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**State:** District of Columbia **Filing Company:** CareFirst BlueChoice, Inc.  
**TOI/Sub-TOI:** HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO  
**Product Name:** 2704 - DC ACA Individual BlueChoice  
**Project Name/Number:** 2704 - DC BC IND64- ACA ON-EXCHANGE/2704

## Filing at a Glance

Company: CareFirst BlueChoice, Inc.  
Product Name: 2704 - DC ACA Individual BlueChoice  
State: District of Columbia  
TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)  
Sub-TOI: HOrg02I.005D Individual - HMO  
Filing Type: Rate  
Date Submitted: 05/01/2023  
SERFF Tr Num: CFAP-133618179  
SERFF Status: Submitted to State  
State Tr Num:  
State Status:  
Co Tr Num: 2704  
  
Effective 01/01/2024  
Date Requested:  
Author(s): Shane Kontir, Cory Bream, Gregory Sucher, Avraham Golish, Conor Gannon, Christopher Lane  
  
Reviewer(s):  
Disposition Date:  
Disposition Status:  
Effective Date:  
  
State Filing Description:

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**State:** District of Columbia  
**TOI/Sub-TOI:** HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO  
**Product Name:** 2704 - DC ACA Individual BlueChoice  
**Project Name/Number:** 2704 - DC BC IND64- ACA ON-EXCHANGE/2704

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## General Information

Project Name: 2704 - DC BC IND64- ACA ON-EXCHANGE

Project Number: 2704

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact: 18.5%

Deemer Date:

Submitted By: Shane Kontir

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type: Individual

Filing Status Changed: 05/01/2023

State Status Changed:

Created By: Shane Kontir

Corresponding Filing Tracking Number:

PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null

Include Exchange Intentions:

No

Filing Description:

This filing contains the rate proposal for the portfolio of benefits to be offered by CareFirst, Inc. to Individuals Under 65 on the D.C. Exchange. We are submitting 7 benefit plans on the D.C. Exchange.

## Company and Contact

### Filing Contact Information

Cory Bream, Actuarial Assistant

10455 Mill Run Circle

Owings Mills, MD 21117

cory.bream@carefirst.com

410-998-5308 [Phone]

410-998-7704 [FAX]

### Filing Company Information

CareFirst BlueChoice, Inc.

840 First Street NE

Washington, DC 20065

(410) 581-3000 ext. [Phone]

CoCode: 96202

Group Code:

Group Name:

FEIN Number: 52-1358219

State of Domicile: District of  
Columbia

Company Type: Health  
Maintenance Organization

State ID Number:

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**State:** District of Columbia **Filing Company:** CareFirst BlueChoice, Inc.  
**TOI/Sub-TOI:** HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO  
**Product Name:** 2704 - DC ACA Individual BlueChoice  
**Project Name/Number:** 2704 - DC BC IND64- ACA ON-EXCHANGE/2704

## Filing Fees

### State Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

<b>State:</b>	District of Columbia	<b>Filing Company:</b>	CareFirst BlueChoice, Inc.
<b>TOI/Sub-TOI:</b>	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO		
<b>Product Name:</b>	2704 - DC ACA Individual BlueChoice		
<b>Project Name/Number:</b>	2704 - DC BC IND64- ACA ON-EXCHANGE/2704		

## Rate Information

Rate data applies to filing.

<b>Filing Method:</b>	SERFF
<b>Rate Change Type:</b>	Increase
<b>Overall Percentage of Last Rate Revision:</b>	15.000%
<b>Effective Date of Last Rate Revision:</b>	01/01/2023
<b>Filing Method of Last Filing:</b>	SERFF
<b>SERFF Tracking Number of Last Filing:</b>	CFAP-133216949

## 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):
CareFirst BlueChoice, Inc.	Increase	18.500%	18.500%	\$3,416,101	2,469	\$18,436,453	66.400%	14.200%

**State:** District of Columbia **Filing Company:** CareFirst BlueChoice, Inc.  
**TOI/Sub-TOI:** HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO  
**Product Name:** 2704 - DC ACA Individual BlueChoice  
**Project Name/Number:** 2704 - DC BC IND64- ACA ON-EXCHANGE/2704

## Rate Review Detail

### COMPANY:

Company Name: CareFirst BlueChoice, Inc.  
HHS Issuer Id: 86052

### PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
BlueChoice HMO	86052DC040		2980

Trend Factors:

### FORMS:

New Policy Forms: DC/CFBC/EXC/2024 AMEND (1/24), DC/CFBC/CD/AUTH AMEND/HMO (R. 1/24), DC/CFBC/EXC/HMO HSA STD/BRZ 6350 (1/24), DC/CFBC/EXC/HMO HSA/GOLD 1600 (1/24), DC/CFBC/EXC/HMO STD/BRZ 7500 (1/24), DC/CFBC/EXC/HMO STD/GOLD 500 (1/24), DC/CFBC/EXC/HMO STD/PLAT 0 (1/24), DC/CFBC/EXC/HMO STD/SIL 4850 (1/24), DC/CFBC/EXC/HMO STD/SIL 4850 A (1/24), DC/CFBC/EXC/HMO STD/SIL 4850 B (1/24), DC/CFBC/EXC/HMO STD/SIL 4850 C (1/24), DC/CFBC/EXC/HMO/ YA 9450 SOB (1/24), DC/CFBC/EXC/HMO/NATAMER SOB (1/24)

