

SERFF Tracking Number: CFAP-126161201 State: District of Columbia
Filing Company: Group Hospitalization and Medical Services, Inc. State Tracking Number:
Company Tracking Number: 1260
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: Filing #1260 GHMSI DC Small Group
Project Name/Number: DC GHMSI Small Group Eff 200910/1260

Filing at a Glance

Company: Group Hospitalization and Medical Services, Inc.

Product Name: Filing #1260 GHMSI DC Small Group SERFF Tr Num: CFAP-126161201 State: District of Columbia

TOI: H21 Health - Other

SERFF Status: Closed-APPROVED State Tr Num:

Sub-TOI: H21.000 Health - Other

Co Tr Num: 1260

State Status:

Filing Type: Rate

Reviewer(s): Laszlo Pentek

Authors: Dwayne Lucado, Todd Switzer, Katheryn Barron, Yazan Dahu

Disposition Date: 06/25/2009

Date Submitted: 05/22/2009

Disposition Status: APPROVED

Implementation Date Requested: 10/01/2009

Implementation Date:

General Information

Project Name: DC GHMSI Small Group Eff 200910

Status of Filing in Domicile:

Project Number: 1260

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

Overall Rate Impact:

Group Market Type: Employer

Filing Status Changed: 06/25/2009

Explanation for Other Group Market Type:

State Status Changed:

Deemer Date:

Created By: Katheryn Barron

Submitted By: Katheryn Barron

Corresponding Filing Tracking Number:

Filing Description:

This filing contains the rate proposal for Group Hospitalization and Medical Services, Inc. (GHMSI) dba CareFirst BlueCross BlueShield's Small Group (2 - 50 contracts) medical and prescription drug coverages, with an effective date of October 1, 2009.

Please refer to the Cover Letter and Actuarial Memorandum (Supporting Documentation) and the Rate Filing (Rate/Rule Schedule) for more details.

Company and Contact

Filing Contact Information

SERFF Tracking Number: CFAP-126161201 State: District of Columbia
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Yazan Dahu, Senior Actuarial Assistant yazan.dahu@carefirst.com
 10455 Mill Run Circle 410-998-7470 [Phone]
 Owings Mills, MD 21117 410-998-7704 [FAX]

Filing Company Information

Group Hospitalization and Medical Services, CoCode: 53007 State of Domicile: District of
 Inc. Columbia
 840 First Street NE Group Code: Company Type: Hospital, Medical &
 Washington, DC 20065 Group Name: Dental Service or Indemnity
 (410) 581-3000 ext. [Phone] FEIN Number: 53-0078070
 State ID Number:

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Group Hospitalization and Medical Services, Inc.	\$0.00		

SERFF Tracking Number: CFAP-126161201 State: District of Columbia
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 Company Tracking Number: 1260
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Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
APPROVE D 06/25/2009	File 1260 - Rate Filing	Please see attached document	Revised	Previous State Filing Number: Percent Rate Change Request: 0.400	File 1260 - Rate Filing.pdf

***CareFirst BlueCross BlueShield (GHMSI)
DC Small Group Rate Filing Effective 10/2009
SMALL GROUP ACCOUNTS OF 2-50 CONTRACTS
Filing # 1260
Medical & Drug Rates, and Rating Factors
Premium Rates Effective 10/2009***

**CareFirst BlueCross BlueShield (GHMSI)
DC Small Group Rate Filing Effective 10/2009
Premiums Effective 10/2009
PPO Benefits**

