76	247.98	233.07	245.19	257.91	222.25
25	286.90	306.61	242.76	247.98	233.07	245.19	257.91	222.25
26	286.90	306.61	242.76	247.98	233.07	245.19	257.91	222.25
27	286.90	306.61	242.76	247.98	233.07	245.19	257.91	222.25
28	293.61	313.78	248.43	253.78	238.52	250.92	263.94	227.45
29	299.92	320.53	253.78	259.24	243.65	256.32	269.62	232.34
30	307.42	328.54	260.12	265.72	249.74	262.73	276.36	238.15
31	315.31	336.98	266.80	272.54	256.15	269.47	283.45	244.26
32	322.41	344.57	272.81	278.68	261.92	275.54	289.84	249.76
33	329.91	352.58	279.15	285.16	268.02	281.95	296.58	255.57
34	337.81	361.02	285.83	291.98	274.43	288.70	303.67	261.69
35	345.70	369.45	292.51	298.81	280.84	295.44	310.77	267.80
36	353.59	377.89	299.19	305.63	287.25	302.19	317.86	273.91
37	361.48	386.32	305.87	312.45	293.66	308.93	324.96	280.03
38	365.82	390.96	309.54	316.20	297.19	312.64	328.86	283.39
39	370.16	395.60	313.21	319.95	300.72	316.35	332.76	286.75
40	384.77	411.21	325.57	332.58	312.58	328.83	345.89	298.06
41	399.76	427.23	338.26	345.54	324.76	341.65	359.37	309.68
42	415.55	444.10	351.61	359.18	337.58	355.14	373.56	321.91
43	431.73	461.39	365.30	373.17	350.73	368.96	388.11	334.44
44	448.70	479.53	379.66	387.83	364.51	383.47	403.36	347.59
45	466.06	498.09	394.36	402.84	378.62	398.31	418.97	361.04
46	484.21	517.49	409.72	418.53	393.37	413.82	435.29	375.10
47	503.16	537.73	425.74	434.91	408.76	430.01	452.32	389.78
48	522.89	558.82	442.44	451.96	424.79	446.87	470.05	405.06
49	543.41	580.75	459.80	469.70	441.46	464.41	488.50	420.96
50	564.72	603.52	477.83	488.12	458.77	482.62	507.66	437.47
51	586.82	627.14	496.53	507.22	476.72	501.51	527.53	454.59
52	609.71	651.60	515.90	527.00	495.32	521.07	548.10	472.32
53	633.38	676.91	535.94	547.47	514.55	541.30	569.39	490.66
54	658.25	703.48	556.97	568.96	534.75	562.55	591.74	509.92
55	683.90	730.89	578.68	591.13	555.59	584.47	614.80	529.79
56	710.73	759.57	601.38	614.33	577.39	607.41	638.92	550.58
57	738.36	789.09	624.76	638.20	599.83	631.02	663.75	571.98
58	767.16	819.88	649.13	663.10	623.23	655.64	689.65	594.30
59	797.16	851.93	674.51	689.03	647.60	681.27	716.61	617.53
60	828.33	885.25	700.89	715.98	672.92	707.91	744.64	641.68
61	860.69	919.83	728.27	743.94	699.21	735.57	773.73	666.75
62	860.69	919.83	728.27	743.94	699.21	735.57	773.73	666.75
63	860.69	919.83	728.27	743.94	699.21	735.57	773.73	666.75
64+	860.69	919.83	728.27	743.94	699.21	735.57	773.73	666.75

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

Market: District of Columbia Small Group

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Appendix III-C

	94506DC0350015	94506DC0350014	94506DC0360004	94506DC0360005	94506DC0360003	94506DC0360002	94506DC0360001	94506DC0350016
Age	KP DC Bronze 7000/0%/HSA/Vision	7000/50/20%/HSA/Vision	KP DC Platinum 0/10/POS/Vision	KP DC Platinum 500/10/POS/Vision	KP DC Gold 1000/20/POS/Vision	KP DC Silver 2500/40/POS/Vision	KP DC Bronze 6500/55/POS/Vision	KP DC Platinum 0/10/Vision/Sel
20 and Under	192.29	185.11	312.49	304.83	270.59	233.72	210.82	307.98
21	213.76	205.77	347.38	338.86	300.79	259.81	234.36	342.35
22	213.76	205.77	347.38	338.86	300.79	259.81	234.36	342.35
23	213.76	205.77	347.38	338.86	300.79	259.81	234.36	342.35
24	213.76	205.77	347.38	338.86	300.79	259.81	234.36	342.35
25	213.76	205.77	347.38	338.86	300.79	259.81	234.36	342.35
26	213.76	205.77	347.38	338.86	300.79	259.81	234.36	342.35
27	213.76	205.77	347.38	338.86	300.79	259.81	234.36	342.35
28	218.76	210.58	355.50	346.78	307.83	265.88	239.84	350.36
29	223.46	215.11	363.14	354.24	314.45	271.60	245.00	357.89
30	229.05	220.49	372.22	363.09	322.31	278.39	251.12	366.84
31	234.93	226.15	381.78	372.41	330.58	285.54	257.57	376.26
32	240.22	231.24	390.38	380.80	338.03	291.97	263.37	384.73
33	245.81	236.62	399.46	389.66	345.89	298.76	269.49	393.68
34	251.69	242.28	409.01	398.98	354.17	305.91	275.94	403.10
35	257.57	247.94	418.57	408.30	362.44	313.06	282.39	412.52
36	263.45	253.60	428.13	417.63	370.72	320.20	288.84	421.94
37	269.33	259.27	437.68	426.95	378.99	327.35	295.28	431.35
38	272.56	262.38	442.94	432.08	383.54	331.28	298.83	436.53
39	275.80	265.49	448.20	437.20	388.09	335.21	302.38	441.71
40	286.68	275.97	465.88	454.45	403.40	348.44	314.30	459.14
41	297.85	286.72	484.03	472.16	419.13	362.02	326.55	477.03
42	309.61	298.04	503.15	490.80	435.68	376.31	339.45	495.87
43	321.67	309.65	522.74	509.91	452.64	390.96	352.66	515.18
44	334.31	321.82	543.28	529.96	470.43	406.33	366.53	535.43
45	347.25	334.27	564.31	550.46	488.63	422.05	380.71	556.15
46	360.77	347.29	586.29	571.91	507.67	438.49	395.54	577.81
47	374.89	360.88	609.22	594.28	527.53	455.65	411.01	600.41
48	389.59	375.03	633.11	617.58	548.21	473.52	427.13	623.96
49	404.88	389.75	657.96	641.82	569.73	492.10	443.89	648.44
50	420.76	405.03	683.76	666.99	592.07	511.40	461.30	673.87
51	437.22	420.88	710.52	693.09	615.24	531.41	479.35	700.24
52	454.27	437.30	738.23	720.13	639.24	552.14	498.05	727.56
53	471.92	454.28	766.90	748.09	664.06	573.58	517.39	755.81
54	490.44	472.11	797.01	777.46	690.13	596.09	537.70	785.48
55	509.55	490.51	828.06	807.75	717.02	619.32	558.65	816.09
56	529.55	509.76	860.56	839.45	745.16	643.62	580.57	848.11
57	550.13	529.57	894.00	872.07	774.12	668.64	603.14	881.07
58	571.59	550.23	928.88	906.10	804.32	694.73	626.67	915.45
59	593.94	571.74	965.20	941.52	835.77	721.89	651.17	951.24
60	617.17	594.10	1,002.95	978.35	868.45	750.12	676.64	988.44
61	641.28	617.31	1,042.13	1,016.57	902.37	779.43	703.07	1,027.05
62	641.28	617.31	1,042.13	1,016.57	902.37	779.43	703.07	1,027.05
63	641.28	617.31	1,042.13	1,016.57	902.37	779.43	703.07	1,027.05
64+	641.28	617.31	1,042.13	1,016.57	902.37	779.43	703.07	1,027.05

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

Market: District of Columbia Small Group

Rates Effective July 1, 2021

Appendix III-D

	94506DC0350017	94506DC0350018	94506DC0350019	94506DC0350028	94506DC0350020	94506DC0350022
Age	KP DC Platinum 500/10/Vision/Sel	KP DC Gold 0/20/Vision/Sel	KP DC Gold 1000/20/Vision/Sel	KP DC Gold 1500/20/Vision/Sel	1700/0%/HSA/Vision/Se l	KP DC Gold 500/20/Vision/Sel
20 and Under	299.22	278.48	264.43	260.58	252.36	269.48
21	332.62	309.57	293.95	289.66	280.53	299.56
22	332.62	309.57	293.95	289.66	280.53	299.56
23	332.62	309.57	293.95	289.66	280.53	299.56
24	332.62	309.57	293.95	289.66	280.53	299.56
25	332.62	309.57	293.95	289.66	280.53	299.56
26	332.62	309.57	293.95	289.66	280.53	299.56
27	332.62	309.57	293.95	289.66	280.53	299.56
28	340.39	316.80	300.82	296.43	287.09	306.56
29	347.71	323.62	307.29	302.81	293.26	313.16
30	356.41	331.71	314.98	310.38	300.59	320.98
31	365.56	340.22	323.06	318.35	308.31	329.23
32	373.79	347.89	330.34	325.52	315.26	336.64
33	382.48	355.98	338.02	333.09	322.59	344.47
34	391.64	364.50	346.11	341.06	330.30	352.71
35	400.79	373.01	354.20	349.03	338.02	360.95
36	409.94	381.53	362.28	357.00	345.74	369.19
37	419.09	390.04	370.37	364.96	353.46	377.43
38	424.12	394.73	374.82	369.35	357.70	381.97
39	429.15	399.41	379.27	373.73	361.95	386.50
40	446.08	415.17	394.23	388.47	376.22	401.75
41	463.47	431.35	409.59	403.61	390.89	417.40
42	481.77	448.38	425.76	419.55	406.32	433.89
43	500.52	465.84	442.34	435.89	422.14	450.78
44	520.20	484.15	459.73	453.02	438.73	468.50
45	540.33	502.88	477.52	470.55	455.71	486.63
46	561.37	522.47	496.12	488.88	473.46	505.58
47	583.34	542.91	515.53	508.00	491.98	525.36
48	606.21	564.20	535.74	527.92	511.28	545.96
49	630.00	586.34	556.77	548.64	531.34	567.39
50	654.71	609.34	578.60	570.16	552.18	589.64
51	680.33	633.18	601.25	592.47	573.79	612.71
52	706.87	657.88	624.70	615.58	596.17	636.61
53	734.32	683.43	648.96	639.48	619.32	661.33
54	763.14	710.26	674.43	664.59	643.63	687.29
55	792.88	737.93	700.71	690.48	668.71	714.08
56	823.99	766.89	728.21	717.58	694.95	742.10
57	856.02	796.70	756.51	745.47	721.96	770.94
58	889.41	827.78	786.03	774.55	750.13	801.02
59	924.19	860.14	816.76	804.83	779.46	832.33
60	960.33	893.78	848.70	836.31	809.94	864.89
61	997.85	928.70	881.85	868.98	841.58	898.67
62	997.85	928.70	881.85	868.98	841.58	898.67
63	997.85	928.70	881.85	868.98	841.58	898.67
64+	997.85	928.70	881.85	868.98	841.58	898.67

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group**

**Rates Effective October 1, 2021
Appendix IV-A**

	94506DC0350001	94506DC0350002	94506DC0350023	94506DC0350004	94506DC0350005	94506DC0350025	94506DC0350006	94506DC0350021
Age	KP DC Platinum 0/10/Vision	KP DC Platinum 500/10/Vision	KP DC Platinum HMO Plus 0/10/Vision	KP DC Gold 0/20/Vision	KP DC Gold 1000/20/Vision	KP DC Gold 1500/20/Vision	KP DC Gold 1700/0%/HSA/Vision	KP DC Gold 500/20/Vision
20 and Under	294.99	286.60	306.79	266.73	253.28	249.58	241.71	258.11
21	327.91	318.59	341.03	296.51	281.55	277.44	268.69	286.92
22	327.91	318.59	341.03	296.51	281.55	277.44	268.69	286.92
23	327.91	318.59	341.03	296.51	281.55	277.44	268.69	286.92
24	327.91	318.59	341.03	296.51	281.55	277.44	268.69	286.92
25	327.91	318.59	341.03	296.51	281.55	277.44	268.69	286.92
26	327.91	318.59	341.03	296.51	281.55	277.44	268.69	286.92
27	327.91	318.59	341.03	296.51	281.55	277.44	268.69	286.92
28	335.58	326.04	349.01	303.44	288.14	283.93	274.97	293.63
29	342.80	333.05	356.51	309.97	294.33	290.03	280.88	299.94
30	351.37	341.38	365.42	317.72	301.69	297.28	287.91	307.44
31	360.39	350.14	374.81	325.87	309.44	304.92	295.30	315.33
32	368.51	358.03	383.25	333.21	316.41	311.79	301.95	322.44
33	377.08	366.35	392.16	340.96	323.77	319.04	308.97	329.94
34	386.10	375.12	401.54	349.12	331.51	326.67	316.36	337.83
35	395.12	383.88	410.93	357.28	339.26	334.30	323.76	345.72
36	404.14	392.65	420.31	365.43	347.00	341.93	331.15	353.62
37	413.16	401.41	429.69	373.59	354.75	349.57	338.54	361.51
38	418.13	406.23	434.85	378.08	359.01	353.76	342.60	365.85
39	423.09	411.05	440.01	382.56	363.27	357.96	346.67	370.19
40	439.78	427.27	457.37	397.65	377.60	372.08	360.35	384.79
41	456.92	443.92	475.19	413.15	392.31	386.58	374.39	399.79
42	474.96	461.45	493.96	429.47	407.81	401.85	389.17	415.58
43	493.45	479.42	513.19	446.19	423.68	417.49	404.33	431.76
44	512.85	498.26	533.36	463.73	440.34	433.90	420.22	448.73
45	532.69	517.54	554.00	481.67	457.38	450.70	436.48	466.09
46	553.44	537.70	575.58	500.43	475.19	468.25	453.48	484.25
47	575.09	558.73	598.09	520.01	493.78	486.57	471.22	503.19
48	597.64	580.64	621.55	540.40	513.14	505.65	489.70	522.92
49	621.10	603.43	645.94	561.61	533.28	525.49	508.92	543.45
50	645.46	627.10	671.27	583.63	554.20	546.10	528.88	564.76
51	670.71	651.64	697.54	606.47	575.88	567.47	549.57	586.86
52	696.88	677.05	724.75	630.13	598.35	589.61	571.01	609.75
53	723.94	703.35	752.90	654.60	621.58	612.50	593.18	633.43
54	752.35	730.95	782.45	680.30	645.98	636.55	616.47	658.29
55	781.67	759.44	812.94	706.81	671.15	661.35	640.49	683.95
56	812.34	789.24	844.84	734.54	697.49	687.30	665.62	710.78
57	843.92	819.91	877.67	763.09	724.60	714.01	691.49	738.41
58	876.85	851.90	911.92	792.86	752.87	741.87	718.47	767.22
59	911.12	885.21	947.57	823.86	782.30	770.88	746.56	797.21
60	946.76	919.83	984.63	856.08	812.90	801.02	775.76	828.39
61	983.73	955.76	1,023.09	889.52	844.65	832.32	806.06	860.75
62	983.73	955.76	1,023.09	889.52	844.65	832.32	806.06	860.75
63	983.73	955.76	1,023.09	889.52	844.65	832.32	806.06	860.75
64+	983.73	955.76	1,023.09	889.52	844.65	832.32	806.06	860.75

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Rates Effective October 1, 2021
Appendix IV-B

	94506DC0350026	94506DC0350024	94506DC0350010	94506DC0350008	94506DC0350011	94506DC0350009	94506DC0350027	94506DC0350012
Age	KP DC Gold DHMO Plus 1500/20/Vision	KP DC Gold HMO Plus 0/20/Vision	KP DC Silver 2000/30/HSA/Vision	KP DC Silver 2000/40/Vision	KP DC Silver 2500/30/HSA/Vision	KP DC Silver 2500/40/Vision	KP DC Silver DHMO Plus 2000/40/Vision	KP DC Bronze 6500/55/Vision
20 and Under	259.56	277.40	219.63	224.35	210.86	221.83	233.34	201.07
21	288.53	308.36	244.14	249.40	234.40	246.59	259.38	223.52
22	288.53	308.36	244.14	249.40	234.40	246.59	259.38	223.52
23	288.53	308.36	244.14	249.40	234.40	246.59	259.38	223.52
24	288.53	308.36	244.14	249.40	234.40	246.59	259.38	223.52
25	288.53	308.36	244.14	249.40	234.40	246.59	259.38	223.52
26	288.53	308.36	244.14	249.40	234.40	246.59	259.38	223.52
27	288.53	308.36	244.14	249.40	234.40	246.59	259.38	223.52
28	295.28	315.57	249.85	255.23	239.88	252.35	265.45	228.74
29	301.63	322.36	255.22	260.72	245.04	257.78	271.15	233.66
30	309.17	330.42	261.61	267.24	251.17	264.23	277.93	239.51
31	317.11	338.90	268.32	274.10	257.62	271.01	285.07	245.65
32	324.25	346.54	274.37	280.27	263.42	277.11	291.49	251.19
33	331.80	354.59	280.75	286.79	269.54	283.56	298.27	257.03
34	339.73	363.08	287.46	293.65	275.99	290.34	305.41	263.18
35	347.67	371.56	294.18	300.51	282.44	297.13	312.54	269.33
36	355.61	380.04	300.90	307.37	288.89	303.91	319.68	275.48
37	363.55	388.53	307.61	314.23	295.34	310.69	326.81	281.63
38	367.91	393.19	311.31	318.01	298.89	314.42	330.74	285.01
39	372.28	397.86	315.00	321.78	302.43	318.16	334.66	288.39
40	386.96	413.55	327.43	334.47	314.36	330.71	347.86	299.77
41	402.04	429.67	340.19	347.51	326.61	343.59	361.42	311.45
42	417.92	446.64	353.62	361.23	339.51	357.16	375.69	323.75
43	434.19	464.03	367.39	375.30	352.73	371.07	390.32	336.35
44	451.26	482.26	381.83	390.05	366.59	385.65	405.66	349.57
45	468.72	500.93	396.61	405.14	380.78	400.58	421.36	363.10
46	486.98	520.44	412.05	420.92	395.61	416.18	437.77	377.24
47	506.03	540.80	428.17	437.39	411.09	432.46	454.90	392.00
48	525.87	562.01	444.96	454.54	427.21	449.42	472.74	407.37
49	546.51	584.06	462.43	472.38	443.98	467.06	491.29	423.36
50	567.94	606.97	480.56	490.90	461.39	485.37	510.56	439.96
51	590.17	630.72	499.37	510.11	479.44	504.37	530.54	457.18
52	613.19	655.32	518.84	530.01	498.14	524.04	551.23	475.01
53	637.00	680.77	538.99	550.59	517.49	544.39	572.64	493.46
54	662.00	707.49	560.15	572.21	537.80	565.76	595.11	512.83
55	687.80	735.06	581.98	594.51	558.76	587.81	618.30	532.81
56	714.79	763.90	604.81	617.83	580.68	610.87	642.57	553.72
57	742.57	793.60	628.32	641.85	603.25	634.62	667.54	575.24
58	771.54	824.56	652.84	666.89	626.79	659.38	693.59	597.69
59	801.71	856.79	678.36	692.96	651.29	685.15	720.70	621.05
60	833.06	890.30	704.89	720.06	676.76	711.95	748.89	645.34
61	865.59	925.08	732.42	748.19	703.20	739.76	778.14	670.55
62	865.59	925.08	732.42	748.19	703.20	739.76	778.14	670.55
63	865.59	925.08	732.42	748.19	703.20	739.76	778.14	670.55
64+	865.59	925.08	732.42	748.19	703.20	739.76	778.14	670.55