Affected Forms:

Other Affected Forms: DC/CFBC/EXC/HMO/DOCS (R. 1/23), DC/CFBC/EXC/NATAMER (1/14), DC/CFBC/CD/HMO/INCENT (1/23), DC/CFBC/EXC/HMO/IEA (R. 1/23), DC/CFBC/DOL APPEAL (R. 1/22), DC/CFBC/NO SURP ACT/AMEND (R. 1/23), DC/CFBC/MEM/BLCRD (R. 6/18), DC/CFBC/PT PROTECT (9/10)

### REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual  
Member Months: 32,368  
Benefit Change: Increase  
Percent Change Requested: Min: 14.2 Max: 66.4 Avg: 18.5

### PRIOR RATE:

Total Earned Premium: 18,436,453.00  
Total Incurred Claims: 15,953,346.00  
Annual \$: Min: 212.70 Max: 752.72 Avg: 478.86

### REQUESTED RATE:

Projected Earned Premium: 19,389,113.00  
Projected Incurred Claims: 16,620,947.00  
Annual \$: Min: 353.96 Max: 859.88 Avg: 567.58

State: District of Columbia

Filing Company:

CareFirst BlueChoice, Inc.

TOI/Sub-TOI: HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO

Product Name: 2704 - DC ACA Individual BlueChoice

Project Name/Number: 2704 - DC BC IND64- ACA ON-EXCHANGE/2704

## Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		2704 - DC BlueChoice - Ind - Rate Sheets	DC/CFBC/EXC/HMO/DOCS (R. 1/23), DC/CFBC/EXC/NATAMER (1/14), DC/CFBC/CD/HMO/INCENT (1/23), DC/CFBC/EXC/HMO/IEA (R. 1/23), DC/CFBC/DOL APPEAL (R. 1/22), DC/CFBC/NO SURP ACT/AMEND (R. 1/23), DC/CFBC/MEM/BLCRD (R. 6/18), DC/CFBC/PT PROTECT (9/10), DC/CFBC/EXC/2024 AMEND (1/24), DC/CFBC/CD/AUTH AMEND/HMO (R. 1/24), DC/CFBC/EXC/HMO HSA STD/BRZ 6350 (1/24), DC/CFBC/EXC/HMO HSA/GOLD 1600 (1/24), DC/CFBC/EXC/HMO STD/BRZ 7500 (1/24), DC/CFBC/EXC/HMO STD/GOLD 500 (1/24), DC/CFBC/EXC/HMO STD/PLAT 0 (1/24), DC/CFBC/EXC/HMO STD/SIL 4850 (1/24), DC/CFBC/EXC/HMO STD/SIL 4850 A (1/24), DC/CFBC/EXC/HMO STD/SIL 4850 B (1/24), DC/CFBC/EXC/HMO STD/SIL 4850 C (1/24), DC/CFBC/EXC/HMO/ YA 9450 SOB (1/24), DC/CFBC/EXC/HMO/NATAME R SOB (1/24)	Revised	Previous State Filing Number: CFAP-133216949 Percent Rate Change Request: 18.5	2704 - DC BlueChoice - Ind - Rate Sheets.pdf,

**BlueChoice Inc.**  
**d.b.a. CareFirst BlueCross BlueShield**  
**(NAIC # 96202)**  
**Rate Filing # 2704**

**D.C. Individual Products**  
**Rate Filing Effective 1/1/2024**

**Rates & Factors**

**BlueChoice Inc.  
d.b.a. CareFirst BlueCross BlueShield  
(NAIC # 96202)**

**Rates & Factors  
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[Rate Filing Effective 1/1/2024](#)

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BlueChoice HMO HSA Standard Bronze \$6,350	7
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BlueChoice HMO HSA Gold \$1,600	10
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**BlueChoice Inc.**  
**d.b.a. CareFirst BlueCross BlueShield**  
**(NAIC # 96202)**  
**D.C. Individual Products**  
**Rate Filing Effective 1/1/2024**  
**Form Numbers**

**Form Numbers Associated With This ACA Filing:**

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**BlueChoice HMO Standard Plans**

DC/CFBC/EXC/HMO/IEA (R. 1/23)  
DC/CFBC/DOL APPEAL (R. 1/22)  
DC/CFBC/EXC/HMO/DOCS (R. 1/23)  
DC/CFBC/EXC/HMO HSA/GOLD 1600 (1/24)  
DC/CFBC/EXC/HMO HSA STD/BRZ 6350 (1/24)  
DC/CFBC/EXC/HMO STD/BRZ 7500 (1/24)  
DC/CFBC/EXC/HMO STD/GOLD 500 (1/24)  
DC/CFBC/EXC/HMO/NATAMER SOB (1/24)  
DC/CFBC/EXC/HMO STD/PLAT 0 (1/24)  
DC/CFBC/EXC/HMO STD/SIL 4850 (1/24)  
DC/CFBC/EXC/HMO STD/SIL 4850 A (1/24)  
DC/CFBC/EXC/HMO STD/SIL 4850 B (1/24)  
DC/CFBC/EXC/HMO STD/SIL 4850 C (1/24)  
DC/CFBC/EXC/NATAMER (1/14)  
DC/CFBC/MEM/BLCRD (R. 6/18)  
DC/CFBC/NO SURP ACT/AMEND (R. 1/23)  
DC/CFBC/CD/AUTH AMEND/HMO (R. 1/24)  
DC/CFBC/EXC/2024 AMEND (1/24)  
DC/CFBC/PT PROTECT (9/10)  
DC/CFBC/CD/HMO/INCENT (1/23)