Policy Type	Option	Deductible Carryover	Integrated Rx Benefit	In-Network					Out of Network			Vision Core	10/2009	07/2009	Rate Change 10/2009 over 07/2009
				PCP Copay	Specialist Copay	Deductible	Coinsurance	OOP Max	Deductible	Coinsurance	OOP Max		Individual Rate	Individual Rate	
PPO	1	No		\$10	\$10	\$0	100%	\$1,000	\$300	80%	\$2,000	Yes	\$495	\$495	0.0%
PPO	2	No		\$10	\$10	\$0	90%	\$1,500	\$300	70%	\$3,000	Yes	\$460	\$460	0.0%
PPO	3	No		\$10	\$10	\$100	90%	\$1,500	\$500	70%	\$3,000	Yes	\$422	\$422	0.0%
PPO	4	No		\$10	\$10	\$0	80%	\$1,500	\$300	70%	\$3,000	Yes	\$443	\$443	0.0%
PPO	5	No		\$10	\$10	\$100	80%	\$2,500	\$500	60%	\$5,000	Yes	\$388	\$388	0.0%
PPO	6	No		\$20	\$20	\$0	100%	\$1,500	\$500	80%	\$3,000	Yes	\$477	\$477	0.0%
PPO	7	No		\$10	\$10	\$250	100%	\$1,500	\$500	80%	\$3,000	Yes	\$460	\$460	0.0%
PPO	8	No		\$15	\$15	\$0	90%	\$1,500	\$500	70%	\$3,000	Yes	\$452	\$452	0.0%
PPO	9	No		\$10	\$10	\$500	100%	\$1,500	\$1,000	80%	\$3,000	Yes	\$431	\$431	0.0%
PPO	14	No		\$20	\$20	\$1,000	100%	\$3,500	\$2,000	80%	\$7,000	Yes	\$325	\$325	0.0%
PPO	15	No		\$20	\$20	\$1,000	90%	\$3,500	\$2,000	70%	\$7,000	Yes	\$304	\$304	0.0%
PPO	16	No		\$20	\$20	\$1,000	80%	\$3,500	\$2,000	60%	\$7,000	Yes	\$283	\$283	0.0%
PPO	17	No		\$20	\$20	\$2,000	100%	\$7,500	\$4,000	80%	\$15,000	Yes	\$279	\$279	0.0%
PPO	18	No		\$20	\$20	\$3,000	100%	\$15,000	\$6,000	80%	\$15,000	Yes	\$249	\$249	0.0%
PPO	19	No		\$20	\$20	\$5,000	100%	\$20,000	\$10,000	80%	\$20,000	Yes	\$209	\$209	0.0%
PPO	7A	Yes		\$10	\$10	\$250	100%	\$1,500	\$500	80%	\$3,000	Yes	\$465	\$465	0.0%
PPO	9A	Yes		\$10	\$10	\$500	100%	\$1,500	\$1,000	80%	\$3,000	Yes	\$440	\$440	0.0%
PPO	14A	Yes		\$20	\$20	\$1,000	100%	\$3,500	\$2,000	80%	\$7,000	Yes	\$333	\$333	0.0%
PPO	15A	Yes		\$20	\$20	\$1,000	90%	\$3,500	\$2,000	70%	\$7,000	Yes	\$312	\$312	0.0%
PPO	16A	Yes		\$20	\$20	\$1,000	80%	\$3,500	\$2,000	60%	\$7,000	Yes	\$289	\$289	0.0%
PPO	17A	Yes		\$20	\$20	\$2,000	100%	\$7,500	\$4,000	80%	\$15,000	Yes	\$289	\$289	0.0%
PPO	18A	Yes		\$20	\$20	\$3,000	100%	\$15,000	\$6,000	80%	\$15,000	Yes	\$261	\$261	0.0%
PPO	19A	Yes		\$20	\$20	\$5,000	100%	\$20,000	\$10,000	80%	\$20,000	Yes	\$224	\$224	0.0%

Form Numbers:

GC-A/DC-6/95

GPS-DC-6/95

DC/CERT-9/96

DC/CF/TRANSPLANT (R. 10/08)

DC/PPO-A-8/96

D-CMM/MM ATTB-8/95

DC/CF/ATTC (R. 5/05)

DC/CF/ALL DEP MAT (3/09)

CareFirst BlueCross BlueShield (GHMSI)
DC Small Group Rate Filing Effective 10/2009
Premiums Effective 10/2009
HSA PPO, and HRA PPO Benefits