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

Market: District of Columbia Small Group

Rates Effective October 1, 2021

Appendix IV-C

	94506DC0350015	94506DC0350014	94506DC0360004	94506DC0360005	94506DC0360003	94506DC0360002	94506DC0360001	94506DC0350016
Age	KP DC Bronze 7000/0%/HSA/Vision	7000/50/20%/HSA/Vision	KP DC Platinum 0/10/POS/Vision	KP DC Platinum 500/10/POS/Vision	KP DC Gold 1000/20/POS/Vision	KP DC Silver 2500/40/POS/Vision	KP DC Bronze 6500/55/POS/Vision	KP DC Platinum 0/10/Vision/Sel
20 and Under	193.39	186.17	314.28	306.57	272.13	235.05	212.03	309.73
21	214.98	206.95	349.36	340.79	302.51	261.29	235.69	344.31
22	214.98	206.95	349.36	340.79	302.51	261.29	235.69	344.31
23	214.98	206.95	349.36	340.79	302.51	261.29	235.69	344.31
24	214.98	206.95	349.36	340.79	302.51	261.29	235.69	344.31
25	214.98	206.95	349.36	340.79	302.51	261.29	235.69	344.31
26	214.98	206.95	349.36	340.79	302.51	261.29	235.69	344.31
27	214.98	206.95	349.36	340.79	302.51	261.29	235.69	344.31
28	220.01	211.78	357.53	348.76	309.58	267.40	241.21	352.36
29	224.74	216.34	365.22	356.26	316.24	273.15	246.39	359.93
30	230.36	221.75	374.35	365.16	324.15	279.98	252.55	368.93
31	236.27	227.44	383.96	374.54	332.47	287.17	259.04	378.40
32	241.59	232.56	392.61	382.98	339.96	293.64	264.87	386.93
33	247.21	237.97	401.74	391.88	347.87	300.47	271.03	395.93
34	253.12	243.67	411.35	401.26	356.19	307.65	277.52	405.40
35	259.04	249.36	420.96	410.63	364.51	314.84	284.00	414.87
36	264.95	255.05	430.57	420.01	372.83	322.03	290.48	424.34
37	270.87	260.75	440.18	429.38	381.15	329.22	296.97	433.82
38	274.12	263.88	445.47	434.54	385.73	333.17	300.53	439.03
39	277.37	267.01	450.75	439.70	390.31	337.13	304.10	444.23
40	288.31	277.54	468.53	457.04	405.70	350.42	316.10	461.76
41	299.55	288.36	486.79	474.85	421.52	364.08	328.42	479.75
42	311.38	299.74	506.02	493.60	438.16	378.46	341.38	498.70
43	323.50	311.41	525.72	512.82	455.22	393.19	354.68	518.12
44	336.22	323.65	546.38	532.98	473.11	408.65	368.62	538.48
45	349.23	336.18	567.53	553.61	491.42	424.46	382.88	559.32
46	362.83	349.27	589.63	575.17	510.56	441.00	397.80	581.10
47	377.03	362.94	612.70	597.67	530.54	458.25	413.36	603.84
48	391.81	377.17	636.73	621.11	551.34	476.22	429.57	627.52
49	407.19	391.97	661.71	645.48	572.98	494.91	446.43	652.14
50	423.16	407.34	687.66	670.80	595.45	514.32	463.93	677.72
51	439.72	423.28	714.57	697.05	618.75	534.44	482.09	704.24
52	456.87	439.79	742.45	724.23	642.89	555.29	500.89	731.71
53	474.61	456.87	771.28	752.36	667.85	576.85	520.34	760.12
54	493.24	474.81	801.55	781.89	694.07	599.50	540.77	789.96
55	512.46	493.31	832.79	812.36	721.11	622.86	561.84	820.74
56	532.57	512.67	865.47	844.24	749.41	647.30	583.89	852.95
57	553.27	532.59	899.10	877.05	778.54	672.46	606.58	886.10
58	574.85	553.37	934.18	911.27	808.91	698.69	630.25	920.67
59	597.33	575.01	970.71	946.90	840.54	726.01	654.89	956.67
60	620.69	597.49	1,008.67	983.93	873.41	754.40	680.50	994.08
61	644.94	620.84	1,048.07	1,022.37	907.53	783.87	707.07	1,032.92
62	644.94	620.84	1,048.07	1,022.37	907.53	783.87	707.07	1,032.92
63	644.94	620.84	1,048.07	1,022.37	907.53	783.87	707.07	1,032.92
64+	644.94	620.84	1,048.07	1,022.37	907.53	783.87	707.07	1,032.92

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

Market: District of Columbia Small Group

Rates Effective October 1, 2021

Appendix IV-D

	94506DC0350017	94506DC0350018	94506DC0350019	94506DC0350028	94506DC0350020	94506DC0350022
Age	KP DC Platinum 500/10/Vision/Sel	KP DC Gold 0/20/Vision/Sel	KP DC Gold 1000/20/Vision/Sel	KP DC Gold 1500/20/Vision/Sel	1700/0%/HSA/Vision/Se l	KP DC Gold 500/20/Vision/Sel
20 and Under	300.92	280.07	265.94	262.06	253.80	271.02
21	334.51	311.33	295.63	291.31	282.13	301.27
22	334.51	311.33	295.63	291.31	282.13	301.27
23	334.51	311.33	295.63	291.31	282.13	301.27
24	334.51	311.33	295.63	291.31	282.13	301.27
25	334.51	311.33	295.63	291.31	282.13	301.27
26	334.51	311.33	295.63	291.31	282.13	301.27
27	334.51	311.33	295.63	291.31	282.13	301.27
28	342.34	318.61	302.54	298.13	288.73	308.31
29	349.70	325.46	309.05	304.54	294.93	314.94
30	358.44	333.60	316.77	312.15	302.31	322.82
31	367.64	342.17	324.91	320.16	310.07	331.10
32	375.93	349.87	332.23	327.38	317.05	338.56
33	384.67	358.01	339.95	334.99	324.43	346.44
34	393.87	366.58	348.09	343.00	332.19	354.72
35	403.07	375.14	356.22	351.02	339.95	363.01
36	412.28	383.71	364.35	359.03	347.71	371.30
37	421.48	392.27	372.48	367.05	355.47	379.59
38	426.54	396.98	376.96	371.45	359.74	384.15
39	431.60	401.69	381.43	375.86	364.01	388.71
40	448.63	417.54	396.48	390.69	378.37	404.04
41	466.11	433.81	411.93	405.92	393.12	419.79
42	484.52	450.94	428.19	421.94	408.64	436.36
43	503.38	468.50	444.87	438.37	424.55	453.35
44	523.17	486.91	462.35	455.60	441.24	471.17
45	543.41	505.75	480.24	473.23	458.31	489.40
46	564.58	525.45	498.95	491.67	476.16	508.47
47	586.66	546.01	518.47	510.90	494.79	528.36
48	609.67	567.42	538.80	530.94	514.19	549.08
49	633.60	589.69	559.95	551.77	534.37	570.63
50	658.44	612.81	581.90	573.41	555.33	593.00
51	684.21	636.80	604.68	595.85	577.06	616.21
52	710.90	661.63	628.26	619.09	599.57	640.24
53	738.51	687.33	652.66	643.13	622.85	665.11
54	767.49	714.31	678.28	668.38	647.30	691.22
55	797.40	742.14	704.71	694.42	672.53	718.15
56	828.69	771.26	732.36	721.67	698.92	746.33
57	860.90	801.24	760.83	749.72	726.08	775.34
58	894.49	832.50	790.51	778.97	754.41	805.59
59	929.46	865.05	821.42	809.43	783.90	837.08
60	965.81	898.88	853.54	841.08	814.56	869.82
61	1,003.53	933.99	886.89	873.93	846.38	903.80
62	1,003.53	933.99	886.89	873.93	846.38	903.80
63	1,003.53	933.99	886.89	873.93	846.38	903.80
64+	1,003.53	933.99	886.89	873.93	846.38	903.80

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
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Part III – Actuarial Memorandum and Certification

Form Numbers:

DC-SG-GOLD-0-20-VISION-HMO-COST(01-21)HIX, DC-SG-PLATINUM-0-10-VISION-HMO-COST(01-21)HIX, DC-SG-BRONZE-6500-55-VISION-DHMO-COST(01-21)HIX, DC-SG-GOLD-500-20-VISION-DHMO-COST(01-21)HIX, DC-SG-GOLD-1000-20-VISION-DHMO-COST(01-21)HIX, DC-SG-GOLD-1500-20-VISION-DHMO-COST(01-21)HIX, DC-SG-PLATINUM-500-10-VISION-DHMO-COST(01-21)HIX, DC-SG-SILVER-2000-40-VISION-DHMO-COST(01-21)HIX, DC-SG-SILVER-2500-40-VISION-DHMO-COST(01-21)HIX, DC-SG-BRONZE-7000-0%-HSA-VISION-HDHP-COST(01-21)HIX, DC-SG-BRONZE-7000-50-20%-HSA-VISION-HDHP-COST(01-21)HIX, DC-SG-GOLD-1700-0%-HSA-VISION-HDHP-COST(01-21)HIX, DC-SG-SILVER-2000-30-HSA-VISION-HDHP-COST(01-21)HIX, DC-SG-SILVER-2500-30-HSA-VISION-HDHP-COST(01-21)HIX, DC-SG-BRONZE-6500-55-POS-VISION-COST(01-21)HIX, DC-SG-GOLD-1000-20-POS-VISION-COST(01-21)HIX, DC-SG-PLATINUM-0-10-POS-VISION-COST(01-21)HIX, DC-SG-PLATINUM-500-10-POS-VISION-COST(01-21)HIX, DC-SG-SILVER-2500-40-POS-VISION-COST(01-21)HIX, DC-SG-GOLD-0-20-HMOPLUS-VISION-COST(01-21)HIX, DC-SG-GOLD-1500-20-DHMOPLUS-VISION-COST(01-21)HIX, DC-SG-PLATINUM-0-10-HMOPLUS-VISION-COST(01-21)HIX, DC-SG-SILVER-2000-40-DHMOPLUS-VISION-COST(01-21)HIX, DC-SG-GOLD-0-20-VISION-HMO-RX(01-21)HIX, DC-SG-PLATINUM-0-10-VISION-HMO-RX(01-21)HIX, DC-SG-BRONZE-6500-55-VISION-DHMO-RX(01-21)HIX, DC-SG-GOLD-500-20-VISION-DHMO-RX(01-21)HIX, DC-SG-GOLD-1000-20-VISION-DHMO-RX(01-21)HIX, DC-SG-GOLD-1500-20-VISION-DHMO-RX(01-21)HIX, DC-SG-PLATINUM-500-10-VISION-DHMO-RX(01-21)HIX, DC-SG-SILVER-2000-40-VISION-DHMO-RX(01-21)HIX, DC-SG-SILVER-2500-40-VISION-DHMO-RX(01-21)HIX, DC-SG-BRONZE-7000-0%-HSA-VISION-HDHP-RX(01-21)HIX, DC-SG-BRONZE-7000-50-20%-HSA-VISION-HDHP-RX(01-21)HIX, DC-SG-GOLD-1700-0%-HSA-VISION-HDHP-RX(01-21)HIX, DC-SG-SILVER-2000-30-HSA-VISION-HDHP-RX(01-21)HIX, DC-SG-SILVER-2500-30-HSA-VISION-HDHP-RX(01-21)HIX, DC-SG-BRONZE-6500-55-VISION-POS-RX(01-21)HIX, DC-SG-GOLD-1000-20-VISION-POS-RX(01-21)HIX, DC-SG-PLATINUM-0-10-VISION-POS-RX(01-21)HIX, DC-SG-PLATINUM-500-10-VISION-POS-RX(01-21)HIX, DC-SG-SILVER-2500-40-VISION-POS-RX(01-21)HIX, DC-SG-GOLD-0-20-HMOPLUS-VISION-RX(01-21)HIX, DC-SG-GOLD-1500-20-DHMOPLUS-VISION-RX(01-21)HIX, DC-SG-PLATINUM-0-10-HMOPLUS-VISION-RX(01-21)HIX, DC-SG-SILVER-2000-40-DHMOPLUS-VISION-RX(01-21)HIX, DC-SG-PED-DENTAL(01-21)HIX, DC-SG-PED-DENTAL-FEE(01-21)

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
District of Columbia - 2021 Small Group Rate Filing
Part III – Actuarial Memorandum and Certification**

1. Purpose

This document contains the Part III Actuarial Memorandum for Kaiser Foundation Health Plan (“KFHP”) of the Mid-Atlantic States’ Small Group business segment rates in the District of Columbia, with effective dates during 2021. Rates are guaranteed for 12 months starting on a Small Group’s effective date. These products are offered on the District of Columbia Marketplace (“the Exchange.”) This rate filing applies to new and renewal business on a guaranteed issue basis with no age limitations. This filing does not cover grandfathered products that existed prior to 2021. This actuarial memorandum is submitted in conjunction with the Part I Unified Rate Review Template (“URRT”) and is in compliance with 45 CFR § 156.215. The purpose of the actuarial memorandum is to provide certain information related to the submission of premium rate filings, including support for the values entered in the Part I URRT. This memorandum may not be appropriate for other purposes.

All products offered are comprehensive medical plans and range from no-deductible HMO style plans to high-deductible Health Savings Account (“HSA”) qualified plans as well as Point of Service style plans. All products include pediatric dental benefits and cover all required Essential Health Benefits (“EHBs”).

2. General Information Section

Company Identifying Information

Company Legal Name:	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
State:	District of Columbia
HIOS Issuer ID:	94506
Market:	Individual Market On Exchange
Effective Date:	January 1, 2021

Company Contact Information

Primary Contact Name:	Stephen Chuang
Primary Contact Telephone Number:	301-816-5854
Primary Contact Email Address:	Stephen.Chuang@kp.org
Secondary Contact Name:	Mia Chen
Secondary Contact Telephone Number:	301-816-6622
Secondary Contact Email Address:	Zhuoying.Chen@kp.org

3. Proposed Rate Changes

All current benefit plans are renewing in 2021 and two new plans are introduced. Primary factors that affect the rate change for the renewing plans are:

- Claims experience of the single risk pool different than projected in the previous year.

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- Medical inflation.
- Changes in population morbidity and demographic make-up of the pool.
- Risk adjustment transfer payments into the district-wide risk adjustment pool.
- Benefit plan design adjustments, including those made to comply with Actuarial Value (“AV”) requirements which results in varying rate changes by plan.
- Federal and District taxes and fees.

The proposed average rate change is 0.0%. The average rate change does not indicate that every member’s rate will change by this amount as rates are affected by the ages of those covered and benefits chosen.

Covid-19: Initial estimates for the impact of Covid-19 on 2021 experience are still being understood. Its impact on member, medical expense, and risk adjustment are still highly uncertain and change on a frequent basis. We do not assume any Covid-19 impacts on 2021 experience in this rate filing. If/When firmer assumptions are developed, we will include them in this rate filing as appropriate.

Proposed rates by plan can be found in the Appendix.

4. Market Experience

4.1. Experience and Current Period Premium, Claims and Enrollment

Premium

Data for experience period and current period premiums through February 2020 is pulled from KFHP’s data base which reflects premiums paid by policy holders. No MLR rebates were required for the experience period.

Claims

The experience period claims for the Individual and Small Group single risk pool are shown in Exhibit 2.

The claims data is for the incurred period January 2019 through December 2019 and paid through February 2020, including estimates for incurred but not reported claims. Net cost data from internal cost systems (i.e., the cost for medical services delivered within our integrated delivery system), fee for service claims, capitations and prescription drug claims net of drug rebates are aggregated to determine annual claims. Allowed claims are calculated based on system paid claims divided by the experience period paid benefit to allowed ratio expected for the plans offered in the experience period plus dental capitations.

Incurred but not reported estimates for non-capitated services are developed using the completion factor method consistent with KFHP’s monthly reserve estimate process. The

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completion factors are based on all commercial claims which includes Individual, Small Group and Large Group business segments. Except for capitated expenses, all claims are processed by KFHP’s internal systems. Capitated expenses are based on a monthly contractual PMPM amount paid to the vendor. Capitated and non-capitated expenses are shown separately in Exhibit 2.

Enrollment

Experience period and current period enrollment as of February 2020 is pulled from KFHP’s member data base. Experience period member months can be found on Exhibit 2.

4.2. Benefit Categories

Claims are assigned to one of the following benefit service categories: Inpatient Hospital, Outpatient Hospital, Professional, Other Medical, Capitation and Prescription Drugs. The categorization is derived from each claim’s specific information on services rendered, the location of service, and the type of provider. The categorization is an automated process within KFHP’s data warehouse. Examples of services by benefit category include:

Benefit Category	Services
Inpatient Hospital	Inpatient Facility, Inpatient Visits, Inpatient Surgery, Maternity
Outpatient Hospital	Outpatient Facility, Emergency/Urgent Care, Outpatient Surgery
Professional	Diagnostic Services, Office Visits, Cardiovascular, Dialysis, PT/OT/ST
Other Medical	Other Services
Capitation	Dental
Prescription Drug	Pharmacy

4.3. Projection Factors

4.3.1 Trend Factors

Projected trend factors are based on a mixture of expected industry trends, future fixed costs, and expected internalization of services, i.e., movement of medical care delivery between contracted external providers and our integrated delivery system. As an integrated health care provider, the majority of KFHP’s expenses are the fixed costs associated with providing medical care through Kaiser owned facilities. Therefore, the projected cost that is included in our total revenue requirement is primarily based on budgeting.

For traditional carriers, projected cost per service and utilization per member trends are developed to project expected future costs. However, given KFHP’s fixed cost structure, KFHP’s projected claims trends largely stem from the development of budgeted costs for the rating year. For the period from 2019 to 2021, our projected total annualized medical expense trend for the ACA market is 2.3%.

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Exhibit 4 includes an allocation of trend into cost and utilization service categories which is derived for use in the URRT.

4.3.2 Adjustments to Trended EHB Allowed Claims PMPM

Morbidity Adjustment

For the rating period, enrollees on average are expected to have per member per month (PMPM) costs that are similar to the PMPM costs of members in the experience period data. The expected relative cost of new members coming into the pool is expected to be lower than the cost of continuously enrolled members. A net morbidity factor reflecting the relative difference in cost is applied to projected claims. Development of this factor is shown in Exhibit 5.

Demographic Shift

Base period claims experience is adjusted for the average mix of population by age in the experience period membership. The average age factor is developed by applying the District of Columbia (“DC”) standard age curve to experience period member months. The same calculation is performed for projected rating period membership, which is based on actual KFHP enrolled members for the current period adjusted for expected distribution changes in the rating period. The projected age factor used is the closest rounded-age factor from the DC standard age curve. The projected allowed claims are then multiplied by the change in the average age factor from the experience to the rating period. The development of the average age factor is shown in Exhibit 6.

Plan Design Changes

All plans have cost sharing in the rating period that generates different levels of utilization adjustments when compared with the experience period plans. The net impact is reflected as the change in average utilization for the pool in Exhibit 8. This is calculated by dividing the average utilization adjustment in the projection period by the base period average utilization. Changes from the experience period to the projection period may include, but is not limited to, updates to Kaiser’s benefit factor rating model and member mix changes across plans in the projection period compared to the experience period.

Other Adjustments

No adjustments or factors, other than those previously discussed in this section, have been used to project the experience period allowed claims to the projection period.

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4.3.3 Manual Rate Adjustments

KFHP considers the experience period data to be fully credible, and has not employed the use of additional, external claims data to develop a manual rate.

4.3.4 Credibility of Experience

KFHP had approximately 84,000 covered lives in the single risk pool for the experience period, which is considered fully credible. Actuarial Standard of Practice #25 was considered when making this determination.

4.3.5 Establishing the Index Rate

The experience period data includes claims for non-EHBs. Claims for non-EHBs were removed from the allowed amount by applying the experience period ratio of EHB claims to total claims to the experience period allowed amounts. The non-EHB removal ratio is shown in Exhibit 9.

4.3.6 Development of the Market-wide Adjusted Index Rate (“MAIR”)

Calculation of the MAIR is shown on Exhibit 1. The factors used in the calculation, e.g. demographic adjustment, are described above and in the section immediately below.

Paid to Allowed Ratio

The projected 2021 paid to allowed ratio is calculated as the average effective plan design factor. The average plan design accounts for the projected member distribution across the available plans.

Reinsurance

Reinsurance is currently not applicable.

Risk Adjustment

KFHP’s experience period risk adjustment transfer for the Individual pool is estimated to be (\$59.98) PMPM. The projected risk adjustment transfer of (\$71.08) PMPM is based on expected experience period results by metal tier projected to the rating year.

Exhibit 10 shows KFHP’s experience period and projection period risk adjustment transfers which could include the impact of CMS changes to the risk adjustment transfer formula. The experience period transfer estimate is based on an ongoing study by a third-party consulting firm. The projected transfer PMPMs by metal level are adjusted for assumed risk

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scores for continuing and future new members entering the pool vs experience period risk scores. Anticipated market average premium increases and projected KFHP enrollment mix between metal levels also impacts the overall average transfer PMPM.