**BlueChoice HMO Young Adult**

DC/CFBC/EXC/HMO/IEA (R. 1/23)  
DC/CFBC/DOL APPEAL (R. 1/22)  
DC/CFBC/EXC/HMO/DOCS (R. 1/23)  
DC/CFBC/EXC/HMO/NATAMER SOB (1/24)  
DC/CFBC/EXC/HMO/ YA 9450 SOB (1/24)  
DC/CFBC/EXC/NATAMER (1/14)  
DC/CFBC/MEM/BLCRD (R. 6/18)  
DC/CFBC/NO SURP ACT/AMEND (R. 1/23)  
DC/CFBC/CD/AUTH AMEND/HMO (R. 1/24)  
DC/CFBC/EXC/2024 AMEND (1/24)  
DC/CFBC/PT PROTECT (9/10)  
DC/CFBC/CD/HMO/INCENT (1/23)

**BlueChoice Inc.**  
**D.C. Individual Products, Rate Filing Effective 1/1/2024**

**Age Factors**

<b>Age</b>	<b>Factor</b>
0-20	0.654
21	0.727
22	0.727
23	0.727
24	0.727
25	0.727
26	0.727
27	0.727
28	0.744
29	0.760
30	0.779
31	0.799
32	0.817
33	0.836
34	0.856
35	0.876
36	0.896
37	0.916
38	0.927
39	0.938
40	0.975
41	1.013
42	1.053
43	1.094
44	1.137
45	1.181
46	1.227
47	1.275
48	1.325
49	1.377
50	1.431
51	1.487
52	1.545
53	1.605
54	1.668
55	1.733
56	1.801
57	1.871
58	1.944
59	2.020
60	2.099
61	2.181
62	2.181
63	2.181
64+	2.181

**BlueChoice Inc.**  
Individual On Exchange  
**DISTRICT OF COLUMBIA**  
**BlueChoice HMO Young Adult \$9,450**  
Proposed Monthly Premium Rate Filing Effective 1/1/2024

Consumer Adjusted Rate **\$353.96**

Age	Monthly Premium
0-20	\$231.49
21	\$257.33
22	\$257.33
23	\$257.33
24	\$257.33
25	\$257.33
26	\$257.33
27	\$257.33
28	\$263.35
29	\$269.01
30	\$275.73
31	\$282.81
32	\$289.19
33	\$295.91
34	\$302.99
35	\$310.07
36	\$317.15
37	\$324.23
38	\$328.12
39	\$332.01
40	\$345.11
41	\$358.56
42	\$372.72
43	\$387.23
44	\$402.45
45	\$418.03
46	\$434.31
47	\$451.30
48	\$469.00
49	\$487.40
50	\$506.52
51	\$526.34
52	\$546.87
53	\$568.11
54	\$590.41
55	\$613.41
56	\$637.48
57	\$662.26
58	\$688.10
59	\$715.00
60	\$742.96
61	\$771.97
62	\$771.97
63	\$771.97
64+	\$771.97

Summary of Member Cost-Shares

	<u>In Network</u>
DEDUCTIBLE	\$9,450
COINSURANCE	0%
OUT-OF-POCKET MAXIMUM	\$9,450
Office Copays	\$0 PCP /\$0 Specialist
Drug:	\$0 Generic, \$0 Preferred Brand \$0 Non-Preferred Brand
Drug and Medical Combined for Deductible & OOP Max	

**BlueChoice Inc.**  
Individual On Exchange  
**DISTRICT OF COLUMBIA**  
**BlueChoice HMO Standard Bronze \$7,500**  
Proposed Monthly Premium Rate Filing Effective 1/1/2024

Consumer Adjusted Rate **\$538.48**

Age	Monthly Premium
0-20	\$352.17
21	\$391.47
22	\$391.47
23	\$391.47
24	\$391.47
25	\$391.47
26	\$391.47
27	\$391.47
28	\$400.63
29	\$409.24
30	\$419.48
31	\$430.25
32	\$439.94
33	\$450.17
34	\$460.94
35	\$471.71
36	\$482.48
37	\$493.25
38	\$499.17
39	\$505.09
40	\$525.02
41	\$545.48
42	\$567.02
43	\$589.10
44	\$612.25
45	\$635.94
46	\$660.71
47	\$686.56
48	\$713.49
49	\$741.49
50	\$770.56
51	\$800.72
52	\$831.95
53	\$864.26
54	\$898.18
55	\$933.19
56	\$969.80
57	\$1,007.50
58	\$1,046.81
59	\$1,087.73
60	\$1,130.27
61	\$1,174.40
62	\$1,174.40
63	\$1,174.40
64+	\$1,174.40

Summary of Member Cost-Shares

	<u>In Network</u>
DEDUCTIBLE	\$7,500
COINSURANCE	40%
OUT-OF-POCKET MAXIMUM	\$9,150
Office Copays	\$45 PCP /\$105 Specialist
Drug:	\$25 Generic, \$75 Preferred Brand \$100 Non-Preferred Brand
Drug and Medical Combined for OOP Max	