Policy Type	Option	Deductible Carryover	Integrated Rx Benefit	PCP Copay	Specialist Copay	In-Network			Out of Network			Vision Core	10/2009 Individual Rate			07/2009 Individual Rate			Rate Change 10/2009 over 07/2009
						Deductible	Coinsurance	OOP Max	Deductible	Coinsurance	OOP Max		Medical	Drug	Total	Medical	Drug	Total	
PPO HRA	1			\$0	\$0	\$1,000	100%	\$3,500	\$2,000	80%	\$7,000	Yes	\$427		\$427	\$403		\$403	6.0%
PPO HRA	2			\$0	\$0	\$1,000	90%	\$3,500	\$2,000	70%	\$7,000	Yes	\$402		\$402	\$379		\$379	6.1%
PPO HRA	3			\$0	\$0	\$2,000	100%	\$7,000	\$4,000	80%	\$15,000	Yes	\$373		\$373	\$352		\$352	6.0%
PPO HRA	4			\$0	\$0	\$3,000	100%	\$10,000	\$6,000	80%	\$20,000	Yes	\$328		\$328	\$309		\$309	6.1%
PPO HRA	5			\$0	\$0	\$5,000	100%	\$10,000	\$10,000	80%	\$20,000	Yes	\$280		\$280	\$264		\$264	6.1%
PPO HRA	1		\$10/\$25/\$45	\$0	\$0	\$1,000	100%	\$3,500	\$2,000	80%	\$7,000	Yes	\$427	\$84	\$511	\$403	\$83	\$486	5.1%
PPO HRA	2		\$10/\$25/\$45	\$0	\$0	\$1,000	90%	\$3,500	\$2,000	70%	\$7,000	Yes	\$402	\$89	\$491	\$379	\$88	\$467	5.1%
PPO HRA	3		\$10/\$25/\$45	\$0	\$0	\$2,000	100%	\$7,000	\$4,000	80%	\$15,000	Yes	\$373	\$65	\$438	\$352	\$64	\$416	5.3%
PPO HRA	4		\$10/\$25/\$45	\$0	\$0	\$3,000	100%	\$10,000	\$6,000	80%	\$20,000	Yes	\$328	\$51	\$379	\$309	\$50	\$359	5.6%
PPO HRA	5		\$10/\$25/\$45	\$0	\$0	\$5,000	100%	\$10,000	\$10,000	80%	\$20,000	Yes	\$280	\$37	\$317	\$264	\$37	\$301	5.3%
PPO HSA	1		\$10/\$25/\$45	\$0	\$0	\$1,200	100%	\$2,400	\$2,400	80%	\$4,800	No	\$384	\$83	\$467	\$362	\$82	\$444	5.2%
PPO HSA	2		\$10/\$25/\$45	\$0	\$0	\$1,200	90%	\$2,400	\$2,400	70%	\$4,800	No	\$363	\$91	\$454	\$342	\$90	\$432	5.1%
PPO HSA	3		\$10/\$25/\$45	\$0	\$0	\$2,000	100%	\$4,000	\$4,000	80%	\$8,000	No	\$345	\$68	\$413	\$325	\$67	\$392	5.4%
PPO HSA	4		\$10/\$25/\$45	\$0	\$0	\$2,700	100%	\$5,000	\$5,400	80%	\$10,000	No	\$317	\$59	\$376	\$299	\$58	\$357	5.3%
PPO HRA	1		\$0/\$25/\$45	\$0	\$0	\$1,000	100%	\$3,500	\$2,000	80%	\$7,000	Yes	\$427	\$89	\$516	\$403	\$88	\$491	5.1%
PPO HRA	2		\$0/\$25/\$45	\$0	\$0	\$1,000	90%	\$3,500	\$2,000	70%	\$7,000	Yes	\$402	\$96	\$498	\$379	\$95	\$474	5.1%
PPO HRA	3		\$0/\$25/\$45	\$0	\$0	\$2,000	100%	\$7,000	\$4,000	80%	\$15,000	Yes	\$373	\$68	\$441	\$352	\$67	\$419	5.3%
PPO HRA	4		\$0/\$25/\$45	\$0	\$0	\$3,000	100%	\$10,000	\$6,000	80%	\$20,000	Yes	\$328	\$54	\$382	\$309	\$53	\$362	5.5%
PPO HRA	5		\$0/\$25/\$45	\$0	\$0	\$5,000	100%	\$10,000	\$10,000	80%	\$20,000	Yes	\$280	\$38	\$318	\$264	\$38	\$302	5.3%
PPO HSA	1		\$0/\$25/\$45	\$0	\$0	\$1,200	100%	\$2,400	\$2,400	80%	\$4,800	No	\$384	\$85	\$469	\$362	\$84	\$446	5.2%
PPO HSA	2		\$0/\$25/\$45	\$0	\$0	\$1,200	90%	\$2,400	\$2,400	70%	\$4,800	No	\$363	\$93	\$456	\$342	\$92	\$434	5.1%
PPO HSA	3		\$0/\$25/\$45	\$0	\$0	\$2,000	100%	\$4,000	\$4,000	80%	\$8,000	No	\$345	\$72	\$417	\$325	\$71	\$396	5.3%
PPO HSA	4		\$0/\$25/\$45	\$0	\$0	\$2,700	100%	\$5,000	\$5,400	80%	\$10,000	No	\$317	\$62	\$379	\$299	\$61	\$360	5.3%