Exchange User Fees

Because DC's Exchange is not operated as a Federally Facilitated Marketplace, there is no load in the development of the MAIR for Exchange User Fees. Note that administrative expenses on Exhibit 11 include an amount for expected DC Exchange Assessment costs.

4.4. Plan Adjusted Index Rate ("PAIR")

Allowable plan level modifiers are applied to the MAIR to develop PAIRs which are shown on Exhibit 12. Allowable adjustments used in rate development include the following:

Non-EHB Adjustment

Rating period non-EHB covered benefits are added back to plan rates as a multiplier when calculating the Plan Adjusted Index Rate for each plan. Development of the non-EHB multiplier is shown in Exhibit 9.

Plan Level Adjustments

An adjustment accounting for differences in network, if applicable, is applied at the plan level. Network adjustments, shown on Exhibit 7, are unchanged from prior years.

Plan level benefit richness factors are applied based on the metal level of the specific plan. Factors indicate the level of induced demand expected at the different metal levels. The induced demand factors are published by CMS in the annual Notice of Benefit and Payment Parameters.

Plan design adjustments accounting for differences in cost sharing between plans have been developed using a consultant's Managed Care Rating Model calibrated with Kaiser-specific data.

Catastrophic Plan Adjustment

A catastrophic specific plan adjustment, when applicable, accounts for the eligibility requirements for consumers eligible to purchase the catastrophic plan compared to the entire pool.

Retention (Administrative Expense, Taxes & Fees, Profit & Risk Margin)

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Retention amounts for the experience period and rating period are shown on Exhibit 11. Projected retention is added uniformly across all plans.

4.5. Calibration

Calibration of the Plan Adjusted Index Rates is necessary in order to calculate Consumer Adjusted Premium Rates. The Plan Adjusted Index Rates are developed for the average member within the Single Risk Pool. Based upon the allowable rating parameters, factors are developed to calibrate the Plan Adjusted Index Rates to generate Consumer Adjusted Premium Rates. The calibrated Plan Adjusted Index Rates have been defined as Base Rates, and the calibration factors are applied uniformly to all plans in the single risk pool.

Age Curve Calibration

The determination of the calibration factor is based upon the DC Standard Age Curve and KFHP internal current period enrollment data. A weighted average age factor is calculated as the product of the enrollment by age and the unadjusted DC age factors. The projected age factor used is the interpolated age factor from the DC standard age curve. The Plan Adjusted Index Rates are then multiplied by the ratio of the age 21 factor and the projected age factor to adjust to rates for an individual aged 21. This ratio, or calibration factor, is 0.707. The development of the average age and calibration factors is shown in Exhibit 6.

Area Factor Calibration

KFHP does not vary rates by rating area, therefore the area calibration factor is 1.00.

4.6. Consumer Adjusted Premium Rate Development

Age 21 Plan Adjusted Index Rates are shown on Exhibit 12. The base rates are adjusted using the DC age slope factors on exhibit 6 to generate age specific rates. The age slope factor for a member is based on the member's age as of the effective date of coverage and remains unchanged for the remainder of the policy period. Where applicable, a quarterly rate adjustment is applied depending on the quarter of the policy's effective date. Quarterly rate factors are shown on Exhibit 13. Note that only the three oldest children under the age of 21 on a family policy are rated.

5. Projected Loss Ratio

Exhibit 14 provides an estimate of the Medical Loss Ratio (MLR) based upon assumptions in this rate filing for the projection year for the specific line of business pool and for the combined Small Group and Individual line of business pools. The combined MLR is expected to be just under 104%.

Federal Medical Loss Ratio

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Using the federally prescribed methodology, we project the combined loss ratio to be just under 108%.

6. Plan Product Information

6.1. Actuarial Value (“AV”) Metal Values

The AV Metal Values were developed based on the CMS Actuarial Value calculator, as all plans’ designs were compatible with the calculator. The Federal AVs are shown on the AV screen shots submitted in the Supporting Documentation section in SERFF.

AV Pricing Values/Allowable Plan Level Adjustments

Per the URRT Instructions, the Allowable Plan Level Adjustments include plan specific adjustment factors for the Cost-Sharing Design of each plan in addition to the EHBs, and administrative costs. The effective plan design adjustment components of the plan level adjustments are calculated using a proprietary pricing model, including model updates, data reflecting a standard population, and KFHP specific data. The cost share and model changes have varying effects on each plan design which leads to non-uniform rate changes between plans. The pricing method is consistent across all plans and does not include any utilization differences due to differing health status of members in different cost-sharing designs.

The AV pricing values, i.e., plan design factors for 2021 plans have changed due to routine updates to the pricing model and/or changes to cost sharing amounts. These changes can have different effects on each plan design, which leads to non-uniform rate changes between the plans.

6.2. Membership Projections

Current year member projections are based on current year open enrollment results and expected adds and cancellations occurring throughout the remainder of the year. Rating year member projections are based on KFHP forecasts.

6.3. Plan Type

There are no plan types that are not listed in the Worksheet 2 drop-down box.

7. Miscellaneous

7.1. Reliance

All data and assumptions contained in this filing were prepared by a team of KFHP employees.

7.2. Historical Rate Revisions Effective January 1

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2016	0.2%
2017	2.0%
2018	5.0%
2019	0.0%
2020	3.0%

7.3. Estimated Average Premium

Estimated average premiums per member and per policy for the current year and projection year are shown below. The projected premium includes the requested rate increase as well as the impact of expected membership changes between products.

	Per Member Per Year	Per Policy Per Year
Current Year	\$5,385	\$7,951
Projection Year	\$5,384	\$7,950

7.4. Exhibit Table of Contents

Exhibit 1	Market Index Rate
Exhibit 2	Allowed Claim PMPMs
Exhibit 3	Capitations
Exhibit 4	Trend Factors
Exhibit 5	Morbidity Factor
Exhibit 6	Demographics
Exhibit 7	Network Factor
Exhibit 8	Utilization Adjustment
Exhibit 9	Non-Essential Health Benefit Adjustments
Exhibit 10	Risk Adjustment Projection
Exhibit 11	Retention
Exhibit 12	Plan Adjusted Index Rate
Exhibit 13	Quarterly Renewal Factors
Exhibit 14	Projected Medical Loss Ratio
Exhibit 15	Cost Share Reduction Subsidy Non-Funding Impact
Appendix 1	First Quarter Plan Rates by Age
Appendix 2	Second Quarter Plan Rates by Age
Appendix 3	Third Quarter Plan Rates by Age
Appendix 4	Fourth Quarter Plan Rates by Age

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Part III – Actuarial Memorandum and Certification

Actuarial Certification

I, Sheila A. Schroer, Executive Director and Chief Actuary, Mid-Atlantic States, for Kaiser Foundation Health Plan (KFHP), am a member in good standing 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 Individual plans sold on the Exchange. This actuarial memorandum documents the assumptions and sources of data pertaining to the development of KFHP premium rates effective January 2021.

- To the best of my knowledge and judgment, this rate filing is compliant with all applicable District of Columbia and Federal Statutes and Regulations, including 45 CFR §156.80 and §147.102, and the premiums are reasonable in relation to the benefits provided.
- Rates are developed in accordance with 45 CFR part 147.102 and only the allowable modifiers as described in 45 CFR §156.80(d)(1) and §156.80(d)(2) were used to generate plan level rates.
- The federal AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans.
- This filing is consistent with KFHP's internal business plans.
- The adjusted community rate charged can be reasonably expected to result in a medical loss ratio that, under ACA definitions, meets or exceeds the minimum requirement.

Rates, calculations and values were developed accordance with generally accepted actuarial principles and methodologies for rating blocks of business and in accordance with the Code of Professional Conduct and the following Actuarial Standards of Practice:

- ASOP No. 5, Incurred Health and Disability Claims
- ASOP No. 8, Regulatory Filings for Health Plan Entities
- ASOP No. 12, Risk Classification
- ASOP No. 23, Data Quality
- ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages
- ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans (Small Group Filings only)
- ASOP No. 41, Actuarial Communications
- ASOP No. 45, The Use of Health Status Based Risk Adjustment Methodologies
- ASOP No. 50, Determining Minimum Value and Actuarial Value under the Affordable Care Act

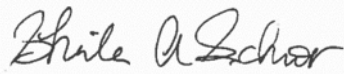
Qualifications:

1. The URRT does not demonstrate the process used by KFHP to develop the rates. Rather it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of Qualified Health Plans for Federally-facilitated Marketplaces, and for certification

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
District of Columbia - 2021 Small Group Rate Filing
Part III – Actuarial Memorandum and Certification

that the Index Rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

2. The information contained within this filing reflects the District of Columbia and Federal statutes, rules, regulations and guidance as of May 1, 2020. Changes to the applicable regulations, including but not limited to Risk Stabilization programs could have a significant impact on rate development. Subsequent changes to these statutes, rules and regulations may make these rates unacceptably deficient and would necessitate revisions to this filing.
3. Future experience is uncertain and in certain instances, assumptions were selected in an effort to achieve more affordable rates. KFHP has sufficient capital reserves as well as a diverse mix of lines of business which will allow for sustainable results for the organization, even if future results for this line of business may differ from what is projected in the filing.



Sheila A. Schroer, ASA, MAAA
Executive Director and Chief Actuary
Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
May 1, 2020

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Exhibit 1
Market Adjusted Index Rate

Source/Formula	Component	Value
(1) Exhibit 2	Experience Period Allowed PMPM	\$428.68
(2) Exhibit 9	Remove Non-EHBs Adjustment Factor	0.984
(3) = (1) x (2)	Experience Period Index Rate PMPM	\$421.98
(4) Exhibit 4	Annualized Medical Trend	2.3%
(5)	Months of Trend	24
(6) = (1+ (4)) ^ (24/12)	Trend Factor	1.047
(7) = (3) x (6)	Unadjusted Projected Allowed EHB PMPM	\$441.64
<u>Single Risk Pool Adjustments</u>		
(8) Exhibit 5	Change in Morbidity	0.998
(9) Exhibit 6	Change in Demographics	1.005
(10) Exhibit 7	Change in Network	1.000
(11) Exhibit 8	Change in Utilization	1.003
(12)	Change in Other	1.000
(13) = product (7) thru (12)	Projected Allowed EHBs PMPM	\$444.55
(14) Exhibit 12	Projected Paid to Allowed Ratio	0.895
(15) = (13) x (14)	Projected Paid EHBs PMPM	\$398.07
<u>Marketwide Adjustments</u>		
(16) Exhibit 10	Projected Risk Adj Transfer PMPM	(\$71.08)
(17) Exhibit 11	Projected Exchange User Fee Factor	1.000
(18) = [(15) - (16)] * (17)	Market Adjusted Projected Paid EHB PMPM	\$469.15
(19) = (18) / (14)	Market Adjusted Projected Allowed EHB PMPM	\$523.93
(20) Exhibit 9	Non-EHBs Loading Factor	1.010
(21) = (20) x (18)	Market Adjusted Projected Paid Total PMPM	\$473.83

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group**

**Exhibit 2
Allowed Claim PMPMs**

Pool	Member Months	Calculated Allowed	Capitation	Completion	Total
Individual Small Group	32,679	\$525.97	\$3.22	\$4.36	\$533.55
	51,108	355.46	3.22	2.95	361.63
Overall	83,787	\$421.96	\$3.22	\$3.50	\$428.68

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group**

**Exhibit 3
Capitations**

Source/Formula	Component	Combined
<i>Experience Period - Essential Health Benefits</i>		
(1) Input	Pediatric Dental PMPM	\$1.54
<i>Experience Period - Non Essential Health Benefits</i>		
(2) Input	Cosmetic Dental PMPM	\$0.60
(3) Input	Adult Dental PMPM	\$1.07
(4) = (2) + (3)	Subtotal Non EHBs PMPM	\$1.68
(5) = (1) + (4)	Experience Period - Total	\$3.22
<i>Projection Period - Essential Health Benefits</i>		
(6) Expected Contract Rate	Pediatric Dental Cap	\$11.04
(7) Exhibit 6	Percentage of Children < 21	14.5%
(8) = (6) x (7)	Pediatric Dental PMPM	\$1.60
(9) = (8)	Projection Period - Total	\$1.60

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group**

**Exhibit 4
Trend Factors**

Category	Cost	Utilization	Trend
Inpatient	3.0%	0.0%	3.0%
Outpatient	3.4%	0.2%	3.6%
Professional	1.0%	0.9%	1.9%
Other	0.5%	2.6%	3.1%
Capitation	0.0%	0.0%	0.0%
Rx	1.6%	0.7%	2.2%
Overall			2.3%

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group**

**Exhibit 5
Morbidity Factor**

	Member Months	Relative Morbidity
(1) Experience Period Single Risk Pool	83,787	1.000
(2) Continuing Experience Period Members	67,694	1.047
(3) Continuing Current Year New Members	9,990	0.977
(4) Projection Period New Members	19,196	0.839
(5) Projection Period Single Risk Pool	96,880	0.998
(6) Adjustment for Change in Risk = [(5) / (1)]		0.998

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group**

**Exhibit 6
Demographics**

Ages	DC Age Slope	Member Distribution	
		Experience Period	Current Period
0-14	0.654	11.2%	11.4%
15	0.654	0.6%	0.6%
16	0.654	0.6%	0.7%
17	0.654	0.5%	0.6%
18	0.654	0.5%	0.5%
19	0.654	0.5%	0.5%
20	0.654	0.5%	0.6%
21	0.727	0.5%	0.5%
22	0.727	0.8%	0.8%
23	0.727	1.6%	1.0%
24	0.727	1.8%	2.1%
25	0.727	2.4%	2.2%
26	0.727	3.5%	3.1%
27	0.727	4.0%	3.9%
28	0.744	4.1%	4.2%
29	0.760	4.2%	3.8%
30	0.779	4.0%	3.9%
31	0.799	3.8%	3.9%
32	0.817	3.4%	3.5%
33	0.836	3.7%	3.3%
34	0.856	3.0%	3.2%
35	0.876	2.9%	2.9%
36	0.896	2.9%	2.8%
37	0.916	2.3%	2.7%
38	0.927	2.2%	2.0%
39	0.938	2.0%	2.2%
40	0.975	2.1%	2.1%
41	1.013	1.6%	2.1%
42	1.053	1.6%	1.5%
43	1.094	1.4%	1.4%
44	1.137	1.3%	1.4%
45	1.181	1.2%	1.2%
46	1.227	1.4%	1.2%
47	1.275	1.5%	1.5%
48	1.325	1.2%	1.5%
49	1.377	1.3%	1.3%
50	1.431	1.2%	1.3%
51	1.487	1.1%	1.3%
52	1.545	1.2%	1.0%
53	1.605	1.3%	1.3%
54	1.668	1.4%	1.3%
55	1.733	1.1%	1.3%
56	1.801	1.1%	1.1%
57	1.871	1.0%	1.1%
58	1.944	1.2%	1.0%
59	2.020	1.1%	1.0%
60	2.099	1.2%	1.0%
61	2.181	1.0%	1.2%
62	2.181	0.8%	1.0%
63	2.181	0.9%	0.8%
64+	2.181	2.5%	2.7%

Demographic & Calibration Adjustment:

	Implied		
	Age	Factor	
Exp Period Avg Age Factor	41.3	1.024	(1)
Proj Period Avg Age Factor	41.4	1.029	(2)
Change in Demographics		1.005	= (2)/(1)
Age 21 Age Slope Factor		0.727	(3)
Index Rate Age Factor Calibration		0.707	= 1 / (2) x (3)

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group**

**Exhibit 7
Network Factor**

Experience Period

(1) Network	(2) Small Group Member Months	(3) Network Adjustment Factor
Signature	40,152	1.000
Signature 2TPOS	1,384	1.100
Select	9,572	1.050
Overall	51,108	1.012

Projection Period

(1) Network	(2) Small Group Member Months	(3) Network Adjustment Factor	(4) Normalizing Factor
Signature	50,144	1.000	0.988
Signature 2TPOS	2,194	1.100	1.086
Select	11,624	1.050	1.037
Overall	63,962	1.013	1.000

Change in Network Factor	1.000
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**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group**

**Exhibit 8
Utilization Adjustment**

	Pool	Member Months	Utilization
<i>Experience Period</i>			
(1)	Individual	32,679	0.846
(2)	Small Group	51,108	0.884
(3)	Overall	83,787	0.869
<i>Projection Period</i>			
(4)	Individual	32,918	0.846
(5)	Small Group	63,962	0.886
(6)	Overall	96,880	0.872
<i>Change in Average Utilization</i>			
(7)	= (6) / (3)		1.003

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group**

**Exhibit 9
Non-Essential Health Benefits Adjustments**

Source/Formula	Component	Value
<i>Experience Period</i>		
(1) Exhibit 2	Completed Allowed Claims	\$428.68
(2) Input	Non-EHB Capitation	\$1.68
(3) Input	Non-EHB Non Capitation	\$5.02
(4) = (1) - (2) - (3)	EHB Completed Allowed Claims	\$421.98
(5) = (4) / (1)	Exp Period Non-EHB Removal Factor	0.984
<i>Projection Period</i>		
(6) Exhibit 1	Market Adjusted Index Rate	\$523.93
(7) Exhibit 1	Risk Adj Transfer Paid PMPM	-\$71.08
(8) Exhibit 1	Paid to Allowed Ratio	0.895
(9) = (7) x (8)	Risk Adj Transfer Allowed PMPM	-\$79.38
(10) = (6) + (9)	Market Adjusted Index Rate Prior to Risk Adj	\$444.55
(11) Input	Non-EHB Capitation	\$0.00
(12) Input	Non-EHB Non Capitation	\$5.23
(13) = sum((10) thru (12)) - (9)	Projection Period Market Adjusted Allowed Total	\$529.16
(14) = (13) / (6)	Projection Period Non-EHB Load Factor	1.010

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Exhibit 10
Risk Adjustment Projection

		Estimated 2019	Annualized Change	Projected 2021
Platinum				
(1)	Member Months	19,793		25,518
(2)	HHS Transfer % of Premium	(0.087)		(0.101)
(3)	Statewide Average Premium PMPM	\$438.02	5.0%	\$482.88
(4) = (2) x (3)	Transfer PMPM	(\$38.05)		(\$48.67)
(5) = (1) x (4)	Transfer \$	(\$753,127)		(\$1,242,067)
Gold				
(6)	Member Months	24,436		30,743
(7)	HHS Transfer % of Premium	(0.141)		(0.154)
(8)	Statewide Average Premium PMPM	\$438.02	5.0%	\$482.88
(9) = (7) x (8)	Transfer PMPM	(\$61.97)		(\$74.22)
(10) = (6) x (9)	Transfer \$	(\$1,514,322)		(\$2,281,777)
Silver				
(11)	Member Months	5,110		5,563
(12)	HHS Transfer % of Premium	(0.219)		(0.215)
(13)	Statewide Average Premium PMPM	\$438.02	5.0%	\$482.88
(14) = (12) x (13)	Transfer PMPM	(\$95.96)		(\$103.77)
(15) = (11) x (14)	Transfer \$	(\$490,360)		(\$577,274)
Bronze				
(16)	Member Months	1,769		2,138
(17)	HHS Transfer % of Premium	(0.397)		(0.431)
(18)	Statewide Average Premium PMPM	\$438.02	5.0%	\$482.88
(19) = (17) x (18)	Transfer PMPM	(\$173.77)		(\$208.15)
(20) = (16) x (19)	Transfer \$	(\$307,404)		(\$444,991)
Catastrophic				
(21)	Member Months	N/A		N/A
(22)	HHS Transfer % of Premium	N/A		N/A
(23)	Statewide Average Premium PMPM (Cat)	N/A		N/A
(24) = (22) x (23)	Transfer PMPM	N/A		N/A
(25) = (21) x (24)	Transfer \$	N/A		N/A
Combined				
(26) = (1) + (6) + (11) + (16) + (21)	Total Risk Adjustment Member Months*	51,108		63,962
(27) = (28) / (26)	Total Transfer Paid (PMPM)	(\$59.98)		(\$71.08)
(28) = (5) + (10) + (15) + (20) + (25)	Total Transfer Paid	(\$3,065,212)		(\$4,546,109)

*Federal member month counting algorithms are not consistent with KFHP counting algorithms. Experience period member months on this exhibit may not match experience periods on other exhibits.