**BlueChoice Inc.**

Individual On Exchange

**DISTRICT OF COLUMBIA****BlueChoice HMO HSA Standard Bronze \$6,350**

Proposed Monthly Premium Rate Filing Effective 1/1/2024

Consumer Adjusted Rate **\$511.77**

Age	Monthly Premium
0-20	\$334.70
21	\$372.06
22	\$372.06
23	\$372.06
24	\$372.06
25	\$372.06
26	\$372.06
27	\$372.06
28	\$380.76
29	\$388.95
30	\$398.67
31	\$408.90
32	\$418.12
33	\$427.84
34	\$438.08
35	\$448.31
36	\$458.55
37	\$468.78
38	\$474.41
39	\$480.04
40	\$498.98
41	\$518.42
42	\$538.89
43	\$559.88
44	\$581.88
45	\$604.40
46	\$627.94
47	\$652.51
48	\$678.10
49	\$704.71
50	\$732.34
51	\$761.00
52	\$790.68
53	\$821.39
54	\$853.63
55	\$886.90
56	\$921.70
57	\$957.52
58	\$994.88
59	\$1,033.78
60	\$1,074.21
61	\$1,116.14
62	\$1,116.14
63	\$1,116.14
64+	\$1,116.14

## Summary of Member Cost-Shares

	<u>In Network</u>
DEDUCTIBLE	\$6,350
COINSURANCE	20%
OUT-OF-POCKET MAXIMUM	\$7,200
Office Copays	20% Coinsurance
Drug:	20% Generic, 20% Preferred Brand 20% Non-Preferred Brand
Drug and Medical Combined for Deductible & OOP Max	

**BlueChoice Inc.**Individual On Exchange  
**DISTRICT OF COLUMBIA****BlueChoice HMO Standard Silver \$4,850**

Proposed Monthly Premium Rate Filing Effective 1/1/2024

Consumer Adjusted Rate **\$610.90**

Age	Monthly Premium
0-20	\$399.53
21	\$444.12
22	\$444.12
23	\$444.12
24	\$444.12
25	\$444.12
26	\$444.12
27	\$444.12
28	\$454.51
29	\$464.28
30	\$475.89
31	\$488.11
32	\$499.11
33	\$510.71
34	\$522.93
35	\$535.15
36	\$547.37
37	\$559.58
38	\$566.30
39	\$573.02
40	\$595.63
41	\$618.84
42	\$643.28
43	\$668.32
44	\$694.59
45	\$721.47
46	\$749.57
47	\$778.90
48	\$809.44
49	\$841.21
50	\$874.20
51	\$908.41
52	\$943.84
53	\$980.49
54	\$1,018.98
55	\$1,058.69
56	\$1,100.23
57	\$1,142.99
58	\$1,187.59
59	\$1,234.02
60	\$1,282.28
61	\$1,332.34
62	\$1,332.34
63	\$1,332.34
64+	\$1,332.34

## Summary of Member Cost-Shares

	<u>In Network</u>
DEDUCTIBLE	\$4,850
COINSURANCE	20%
OUT-OF-POCKET MAXIMUM	\$8,850
Office Copays	\$40 PCP /\$80 Specialist
Drug:	\$20 Generic, \$50 Preferred Brand \$70 Non-Preferred Brand
Drug and Medical Combined for OOP Max	

**BlueChoice Inc.**  
Individual On Exchange  
**DISTRICT OF COLUMBIA**  
**BlueChoice HMO Standard Gold \$500**  
Proposed Monthly Premium Rate Filing Effective 1/1/2024

Consumer Adjusted Rate **\$752.90**

Age	Monthly Premium
0-20	\$492.40
21	\$547.36
22	\$547.36
23	\$547.36
24	\$547.36
25	\$547.36
26	\$547.36
27	\$547.36
28	\$560.16
29	\$572.20
30	\$586.51
31	\$601.57
32	\$615.12
33	\$629.42
34	\$644.48
35	\$659.54
36	\$674.60
37	\$689.66
38	\$697.94
39	\$706.22
40	\$734.08
41	\$762.69
42	\$792.80
43	\$823.67
44	\$856.05
45	\$889.17
46	\$923.81
47	\$959.95
48	\$997.59
49	\$1,036.74
50	\$1,077.40
51	\$1,119.56
52	\$1,163.23
53	\$1,208.40
54	\$1,255.84
55	\$1,304.78
56	\$1,355.97
57	\$1,408.68
58	\$1,463.64
59	\$1,520.86
60	\$1,580.34
61	\$1,642.04
62	\$1,642.04
63	\$1,642.04
64+	\$1,642.04

Summary of Member Cost-Shares

	In Network
DEDUCTIBLE	\$500
COINSURANCE	0%
OUT-OF-POCKET MAXIMUM	\$5,800
Office Copays	\$25 PCP /\$50 Specialist
Drug:	\$15 Generic, \$50 Preferred Brand \$70 Non-Preferred Brand
Drug and Medical Combined for OOP Max	