Note: The separate Medical and Drug rates are hypothetical and for illustration purposes only. The corresponding Drug products are core to the HSA and HRA benefits.

Form Numbers:

GC-A/DC-6/95 DC/CF/ATTC (R. 5/05)
GPS-DC-6/95 DC/CF/SOB HDHP (R. 7/07)
DC/CERT-9/96 DC/CF/CDH RX (R. 9/06)
DC/PPO-A-8/96 DC/CF/WIG HDHP (R. 12/04)

DC/CF/TRANSPLANT (R. 10/08)
DC/CF/ALL DEP MAT (3/09)

**CareFirst BlueCross BlueShield (GHMSI)
DC Small Group Rate Filing Effective 10/2009
Premiums Effective 10/2009
COMPREHENSIVE MAJOR MEDICAL Benefits**

Policy Type	Deductible	Stop-Loss	Coinsurance	10/2009 Individual Rate	07/2009 Individual Rate
New Business	\$300	\$4,000	80%	\$414	\$414
New Business	\$500	\$4,000	80%	\$389	\$389
New Business	\$1,000	\$4,000	80%	\$324	\$324
Renewing Business	\$100	\$2,000	80%	\$629	\$629
Renewing Business	\$100	\$4,000	80%	\$603	\$603
Renewing Business	\$200	\$2,000	80%	\$614	\$614
Renewing Business	\$200	\$4,000	80%	\$589	\$589
Renewing Business	\$300	\$2,000	80%	\$599	\$599
Renewing Business	\$300	\$4,000	80%	\$572	\$572
Renewing Business	\$500	\$2,000	80%	\$566	\$566
Renewing Business	\$500	\$4,000	80%	\$543	\$543
Renewing Business	\$1,000	\$2,000	80%	\$479	\$479
Renewing Business	\$1,000	\$4,000	80%	\$462	\$462

Policy Type	Deductible	Out Of Pocket	Coinsurance	10/2009 Individual Rate	07/2009 Individual Rate
Traditional; 180 days/admission	\$100	\$625	80%	\$311	\$311
Traditional; 180 days/admission	\$200	\$625	80%	\$321	\$321
Major Medical	\$200	\$500	80%	\$422	\$422

Form Numbers:

GC-A/DC-6/95

GPS-DC-6/95

DC/CERT-9/96

DC/PPO-A-8/96

D-CMM/MM ATTB-8/95

DC/CF/ATTC (R. 5/05)

DC/CF/TRANSPLANT (R. 10/08)

DC/CF/ALL DEP MAT (3/09)

CareFirst BlueCross BlueShield (GHMSI)
DC Small Group Rate Filing Effective 10/2009
Premiums Effective 10/2009
RX Benefits