Transfer formula:

$$T = \left[\frac{PLRS \times IDF \times GCF}{\sum_i (s_i \times PLRS_i \times IDF_i \times GCF_i)} - \frac{AV \times ARF \times IDF \times GCF}{\sum_i (s_i \times AV_i \times ARF_i \times IDF_i \times GCF_i)} \right] \bar{P}$$

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Exhibit 11
Retention

Source/Formula	Retention Item	2019 Experience		2021 Projected	
		Net PMPM	% of Premium	Net PMPM	% of Premium
(1)	Operating Expense	\$40.80	9.5%	\$42.64	9.5%
(2)	Health Care Quality	3.88	4.3%	4.06	4.6%
(3)	Commissions	18.43	0.9%	20.51	0.9%
(4) = sum (1) thru (3)	Subtotal Admin Exp	\$63.11	14.7%	\$67.20	15.0%
(5)	Exchange Assessment	\$3.99	0.9%	\$4.49	1.0%
(6)	PCORI	0.06	0.0%	0.23	0.1%
(7)	State Premium Tax	8.56	2.0%	8.97	2.0%
(8)	Federal Income Tax	0.00	0.0%	0.00	0.0%
(9)	Health Ins Provider Fee	0.00	0.0%	0.00	0.0%
(10)	Risk Adjustment Fee	0.15	0.0%	0.19	0.0%
(11) = sum (5) thru (10)	Subtotal Taxes & Fees	\$12.77	3.0%	\$13.88	3.1%
(12)	Contribution to Reserve*	(\$35.51)	-8.3%	(\$136.85)	-30.5%
(13) = (4)+(11)+(12)	Total	\$40.36	9.4%	(\$55.77)	-12.4%

***Notes:**

1. Projected Contribution to Reserve is calculated as if claims are on an Individual and Small Group combined basis.

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group**

**Exhibit 12
Plan Adjustment Index Rate Development**

	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)
Name	Market Adjusted Index Rate	Impact of Non-EHB	Non-Funding of CSR Adjustment	Network Factor	Normalized Utilization	Plan Design	Catastrophic Plan Adjustment	Pure Premium	Retention	Plan Adjusted Index Rate	Age Curve Calibration*	Area Curve Calibration	Calibrated Plan Adj Index Rate (Age 21 Base Rate)
KP DC Platinum 0/10/Vision	\$523.93	1.010	1.000	0.988	1.035	0.955	1.000	\$516.32	0.889	\$459.24	0.707	1.000	\$324.50
KP DC Platinum 500/10/Vision	523.93	1.010	1.000	0.988	1.028	0.934	1.000	501.63	0.889	446.17	0.707	1.000	315.27
KP DC Platinum HMO Plus 0/10/Vision	523.93	1.010	1.000	0.988	1.035	0.993	1.000	536.97	0.889	477.61	0.707	1.000	337.48
KP DC Gold 0/20/Vision	523.93	1.010	1.000	0.988	1.000	0.893	1.000	466.86	0.889	415.25	0.707	1.000	293.42
KP DC Gold 1000/20/Vision	523.93	1.010	1.000	0.988	0.988	0.859	1.000	443.32	0.889	394.31	0.707	1.000	278.62
KP DC Gold 1500/20/Vision	523.93	1.010	1.000	0.988	0.983	0.850	1.000	436.85	0.889	388.55	0.707	1.000	274.55
KP DC Gold 1700/0%/HSA/Vision	523.93	1.010	1.000	0.988	0.966	0.838	1.000	423.07	0.889	376.30	0.707	1.000	265.89
KP DC Gold 500/20/Vision	523.93	1.010	1.000	0.988	0.990	0.874	1.000	451.78	0.889	401.83	0.707	1.000	283.93
KP DC Gold DHMO Plus 1500/20/Vision	523.93	1.010	1.000	0.988	0.983	0.884	1.000	454.32	0.889	404.10	0.707	1.000	285.53
KP DC Gold HMO Plus 0/20/Vision	523.93	1.010	1.000	0.988	1.000	0.929	1.000	485.54	0.889	431.86	0.707	1.000	305.15
KP DC Silver 2000/30/HSA/Vision	523.93	1.010	1.000	0.988	0.944	0.779	1.000	384.42	0.889	341.92	0.707	1.000	241.60
KP DC Silver 2000/40/Vision	523.93	1.010	1.000	0.988	0.942	0.798	1.000	392.70	0.889	349.28	0.707	1.000	246.80
KP DC Silver 2500/30/HSA/Vision	523.93	1.010	1.000	0.988	0.933	0.757	1.000	369.09	0.889	328.28	0.707	1.000	231.96
KP DC Silver 2500/40/Vision	523.93	1.010	1.000	0.988	0.936	0.794	1.000	388.27	0.889	345.34	0.707	1.000	244.02
KP DC Silver DHMO Plus 2000/40/Vision	523.93	1.010	1.000	0.988	0.942	0.830	1.000	408.41	0.889	363.26	0.707	1.000	256.68
KP DC Bronze 6500/55/Vision	523.93	1.010	1.000	0.988	0.895	0.752	1.000	351.95	0.889	313.04	0.707	1.000	221.19
KP DC Bronze 7000/0%/HSA/Vision	523.93	1.010	1.000	0.988	0.890	0.728	1.000	338.49	0.889	301.07	0.707	1.000	212.74
KP DC Bronze 7000/50/20%/HSA/Vision	523.93	1.010	1.000	0.988	0.877	0.711	1.000	325.85	0.889	289.83	0.707	1.000	204.79
KP DC Platinum 0/10/POS/Vision	523.93	1.010	1.000	1.086	1.022	0.937	1.000	550.10	0.889	489.28	0.707	1.000	345.72
KP DC Platinum 500/10/POS/Vision	523.93	1.010	1.000	1.086	1.017	0.918	1.000	536.59	0.889	477.27	0.707	1.000	337.24
KP DC Gold 1000/20/POS/Vision	523.93	1.010	1.000	1.086	0.979	0.847	1.000	476.32	0.889	423.66	0.707	1.000	299.36
KP DC Silver 2500/40/POS/Vision	523.93	1.010	1.000	1.086	0.928	0.771	1.000	411.42	0.889	365.93	0.707	1.000	258.57
KP DC Bronze 6500/55/POS/Vision	523.93	1.010	1.000	1.086	0.885	0.729	1.000	371.12	0.889	330.09	0.707	1.000	233.24
KP DC Platinum 0/10/Vision/Sel	523.93	1.010	1.000	1.037	1.035	0.955	1.000	542.14	0.889	482.20	0.707	1.000	340.72
KP DC Platinum 500/10/Vision/Sel	523.93	1.010	1.000	1.037	1.028	0.934	1.000	526.71	0.889	468.48	0.707	1.000	331.03
KP DC Gold 0/20/Vision/Sel	523.93	1.010	1.000	1.037	1.000	0.893	1.000	490.21	0.889	436.01	0.707	1.000	308.09
KP DC Gold 1000/20/Vision/Sel	523.93	1.010	1.000	1.037	0.988	0.859	1.000	465.48	0.889	414.02	0.707	1.000	292.55
KP DC Gold 1500/20/Vision/Sel	523.93	1.010	1.000	1.037	0.983	0.850	1.000	458.69	0.889	407.98	0.707	1.000	288.28
KP DC Gold 1700/0%/HSA/Vision/Sel	523.93	1.010	1.000	1.037	0.966	0.838	1.000	444.23	0.889	395.12	0.707	1.000	279.19
KP DC Gold 500/20/Vision/Sel	523.93	1.010	1.000	1.037	0.990	0.874	1.000	474.36	0.889	421.92	0.707	1.000	298.13
	\$523.93	1.010	1.000	1.000	1.000	0.895	1.000	\$474.91	0.889	\$422.41	0.707	1.000	\$298.48

* Age Curve Calibration from 41.4 to 21 years old

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Exhibit 13
Quarterly Renewal Factors

Source/Formula	Component	Renewal Quarter				Overall
		Q1	Q2	Q3	Q4	
(1) Data	Member Distribution by Renewal Qtr	48%	12%	15%	25%	100%
(2) Input	Months of Trend	0.0	3.0	6.0	9.0	
(3) Exhibit 4	Annual Trend	2.3%	2.3%	2.3%	2.3%	
(4) Exhibit 1	2021 Claims PMPM					\$473.83
(5) = (4) * [(1 + (3)) ^ ((2) / 12)]	Quarterly Projected Claims PMPM	\$473.83	\$476.53	\$479.25	\$481.99	\$476.97
(6) = (5) / Total (5)	Quarterly Rate Trend Factor	0.993	0.999	1.005	1.011	

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Exhibit 14
Projected Medical Loss Ratio

			Small Group Market PMPM	Combined Market PMPM
Component				
(1)	Input	Premium	\$448.68	\$453.00
(2)	Input	Net Claims	\$346.47	\$391.22
(3)	Exhibit 10	Risk Adjustment Transfer	(\$71.08)	(\$77.51)
(4)	= (2) - (3)	Total Medical Expense	\$417.54	\$468.73
(5)	Exhibit 11	Administrative Expenses	\$63.14	\$55.31
(6)	Exhibit 11	Health Care Quality	\$4.06	\$4.07
(7)	= (5) + (6)	Total	\$67.20	\$59.38
(8)	Exhibit 11	Exchange Fee	\$4.49	\$4.53
(9)	Exhibit 11	PCORI	\$0.23	\$0.23
(10)	Exhibit 11	DC Premium Tax	\$8.97	\$9.06
(11)	Exhibit 11	Federal Income Tax	\$0.00	\$0.00
(12)	Exhibit 11	Health Ins Provider Fee	\$0.00	\$0.00
(13)	Exhibit 11	Risk Adj Fee	\$0.19	\$0.19
(14)	= sum (8) thru (13)	Total Taxes and Fees	\$13.88	\$14.01
(15)	= (1) - (4) - (7) - (14)	Contribution to Reserve	(\$49.94)	(\$89.12)
(16)	= [(4)] / (1)]	Loss Ratio	93.1%	103.5%
(17)	= [(4) + (6)] / [(1) - (14)]	ACA Medical Loss Ratio	97.0%	107.7%

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Exhibit 15
Cost Share Reduction Subsidy Non-Funding Impact

		Silver Exchange Plans	Plan Design	Member Distribution
(1)	Base	KP DC Silver 2500/30/Vision	0.801	24.3%
(2)	73%	KP DC Silver 2200/30/CSR/Vision (2500)	0.815	3.7%
(3)	87%	KP DC Silver 0/10/CSR/Vision (2500)	0.898	0.9%
(4)	94%	KP DC Silver 0/5/CSR/Vision (2500)	0.962	0.6%
(5)	Base	KP DC Standard Silver 4000/40/Vision	0.785	50.9%
(6)	73%	KP DC Standard Silver 3500/40/CSR/Vision(40	0.798	2.5%
(7)	87%	KP DC Standard Silver 100/25/CSR/Vision (40	0.876	1.2%
(8)	94%	KP DC Standard Silver 0/5/CSR/Vision (4000)	0.932	2.5%
(9)	Base	KP DC Silver 3200/30%/HSA/Vision	0.750	10.4%
(10)	73%	KP DC Silver 2000/20%/CSR/Vision (3200)	0.792	1.3%
(11)	87%	KP DC Silver 600/10%/CSR/Vision (3200)	0.898	0.4%
(12)	94%	KP DC Silver 100/5%/CSR/Vision (3200)	0.959	1.0%
(13)	= Wtd Avg (1), (5), (9)	Silver Base Plan Average	0.785	
(14)	= Wtd Avg (1) thru (12)	Overall Silver Average	0.796	
(15)	= (14) / (13)	CSR Adjustment Factor for Silver Plans	1.014	100.0%

Note:

Rates do not include any adjustment for non-funding of Cost Share Reduction subsidies. The impact on this exhibit is shown for informational purposes only and represents an expected margin loss on Silver plans of 1.4%

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group**

**Rates Effective January 1, 2021
Appendix I-A**

	94506DC0350001	94506DC0350002	94506DC0350023	94506DC0350004	94506DC0350005	94506DC0350025	94506DC0350006	94506DC0350021
Age	KP DC Platinum 0/10/Vision	KP DC Platinum 500/10/Vision	KP DC Platinum HMO Plus 0/10/Vision	KP DC Gold 0/20/Vision	KP DC Gold 1000/20/Vision	KP DC Gold 1500/20/Vision	KP DC Gold 1700/0%/HSA/Vision	KP DC Gold 500/20/Vision
20 and Under	290.00	281.75	301.59	262.22	248.99	245.36	237.62	253.74
21	322.36	313.20	335.26	291.49	276.79	272.74	264.14	282.06
22	322.36	313.20	335.26	291.49	276.79	272.74	264.14	282.06
23	322.36	313.20	335.26	291.49	276.79	272.74	264.14	282.06
24	322.36	313.20	335.26	291.49	276.79	272.74	264.14	282.06
25	322.36	313.20	335.26	291.49	276.79	272.74	264.14	282.06
26	322.36	313.20	335.26	291.49	276.79	272.74	264.14	282.06
27	322.36	313.20	335.26	291.49	276.79	272.74	264.14	282.06
28	329.90	320.52	343.10	298.31	283.26	279.12	270.32	288.66
29	337.00	327.41	350.48	304.72	289.35	285.12	276.13	294.86
30	345.42	335.60	359.24	312.34	296.58	292.25	283.03	302.24
31	354.29	344.21	368.46	320.36	304.20	299.76	290.30	310.00
32	362.27	351.97	376.76	327.57	311.05	306.51	296.84	316.98
33	370.70	360.15	385.53	335.19	318.29	313.64	303.74	324.35
34	379.57	368.77	394.75	343.21	325.90	321.14	311.01	332.11
35	388.43	377.39	403.97	351.23	333.51	328.64	318.28	339.87
36	397.30	386.00	413.19	359.25	341.13	336.15	325.54	347.63
37	406.17	394.62	422.42	367.27	348.74	343.65	332.81	355.39
38	411.05	399.36	427.49	371.68	352.93	347.78	336.81	359.66
39	415.93	404.10	432.56	376.09	357.12	351.90	340.80	363.93
40	432.33	420.04	449.63	390.92	371.21	365.78	354.25	378.28
41	449.18	436.41	467.15	406.16	385.67	380.04	368.05	393.02
42	466.92	453.64	485.60	422.20	400.90	395.05	382.59	408.54
43	485.10	471.30	504.50	438.64	416.51	410.43	397.48	424.45
44	504.17	489.83	524.33	455.88	432.88	426.56	413.11	441.13
45	523.68	508.78	544.62	473.52	449.64	443.07	429.09	458.20
46	544.07	528.60	565.84	491.96	467.15	460.32	445.80	476.05
47	565.36	549.28	587.97	511.21	485.42	478.33	463.24	494.67
48	587.53	570.82	611.03	531.26	504.46	497.09	481.41	514.07
49	610.59	593.22	635.01	552.11	524.26	516.60	500.30	534.25
50	634.53	616.48	659.91	573.76	544.82	536.86	519.92	555.20
51	659.36	640.61	685.74	596.21	566.14	557.87	540.27	576.93
52	685.08	665.59	712.48	619.46	588.22	579.63	561.34	599.43
53	711.69	691.44	740.15	643.52	611.06	602.14	583.14	622.71
54	739.62	718.58	769.21	668.78	635.05	625.77	606.03	647.15
55	768.44	746.59	799.18	694.84	659.80	650.16	629.65	672.37
56	798.60	775.88	830.54	722.11	685.68	675.67	654.36	698.75
57	829.63	806.04	862.82	750.17	712.34	701.93	679.79	725.91
58	862.00	837.49	896.48	779.44	740.13	729.32	706.31	754.23
59	895.70	870.23	931.53	809.91	769.06	757.83	733.93	783.72
60	930.73	904.26	967.96	841.59	799.14	787.47	762.63	814.37
61	967.08	939.59	1,005.78	874.47	830.36	818.22	792.42	846.18
62	967.08	939.59	1,005.78	874.47	830.36	818.22	792.42	846.18
63	967.08	939.59	1,005.78	874.47	830.36	818.22	792.42	846.18
64+	967.08	939.59	1,005.78	874.47	830.36	818.22	792.42	846.18

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Rates Effective January 1, 2021
Appendix I-B

	94506DC0350026	94506DC0350024	94506DC0350010	94506DC0350008	94506DC0350011	94506DC0350009	94506DC0350027	94506DC0350012
Age	KP DC Gold DHMO Plus 1500/20/Vision	KP DC Gold HMO Plus 0/20/Vision	KP DC Silver 2000/30/HSA/Vision	KP DC Silver 2000/40/Vision	KP DC Silver 2500/30/HSA/Vision	KP DC Silver 2500/40/Vision	KP DC Silver DHMO Plus 2000/40/Vision	KP DC Bronze 6500/55/Vision
20 and Under	255.17	272.70	215.91	220.56	207.30	218.07	229.39	197.67
21	283.65	303.14	240.01	245.18	230.43	242.41	254.99	219.73
22	283.65	303.14	240.01	245.18	230.43	242.41	254.99	219.73
23	283.65	303.14	240.01	245.18	230.43	242.41	254.99	219.73
24	283.65	303.14	240.01	245.18	230.43	242.41	254.99	219.73
25	283.65	303.14	240.01	245.18	230.43	242.41	254.99	219.73
26	283.65	303.14	240.01	245.18	230.43	242.41	254.99	219.73
27	283.65	303.14	240.01	245.18	230.43	242.41	254.99	219.73
28	290.28	310.23	245.62	250.91	235.82	248.08	260.95	224.87
29	296.53	316.90	250.90	256.31	240.89	253.42	266.57	229.71
30	303.94	324.82	257.18	262.71	246.92	259.75	273.23	235.45
31	311.74	333.16	263.78	269.46	253.26	266.42	280.24	241.50
32	318.77	340.67	269.72	275.53	258.96	272.42	286.56	246.94
33	326.18	348.59	276.00	281.94	264.98	278.76	293.22	252.68
34	333.98	356.93	282.60	288.68	271.32	285.43	300.24	258.72
35	341.79	365.27	289.20	295.43	277.66	292.10	307.25	264.77
36	349.59	373.61	295.80	302.17	284.00	298.77	314.27	270.81
37	357.39	381.95	302.41	308.91	290.34	305.44	321.28	276.86
38	361.68	386.54	306.04	312.62	293.83	309.10	325.14	280.18
39	365.98	391.12	309.67	316.33	297.31	312.77	329.00	283.51
40	380.41	406.55	321.88	328.81	309.04	325.11	341.98	294.69
41	395.24	422.40	334.43	341.63	321.09	337.78	355.30	306.18
42	410.85	439.08	347.64	355.12	333.76	351.12	369.33	318.27
43	426.84	456.17	361.17	368.94	346.76	364.79	383.71	330.66
44	443.62	474.10	375.37	383.45	360.39	379.13	398.80	343.66
45	460.79	492.45	389.89	398.28	374.34	393.80	414.23	356.96
46	478.73	511.63	405.08	413.80	388.92	409.14	430.36	370.86
47	497.46	531.65	420.93	429.99	404.13	425.14	447.20	385.37
48	516.97	552.49	437.43	446.85	419.98	441.81	464.74	400.48
49	537.26	574.18	454.60	464.38	436.46	459.15	482.97	416.20
50	558.33	596.69	472.43	482.60	453.58	477.16	501.91	432.52
51	580.18	620.04	490.91	501.48	471.33	495.83	521.56	449.44
52	602.81	644.23	510.06	521.04	489.71	515.17	541.90	466.97
53	626.22	669.25	529.87	541.28	508.73	535.18	562.94	485.11
54	650.80	695.52	550.67	562.52	528.70	556.19	585.04	504.15
55	676.16	722.62	572.13	584.44	549.30	577.86	607.84	523.80
56	702.69	750.97	594.58	607.38	570.85	600.53	631.69	544.35
57	730.00	780.16	617.69	630.98	593.04	623.87	656.24	565.51
58	758.48	810.60	641.79	655.60	616.18	648.22	681.85	587.57
59	788.14	842.29	666.88	681.23	640.27	673.56	708.50	610.54
60	818.96	875.23	692.96	707.87	665.31	699.90	736.21	634.42
61	850.95	909.42	720.03	735.53	691.29	727.23	764.97	659.19
62	850.95	909.42	720.03	735.53	691.29	727.23	764.97	659.19
63	850.95	909.42	720.03	735.53	691.29	727.23	764.97	659.19
64+	850.95	909.42	720.03	735.53	691.29	727.23	764.97	659.19