**BlueChoice Inc.**

Individual On Exchange

**DISTRICT OF COLUMBIA****BlueChoice HMO HSA Gold \$1,600**

Proposed Monthly Premium Rate Filing Effective 1/1/2024

Consumer Adjusted Rate **\$693.44**

Age	Monthly Premium
0-20	\$453.51
21	\$504.13
22	\$504.13
23	\$504.13
24	\$504.13
25	\$504.13
26	\$504.13
27	\$504.13
28	\$515.92
29	\$527.01
30	\$540.19
31	\$554.06
32	\$566.54
33	\$579.72
34	\$593.58
35	\$607.45
36	\$621.32
37	\$635.19
38	\$642.82
39	\$650.45
40	\$676.10
41	\$702.45
42	\$730.19
43	\$758.62
44	\$788.44
45	\$818.95
46	\$850.85
47	\$884.14
48	\$918.81
49	\$954.87
50	\$992.31
51	\$1,031.15
52	\$1,071.36
53	\$1,112.97
54	\$1,156.66
55	\$1,201.73
56	\$1,248.89
57	\$1,297.43
58	\$1,348.05
59	\$1,400.75
60	\$1,455.53
61	\$1,512.36
62	\$1,512.36
63	\$1,512.36
64+	\$1,512.36

## Summary of Member Cost-Shares

	In Network
DEDUCTIBLE	\$1,600
COINSURANCE	0%
OUT-OF-POCKET MAXIMUM	\$3,050
Office Copays	\$25 PCP /\$50 Specialist
Drug:	\$15 Generic, \$50 Preferred Brand \$70 Non-Preferred Brand
Drug and Medical Combined for Deductible & OOP Max	



**BlueChoice Inc.**Individual On Exchange  
**DISTRICT OF COLUMBIA****BlueChoice HMO Standard Platinum \$0**

Proposed Monthly Premium Rate Filing Effective 1/1/2024

Consumer Adjusted Rate **\$859.88**

Age	Monthly Premium
0-20	\$562.36
21	\$625.13
22	\$625.13
23	\$625.13
24	\$625.13
25	\$625.13
26	\$625.13
27	\$625.13
28	\$639.75
29	\$653.51
30	\$669.85
31	\$687.04
32	\$702.52
33	\$718.86
34	\$736.06
35	\$753.25
36	\$770.45
37	\$787.65
38	\$797.11
39	\$806.57
40	\$838.38
41	\$871.06
42	\$905.45
43	\$940.71
44	\$977.68
45	\$1,015.52
46	\$1,055.07
47	\$1,096.35
48	\$1,139.34
49	\$1,184.05
50	\$1,230.49
51	\$1,278.64
52	\$1,328.51
53	\$1,380.11
54	\$1,434.28
55	\$1,490.17
56	\$1,548.64
57	\$1,608.84
58	\$1,671.61
59	\$1,736.96
60	\$1,804.89
61	\$1,875.36
62	\$1,875.36
63	\$1,875.36
64+	\$1,875.36

## Summary of Member Cost-Shares

	In Network
DEDUCTIBLE	\$0
COINSURANCE	0%
OUT-OF-POCKET MAXIMUM	\$2,000
Office Copays	\$20 PCP /\$40 Specialist
Drug:	\$5 Generic, \$15 Preferred Brand \$25 Non-Preferred Brand
Drug and Medical Combined for OOP Max	

<b>SERFF Tracking #:</b>	CFAP-133618179	<b>State Tracking #:</b>		<b>Company Tracking #:</b>	2704
<b>State:</b>	District of Columbia	<b>Filing Company:</b>	CareFirst BlueChoice, Inc.		
<b>TOI/Sub-TOI:</b>	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO				
<b>Product Name:</b>	2704 - DC ACA Individual BlueChoice				
<b>Project Name/Number:</b>	2704 - DC BC IND64- ACA ON-EXCHANGE/2704				

## URRT

### State Determination

<b>Review Status:</b>	Incomplete
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<b>SERFF Tracking #:</b>	CFAP-133618179	<b>State Tracking #:</b>		<b>Company Tracking #:</b>	2704
<b>State:</b>	District of Columbia	<b>Filing Company:</b>	CareFirst BlueChoice, Inc.		
<b>TOI/Sub-TOI:</b>	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO				
<b>Product Name:</b>	2704 - DC ACA Individual BlueChoice				
<b>Project Name/Number:</b>	2704 - DC BC IND64- ACA ON-EXCHANGE/2704				

## URRT Items

Item Name	Attachment(s)
Unified Rate Review Template	<i>UnifiedRateReviewSubmission_20230428134545.xml</i>
Actuarial Memorandum	<i>2704_Individual_DC_BlueChoice_1.1.24_ActuarialMemorandum.pdf</i>
Actuarial Memorandum - Redacted	<i>2704_Individual_DC_BlueChoice_1.1.24_ActuarialMemorandum-Red.pdf</i>
Consumer Justification Narrative	<i>2704-DCInd-BlueChoice-PartIIRateJustification.pdf</i>

<b>SERFF Tracking #:</b>	CFAP-133618179	<b>State Tracking #:</b>		<b>Company Tracking #:</b>	2704
<hr/>					
<b>State:</b>	District of Columbia	<b>Filing Company:</b>	CareFirst BlueChoice, Inc.		
<b>TOI/Sub-TOI:</b>	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO				
<b>Product Name:</b>	2704 - DC ACA Individual BlueChoice				
<b>Project Name/Number:</b>	2704 - DC BC IND64- ACA ON-EXCHANGE/2704				

***Attachment UnifiedRateReviewSubmission\_20230428134545.xml is not a PDF document and cannot be reproduced here.***

# CareFirst BlueCross BlueShield

## Part III Actuarial Memorandum

### 4.1 Redacted Actuarial Memorandum

CareFirst is making no redactions so both Actuarial Memorandum submissions are the same.