Option	Generic Copay	Form Brand Copay	Non-Form Copay	Deductible	10/2009	07/2009	
					Individual Rate	Individual Rate With Deductible CarryOver	Prior Filing Individual Rate
Options Below Include an Unlimited Max							
1	\$5	\$10	\$25	\$0	\$162	N/A	\$160
2	\$8	\$15	\$30	\$0	\$142	N/A	\$141
3	\$10	\$20	\$35	\$0	\$118	N/A	\$117
5	\$5	\$10	\$25	\$50	\$150	\$151	\$149
6	\$8	\$15	\$30	\$50	\$135	\$136	\$134
7	\$10	\$20	\$35	\$50	\$110	\$111	\$109
9	\$5	\$10	\$25	\$100	\$137	\$138	\$136
10	\$8	\$15	\$30	\$100	\$119	\$120	\$118
11	\$10	\$20	\$35	\$100	\$100	\$101	\$99
13	\$0	\$25	\$45	\$0	\$105	N/A	\$104
14	\$0	\$25	\$45	\$100	\$89	\$90	\$88
Options Below Include a \$4,000 Max							
15	\$5	\$10	\$25	\$0	\$142	N/A	\$141
16	\$8	\$15	\$30	\$0	\$128	N/A	\$127
17	\$10	\$20	\$35	\$0	\$105	N/A	\$104
19	\$5	\$10	\$25	\$50	\$134	\$135	\$133
20	\$8	\$15	\$30	\$50	\$116	\$117	\$115
21	\$10	\$20	\$35	\$50	\$99	\$100	\$98
23	\$5	\$10	\$25	\$100	\$118	\$119	\$117
24	\$8	\$15	\$30	\$100	\$104	\$105	\$103
25	\$10	\$20	\$35	\$100	\$89	\$90	\$88

Form Numbers:
DC/CF/RX3 (R. 12/08)

**CareFirst BlueCross BlueShield (GHMSI)
DC Small Group Rate Filing Effective 10/2009
Premiums Effective 10/2009
RX Benefits**

Option					10/2009	07/2009	
	Generic Copay	Form Brand Copay	Non-Form Copay	Deductible	Individual Rate	Individual Rate With Deductible CarryOver	Prior Filing Individual Rate
Options Below Include an Unlimited Max							
A	\$10	\$25	\$45	\$0	\$104	N/A	\$103
B	\$10	\$25	\$45	\$50	\$99	\$100	\$98
C	\$10	\$25	\$45	\$100	\$88	\$89	\$87
D	\$10	\$25	\$45	\$200	\$75	\$76	\$74
E	\$15	\$35	\$60	\$0	\$84	N/A	\$83
F	\$15	\$35	\$60	\$50	\$80	\$81	\$79
G	\$15	\$35	\$60	\$100	\$72	\$73	\$71
H	\$15	\$35	\$60	\$200	\$58	\$59	\$57
Options Below Include a \$4,000 Max							
I	\$10	\$25	\$45	\$0	\$93	N/A	\$92
J	\$10	\$25	\$45	\$50	\$88	\$89	\$87
K	\$10	\$25	\$45	\$100	\$80	\$81	\$79
L	\$10	\$25	\$45	\$200	\$66	\$67	\$65
M	\$15	\$35	\$60	\$0	\$77	N/A	\$76
N	\$15	\$35	\$60	\$50	\$72	\$73	\$71
O	\$15	\$35	\$60	\$100	\$64	\$65	\$63
P	\$15	\$35	\$60	\$200	\$53	\$54	\$52
Options Below Include a \$8,000 Max							
Q	\$10	\$25	\$45	\$0	\$101	N/A	\$100
R	\$10	\$25	\$45	\$50	\$92	\$93	\$91
S	\$10	\$25	\$45	\$100	\$84	\$85	\$83
T	\$10	\$25	\$45	\$200	\$72	\$73	\$71
U	\$15	\$35	\$60	\$0	\$83	N/A	\$82
V	\$15	\$35	\$60	\$50	\$76	\$77	\$75
W	\$15	\$35	\$60	\$100	\$68	\$69	\$67
X	\$15	\$35	\$60	\$200	\$55	\$56	\$54
Options Below Have a 30% Coinsurance and Unlimited Max							
Y*	\$10	\$25	\$45	\$0			
Y**	\$30	\$75	\$135	\$0	\$98	N/A	\$97
Z*	\$10	\$25	\$45	\$100			
Z**	\$30	\$75	\$135	\$100	\$82	\$83	\$81
Options Below Have a 30% Coinsurance a \$4,000 Max							
AA*	\$10	\$25	\$45	\$0			
AA**	\$30	\$75	\$135	\$0	\$88	N/A	\$87
AB*	\$10	\$25	\$45	\$100			
AB**	\$30	\$75	\$135	\$100	\$75	\$76	\$74