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Rates Effective January 1, 2021
Appendix I-C

	94506DC0350015	94506DC0350014	94506DC0360004	94506DC0360005	94506DC0360003	94506DC0360002	94506DC0360001	94506DC0350016
Age	KP DC Bronze 7000/0%/HSA/Vision	7000/50/20%/HSA/Vision	KP DC Platinum 0/10/POS/Vision	KP DC Platinum 500/10/POS/Vision	KP DC Gold 1000/20/POS/Vision	KP DC Silver 2500/40/POS/Vision	KP DC Bronze 6500/55/POS/Vision	KP DC Platinum 0/10/Vision/Sel
20 and Under	190.12	183.01	308.96	301.38	267.53	231.08	208.44	304.49
21	211.34	203.44	343.45	335.02	297.39	256.87	231.71	338.48
22	211.34	203.44	343.45	335.02	297.39	256.87	231.71	338.48
23	211.34	203.44	343.45	335.02	297.39	256.87	231.71	338.48
24	211.34	203.44	343.45	335.02	297.39	256.87	231.71	338.48
25	211.34	203.44	343.45	335.02	297.39	256.87	231.71	338.48
26	211.34	203.44	343.45	335.02	297.39	256.87	231.71	338.48
27	211.34	203.44	343.45	335.02	297.39	256.87	231.71	338.48
28	216.28	208.20	351.48	342.85	304.34	262.88	237.12	346.39
29	220.93	212.68	359.03	350.23	310.89	268.53	242.22	353.84
30	226.46	217.99	368.01	358.98	318.66	275.24	248.28	362.69
31	232.27	223.59	377.46	368.20	326.84	282.31	254.65	372.00
32	237.50	228.63	385.96	376.50	334.21	288.67	260.39	380.38
33	243.03	233.94	394.94	385.25	341.98	295.38	266.45	389.23
34	248.84	239.54	404.39	394.47	350.16	302.45	272.82	398.54
35	254.65	245.14	413.83	403.68	358.34	309.51	279.19	407.85
36	260.47	250.74	423.28	412.90	366.52	316.58	285.57	417.16
37	266.28	256.33	432.73	422.12	374.70	323.65	291.94	426.47
38	269.48	259.41	437.93	427.19	379.20	327.53	295.45	431.59
39	272.68	262.49	443.12	432.26	383.70	331.42	298.95	436.72
40	283.43	272.84	460.60	449.31	398.84	344.49	310.75	453.94
41	294.48	283.48	478.56	466.82	414.38	357.92	322.86	471.63
42	306.11	294.67	497.45	485.25	430.75	372.05	335.61	490.26
43	318.03	306.14	516.82	504.14	447.52	386.54	348.67	509.35
44	330.53	318.18	537.13	523.96	465.11	401.73	362.38	529.37
45	343.32	330.49	557.92	544.24	483.11	417.28	376.40	549.85
46	356.69	343.36	579.65	565.43	501.92	433.53	391.06	571.27
47	370.64	356.79	602.33	587.55	521.56	450.49	406.36	593.62
48	385.18	370.79	625.95	610.60	542.01	468.16	422.30	616.90
49	400.30	385.34	650.51	634.56	563.28	486.53	438.87	641.11
50	415.99	400.45	676.02	659.44	585.37	505.61	456.08	666.25
51	432.27	416.12	702.48	685.25	608.28	525.40	473.93	692.32
52	449.13	432.35	729.88	711.98	632.01	545.89	492.41	719.32
53	466.58	449.14	758.22	739.63	656.55	567.09	511.54	747.26
54	484.89	466.77	787.99	768.66	682.32	589.35	531.62	776.59
55	503.79	484.96	818.69	798.61	708.91	612.32	552.33	806.85
56	523.55	503.99	850.82	829.95	736.73	636.34	574.00	838.51
57	543.90	523.58	883.89	862.21	765.36	661.07	596.31	871.10
58	565.12	544.01	918.37	895.85	795.22	686.87	619.58	905.09
59	587.22	565.27	954.28	930.87	826.31	713.72	643.80	940.48
60	610.18	587.38	991.60	967.27	858.63	741.63	668.98	977.26
61	634.02	610.32	1,030.34	1,005.06	892.17	770.61	695.12	1,015.43
62	634.02	610.32	1,030.34	1,005.06	892.17	770.61	695.12	1,015.43
63	634.02	610.32	1,030.34	1,005.06	892.17	770.61	695.12	1,015.43
64+	634.02	610.32	1,030.34	1,005.06	892.17	770.61	695.12	1,015.43

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Rates Effective January 1, 2021
Appendix I-D

	94506DC0350017	94506DC0350018	94506DC0350019	94506DC0350028	94506DC0350020	94506DC0350022
Age	KP DC Platinum 500/10/Vision/Sel	KP DC Gold 0/20/Vision/Sel	KP DC Gold 1000/20/Vision/Sel	KP DC Gold 1500/20/Vision/Sel	KP DC Gold 1700/0%/HSA/Vision/Sel	KP DC Gold 500/20/Vision/Sel
20 and Under	295.83	275.33	261.44	257.63	249.50	266.43
21	328.85	306.06	290.62	286.38	277.35	296.17
22	328.85	306.06	290.62	286.38	277.35	296.17
23	328.85	306.06	290.62	286.38	277.35	296.17
24	328.85	306.06	290.62	286.38	277.35	296.17
25	328.85	306.06	290.62	286.38	277.35	296.17
26	328.85	306.06	290.62	286.38	277.35	296.17
27	328.85	306.06	290.62	286.38	277.35	296.17
28	336.54	313.22	297.42	293.08	283.84	303.09
29	343.78	319.96	303.82	299.38	289.94	309.61
30	352.37	327.95	311.41	306.87	297.19	317.35
31	361.42	336.37	319.41	314.75	304.82	325.50
32	369.56	343.95	326.60	321.84	311.69	332.83
33	378.16	351.95	334.20	329.32	318.94	340.57
34	387.20	360.37	342.19	337.20	326.57	348.72
35	396.25	368.79	350.19	345.08	334.20	356.87
36	405.30	377.21	358.18	352.96	341.83	365.02
37	414.34	385.63	366.18	360.83	349.46	373.16
38	419.32	390.26	370.58	365.17	353.65	377.65
39	424.30	394.89	374.97	369.50	357.85	382.13
40	441.03	410.47	389.77	384.08	371.97	397.20
41	458.22	426.47	404.96	399.05	386.46	412.68
42	476.31	443.31	420.95	414.80	401.72	428.98
43	494.86	460.57	437.34	430.95	417.36	445.68
44	514.31	478.67	454.53	447.89	433.77	463.20
45	534.21	497.19	472.12	465.22	450.56	481.12
46	555.02	516.56	490.50	483.35	468.10	499.86
47	576.73	536.77	509.69	502.25	486.42	519.41
48	599.35	557.82	529.68	521.95	505.49	539.78
49	622.87	579.71	550.47	542.43	525.33	560.97
50	647.30	602.44	572.06	563.71	545.93	582.97
51	672.63	626.02	594.44	585.77	567.30	605.78
52	698.87	650.44	617.63	608.61	589.42	629.41
53	726.01	675.70	641.61	632.25	612.31	653.85
54	754.50	702.22	666.80	657.07	636.35	679.52
55	783.91	729.58	692.78	682.67	661.15	706.00
56	814.67	758.21	719.97	709.46	687.09	733.70
57	846.33	787.68	747.95	737.03	713.79	762.22
58	879.35	818.41	777.13	765.79	741.64	791.95
59	913.73	850.41	807.51	795.73	770.64	822.92
60	949.46	883.67	839.09	826.85	800.78	855.10
61	986.55	918.18	871.86	859.14	832.05	888.50
62	986.55	918.18	871.86	859.14	832.05	888.50
63	986.55	918.18	871.86	859.14	832.05	888.50
64+	986.55	918.18	871.86	859.14	832.05	888.50

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group**

**Rates Effective April 1, 2021
Appendix II-A**

	94506DC0350001	94506DC0350002	94506DC0350023	94506DC0350004	94506DC0350005	94506DC0350025	94506DC0350006	94506DC0350021
Age	KP DC Platinum 0/10/Vision	KP DC Platinum 500/10/Vision	KP DC Platinum HMO Plus 0/10/Vision	KP DC Gold 0/20/Vision	KP DC Gold 1000/20/Vision	KP DC Gold 1500/20/Vision	KP DC Gold 1700/0%/HSA/Vision	KP DC Gold 500/20/Vision
20 and Under	291.65	283.35	303.32	263.72	250.41	246.76	238.97	255.19
21	324.20	314.98	337.17	293.15	278.37	274.30	265.65	283.67
22	324.20	314.98	337.17	293.15	278.37	274.30	265.65	283.67
23	324.20	314.98	337.17	293.15	278.37	274.30	265.65	283.67
24	324.20	314.98	337.17	293.15	278.37	274.30	265.65	283.67
25	324.20	314.98	337.17	293.15	278.37	274.30	265.65	283.67
26	324.20	314.98	337.17	293.15	278.37	274.30	265.65	283.67
27	324.20	314.98	337.17	293.15	278.37	274.30	265.65	283.67
28	331.79	322.35	345.06	300.01	284.88	280.71	271.86	290.30
29	338.92	329.28	352.48	306.46	291.00	286.75	277.71	296.55
30	347.39	337.51	361.29	314.12	298.28	293.92	284.65	303.96
31	356.31	346.18	370.56	322.19	305.93	301.47	291.96	311.77
32	364.34	353.98	378.91	329.44	312.83	308.26	298.53	318.79
33	372.81	362.21	387.73	337.11	320.10	315.43	305.48	326.20
34	381.73	370.87	397.00	345.17	327.76	322.97	312.78	334.01
35	390.65	379.54	406.28	353.23	335.42	330.52	320.09	341.81
36	399.57	388.20	415.55	361.30	343.08	338.06	327.40	349.61
37	408.49	396.87	424.83	369.36	350.73	345.61	334.71	357.42
38	413.39	401.64	429.93	373.80	354.95	349.76	338.73	361.71
39	418.30	406.40	435.03	378.24	359.16	353.91	342.75	366.00
40	434.80	422.43	452.19	393.16	373.32	367.87	356.27	380.44
41	451.75	438.90	469.82	408.48	387.87	382.21	370.15	395.27
42	469.58	456.23	488.37	424.61	403.19	397.30	384.77	410.87
43	487.87	473.99	507.38	441.14	418.89	412.77	399.75	426.87
44	507.04	492.62	527.32	458.48	435.35	428.99	415.46	443.65
45	526.66	511.68	547.73	476.22	452.20	445.60	431.54	460.82
46	547.18	531.61	569.07	494.77	469.81	462.95	448.35	478.77
47	568.58	552.41	591.33	514.13	488.19	481.06	465.89	497.50
48	590.88	574.07	614.52	534.29	507.34	499.93	484.16	517.01
49	614.07	596.60	638.63	555.26	527.25	519.55	503.16	537.30
50	638.15	620.00	663.68	577.03	547.93	539.92	522.89	558.37
51	663.12	644.26	689.65	599.61	569.37	561.05	543.35	580.22
52	688.99	669.39	716.55	623.00	591.58	582.93	564.55	602.85
53	715.75	695.39	744.38	647.19	614.55	605.57	586.47	626.26
54	743.84	722.68	773.59	672.60	638.67	629.34	609.49	650.84
55	772.83	750.85	803.74	698.81	663.56	653.87	633.24	676.21
56	803.15	780.31	835.28	726.23	689.60	679.52	658.09	702.74
57	834.37	810.64	867.74	754.45	716.40	705.94	683.67	730.05
58	866.92	842.26	901.60	783.89	744.35	733.48	710.34	758.54
59	900.81	875.19	936.85	814.54	773.45	762.15	738.11	788.19
60	936.04	909.42	973.49	846.39	803.70	791.96	766.98	819.02
61	972.60	944.94	1,011.51	879.45	835.10	822.90	796.94	851.01
62	972.60	944.94	1,011.51	879.45	835.10	822.90	796.94	851.01
63	972.60	944.94	1,011.51	879.45	835.10	822.90	796.94	851.01
64+	972.60	944.94	1,011.51	879.45	835.10	822.90	796.94	851.01

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Rates Effective April 1, 2021
Appendix II-B

	94506DC0350026	94506DC0350024	94506DC0350010	94506DC0350008	94506DC0350011	94506DC0350009	94506DC0350027	94506DC0350012
Age	KP DC Gold DHMO Plus 1500/20/Vision	KP DC Gold HMO Plus 0/20/Vision	KP DC Silver 2000/30/HSA/Vision	KP DC Silver 2000/40/Vision	KP DC Silver 2500/30/HSA/Vision	KP DC Silver 2500/40/Vision	KP DC Silver DHMO Plus 2000/40/Vision	KP DC Bronze 6500/55/Vision
20 and Under	256.63	274.26	217.14	221.82	208.48	219.32	230.70	198.80
21	285.27	304.87	241.38	246.58	231.75	243.80	256.45	220.99
22	285.27	304.87	241.38	246.58	231.75	243.80	256.45	220.99
23	285.27	304.87	241.38	246.58	231.75	243.80	256.45	220.99
24	285.27	304.87	241.38	246.58	231.75	243.80	256.45	220.99
25	285.27	304.87	241.38	246.58	231.75	243.80	256.45	220.99
26	285.27	304.87	241.38	246.58	231.75	243.80	256.45	220.99
27	285.27	304.87	241.38	246.58	231.75	243.80	256.45	220.99
28	291.94	312.00	247.02	252.34	237.17	249.50	262.44	226.16
29	298.22	318.71	252.34	257.77	242.27	254.86	268.09	231.02
30	305.67	326.68	258.64	264.21	248.32	261.24	274.79	236.79
31	313.52	335.07	265.29	271.00	254.70	267.94	281.84	242.87
32	320.59	342.61	271.26	277.10	260.44	273.98	288.19	248.35
33	328.04	350.58	277.57	283.54	266.49	280.35	294.90	254.12
34	335.89	358.97	284.21	290.33	272.87	287.06	301.95	260.20
35	343.74	367.36	290.85	297.11	279.25	293.76	309.01	266.28
36	351.58	375.74	297.49	303.89	285.62	300.47	316.06	272.36
37	359.43	384.13	304.13	310.68	292.00	307.18	323.11	278.44
38	363.75	388.74	307.78	314.41	295.50	310.87	327.00	281.78
39	368.06	393.36	311.44	318.14	299.01	314.56	330.88	285.13
40	382.58	408.87	323.72	330.69	310.80	326.96	343.93	296.37
41	397.49	424.81	336.34	343.58	322.92	339.71	357.33	307.92
42	413.19	441.58	349.62	357.14	335.67	353.12	371.44	320.08
43	429.28	458.78	363.23	371.05	348.74	366.87	385.90	332.55
44	446.15	476.81	377.51	385.63	362.45	381.29	401.07	345.62
45	463.42	495.26	392.12	400.56	376.47	396.05	416.59	358.99
46	481.47	514.55	407.39	416.16	391.14	411.47	432.82	372.97
47	500.30	534.68	423.33	432.44	406.44	427.57	449.75	387.57
48	519.92	555.65	439.93	449.40	422.38	444.34	467.39	402.76
49	540.33	577.45	457.19	467.03	438.95	461.77	485.73	418.57
50	561.51	600.10	475.12	485.35	456.17	479.88	504.78	434.99
51	583.49	623.58	493.72	504.34	474.02	498.66	524.53	452.01
52	606.25	647.91	512.97	524.01	492.51	518.11	544.99	469.64
53	629.79	673.07	532.89	544.36	511.63	538.23	566.16	487.88
54	654.51	699.49	553.81	565.73	531.71	559.36	588.38	507.03
55	680.02	726.74	575.39	587.78	552.43	581.16	611.31	526.79
56	706.70	755.26	597.97	610.84	574.11	603.96	635.29	547.46
57	734.17	784.62	621.21	634.58	596.43	627.43	659.99	568.73
58	762.81	815.23	645.45	659.34	619.70	651.92	685.74	590.92
59	792.63	847.10	670.68	685.12	643.92	677.40	712.55	614.03
60	823.63	880.23	696.91	711.91	669.11	703.89	740.41	638.04
61	855.81	914.61	724.14	739.73	695.25	731.39	769.34	662.97
62	855.81	914.61	724.14	739.73	695.25	731.39	769.34	662.97
63	855.81	914.61	724.14	739.73	695.25	731.39	769.34	662.97
64+	855.81	914.61	724.14	739.73	695.25	731.39	769.34	662.97

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Rates Effective April 1, 2021
Appendix II-C

	94506DC0350015	94506DC0350014	94506DC0360004	94506DC0360005	94506DC0360003	94506DC0360002	94506DC0360001	94506DC0350016
Age	KP DC Bronze 7000/0%/HSA/Vision	7000/50/20%/HSA/Vision	KP DC Platinum 0/10/POS/Vision	KP DC Platinum 500/10/POS/Vision	KP DC Gold 1000/20/POS/Vision	KP DC Silver 2500/40/POS/Vision	KP DC Bronze 6500/55/POS/Vision	KP DC Platinum 0/10/Vision/Sel
20 and Under	191.20	184.06	310.72	303.10	269.05	232.39	209.63	306.23
21	212.55	204.60	345.40	336.93	299.09	258.33	233.03	340.41
22	212.55	204.60	345.40	336.93	299.09	258.33	233.03	340.41
23	212.55	204.60	345.40	336.93	299.09	258.33	233.03	340.41
24	212.55	204.60	345.40	336.93	299.09	258.33	233.03	340.41
25	212.55	204.60	345.40	336.93	299.09	258.33	233.03	340.41
26	212.55	204.60	345.40	336.93	299.09	258.33	233.03	340.41
27	212.55	204.60	345.40	336.93	299.09	258.33	233.03	340.41
28	217.52	209.39	353.48	344.81	306.08	264.38	238.48	348.37
29	222.19	213.89	361.08	352.23	312.66	270.06	243.60	355.86
30	227.75	219.24	370.11	361.03	320.48	276.81	249.70	364.76
31	233.60	224.87	379.61	370.30	328.71	283.92	256.11	374.12
32	238.86	229.93	388.16	378.64	336.11	290.32	261.88	382.55
33	244.41	235.28	397.19	387.45	343.93	297.07	267.97	391.45
34	250.26	240.91	406.69	396.72	352.16	304.17	274.38	400.81
35	256.11	246.54	416.20	405.99	360.39	311.28	280.79	410.18
36	261.95	252.17	425.70	415.26	368.61	318.39	287.20	419.54
37	267.80	257.79	435.20	424.53	376.84	325.49	293.61	428.91
38	271.02	260.89	440.43	429.62	381.37	329.40	297.13	434.06
39	274.23	263.99	445.65	434.72	385.89	333.31	300.66	439.21
40	285.05	274.40	463.23	451.87	401.11	346.46	312.52	456.53
41	296.16	285.09	481.29	469.48	416.75	359.96	324.70	474.33
42	307.86	296.35	500.29	488.02	433.20	374.18	337.52	493.06
43	319.84	307.89	519.77	507.02	450.07	388.75	350.66	512.25
44	332.41	319.99	540.20	526.95	467.76	404.02	364.45	532.39
45	345.28	332.37	561.10	547.34	485.86	419.66	378.55	552.99
46	358.73	345.32	582.96	568.66	504.79	436.01	393.29	574.53
47	372.76	358.83	605.77	590.91	524.53	453.06	408.68	597.00
48	387.38	372.90	629.52	614.08	545.10	470.83	424.71	620.42
49	402.58	387.54	654.23	638.18	566.50	489.31	441.37	644.76
50	418.37	402.73	679.88	663.21	588.71	508.50	458.68	670.05
51	434.74	418.49	706.49	689.16	611.75	528.39	476.63	696.27
52	451.70	434.82	734.04	716.04	635.61	549.00	495.22	723.43
53	469.24	451.70	762.55	743.85	660.30	570.33	514.46	751.52
54	487.66	469.43	792.48	773.04	686.21	592.71	534.65	781.02
55	506.66	487.73	823.37	803.17	712.95	615.81	555.48	811.46
56	526.54	506.86	855.67	834.68	740.93	639.97	577.28	843.30
57	547.01	526.57	888.93	867.13	769.73	664.85	599.72	876.07
58	568.35	547.11	923.61	900.96	799.76	690.79	623.12	910.26
59	590.57	568.50	959.72	936.18	831.03	717.79	647.48	945.84
60	613.66	590.73	997.26	972.79	863.53	745.86	672.80	982.83
61	637.64	613.80	1,036.20	1,010.79	897.26	774.99	699.08	1,021.23
62	637.64	613.80	1,036.20	1,010.79	897.26	774.99	699.08	1,021.23
63	637.64	613.80	1,036.20	1,010.79	897.26	774.99	699.08	1,021.23
64+	637.64	613.80	1,036.20	1,010.79	897.26	774.99	699.08	1,021.23