### 4.2 General Information Section

#### Company Identifying Information:

- **Company Legal Name:** CareFirst BlueChoice, Inc. (CFBC) - NAIC # 96202
- **State:** District of Columbia
- **HIOS Issuer ID:** 86052
- **Market:** Individual, Non-Medigap (On Exchange)
- **Effective Date:** 1/1/24 – 12/31/24
- **Company Filing Number:** 2704
- **SERFF Filing Number:** CFAP-133618179

#### Company Contact Information:

- **Primary Contact Name:** Mr. Cory Bream, ASA, MAAA
- **Primary Contact Telephone Number:** 410-998-5308
- **Primary Contact E-Mail Address:** Cory.Bream@CareFirst.com

### 4.3 Proposed Rate Changes (Individual market)

Base rates are changing 18.5% on average. The range is 14.2% to 66.4%. This filing applies to all new and renewing, in-force business in the guaranteed renewable, non-grandfathered, ACA, metaled benefit plans. The number of policyholders affected by this rate change is 2,469.

#### Reason for Rate Change(s):

The main drivers supporting the rate change are 1) increase in the base period claims experience of the combined pool, 2) trend, 3) lower projected changes in pool morbidity, 4) higher projected risk adjustment payable, 5) higher projected cost for the Catastrophic plan, and 6) increases in assumed plan actuarial values.

For our initial submission, we have not adjusted 2024 rates to reflect potential impacts of Medicaid redeterminations. We reserve the right to update assumptions as appropriate during the review process.

### 4.4 Market Experience (Combined Individual/Small Group market)

Our SRP reflects all covered lives for every non-grandfathered product in our market per 45 CFR Part § 156.80 (d).

#### 4.4.1 Experience and Current Period Premium, Claims, and Enrollment

The incurred period is 1/1/22 through 12/31/22, as required.

**Paid Through Date:** 2/28/23

**Current Date:** 2/28/23

**Premiums (prior to MLR rebates) in Experience Period:** \$299,556,877

**Experience Period Member Months:** 589,241

**Current Date Members:** 50,692

## **Allowed and Incurred Claims Incurred During the Experience Period**

### **Allowed Claims**

- **Processed through issuer's claim system:** \$288,156,280
- **Processed outside issuer's claim system:** \$0
- **IBNR:** \$10,787,514

### **Incurred Claims**

- **Processed through issuer's claim system:** \$250,850,478
- **Processed outside issuer's claim system:** \$0
- **IBNR:** \$9,295,459

### **Method used for determining Allowed Claims**

The allowed claims come directly from our claim records and account for capitations by applying contracted PMPM amounts directly to enrollment from the experience period. Drug rebates from the experience period are also included.

### **Support for IBNR estimates**

Our estimates of IBNR paid claims were derived using a "chain and ladder" model based on the most recent 36 months to derive the completion factor and IBNR for each incurred month. Estimates of IBNR allowed claims were derived using the same completion factors as those estimated based on paid claims.

## **4.4.2 Benefit Categories**

Inpatient (hospital), outpatient (hospital), professional, other medical (non-capitated ambulance, home health care, durable medical equipment, prosthetics, supplies, vision exams, pediatric dental services and other), prescription drug & capitations.

## **4.4.3 Projection Factors**

### *4.4.3.1 Trend Factors*

#### **Trend Factors (Cost/Utilization):**

Exhibit 8 in the Memorandum contains our selected annual utilization and unit cost trends by service category. Unit cost and utilization trends were set by service category to produce the overall anticipated trend of 6.5%, which is an increase compared to the 5.4% trend assumed in our prior filing. Current observed medical trends as of 202212 are 7.8%, down from 17.8% in 202112. Current observed drug trends are 9.3% as of 202212, up from 7.9% in 202112. The composite medical and drug trend is 8.1% as of 202212, down from 15.2% in 202112.

When normalized for induced demand, network, and demographics, the observed composite trends of 8.1% in 202212 and 15.2% in 202112 become 7.3% and 14.5%, respectively.

Using the proposed trend factor, in combination with other assumptions such as morbidity, etc., the annualized allowed PMPM change between 2024 and 2022 represented in this filing is 6.8%.

### *4.4.3.2 Adjustments to Trended EHB Allowed Claims PMPM*

#### **Morbidity Adjustment:**

Exhibit 4 in our memorandum contains support for this adjustment. To measure the projected morbidity of our population, we split our projected population into cohorts defined by metal tier and membership type. Membership type is defined as new member, existing member, or transfer from other lines of business. Consistent with the rules in the 2024 Unified Rate Review Instructions, we began our morbidity projection

by normalizing allowed claims for each of the cohorts outlined above for projected changes in age, gender, network and induced utilization.

We have not reflected any morbidity adjustments to the base period normalized allowed PMPMs by metal tier for the existing and transfer membership types. Exhibit 4 demonstrates how these PMPMs are unchanged from the current year YTD to remainder of current year. For the new membership type we have assumed a claims PMPM by metal equal to that of the existing members.