* Minimum
** Maximum

Form Numbers:
DC/CF/RX3 (R. 12/08)

**CareFirst BlueCross BlueShield (BlueChoice & GHMSI)
DC Small Group Rate Filing Effective 10/2009
AGE FACTORS EFFECTIVE JANUARY 1, 2007**

<u>Average Group Age</u>	<u>Age Factor</u>
< 30	0.61
30-32	0.69
33-35	0.76
36-38	0.79
39-41	0.89
42-44	1.01
45-47	1.15
48-50	1.29
51-53	1.50
54-56	1.70
57-59	1.90
>59	2.32

**CareFirst BlueCross BlueShield (BlueChoice & GHMSI)
DC Small Group Rate Filing Effective 10/2009
TIER FACTORS - EFFECTIVE JANUARY 1, 2005**

DEVELOPMENT OF SLOPE ADJUSTMENT FACTOR BASED ON REQUIRED AND DESIRED SLOPES.

<u>TIER STRUCTURE</u>	<u>CONTRACT TYPE</u>	<u>REQUIRED MEMBERS PER CONTRACT</u>	<u>DESIRED PREMIUM RELATIONSHIP BY CONTRACT TYPE</u>
TWO TIER	INDIVIDUAL	1.00	1.00
	FAMILY	3.45	2.80
FOUR TIER	INDIVIDUAL	1.00	1.00
	INDIVIDUAL + CHILD(REN)	2.31	1.85
	INDIVIDUAL + ADULT	2.00	2.30
	FAMILY	3.70	2.80
	Complementary to Medicare		
	Medical	1.00	0.75
	Drug	1.00	3.15
	Dental	1.00	1.00
	Vision	1.00	1.00

**CareFirst BlueCross BlueShield (BlueChoice & GHMSI)
DC Small Group Rate Filing Effective 10/2009
Proposed SIC Factors Effective January 1, 2009**

SIC Code	SIC Rating Factor	SIC Code	SIC Rating Factor
0	1.050	50	1.050
1	1.050	51	1.000
2	1.050	52	1.000
3	1.000	53	0.950
4	1.000	54	1.010
5	1.000	55	1.050
6	1.000	56	0.950
7	1.050	57	0.930
8	1.050	58	1.050
9	1.050	59	0.950
10	1.050	60	0.880
11	1.000	61	0.900
12	1.050	62	0.970
13	1.050	63	1.050
14	1.050	64	1.050
15	1.000	65	1.020
16	1.050	66	1.000
17	1.000	67	0.950
18	1.000	68	1.000
19	1.000	69	1.000
20	1.050	70	1.050
21	1.050	71	1.000
22	1.050	72	1.050
23	1.050	73	0.850
24	1.050	74	1.000
25	1.000	75	1.000
26	1.050	76	1.000
27	1.050	77	1.000
28	1.050	78	1.050
29	1.050	79	1.050
30	1.050	80	1.050
31	0.950	81	1.050
32	1.050	82	0.900
33	1.050	83	1.000
34	1.050	84	0.930
35	1.000	85	1.000
36	1.000	86	0.970
37	1.050	87	0.900
38	1.050	88	1.050
39	1.050	89	1.000
40	1.000	90	1.000
41	0.950	91	1.000
42	1.050	92	1.050
43	1.000	93	1.000
44	1.000	94	1.000
45	1.050	95	1.040
46	1.000	96	1.000
47	1.000	97	1.050
48	0.900	98	1.000
49	1.000	99	1.050

**CareFirst BlueCross BlueShield (BlueChoice & GHMSI)
DC Small Group Rate Filing Effective 10/2009
POE Factors - Effective August 1, 2006**

<u>POE/Non-POE</u>	<u>POE Factor</u>
Non-POE	0.980
POE	1.000

CareFirst BlueCross BlueShield (BlueChoice & GHMSI)