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

Market: District of Columbia Small Group

Rates Effective April 1, 2021

Appendix II-D

	94506DC0350017	94506DC0350018	94506DC0350019	94506DC0350028	94506DC0350020	94506DC0350022
Age	KP DC Platinum 500/10/Vision/Sel	KP DC Gold 0/20/Vision/Sel	KP DC Gold 1000/20/Vision/Sel	KP DC Gold 1500/20/Vision/Sel	1700/0%/HSA/Vision/Se l	KP DC Gold 500/20/Vision/Sel
20 and Under	297.52	276.90	262.93	259.10	250.93	267.95
21	330.73	307.81	292.28	288.02	278.94	297.86
22	330.73	307.81	292.28	288.02	278.94	297.86
23	330.73	307.81	292.28	288.02	278.94	297.86
24	330.73	307.81	292.28	288.02	278.94	297.86
25	330.73	307.81	292.28	288.02	278.94	297.86
26	330.73	307.81	292.28	288.02	278.94	297.86
27	330.73	307.81	292.28	288.02	278.94	297.86
28	338.46	315.01	299.12	294.75	285.46	304.82
29	345.74	321.78	305.55	301.09	291.60	311.38
30	354.38	329.83	313.19	308.62	298.89	319.16
31	363.48	338.29	321.23	316.54	306.56	327.36
32	371.67	345.91	328.47	323.67	313.47	334.73
33	380.31	353.96	336.11	331.20	320.76	342.52
34	389.41	362.43	344.15	339.12	328.43	350.71
35	398.51	370.90	352.19	347.05	336.10	358.90
36	407.61	379.36	360.23	354.97	343.78	367.10
37	416.71	387.83	368.27	362.89	351.45	375.29
38	421.71	392.49	372.69	367.25	355.67	379.80
39	426.72	397.15	377.11	371.61	359.89	384.31
40	443.55	412.81	391.99	386.27	374.09	399.47
41	460.84	428.90	407.27	401.32	388.67	415.03
42	479.03	445.84	423.35	417.17	404.02	431.42
43	497.68	463.20	439.83	433.41	419.75	448.22
44	517.25	481.40	457.12	450.45	436.24	465.84
45	537.26	500.03	474.81	467.88	453.13	483.87
46	558.19	519.51	493.30	486.10	470.78	502.71
47	580.03	539.83	512.60	505.12	489.19	522.38
48	602.77	561.00	532.70	524.93	508.38	542.86
49	626.43	583.02	553.61	545.53	528.33	564.17
50	650.99	605.88	575.32	566.92	549.05	586.29
51	676.47	629.59	597.83	589.11	570.53	609.24
52	702.85	654.15	621.15	612.09	592.79	633.00
53	730.15	679.55	645.27	635.86	615.81	657.58
54	758.81	706.23	670.60	660.82	639.98	683.39
55	788.38	733.75	696.74	686.57	664.92	710.03
56	819.31	762.54	724.07	713.51	691.01	737.89
57	851.16	792.17	752.22	741.24	717.87	766.57
58	884.37	823.08	781.57	770.16	745.87	796.47
59	918.94	855.26	812.12	800.27	775.03	827.61
60	954.88	888.71	843.88	831.57	805.34	859.98
61	992.18	923.43	876.84	864.05	836.81	893.57
62	992.18	923.43	876.84	864.05	836.81	893.57
63	992.18	923.43	876.84	864.05	836.81	893.57
64+	992.18	923.43	876.84	864.05	836.81	893.57

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group**

**Rates Effective July 1, 2021
Appendix III-A**

	94506DC0350001	94506DC0350002	94506DC0350023	94506DC0350004	94506DC0350005	94506DC0350025	94506DC0350006	94506DC0350021
Age	KP DC Platinum 0/10/Vision	KP DC Platinum 500/10/Vision	KP DC Platinum HMO Plus 0/10/Vision	KP DC Gold 0/20/Vision	KP DC Gold 1000/20/Vision	KP DC Gold 1500/20/Vision	KP DC Gold 1700/0%/HSA/Vision	KP DC Gold 500/20/Vision
20 and Under	293.31	284.97	305.05	265.22	251.84	248.16	240.34	256.64
21	326.05	316.78	339.10	294.83	279.95	275.86	267.16	285.29
22	326.05	316.78	339.10	294.83	279.95	275.86	267.16	285.29
23	326.05	316.78	339.10	294.83	279.95	275.86	267.16	285.29
24	326.05	316.78	339.10	294.83	279.95	275.86	267.16	285.29
25	326.05	316.78	339.10	294.83	279.95	275.86	267.16	285.29
26	326.05	316.78	339.10	294.83	279.95	275.86	267.16	285.29
27	326.05	316.78	339.10	294.83	279.95	275.86	267.16	285.29
28	333.68	324.19	347.03	301.72	286.50	282.32	273.41	291.96
29	340.85	331.16	354.49	308.21	292.66	288.39	279.29	298.24
30	349.38	339.44	363.35	315.91	299.98	295.60	286.27	305.70
31	358.35	348.15	372.68	324.02	307.68	303.19	293.62	313.54
32	366.42	356.00	381.08	331.32	314.61	310.02	300.24	320.61
33	374.94	364.28	389.94	339.03	321.93	317.23	307.22	328.06
34	383.91	372.99	399.27	347.14	329.63	324.81	314.57	335.91
35	392.88	381.70	408.59	355.25	337.33	332.40	321.92	343.76
36	401.85	390.42	417.92	363.36	345.03	339.99	329.27	351.61
37	410.82	399.13	427.25	371.47	352.73	347.58	336.62	359.46
38	415.75	403.93	432.38	375.93	356.97	351.76	340.66	363.77
39	420.69	408.72	437.51	380.39	361.21	355.93	344.70	368.09
40	437.28	424.84	454.77	395.40	375.45	369.97	358.30	382.61
41	454.32	441.40	472.50	410.81	390.09	384.39	372.26	397.52
42	472.26	458.83	491.15	427.03	405.49	399.57	386.96	413.22
43	490.65	476.70	510.28	443.66	421.28	415.13	402.03	429.31
44	509.94	495.43	530.33	461.10	437.84	431.44	417.83	446.18
45	529.67	514.60	550.86	478.94	454.78	448.14	434.00	463.45
46	550.30	534.65	572.31	497.59	472.50	465.59	450.91	481.50
47	571.83	555.56	594.70	517.06	490.98	483.81	468.55	500.34
48	594.25	577.35	618.02	537.34	510.23	502.78	486.92	519.96
49	617.57	600.01	642.28	558.42	530.26	522.51	506.03	540.36
50	641.79	623.54	667.46	580.32	551.05	543.00	525.87	561.55
51	666.91	647.94	693.59	603.03	572.62	564.25	546.45	583.53
52	692.92	673.21	720.64	626.55	594.95	586.26	567.77	606.29
53	719.83	699.36	748.62	650.89	618.06	609.03	589.82	629.84
54	748.09	726.81	778.01	676.44	642.32	632.93	612.97	654.56
55	777.24	755.13	808.33	702.80	667.35	657.60	636.86	680.07
56	807.74	784.76	840.04	730.37	693.53	683.40	661.85	706.75
57	839.13	815.26	872.70	758.76	720.49	709.96	687.57	734.22
58	871.87	847.07	906.74	788.36	748.60	737.66	714.40	762.87
59	905.96	880.19	942.19	819.18	777.87	766.50	742.32	792.69
60	941.39	914.61	979.04	851.22	808.29	796.48	771.36	823.69
61	978.15	950.34	1,017.29	884.48	839.85	827.58	801.48	855.87
62	978.15	950.34	1,017.29	884.48	839.85	827.58	801.48	855.87
63	978.15	950.34	1,017.29	884.48	839.85	827.58	801.48	855.87
64+	978.15	950.34	1,017.29	884.48	839.85	827.58	801.48	855.87

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Rates Effective July 1, 2021
Appendix III-B

	94506DC0350026	94506DC0350024	94506DC0350010	94506DC0350008	94506DC0350011	94506DC0350009	94506DC0350027	94506DC0350012
Age	KP DC Gold DHMO Plus 1500/20/Vision	KP DC Gold HMO Plus 0/20/Vision	KP DC Silver 2000/30/HSA/Vision	KP DC Silver 2000/40/Vision	KP DC Silver 2500/30/HSA/Vision	KP DC Silver 2500/40/Vision	KP DC Silver DHMO Plus 2000/40/Vision	KP DC Bronze 6500/55/Vision
20 and Under	258.09	275.82	218.38	223.08	209.67	220.57	232.01	199.93
21	286.90	306.61	242.76	247.98	233.07	245.19	257.91	222.25
22	286.90	306.61	242.76	247.98	233.07	245.19	257.91	222.25
23	286.90	306.61	242.76	247.98	233.07	245.19	257.91	222.25
24	286.90	306.61	242.76	247.98	233.07	245.19	257.91	222.25
25	286.90	306.61	242.76	247.98	233.07	245.19	257.91	222.25
26	286.90	306.61	242.76	247.98	233.07	245.19	257.91	222.25
27	286.90	306.61	242.76	247.98	233.07	245.19	257.91	222.25
28	293.61	313.78	248.43	253.78	238.52	250.92	263.94	227.45
29	299.92	320.53	253.78	259.24	243.65	256.32	269.62	232.34
30	307.42	328.54	260.12	265.72	249.74	262.73	276.36	238.15
31	315.31	336.98	266.80	272.54	256.15	269.47	283.45	244.26
32	322.41	344.57	272.81	278.68	261.92	275.54	289.84	249.76
33	329.91	352.58	279.15	285.16	268.02	281.95	296.58	255.57
34	337.81	361.02	285.83	291.98	274.43	288.70	303.67	261.69
35	345.70	369.45	292.51	298.81	280.84	295.44	310.77	267.80
36	353.59	377.89	299.19	305.63	287.25	302.19	317.86	273.91
37	361.48	386.32	305.87	312.45	293.66	308.93	324.96	280.03
38	365.82	390.96	309.54	316.20	297.19	312.64	328.86	283.39
39	370.16	395.60	313.21	319.95	300.72	316.35	332.76	286.75
40	384.77	411.21	325.57	332.58	312.58	328.83	345.89	298.06
41	399.76	427.23	338.26	345.54	324.76	341.65	359.37	309.68
42	415.55	444.10	351.61	359.18	337.58	355.14	373.56	321.91
43	431.73	461.39	365.30	373.17	350.73	368.96	388.11	334.44
44	448.70	479.53	379.66	387.83	364.51	383.47	403.36	347.59
45	466.06	498.09	394.36	402.84	378.62	398.31	418.97	361.04
46	484.21	517.49	409.72	418.53	393.37	413.82	435.29	375.10
47	503.16	537.73	425.74	434.91	408.76	430.01	452.32	389.78
48	522.89	558.82	442.44	451.96	424.79	446.87	470.05	405.06
49	543.41	580.75	459.80	469.70	441.46	464.41	488.50	420.96
50	564.72	603.52	477.83	488.12	458.77	482.62	507.66	437.47
51	586.82	627.14	496.53	507.22	476.72	501.51	527.53	454.59
52	609.71	651.60	515.90	527.00	495.32	521.07	548.10	472.32
53	633.38	676.91	535.94	547.47	514.55	541.30	569.39	490.66
54	658.25	703.48	556.97	568.96	534.75	562.55	591.74	509.92
55	683.90	730.89	578.68	591.13	555.59	584.47	614.80	529.79
56	710.73	759.57	601.38	614.33	577.39	607.41	638.92	550.58
57	738.36	789.09	624.76	638.20	599.83	631.02	663.75	571.98
58	767.16	819.88	649.13	663.10	623.23	655.64	689.65	594.30
59	797.16	851.93	674.51	689.03	647.60	681.27	716.61	617.53
60	828.33	885.25	700.89	715.98	672.92	707.91	744.64	641.68
61	860.69	919.83	728.27	743.94	699.21	735.57	773.73	666.75
62	860.69	919.83	728.27	743.94	699.21	735.57	773.73	666.75
63	860.69	919.83	728.27	743.94	699.21	735.57	773.73	666.75
64+	860.69	919.83	728.27	743.94	699.21	735.57	773.73	666.75

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

Market: District of Columbia Small Group

Rates Effective July 1, 2021

Appendix III-C

	94506DC0350015	94506DC0350014	94506DC0360004	94506DC0360005	94506DC0360003	94506DC0360002	94506DC0360001	94506DC0350016
Age	KP DC Bronze 7000/0%/HSA/Vision	7000/50/20%/HSA/Vision	KP DC Platinum 0/10/POS/Vision	KP DC Platinum 500/10/POS/Vision	KP DC Gold 1000/20/POS/Vision	KP DC Silver 2500/40/POS/Vision	KP DC Bronze 6500/55/POS/Vision	KP DC Platinum 0/10/Vision/Sel
20 and Under	192.29	185.11	312.49	304.83	270.59	233.72	210.82	307.98
21	213.76	205.77	347.38	338.86	300.79	259.81	234.36	342.35
22	213.76	205.77	347.38	338.86	300.79	259.81	234.36	342.35
23	213.76	205.77	347.38	338.86	300.79	259.81	234.36	342.35
24	213.76	205.77	347.38	338.86	300.79	259.81	234.36	342.35
25	213.76	205.77	347.38	338.86	300.79	259.81	234.36	342.35
26	213.76	205.77	347.38	338.86	300.79	259.81	234.36	342.35
27	213.76	205.77	347.38	338.86	300.79	259.81	234.36	342.35
28	218.76	210.58	355.50	346.78	307.83	265.88	239.84	350.36
29	223.46	215.11	363.14	354.24	314.45	271.60	245.00	357.89
30	229.05	220.49	372.22	363.09	322.31	278.39	251.12	366.84
31	234.93	226.15	381.78	372.41	330.58	285.54	257.57	376.26
32	240.22	231.24	390.38	380.80	338.03	291.97	263.37	384.73
33	245.81	236.62	399.46	389.66	345.89	298.76	269.49	393.68
34	251.69	242.28	409.01	398.98	354.17	305.91	275.94	403.10
35	257.57	247.94	418.57	408.30	362.44	313.06	282.39	412.52
36	263.45	253.60	428.13	417.63	370.72	320.20	288.84	421.94
37	269.33	259.27	437.68	426.95	378.99	327.35	295.28	431.35
38	272.56	262.38	442.94	432.08	383.54	331.28	298.83	436.53
39	275.80	265.49	448.20	437.20	388.09	335.21	302.38	441.71
40	286.68	275.97	465.88	454.45	403.40	348.44	314.30	459.14
41	297.85	286.72	484.03	472.16	419.13	362.02	326.55	477.03
42	309.61	298.04	503.15	490.80	435.68	376.31	339.45	495.87
43	321.67	309.65	522.74	509.91	452.64	390.96	352.66	515.18
44	334.31	321.82	543.28	529.96	470.43	406.33	366.53	535.43
45	347.25	334.27	564.31	550.46	488.63	422.05	380.71	556.15
46	360.77	347.29	586.29	571.91	507.67	438.49	395.54	577.81
47	374.89	360.88	609.22	594.28	527.53	455.65	411.01	600.41
48	389.59	375.03	633.11	617.58	548.21	473.52	427.13	623.96
49	404.88	389.75	657.96	641.82	569.73	492.10	443.89	648.44
50	420.76	405.03	683.76	666.99	592.07	511.40	461.30	673.87
51	437.22	420.88	710.52	693.09	615.24	531.41	479.35	700.24
52	454.27	437.30	738.23	720.13	639.24	552.14	498.05	727.56
53	471.92	454.28	766.90	748.09	664.06	573.58	517.39	755.81
54	490.44	472.11	797.01	777.46	690.13	596.09	537.70	785.48
55	509.55	490.51	828.06	807.75	717.02	619.32	558.65	816.09
56	529.55	509.76	860.56	839.45	745.16	643.62	580.57	848.11
57	550.13	529.57	894.00	872.07	774.12	668.64	603.14	881.07
58	571.59	550.23	928.88	906.10	804.32	694.73	626.67	915.45
59	593.94	571.74	965.20	941.52	835.77	721.89	651.17	951.24
60	617.17	594.10	1,002.95	978.35	868.45	750.12	676.64	988.44
61	641.28	617.31	1,042.13	1,016.57	902.37	779.43	703.07	1,027.05
62	641.28	617.31	1,042.13	1,016.57	902.37	779.43	703.07	1,027.05
63	641.28	617.31	1,042.13	1,016.57	902.37	779.43	703.07	1,027.05
64+	641.28	617.31	1,042.13	1,016.57	902.37	779.43	703.07	1,027.05

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

Market: District of Columbia Small Group

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Appendix III-D

	94506DC0350017	94506DC0350018	94506DC0350019	94506DC0350028	94506DC0350020	94506DC0350022
Age	KP DC Platinum 500/10/Vision/Sel	KP DC Gold 0/20/Vision/Sel	KP DC Gold 1000/20/Vision/Sel	KP DC Gold 1500/20/Vision/Sel	1700/0%/HSA/Vision/Se I	KP DC Gold 500/20/Vision/Sel
20 and Under	299.22	278.48	264.43	260.58	252.36	269.48
21	332.62	309.57	293.95	289.66	280.53	299.56
22	332.62	309.57	293.95	289.66	280.53	299.56
23	332.62	309.57	293.95	289.66	280.53	299.56
24	332.62	309.57	293.95	289.66	280.53	299.56
25	332.62	309.57	293.95	289.66	280.53	299.56
26	332.62	309.57	293.95	289.66	280.53	299.56
27	332.62	309.57	293.95	289.66	280.53	299.56
28	340.39	316.80	300.82	296.43	287.09	306.56
29	347.71	323.62	307.29	302.81	293.26	313.16
30	356.41	331.71	314.98	310.38	300.59	320.98
31	365.56	340.22	323.06	318.35	308.31	329.23
32	373.79	347.89	330.34	325.52	315.26	336.64
33	382.48	355.98	338.02	333.09	322.59	344.47
34	391.64	364.50	346.11	341.06	330.30	352.71
35	400.79	373.01	354.20	349.03	338.02	360.95
36	409.94	381.53	362.28	357.00	345.74	369.19
37	419.09	390.04	370.37	364.96	353.46	377.43
38	424.12	394.73	374.82	369.35	357.70	381.97
39	429.15	399.41	379.27	373.73	361.95	386.50
40	446.08	415.17	394.23	388.47	376.22	401.75
41	463.47	431.35	409.59	403.61	390.89	417.40
42	481.77	448.38	425.76	419.55	406.32	433.89
43	500.52	465.84	442.34	435.89	422.14	450.78
44	520.20	484.15	459.73	453.02	438.73	468.50
45	540.33	502.88	477.52	470.55	455.71	486.63
46	561.37	522.47	496.12	488.88	473.46	505.58
47	583.34	542.91	515.53	508.00	491.98	525.36
48	606.21	564.20	535.74	527.92	511.28	545.96
49	630.00	586.34	556.77	548.64	531.34	567.39
50	654.71	609.34	578.60	570.16	552.18	589.64
51	680.33	633.18	601.25	592.47	573.79	612.71
52	706.87	657.88	624.70	615.58	596.17	636.61
53	734.32	683.43	648.96	639.48	619.32	661.33
54	763.14	710.26	674.43	664.59	643.63	687.29
55	792.88	737.93	700.71	690.48	668.71	714.08
56	823.99	766.89	728.21	717.58	694.95	742.10
57	856.02	796.70	756.51	745.47	721.96	770.94
58	889.41	827.78	786.03	774.55	750.13	801.02
59	924.19	860.14	816.76	804.83	779.46	832.33
60	960.33	893.78	848.70	836.31	809.94	864.89
61	997.85	928.70	881.85	868.98	841.58	898.67
62	997.85	928.70	881.85	868.98	841.58	898.67
63	997.85	928.70	881.85	868.98	841.58	898.67
64+	997.85	928.70	881.85	868.98	841.58	898.67