The resulting morbidity calculation is completed in steps split by year:

- Once the remainder of current year (2023) is completed, the membership and claims by metal are combined to derive a total estimate for the year.
- This result carries over to the rating year (2024) as the metal specific normalized PMPMs for the existing members.
- The assumed claims PMPMs by metal for the new members are again assumed to equal those for the existing members.
- Transfer members PMPMs are treated separately and reflect base period amounts projected forward. Our projection factor for these members is 1.000.
- Once these PMPMs are set, the final morbidity calculation is driven by the projected member months at these levels.

The total morbidity change from 2022 to 2024 is expected to be 1.5%, which is the factor used in Exhibit 1 in the calculation of the market adjustment index rate.

#### **Demographic Shift:**

Exhibit 6 in the Memorandum contains support for our adjustment due to the anticipated change in the average age of this population between the experience and projection periods. Our methodology measures the change in average demographic factor between the base and rating periods. The demographic factors used are from an internal age/gender curve with an approximate 4.5:1 ratio (age 64+ to age 21 factors). Factors for both time periods are weighted using member months and the ratio of the two is applied as our market level adjustment.

#### **Plan Design Changes:**

Exhibit 5 in the Memorandum details our support for this adjustment to account for anticipated changes in the average utilization of services due to differences in average cost sharing requirements between the experience and projection periods. Our methodology measures the change in the average induced utilization factor between the base and rating periods. The factors used are the metal level factors from the federal risk adjustment program. Once the average internal pricing AV, weighted by member months, is determined for both the experience and rating periods the linearly interpolated factor is determined. The ratio of these two factors is applied as our market level adjustment.

#### **Other Adjustments:**

Exhibit 7 in the Memorandum details our support for these adjustments. We are proposing additional other adjustments for changes to our capitation fees and drug rebates.

##### *4.4.3.3 Manual Rate Adjustments*

Not applicable, as experience was determined to be fully credible.

##### *4.4.3.4 Credibility of Experience*

Exhibit 2 in the Memorandum contains a summary of our base period experience, including member months. We have assigned full credibility to this experience.

##### *4.4.3.5 Establishing the Index Rate*

The experience period index rate for this filing is \$507.18 and the projection period index rate is \$578.44. Both rates and the adjustments made to develop the projected amount from the experience period amount can be found on Exhibit 1 of the Memorandum. Specifically, these adjustments correspond to those outlined in sections 4.4.3.1 and 4.4.3.2.

#### *4.4.3.6 Development of the Market-wide Adjusted Index Rate*

The Market-wide Adjusted Index Rate for the Individual market is \$768.86 and is derived by multiplying the projection period index rate with the market level adjustments for the risk adjustment program. Details for the risk adjustment program can be found below.

### **Reinsurance**

There are no reinsurance recoveries applicable to this market.

### **Risk Adjustment Payment/Charge:**

The Experience Period Risk Adjustment transfers in the URRT are based on the most recent Wakely results.

Our projected 2024 risk adjustment transfers, found in Exhibit 9, have been calculated consistent with our membership and morbidity projections found elsewhere in this filing. To project the risk adjustment factors from 2022 to 2024, we have assumed an increase in the statewide premium of 23.6% which reflects an estimate of an average 13.4% increase in 2023 and 9.0% increase in 2024. We have assumed that our CFI Individual non-Catastrophic market share will decrease from 80.2% in 2022 to 79.0% in 2024 and that our CFI Individual non-Catastrophic PLRS ratio to the state will increase from 1.068 in 2022 to 1.075 in 2024. The resultant estimate of risk adjustment is that the BlueChoice payable transfer PMPM for the Individual market will increase from -\$118.43 in 2022 to -\$125.25 in 2024. Combined with the -\$125.25 is a projected HCRP net PMPM payable of -\$1.76, which results in a total projected risk adjustment payable of -\$127.01.

The risk adjustment estimates above are calculated separately for the Individual market and the Small Group market as required. This approach is different than the blended approach used to calculate the Index Rate, and therefore there is an inconsistency between the risk assumed in rates and the claims data used in the calculation.

If a merged Individual and Small Group risk adjustment methodology was used, the rate change for Individual BlueChoice is estimated to be -2.0%.

### **Exchange User Fees:**

There are no applicable exchange user fees since the rates in this filing are not offered on the Federal Marketplace.

#### **4.4.4 Plan Adjusted Index Rate**

Exhibit 11 in the Memorandum displays the adjustments made for each plan. Every plan adjusted index rate is developed from the market adjusted index rate using only the allowable plan level modifiers as follows:

- **Actuarial value and cost-sharing design of the plan:** The actuarial value for each plan was determined using our own internal model and estimates the ratio of paid to allowed dollars given that plan's benefit design and the assumed allowed amount consistent with the projection period index rate. The assumed actuarial values also include a multiplicative factor applied uniformly across plans. The application of the AV to an index rate that is the same across all plans results in a member months weighted average AV (and resulting average paid PMPM assumed in rates) that



may be materially deficient depending on the distribution of projected membership and actual cost. This factor accounts for the deficiency specific to this block of business. The URRT instructions state that this adjustment may take into account the benefit differences and utilization differences due to differences in cost-sharing. As a result, our plan adjusted index rates also include adjustments to account for the impact the metal level has on utilization.