DC Small Group Rate Filing Effective 10/2009

HIPAA Loads for DC/VA Groups as of October 1, 2009

Group Size 2 - 24							
UW Points Range		Current HIPAA Factor			Proposed HIPAA Factor		
Low	High	1st Year	2nd Year	3rd Year	1st Year	2nd Year	3rd Year
0.00	1.99	0.825	0.900	0.950	0.845	0.900	0.950
2.00	2.03	0.870	0.900	0.950	0.870	0.900	0.950
2.04	2.06	0.914	0.950	1.000	0.914	0.950	1.000
2.07	2.09	1.000	1.000	1.000	1.000	1.000	1.000
2.10	2.14	1.100	1.100	1.100	1.100	1.100	1.100
2.15	2.19	1.205	1.205	1.205	1.205	1.205	1.205
2.20	2.59	1.313	1.313	1.313	1.313	1.313	1.313
2.60	2.99	1.405	1.405	1.405	1.405	1.405	1.405
3.00	4.99	1.490	1.490	1.490	1.490	1.490	1.490
5.00	6.99	1.787	1.787	1.787	1.787	1.787	1.787
7.00	7.99	2.181	2.181	2.181	2.181	2.181	2.181
8.00	8.99	2.905	2.905	2.905	2.905	2.905	2.905
9.00	11.99	4.137	4.137	4.137	4.137	4.137	4.137
12.00	99.99	6.480	6.480	6.480	6.480	6.480	6.480

Group Size 25 +							
Points Range		Current HIPAA Factor			Proposed HIPAA Factor		
Low	High	1st Year	2nd Year	3rd Year	1st Year	2nd Year	3rd Year
0.00	1.1	0.825	0.900	0.950	0.845	0.900	0.950
1.11	1.12	0.870	0.900	0.950	0.870	0.900	0.950
1.13	1.13	0.914	0.950	1.000	0.914	0.950	1.000
1.14	1.14	1.000	1.000	1.000	1.000	1.000	1.000
1.15	1.15	1.100	1.100	1.100	1.100	1.100	1.100
1.16	1.16	1.205	1.205	1.205	1.205	1.205	1.205
1.17	1.18	1.313	1.313	1.313	1.313	1.313	1.313
1.19	1.2	1.405	1.405	1.405	1.405	1.405	1.405
1.21	1.25	1.490	1.490	1.490	1.490	1.490	1.490
1.26	2.44	1.787	1.787	1.787	1.787	1.787	1.787
2.45	3.74	2.181	2.181	2.181	2.181	2.181	2.181
3.75	5.74	2.905	2.905	2.905	2.905	2.905	2.905
5.75	8.74	4.137	4.137	4.137	4.137	4.137	4.137
8.75	99.99	6.480	6.480	6.480	6.480	6.480	6.480

SERFF Tracking Number: CFAP-126161201 State: District of Columbia
 Filing Company: Group Hospitalization and Medical Services, Inc. State Tracking Number:
 Company Tracking Number: 1260
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
 Product Name: Filing #1260 GHMSI DC Small Group
 Project Name/Number: DC GHMSI Small Group Eff 200910/1260

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Cover Letter	APPROVED	06/25/2009
Comments:		
Attachment:		
File 1260 SERFF Cover Letter.pdf		

	Item Status:	Status Date:
Satisfied - Item: NAIC Transmittal Doc	APPROVED	06/25/2009
Comments:		
Attachment:		
File 1260 NAIC Transmittal Doc.pdf		

CareFirst BlueCross BlueShield
10455 Mill Run Circle
Owings Mills, MD 21117-5559
www.carefirst.com

May 22, 2009

Mr. Laszlo Pentek
Department of Insurance & Securities Regulation
810 1st Street, NE
Suite 701
Washington, DC 20002-8023



Re: Group Hospitalization and Medical Services Inc. trading as CareFirst
BlueCross BlueShield
NAIC 53007
FEIN 53-0078070
Rate Filing for Small Group Rate Increase (Our Filing #1260)

Dear Mr. Pentek:

Enclosed for your review is the rate filing for the small group business (2 – 50 contracts) of CareFirst BlueCross BlueShield, Inc. We are requesting a rate increase of 0.0% for our non-CDH medical products and 6.0% for our CDH medical products. We are also requesting a rate increase of 1.0% for our drug products (CDH and non-CDH) effective October 1, 2009. These increases are in lieu of the already filed increases of 2.8% and 3.0% for our Non-CDH and CDH products respectively.