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group**

**Rates Effective October 1, 2021
Appendix IV-A**

	94506DC0350001	94506DC0350002	94506DC0350023	94506DC0350004	94506DC0350005	94506DC0350025	94506DC0350006	94506DC0350021
Age	KP DC Platinum 0/10/Vision	KP DC Platinum 500/10/Vision	KP DC Platinum HMO Plus 0/10/Vision	KP DC Gold 0/20/Vision	KP DC Gold 1000/20/Vision	KP DC Gold 1500/20/Vision	KP DC Gold 1700/0%/HSA/Vision	KP DC Gold 500/20/Vision
20 and Under	294.99	286.60	306.79	266.73	253.28	249.58	241.71	258.11
21	327.91	318.59	341.03	296.51	281.55	277.44	268.69	286.92
22	327.91	318.59	341.03	296.51	281.55	277.44	268.69	286.92
23	327.91	318.59	341.03	296.51	281.55	277.44	268.69	286.92
24	327.91	318.59	341.03	296.51	281.55	277.44	268.69	286.92
25	327.91	318.59	341.03	296.51	281.55	277.44	268.69	286.92
26	327.91	318.59	341.03	296.51	281.55	277.44	268.69	286.92
27	327.91	318.59	341.03	296.51	281.55	277.44	268.69	286.92
28	335.58	326.04	349.01	303.44	288.14	283.93	274.97	293.63
29	342.80	333.05	356.51	309.97	294.33	290.03	280.88	299.94
30	351.37	341.38	365.42	317.72	301.69	297.28	287.91	307.44
31	360.39	350.14	374.81	325.87	309.44	304.92	295.30	315.33
32	368.51	358.03	383.25	333.21	316.41	311.79	301.95	322.44
33	377.08	366.35	392.16	340.96	323.77	319.04	308.97	329.94
34	386.10	375.12	401.54	349.12	331.51	326.67	316.36	337.83
35	395.12	383.88	410.93	357.28	339.26	334.30	323.76	345.72
36	404.14	392.65	420.31	365.43	347.00	341.93	331.15	353.62
37	413.16	401.41	429.69	373.59	354.75	349.57	338.54	361.51
38	418.13	406.23	434.85	378.08	359.01	353.76	342.60	365.85
39	423.09	411.05	440.01	382.56	363.27	357.96	346.67	370.19
40	439.78	427.27	457.37	397.65	377.60	372.08	360.35	384.79
41	456.92	443.92	475.19	413.15	392.31	386.58	374.39	399.79
42	474.96	461.45	493.96	429.47	407.81	401.85	389.17	415.58
43	493.45	479.42	513.19	446.19	423.68	417.49	404.33	431.76
44	512.85	498.26	533.36	463.73	440.34	433.90	420.22	448.73
45	532.69	517.54	554.00	481.67	457.38	450.70	436.48	466.09
46	553.44	537.70	575.58	500.43	475.19	468.25	453.48	484.25
47	575.09	558.73	598.09	520.01	493.78	486.57	471.22	503.19
48	597.64	580.64	621.55	540.40	513.14	505.65	489.70	522.92
49	621.10	603.43	645.94	561.61	533.28	525.49	508.92	543.45
50	645.46	627.10	671.27	583.63	554.20	546.10	528.88	564.76
51	670.71	651.64	697.54	606.47	575.88	567.47	549.57	586.86
52	696.88	677.05	724.75	630.13	598.35	589.61	571.01	609.75
53	723.94	703.35	752.90	654.60	621.58	612.50	593.18	633.43
54	752.35	730.95	782.45	680.30	645.98	636.55	616.47	658.29
55	781.67	759.44	812.94	706.81	671.15	661.35	640.49	683.95
56	812.34	789.24	844.84	734.54	697.49	687.30	665.62	710.78
57	843.92	819.91	877.67	763.09	724.60	714.01	691.49	738.41
58	876.85	851.90	911.92	792.86	752.87	741.87	718.47	767.22
59	911.12	885.21	947.57	823.86	782.30	770.88	746.56	797.21
60	946.76	919.83	984.63	856.08	812.90	801.02	775.76	828.39
61	983.73	955.76	1,023.09	889.52	844.65	832.32	806.06	860.75
62	983.73	955.76	1,023.09	889.52	844.65	832.32	806.06	860.75
63	983.73	955.76	1,023.09	889.52	844.65	832.32	806.06	860.75
64+	983.73	955.76	1,023.09	889.52	844.65	832.32	806.06	860.75

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Rates Effective October 1, 2021
Appendix IV-B

	94506DC0350026	94506DC0350024	94506DC0350010	94506DC0350008	94506DC0350011	94506DC0350009	94506DC0350027	94506DC0350012
Age	KP DC Gold DHMO Plus 1500/20/Vision	KP DC Gold HMO Plus 0/20/Vision	KP DC Silver 2000/30/HSA/Vision	KP DC Silver 2000/40/Vision	KP DC Silver 2500/30/HSA/Vision	KP DC Silver 2500/40/Vision	KP DC Silver DHMO Plus 2000/40/Vision	KP DC Bronze 6500/55/Vision
20 and Under	259.56	277.40	219.63	224.35	210.86	221.83	233.34	201.07
21	288.53	308.36	244.14	249.40	234.40	246.59	259.38	223.52
22	288.53	308.36	244.14	249.40	234.40	246.59	259.38	223.52
23	288.53	308.36	244.14	249.40	234.40	246.59	259.38	223.52
24	288.53	308.36	244.14	249.40	234.40	246.59	259.38	223.52
25	288.53	308.36	244.14	249.40	234.40	246.59	259.38	223.52
26	288.53	308.36	244.14	249.40	234.40	246.59	259.38	223.52
27	288.53	308.36	244.14	249.40	234.40	246.59	259.38	223.52
28	295.28	315.57	249.85	255.23	239.88	252.35	265.45	228.74
29	301.63	322.36	255.22	260.72	245.04	257.78	271.15	233.66
30	309.17	330.42	261.61	267.24	251.17	264.23	277.93	239.51
31	317.11	338.90	268.32	274.10	257.62	271.01	285.07	245.65
32	324.25	346.54	274.37	280.27	263.42	277.11	291.49	251.19
33	331.80	354.59	280.75	286.79	269.54	283.56	298.27	257.03
34	339.73	363.08	287.46	293.65	275.99	290.34	305.41	263.18
35	347.67	371.56	294.18	300.51	282.44	297.13	312.54	269.33
36	355.61	380.04	300.90	307.37	288.89	303.91	319.68	275.48
37	363.55	388.53	307.61	314.23	295.34	310.69	326.81	281.63
38	367.91	393.19	311.31	318.01	298.89	314.42	330.74	285.01
39	372.28	397.86	315.00	321.78	302.43	318.16	334.66	288.39
40	386.96	413.55	327.43	334.47	314.36	330.71	347.86	299.77
41	402.04	429.67	340.19	347.51	326.61	343.59	361.42	311.45
42	417.92	446.64	353.62	361.23	339.51	357.16	375.69	323.75
43	434.19	464.03	367.39	375.30	352.73	371.07	390.32	336.35
44	451.26	482.26	381.83	390.05	366.59	385.65	405.66	349.57
45	468.72	500.93	396.61	405.14	380.78	400.58	421.36	363.10
46	486.98	520.44	412.05	420.92	395.61	416.18	437.77	377.24
47	506.03	540.80	428.17	437.39	411.09	432.46	454.90	392.00
48	525.87	562.01	444.96	454.54	427.21	449.42	472.74	407.37
49	546.51	584.06	462.43	472.38	443.98	467.06	491.29	423.36
50	567.94	606.97	480.56	490.90	461.39	485.37	510.56	439.96
51	590.17	630.72	499.37	510.11	479.44	504.37	530.54	457.18
52	613.19	655.32	518.84	530.01	498.14	524.04	551.23	475.01
53	637.00	680.77	538.99	550.59	517.49	544.39	572.64	493.46
54	662.00	707.49	560.15	572.21	537.80	565.76	595.11	512.83
55	687.80	735.06	581.98	594.51	558.76	587.81	618.30	532.81
56	714.79	763.90	604.81	617.83	580.68	610.87	642.57	553.72
57	742.57	793.60	628.32	641.85	603.25	634.62	667.54	575.24
58	771.54	824.56	652.84	666.89	626.79	659.38	693.59	597.69
59	801.71	856.79	678.36	692.96	651.29	685.15	720.70	621.05
60	833.06	890.30	704.89	720.06	676.76	711.95	748.89	645.34
61	865.59	925.08	732.42	748.19	703.20	739.76	778.14	670.55
62	865.59	925.08	732.42	748.19	703.20	739.76	778.14	670.55
63	865.59	925.08	732.42	748.19	703.20	739.76	778.14	670.55
64+	865.59	925.08	732.42	748.19	703.20	739.76	778.14	670.55

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Market: District of Columbia Small Group

Rates Effective October 1, 2021
Appendix IV-C

	94506DC0350015	94506DC0350014	94506DC0360004	94506DC0360005	94506DC0360003	94506DC0360002	94506DC0360001	94506DC0350016
Age	KP DC Bronze 7000/0%/HSA/Vision	7000/50/20%/HSA/Vision	KP DC Platinum 0/10/POS/Vision	KP DC Platinum 500/10/POS/Vision	KP DC Gold 1000/20/POS/Vision	KP DC Silver 2500/40/POS/Vision	KP DC Bronze 6500/55/POS/Vision	KP DC Platinum 0/10/Vision/Sel
20 and Under	193.39	186.17	314.28	306.57	272.13	235.05	212.03	309.73
21	214.98	206.95	349.36	340.79	302.51	261.29	235.69	344.31
22	214.98	206.95	349.36	340.79	302.51	261.29	235.69	344.31
23	214.98	206.95	349.36	340.79	302.51	261.29	235.69	344.31
24	214.98	206.95	349.36	340.79	302.51	261.29	235.69	344.31
25	214.98	206.95	349.36	340.79	302.51	261.29	235.69	344.31
26	214.98	206.95	349.36	340.79	302.51	261.29	235.69	344.31
27	214.98	206.95	349.36	340.79	302.51	261.29	235.69	344.31
28	220.01	211.78	357.53	348.76	309.58	267.40	241.21	352.36
29	224.74	216.34	365.22	356.26	316.24	273.15	246.39	359.93
30	230.36	221.75	374.35	365.16	324.15	279.98	252.55	368.93
31	236.27	227.44	383.96	374.54	332.47	287.17	259.04	378.40
32	241.59	232.56	392.61	382.98	339.96	293.64	264.87	386.93
33	247.21	237.97	401.74	391.88	347.87	300.47	271.03	395.93
34	253.12	243.67	411.35	401.26	356.19	307.65	277.52	405.40
35	259.04	249.36	420.96	410.63	364.51	314.84	284.00	414.87
36	264.95	255.05	430.57	420.01	372.83	322.03	290.48	424.34
37	270.87	260.75	440.18	429.38	381.15	329.22	296.97	433.82
38	274.12	263.88	445.47	434.54	385.73	333.17	300.53	439.03
39	277.37	267.01	450.75	439.70	390.31	337.13	304.10	444.23
40	288.31	277.54	468.53	457.04	405.70	350.42	316.10	461.76
41	299.55	288.36	486.79	474.85	421.52	364.08	328.42	479.75
42	311.38	299.74	506.02	493.60	438.16	378.46	341.38	498.70
43	323.50	311.41	525.72	512.82	455.22	393.19	354.68	518.12
44	336.22	323.65	546.38	532.98	473.11	408.65	368.62	538.48
45	349.23	336.18	567.53	553.61	491.42	424.46	382.88	559.32
46	362.83	349.27	589.63	575.17	510.56	441.00	397.80	581.10
47	377.03	362.94	612.70	597.67	530.54	458.25	413.36	603.84
48	391.81	377.17	636.73	621.11	551.34	476.22	429.57	627.52
49	407.19	391.97	661.71	645.48	572.98	494.91	446.43	652.14
50	423.16	407.34	687.66	670.80	595.45	514.32	463.93	677.72
51	439.72	423.28	714.57	697.05	618.75	534.44	482.09	704.24
52	456.87	439.79	742.45	724.23	642.89	555.29	500.89	731.71
53	474.61	456.87	771.28	752.36	667.85	576.85	520.34	760.12
54	493.24	474.81	801.55	781.89	694.07	599.50	540.77	789.96
55	512.46	493.31	832.79	812.36	721.11	622.86	561.84	820.74
56	532.57	512.67	865.47	844.24	749.41	647.30	583.89	852.95
57	553.27	532.59	899.10	877.05	778.54	672.46	606.58	886.10
58	574.85	553.37	934.18	911.27	808.91	698.69	630.25	920.67
59	597.33	575.01	970.71	946.90	840.54	726.01	654.89	956.67
60	620.69	597.49	1,008.67	983.93	873.41	754.40	680.50	994.08
61	644.94	620.84	1,048.07	1,022.37	907.53	783.87	707.07	1,032.92
62	644.94	620.84	1,048.07	1,022.37	907.53	783.87	707.07	1,032.92
63	644.94	620.84	1,048.07	1,022.37	907.53	783.87	707.07	1,032.92
64+	644.94	620.84	1,048.07	1,022.37	907.53	783.87	707.07	1,032.92

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

Market: District of Columbia Small Group

Rates Effective October 1, 2021

Appendix IV-D

	94506DC0350017	94506DC0350018	94506DC0350019	94506DC0350028	94506DC0350020	94506DC0350022
Age	KP DC Platinum 500/10/Vision/Sel	KP DC Gold 0/20/Vision/Sel	KP DC Gold 1000/20/Vision/Sel	KP DC Gold 1500/20/Vision/Sel	1700/0%/HSA/Vision/Se l	KP DC Gold 500/20/Vision/Sel
20 and Under	300.92	280.07	265.94	262.06	253.80	271.02
21	334.51	311.33	295.63	291.31	282.13	301.27
22	334.51	311.33	295.63	291.31	282.13	301.27
23	334.51	311.33	295.63	291.31	282.13	301.27
24	334.51	311.33	295.63	291.31	282.13	301.27
25	334.51	311.33	295.63	291.31	282.13	301.27
26	334.51	311.33	295.63	291.31	282.13	301.27
27	334.51	311.33	295.63	291.31	282.13	301.27
28	342.34	318.61	302.54	298.13	288.73	308.31
29	349.70	325.46	309.05	304.54	294.93	314.94
30	358.44	333.60	316.77	312.15	302.31	322.82
31	367.64	342.17	324.91	320.16	310.07	331.10
32	375.93	349.87	332.23	327.38	317.05	338.56
33	384.67	358.01	339.95	334.99	324.43	346.44
34	393.87	366.58	348.09	343.00	332.19	354.72
35	403.07	375.14	356.22	351.02	339.95	363.01
36	412.28	383.71	364.35	359.03	347.71	371.30
37	421.48	392.27	372.48	367.05	355.47	379.59
38	426.54	396.98	376.96	371.45	359.74	384.15
39	431.60	401.69	381.43	375.86	364.01	388.71
40	448.63	417.54	396.48	390.69	378.37	404.04
41	466.11	433.81	411.93	405.92	393.12	419.79
42	484.52	450.94	428.19	421.94	408.64	436.36
43	503.38	468.50	444.87	438.37	424.55	453.35
44	523.17	486.91	462.35	455.60	441.24	471.17
45	543.41	505.75	480.24	473.23	458.31	489.40
46	564.58	525.45	498.95	491.67	476.16	508.47
47	586.66	546.01	518.47	510.90	494.79	528.36
48	609.67	567.42	538.80	530.94	514.19	549.08
49	633.60	589.69	559.95	551.77	534.37	570.63
50	658.44	612.81	581.90	573.41	555.33	593.00
51	684.21	636.80	604.68	595.85	577.06	616.21
52	710.90	661.63	628.26	619.09	599.57	640.24
53	738.51	687.33	652.66	643.13	622.85	665.11
54	767.49	714.31	678.28	668.38	647.30	691.22
55	797.40	742.14	704.71	694.42	672.53	718.15
56	828.69	771.26	732.36	721.67	698.92	746.33
57	860.90	801.24	760.83	749.72	726.08	775.34
58	894.49	832.50	790.51	778.97	754.41	805.59
59	929.46	865.05	821.42	809.43	783.90	837.08
60	965.81	898.88	853.54	841.08	814.56	869.82
61	1,003.53	933.99	886.89	873.93	846.38	903.80
62	1,003.53	933.99	886.89	873.93	846.38	903.80
63	1,003.53	933.99	886.89	873.93	846.38	903.80
64+	1,003.53	933.99	886.89	873.93	846.38	903.80

Please provide Company specific inputs for any cells shaded in blue that currently has dummy variables.

Purpose, Scope, and Reason for Rate Increase

Insurance Company Name	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
HIOS ID	94506
SERFF Filing Number	KPMA-132346497
Date of Submission	5/1/2020
Proposed Effective Date	1/1/2021

	Average Annual Premium
Before Rate Change	\$5,385
After Rate Change	\$5,384

	Amount in SERFF's Rate Review Detail Sector		Explanation for differences
Proposed Overall Rate Change	-0.02%	-0.02%	XXX
Proposed Minimum Rate Change	-12.67%	-12.67%	XXX
Proposed Maximum Rate Change	2.09%	2.09%	XXX

If the difference between the maximum and minimum rate increase is greater than 10%, Provide a statement and clear delineation of contributing factors explaining why certain individual will receive a rate decrease as low as the minimum while others will face rate increases as high as the maximum

The rating methodology and model were updated which steepened the slope between metal tiers. The induced utilization factors also creates a larger spread between metal tiers, resulting in higher metal tier plans seeing a slight increase or hold, and Bronze plans receiving a large rate decrease.

Relationship of Proposed Rate Scale to Current Rate Scale:

Provide a detailed breakdown of the average rate change from the previous approved filing by using the chart below to itemize the drivers of the average rate change. The table should include the previous assumption, current assumption, and the resulting change. Include additional lines as necessary.