In addition, we are requesting a rate increase of 2.8% for all of our Non-CDH products, and 3.0% for all our CDH products effective January 1, 2010.

The form numbers associated with the rates are displayed throughout the filing.

We appreciate your consideration of this matter. If you have questions regarding this filing, please contact me at (410) 998-7470.

Sincerely,

Yazan Dahu, F.S.A., M.A.A.A.
Sr. Actuarial Assistant

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	
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2.	Department Use Only
	State Tracking ID

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address

5.	Requested Filing Mode	<input type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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6.	Company Tracking Number	
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7.	<input type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____
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8.	Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise	
		Group	<input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____

9.	Type of Insurance	
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10.	Product Coding Matrix Filing Code	
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11.	Submitted Documents	<p><input type="checkbox"/> FORMS</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Policy</td> <td><input type="checkbox"/> Outline of Coverage</td> <td><input type="checkbox"/> Certificate</td> </tr> <tr> <td><input type="checkbox"/> Application/Enrollment</td> <td><input type="checkbox"/> Rider/Endorsement</td> <td><input type="checkbox"/> Advertising</td> </tr> <tr> <td><input type="checkbox"/> Schedule of Benefits</td> <td><input type="checkbox"/> Other</td> <td></td> </tr> </table> <p>Rates</p> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate	<input type="checkbox"/> Policy	<input type="checkbox"/> Outline of Coverage	<input type="checkbox"/> Certificate	<input type="checkbox"/> Application/Enrollment	<input type="checkbox"/> Rider/Endorsement	<input type="checkbox"/> Advertising	<input type="checkbox"/> Schedule of Benefits	<input type="checkbox"/> Other		
<input type="checkbox"/> Policy	<input type="checkbox"/> Outline of Coverage	<input type="checkbox"/> Certificate										
<input type="checkbox"/> Application/Enrollment	<input type="checkbox"/> Rider/Endorsement	<input type="checkbox"/> Advertising										
<input type="checkbox"/> Schedule of Benefits	<input type="checkbox"/> Other											
		<input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____										
		<p>SUPPORTING DOCUMENTATION</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Articles of Incorporation</td> <td><input type="checkbox"/> Third Party Authorization</td> </tr> <tr> <td><input type="checkbox"/> Association Bylaws</td> <td><input type="checkbox"/> Trust Agreements</td> </tr> <tr> <td><input type="checkbox"/> Statement of Variability</td> <td><input type="checkbox"/> Certifications</td> </tr> <tr> <td><input type="checkbox"/> Actuarial Memorandum</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table>	<input type="checkbox"/> Articles of Incorporation	<input type="checkbox"/> Third Party Authorization	<input type="checkbox"/> Association Bylaws	<input type="checkbox"/> Trust Agreements	<input type="checkbox"/> Statement of Variability	<input type="checkbox"/> Certifications	<input type="checkbox"/> Actuarial Memorandum		<input type="checkbox"/> Other _____	
<input type="checkbox"/> Articles of Incorporation	<input type="checkbox"/> Third Party Authorization											
<input type="checkbox"/> Association Bylaws	<input type="checkbox"/> Trust Agreements											
<input type="checkbox"/> Statement of Variability	<input type="checkbox"/> Certifications											
<input type="checkbox"/> Actuarial Memorandum												
<input type="checkbox"/> Other _____												

12.	Filing Submission Date		
13.	Filing Fee (If required)	Amount _____	Check Date _____
		Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Number _____
14.	Date of Domiciliary Approval		
15.	Filing Description:		

16.	Certification (If required)		
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of _____.</p>			
Print Name _____		Title _____	
Signature _____		Date: _____	

17.	Form Filing Attachment
This filing transmittal is part of company tracking number	
This filing corresponds to rate filing company tracking number	

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

LH FFA-1

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number				
Overall percentage rate indication (when applicable)				
Overall percentage rate impact for this filing		%		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	

LH RFA-1