Source of Change	Previous filing Assumption	Current Filing Assumption	Relativity Current Filing / Previous filing	
Base Period Experience	400	422	1.055	e.g. previous filing experience period index rate compared to the current filing experience index rate
Base Period Utilization Factor	1	1	0.968	If applicable, the change in this factor is based on the average copay impact difference between previous filing and current filing.
Pricing Trend	1	1	0.942	The change in this factor is based on the change the trend assumption in previous filing and current filing (e.g. 1.075*2 / 1.08*2)
Morbidity Adjustment	1	1	0.998	The change in this factor is based on the change in the morbidity assumptions between previous filing and current filing.
Risk Adjustment Recoveries	1	1	0.999	The change in this factor is based on the change in the risk adjustment recoveries assumptions between previous filing and current filing.
Pent Up Demand	1	1	1.000	
Reinsurance Recoveries	1	1	1.000	
Reinsurance Premium	1	1	1.000	
Average Age Impact	1	1	1.008	
Additional EHB	1	1	0.993	
Exchange Fee	1	1	0.990	
Fixed Cost Adjustment	1	1	1.000	
SG&A	1	1	1.189	
Margin	1	1	0.874	
Taxes and Fees	1	1	1.034	
Benefit Design Changes	1	1	1.005	
Geography	1	1	1.000	
Forbacco	1	1	1.000	
Provider Networks Changes	1	1	1.000	
Other	1	1	0.972	
XXXXXX	XXXX	XXXX	1.000	
XXXXXX	XXXX	XXXX	1.000	
XXXXXX	XXXX	XXXX	1.000	
XXXXXX	XXXX	XXXX	1.000	
Total Rate Change			1.000	
If applicable, Provide an explanation for difference between the Calculated Rate change and the average rate change in cell B17				1.000
XXXXXX				

Annual Rate Change Distribution

	Impacted # of Contracts	Impacted # of Members	Impacted # of Groups, if applicable
Reduction of 15.00% or more	0	0	0
Reduction of 10.01% to 14.99%	175	255	39
Reduction of 5.01% to 10.00%	1,887	2,517	246
No Change	0	0	0
Increase of 0.01% to 5.00%	1,041	1,809	232
Increase of 5.01% to 10.00%	0	0	0
Increase of 10.01% to 14.99%	0	0	0
Increase of 15.00% or more	0	0	0
Total	3,103	4,581	517

History of Rate Changes

For Year	Average Annual Proposed Rate Change	Average Annual Approved Rate Change
2017	2.00%	2.00%
2018	5.00%	5.00%
2019	0.00%	0.00%
2020	3.00%	3.00%

Retention

	PMPM in effect during the experience period	PMPM from Most Recent Approved Rate Filing	Proposed PMPM for Effective Date	Proposed Change in PMPM Compared to Prior 12 months	Proposed Change in PMPM Compared to Most Recently Approved Filing
Dates	12/31/2019	12/31/2020	12/31/2021		
Commissions & Brokers Fees	\$18.43	\$18.09	\$20.51	11.27%	13.39%
Taxes, Licenses & Fees	\$8.77	\$12.51	\$9.39	7.01%	-24.95%
Exchange Fee	\$3.99	\$4.28	\$4.49	12.41%	4.72%
Reinsurance	\$0.00	\$0.00	\$0.00		
All Other Admin Expense	\$44.66	\$46.40	\$46.69	4.51%	0.64%
Profit/Risk Margin	-\$35.51	-\$156.78	-\$136.85	285.35%	-12.71%
Total	\$40.36	-\$75.50	-\$55.77	-238.17%	-26.13%
Variable	\$6.79	-\$110.36	-\$86.38	-1401.19%	-19.92%
Non-Variable	\$33.57	\$34.87	\$32.61	-2.88%	-6.48%
Total	\$40.36	-\$75.50	-\$55.77	-238.17%	-26.13%
Check	TRUE	TRUE	TRUE		

	As % of Premium during the experience period	As % of Premium from Most Recent Approved Rate Filing	Proposed As % of Premium for Effective Date	Proposed Change in % of Premium Compared to Prior 12 months	Proposed Change in % of Premium Compared to Most Recently Approved Filing
Commissions & Brokers Fees	0.91%	4.22%	0.90%	-0.26%	-78.57%
Taxes, Licenses & Fees	2.05%	2.92%	2.09%	2.12%	-28.33%
Exchange Fee	0.93%	1.00%	1.00%	7.28%	0.00%
Reinsurance	0.00%	0.00%	0.00%		
All Other Admin Expense	13.83%	10.83%	14.07%	1.75%	29.99%
Profit/Risk Margin	-8.29%	-36.59%	-30.50%	267.77%	-16.64%
Total	9.43%	-17.62%	-12.43%	-231.86%	-29.47%
Variable	-0.97%	-25.76%	-22.26%	2201.94%	-13.59%
Non-Variable	10.39%	8.13%	9.83%	-5.44%	20.80%
Total	9.43%	-17.62%	-12.43%	-231.86%	-29.47%
Check	TRUE	TRUE	TRUE		

Trend & Projection Assumptions

Historical Experience (ACA Only): Incurred or Allowed Basis?⁽¹⁾ Allowed (1) Choose the option based on how pricing is developed (i.e., if allowed trends are used in projections, select "Allowed").

Monthly Trend Analysis Based on Experience Data Time Period used for Rate Development (ACA Only)	Month	Member Months	Monthly Allowed Claims \$ PMPM*	Rolling 12 Mo Trend	Annualized Rolling 6 Mo Trend	Annualized Rolling 3 Mo Trend	Average Benefit Factor	Average Age/Gender Factor	Other Factor	Normalized Monthly Allowed Claims \$		Normalized Annualized Rolling 6 Mo Trend	Normalized Annualized Rolling 3 Mo Trend
										PMPM*	Normalized Rolling 12 Mo Trend		
	Jan-2017	6,536	\$388.66				0.80	1.04	1.00	\$436.96			
	Feb-2017	6,446	\$338.88				0.80	1.04	1.00	\$410.57			
	Mar-2017	6,912	\$413.31				0.80	1.04	1.00	\$500.74			
	Apr-2017	6,666	\$375.24				0.80	1.04	1.00	\$454.62			
	May-2017	6,539	\$797.67				0.80	1.04	1.00	\$966.41			
	Jun-2017	6,467	\$428.22			322.15%	0.80	1.04	1.00	\$518.80			322.15%
	Jul-2017	6,534	\$373.71			302.78%	0.80	1.04	1.00	\$452.76			302.78%
	Aug-2017	6,567	\$404.23			-65.80%	0.80	1.04	1.00	\$489.74			-65.80%
	Sep-2017	6,534	\$464.99			-63.52%	0.80	1.04	1.00	\$563.35			-63.52%
	Oct-2017	6,464	\$477.43			-50.01%	0.80	1.04	1.00	\$578.42			-50.01%
	Nov-2017	6,412	\$552.51			135.67%	0.80	1.04	1.00	\$669.38			135.67%
	Dec-2017	6,399	\$435.76		-0.42%	93.41%	0.80	1.04	1.00	\$527.94		-0.42%	93.41%
	Jan-2018	7,218	\$521.41		10.15%	59.18%	0.85	1.03	1.00	\$598.93		7.88%	47.21%
	Feb-2018	7,343	\$398.38		4.16%	-32.06%	0.85	1.03	1.00	\$457.61		0.42%	-41.48%
	Mar-2018	7,429	\$378.90		-6.32%	-38.77%	0.85	1.03	1.00	\$435.23		-11.14%	-50.52%
	Apr-2018	7,392	\$419.15		-16.53%	-60.81%	0.85	1.03	1.00	\$481.47		-22.19%	-65.76%
	May-2018	7,308	\$431.35		-8.47%	-32.62%	0.85	1.03	1.00	\$495.48		-16.36%	-36.79%
	Jun-2018	7,184	\$390.86		-12.03%	-15.85%	0.85	1.03	1.00	\$448.97		-20.92%	-15.85%
	Jul-2018	7,145	\$340.20		-31.90%	-10.56%	0.85	1.03	1.00	\$390.78		-37.50%	-10.56%
	Aug-2018	7,100	\$392.89		-31.52%	-30.06%	0.85	1.03	1.00	\$451.30		-36.15%	-30.06%
	Sep-2018	7,082	\$360.65		-28.43%	-42.02%	0.85	1.03	1.00	\$402.79		-32.17%	-42.02%
	Oct-2018	7,067	\$440.19		-24.02%	7.13%	0.85	1.03	1.00	\$505.64		-26.72%	7.13%
	Nov-2018	6,968	\$431.96		-17.48%	39.90%	0.85	1.03	1.00	\$496.19		-18.82%	39.90%
	Dec-2018	6,919	\$385.79		-9.89%	-14.99%	0.85	1.03	1.00	\$443.15		-14.57%	-14.99%
	Jan-2019	7,086	\$425.04		-14.32%	5.69%	0.88	1.02	1.00	\$470.75		-18.59%	4.36%
	Feb-2019	7,108	\$375.07		-15.47%	4.62%	0.88	1.02	1.00	\$415.40		-19.59%	2.13%
	Mar-2019	7,170	\$452.67		-13.85%	14.56%	0.88	1.02	1.00	\$479.19		-17.99%	10.49%
	Apr-2019	7,144	\$456.85		-13.77%	14.23%	0.88	1.02	1.00	\$505.97		-17.86%	8.73%
	May-2019	7,081	\$430.72		-8.01%	14.26%	0.88	1.02	1.00	\$477.04		-12.16%	46.46%
	Jun-2019	6,989	\$434.41		-6.47%	19.14%	0.88	1.02	1.00	\$481.12		-10.60%	32.26%
	Jul-2019	6,963	\$435.83		-3.90%	11.79%	0.88	1.02	1.00	\$482.69		-8.08%	11.90%
	Aug-2019	6,936	\$451.78		-2.52%	20.36%	0.88	1.02	1.00	\$500.36		-6.66%	14.62%
	Sep-2019	6,856	\$411.54		0.86%	10.77%	0.88	1.02	1.00	\$455.79		-3.26%	6.76%
	Oct-2019	6,817	\$467.09		2.02%	10.02%	0.88	1.02	1.00	\$517.32		-2.01%	9.37%
	Nov-2019	6,815	\$413.22		3.87%	8.68%	0.88	1.02	1.00	\$457.65		-0.01%	7.48%
	Dec-2019	6,762	\$410.12		5.35%	2.77%	0.88	1.02	1.00	\$454.22		1.58%	2.77%

If applicable, please provide an explanation for the Other normalization factor.

XXXXXXXXXX

The Department is requesting each carrier provide additional trend exhibits, in excel with working formulas, that are similar to the aggregate information provided above. These exhibits should provide the data by Service Category, Metal Tier, etc. that are used by the Company in the trend development. Please state where in the filing it is located.

Traditional insurance companies develop trend projections based on cost and utilization data by service categories. Kaiser is an integrated delivery system, not a traditional insurance company. As such, the the majority of Kaiser's medical expense is on a fixed, budgeted basis not dependent on provider contracts or member utilization. A summary of trend factors is included in Exhibit 4 of filing exhibits

Solvency

	Most Recent Quarterly Financial Statement	Most Recent Annual Financial Statement
Total Adjusted Capital	350,508,538	350,508,538
Authorized Control Level	94,570,943	94,570,943
RBC Ratio	370.63%	370.63%

Loss Ratio

Time Period	Period Beginning Date	Period Ending Date	Member Months	Incurred Claims	Earned Premium	Loss Ratio
Historical Year -4	1/1/2015	12/31/2015	46,573	13,909,714	13,041,115	106.7%
Historical Year -3	1/1/2016	12/31/2016	46,026	13,354,248	12,226,942	109.2%
Historical Year -2	1/1/2017	12/31/2017	42,685	18,550,459	14,903,557	124.5%
Historical Year -1	1/1/2018	12/31/2018	46,565	15,260,530	17,674,898	96.3%
Historical Year 0	1/1/2019	12/31/2019	51,109	16,036,443	21,805,257	75.9%
Historical Totals			232,937	77,681,394	79,731,769	97.4%

Expected Incurred Claims	A-to-E Claims Ratio
13,909,714	100.0%
13,354,248	100.0%
18,550,459	100.0%
15,412,725	99.9%
198,439	98.1%
77,984,227	98.6%

Quality Improvement Expenses	Adjustments to Earned Premium	Adj Medical Loss Ratio
57,769	0	107.1%
134,025	0	110.3%
200,752	0	125.8%
181,167	0	87.4%
198,439	0	76.8%
772,152	0	98.4%

Interim Time Period	1/1/2020	12/31/2020	54,972	16,625,413	24,352,351	76.5%
Future Year 1	1/1/2021	12/31/2021	63,962	22,239,934	26,698,784	77.5%

16,625,413	100.0%
22,239,934	100.0%

218,200	0	77.4%
259,547	0	78.4%

Anticipated Pricing Loss Ratio (no adjustments)	93%
Anticipated LR using Federally-prescribed MLR methodology	97%

Note:

The historical time periods should represent calendar years since the inception date of the plan type through the most recent date available allowing for the appropriate amount of run-out.

The interim time period the time periods available in the current year.

The future year should represent the 12 months immediately following the rate effective date.

Consumer Adjusted Premium Rate Development

Section III of WS2 of the 2020 URRT requires that the Issuer provide the Actuarial Value and cost-sharing design of the plan. The Department requires that the issuer provide the breakdown of this value between Cost Sharing Only and Induced Utilization for every plan in the URRT. Please see the example below.

Actuarial value and cost-sharing design of the plan	0.698
Actuarial value and cost-sharing design of the plan (From the URRT)	0.698

Paid/Allowed Ratio (Cost-Sharing only)	0.907
Used induced utilization factors	0.990
Calculated	0.898

In the text box, please state where in the filing it is located.

xxxxxx

Risk Adjustment

	Actual Risk Adjustment Received	Assumed in Most Recent Approved Rate Filing	Assumed in Current Rate Filing	Proposed Change in PMPM Compared to Prior 12 months	Proposed Change in PMPM Compared to Most Recently Approved Filing
Time Period	12/31/2019	12/31/2020	12/31/2021		
Total Risk adjustment (Dollar amount)	(\$3,065,212)	(\$3,972,360)	(\$4,546,109)		
Membership Member Months	51,108	54,232	63,962	25.15%	17.94%
PMPM	(\$59.98)	(\$73.25)	(\$71.08)	18.51%	-2.97%
Premium	\$21,885,255	\$23,236,908	\$26,688,765	31.13%	23.51%
As a % of Premium	-14%	-17%	-16%	13.10%	-7.34%

If the actual risk adjustment payable/receivable was more than 20% different than what was estimated in the previous filing, please provide details on how the current risk adjustment estimate has addressed prior results.

xxxxxx

Unified Rate Review v5.1										To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P.																																																																										
Company Legal Name: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.										State: DC		To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.																																																																								
HIOS Issuer ID: 94506										Market: Small Group		To validate, select the Validate button or Ctrl + Shift + I.																																																																								
Effective Date of Rate Change(s): 1/1/2021										To finalize, select the Finalize button or Ctrl + Shift + F.																																																																										
Market Level Calculations (Same for all Plans)																																																																																				
Section I: Experience Period Data																																																																																				
Experience Period: 1/1/2019 to 12/31/2019										Total PMPM																																																																										
Allowed Claims										\$35,917,871.94		\$702.78																																																																								
Reinsurance										\$0.00		\$0.00																																																																								
Incurred Claims in Experience Period										\$31,661,480.70		\$619.50																																																																								
Risk Adjustment										-\$5,025,544.26		-\$98.33																																																																								
Experience Period Premium										\$36,538,969.25		\$714.94																																																																								
Experience Period Member Months										51,108																																																																										
Section II: Projections																																																																																				
<table border="1"> <thead> <tr> <th rowspan="2">Benefit Category</th> <th rowspan="2">Experience Period Index Rate PMPM</th> <th colspan="3">Year 1 Trend</th> <th colspan="3">Year 2 Trend</th> <th rowspan="2">Trended EHB Allowed Claims PMPM</th> </tr> <tr> <th>Cost</th> <th>Utilization</th> <th>1.000</th> <th>Cost</th> <th>Utilization</th> <th>1.000</th> </tr> </thead> <tbody> <tr> <td>Inpatient Hospital</td> <td>\$47.10</td> <td>1.031</td> <td>1.000</td> <td>1.031</td> <td>1.000</td> <td>1.000</td> <td>\$50.07</td> </tr> <tr> <td>Outpatient Hospital</td> <td>\$27.08</td> <td>1.034</td> <td>1.002</td> <td>1.034</td> <td>1.002</td> <td>1.002</td> <td>\$29.07</td> </tr> <tr> <td>Professional</td> <td>\$249.72</td> <td>1.010</td> <td>1.009</td> <td>1.010</td> <td>1.009</td> <td>1.009</td> <td>\$259.35</td> </tr> <tr> <td>Other Medical</td> <td>\$17.51</td> <td>1.005</td> <td>1.026</td> <td>1.005</td> <td>1.026</td> <td>1.026</td> <td>\$18.62</td> </tr> <tr> <td>Capitation</td> <td>\$1.54</td> <td>1.000</td> <td>1.000</td> <td>1.000</td> <td>1.000</td> <td>1.000</td> <td>\$1.54</td> </tr> <tr> <td>Prescription Drug</td> <td>\$79.04</td> <td>1.016</td> <td>1.007</td> <td>1.016</td> <td>1.007</td> <td>1.007</td> <td>\$82.74</td> </tr> <tr> <td>Total</td> <td>\$421.99</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>\$441.37</td> </tr> </tbody> </table>														Benefit Category	Experience Period Index Rate PMPM	Year 1 Trend			Year 2 Trend			Trended EHB Allowed Claims PMPM	Cost	Utilization	1.000	Cost	Utilization	1.000	Inpatient Hospital	\$47.10	1.031	1.000	1.031	1.000	1.000	\$50.07	Outpatient Hospital	\$27.08	1.034	1.002	1.034	1.002	1.002	\$29.07	Professional	\$249.72	1.010	1.009	1.010	1.009	1.009	\$259.35	Other Medical	\$17.51	1.005	1.026	1.005	1.026	1.026	\$18.62	Capitation	\$1.54	1.000	1.000	1.000	1.000	1.000	\$1.54	Prescription Drug	\$79.04	1.016	1.007	1.016	1.007	1.007	\$82.74	Total	\$421.99						\$441.37
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Demographic Shift										1.005																																																																										
Plan Design Changes										1.004																																																																										
Other										1.000																																																																										
Adjusted Trended EHB Allowed Claims PMPM for 1/1/2021										\$444.46																																																																										
Manual EHB Allowed Claims PMPM										\$0.00																																																																										
Applied Credibility %										100.00%																																																																										
Projected Period Totals																																																																																				
Projected Index Rate for 1/1/2021										\$444.46		\$28,428,106.06																																																																								
Reinsurance										\$0.00		\$0.00																																																																								
Risk Adjustment Payment/Charge										-\$79.38		-\$5,077,224.18																																																																								
Exchange User Fees										0.00%		\$0.00																																																																								
Market Adjusted Index Rate										\$523.84		\$33,505,330.24																																																																								
Projected Member Months										63,961																																																																										
<p>Information Not Releasable to the Public Unless Authorized by Law: This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.</p>																																																																																				

Rating Area Data Collection

*Specify the total number of Rating Areas
Select only the Rating Areas you are
To validate, select the Validate button
To finalize, select the Finalize button*

Rating Area	Rating Factor
Rating Area 1	1.0000

*Areas in your State by selecting the Create Rating Areas button or Ctrl + Shift + R.
re offering plans within and add a factor for each area.
tton or Ctrl + Shift + I.
on or Ctrl + Shift + F.*

Rate Filing Justification Part II (Plain Language Summary)

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

Name of Company Kaiser Foundation Health Plan of the Mid-Atlantic
SERFF tracking number KPMA-132346497
Submission Date May 1, 2020
Product Name Small Group
Market Type Individual Small Group
Rate Filing Type Rate Increase New Filing

Scope and Range of the Increase:

The 0.0% increase is requested because:

Primary factors affecting the rate change are:

- Claims experience of the single risk pool different than projected in the previous year.
- Increases in medical inflation.
- Changes in population morbidity and demographic make-up of the pool.
- Risk adjustment transfer payments into the district-wide risk adjustment pool.
- Benefit plan design adjustments, including those made to comply with Actuarial Value ("AV") requirements which results in varying rate changes by plan.

This filing will impact:

of policyholder's 3,103

of covered lives 4,581

The average, minimum and maximum rate changes increases are:

- Average Rate Change: The average premium change, by percentage, across all policy holders if the filing is approved 0.0%
- Minimum Rate Change: The smallest premium increase (or largest decrease), by percentage, that any one policy holder would experience if the filing is approved -12.7%
- Maximum Rate Change: The largest premium increase, by percentage, that any one policy holder would experience if the filing is approved 2.1 %

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

Individual increases vary from the average rate change primarily due to plan specific rate changes and recognition that a member is a year older.

Financial Experience of Product

The overall financial experience of the product includes:

For the 2019 experience period, Kaiser lost \$1.8 million dollars on \$21.9 million dollars of premium on the Small Group pool. This is equivalent to a margin of -8.3%. The estimated net medical expense and risk adjustment incurred is \$19.8 million dollars. Other estimated expenses for administration, taxes and fees are \$3.9 million.

20.

The rate increase will affect the projected financial experience of the product by:

The proposed rate change combined with anticipated changes in medical expense, administration, taxes and fees is expected to result in a margin of -11.1% for the projection period.

Components of Increase

The request is made up of the following components:

Trend Increases – 2.3 % of the 0.0% total filed increase

1. Medical Utilization Changes – Defined as the increase in total plan claim costs not attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts. Examples include changes in the mix of services utilized, or an increase/decrease in the frequency of service utilization.

This component is n/a % of the 0.0% total filed increase.

2. Medical Price Changes – Defined as the increase in total plan claim costs attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts.

This component is n/a % of the 0.0% total filed increase.

Other Increases – -2.3 % of the 0.0% total filed increase

1. Medical Benefit Changes Required by Law – Defined as any new mandated plan benefit changes, as mandated by either State or Federal Regulation.

This component is 0.0% of the 0.0% total filed increase.

2. Medical Benefit Changes Not Required by Law – Defined as changes in plan benefit design made by the company, which are not required by either State or Federal Regulation.

This component is -0.1 % of the 0.0% total filed increase.

3. Changes to Administration Costs – Defined as increases in the costs of providing insurance coverage. Examples include claims payment expenses, distribution costs, taxes, and general business expenses such as rent, salaries, and overhead.

This component is 1.4 % of the 0.0% total filed increase.

4. Changes to Profit Margin – Defined as increases to company surplus or changes as an additional margin to cover the risk of the company.

This component is -3.6 % of the 0.0% total filed increase.

5. Other – Defined as:

This component is 0.0% of the 0.0% total filed increase.