- **Provider network:** All plans offered use the Open Access network.
- **Benefits in addition to EHBs:** There is an adjustment to account for abortion coverage and adult vision (which are offered in addition to EHBs).
- **Administrative costs:** See Exhibit 10A in the Memorandum for the assumed values of the following additional items.
  1. Administrative Expense (G&A)
  2. Broker Commissions & Fees
  3. Federal Income Tax (FIT)
  4. Contribution to Reserve (Post-Tax)
  5. State Premium Tax
  6. PCORI Fee
  7. Risk Adjustment User Fee
  8. Exchange Assessment Fee
- **Catastrophic adjustment:** The catastrophic factor has been developed from the experience of the catastrophic population and is applied only to the catastrophic plan as required. See the Appendix in the Memorandum for more details. All other factors applied to the Market Adjusted Index Rate are the same across all plans.

For each plan, we have taken the applicable adjustment factor from each category above and multiplied them by the market adjusted index rate to derive each plan adjusted index rate.

#### **4.4.5 Calibration**

##### **Age Curve Calibration**

We have calibrated to the rounded weighted average age which was determined as the age for the factor nearest our projected average factor. We have used the standard DC age curve factors and weighted them using member months in our calculation.

A demonstration of how the plan adjusted index rates and the age curve are used to generate the schedule of premium rates for each plan can be found on Exhibit 13.

##### **Geographic Factor Calibration**

We have elected not to rate for geographic region.

##### **Tobacco Use Rating Factor Calibration**

We have elected not to rate for tobacco usage.

#### **4.4.6 Consumer Adjusted Premium Rate Development**

The premium rate that a given consumer will be charged is calculated by first taking the plan adjusted index rate for that member's chosen plan and dividing by the projected average age rating factor. The resulting value is the base rate for that plan. The final step in determining a consumer adjusted premium rate is to take the rate from the first step and multiply it by the corresponding factor for that member's age from the standard DC age curve. Rate charts are provided for all the consumer adjusted premiums.

## **4.5 Projected Loss Ratio**

The projected loss ratio for the rates provided in this file, using the Federally-prescribed MLR methodology, is 88.7% for the Individual market and 83.3% for the combined Individual/Small Group market. Details behind this calculation can be found in Exhibit 10B.

## **4.6 Plan Product Information**

### **4.6.1 AV Metal Values**

The majority of our 2024 plans include varying cost share levels for some services that depend on the setting in which care is delivered. The HHS AV calculator was used to compute two separate AVs for each impacted plan – one which applied the higher level of cost-share, and one which applied the lower level of cost-share. The results were blended assuming 83% of the designated services are rendered in higher cost-share setting and the remaining 17% at the lower, consistent with experience from our small group and individual markets. Plans without these features used the AV calculator without modification.

Additional details regarding the unique plan designs not accommodated by the HHS AV Calculator along with printouts for each plan are provided in the “Actuarial Memorandum” section of the Supporting Documentation tab of the SERFF filing.

### **4.6.2 Membership Projections**

The membership projections found in Worksheet 2 of the URRT were developed from enrollment as of 2/28/23 using assumptions for termination rates, new sales and transfers. The projections also incorporate any plan mappings anticipated between that month and the rating period. For new plan offerings where no plans are being uniformly modified into them, a minimum level of enrollment was assumed.

### **4.6.3 Terminated Plans and Products**

Plan mappings from the experience period to the rating period can be found in Appendix – Mapping.

### **4.6.4 Plan Type**

Each plan in Worksheet 2, Section I of the URRT contains a plan type that describes the plan exactly.

## **4.7 Miscellaneous Instructions**

### **4.7.1 Effective Rate Review Information (Optional)**

We have no additional exhibits.

### **4.7.2 Reliance**

We do not have any reliance to state.

### **4.7.3 Actuarial Certification**

Included in the Memorandum.

**BlueChoice Inc.  
d.b.a. CareFirst BlueCross BlueShield  
(NAIC # 96202)**

**Rate Filing # 2704  
D.C. Individual Products  
Rate Filing Effective 1/1/2024**

**Actuarial Memorandum**

**BlueChoice Inc.**  
**(NAIC # 96202)**  
**H.R. 3950 - Public Law 111-148 - Patient Protection and Affordable Care Act (ACA)**  
**D.C. Individual Products**  
**Rate Filing Effective 1/1/2024**  
**Actuarial Certification**

I, Cory Bream, am a(n) Assistant Actuary with CareFirst BlueChoice doing business as CareFirst BlueCross BlueShield. I am a member of the American Academy of Actuaries (AAA) in good standing and have the education and experience necessary to perform the work. Rates were developed in accordance with the appropriate Actuarial Standards of Practice (ASOPs) and the AAA's Code of Professional Conduct. While other ASOPs apply, a sample listing is below.

- i. ASOP No. 5, Incurred Health and Disability Claims
- ii. ASOP No. 8, Regulatory Filings for Health Plan Entities
- iii. ASOP No. 12, Risk Classification
- iv. ASOP No. 23, Data Quality
- v. ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages
- vi. ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health and Benefit Plans
- vii. ASOP No. 41, Actuarial Communications
- viii. ASOP No. 50, Determining Minimum Value and Actuarial Value under the Affordable Care Act

I have been involved in the development of these rates, and to the best of my knowledge and understanding, the rates in this filing have been developed in accordance with the available regulations and guidance. Should new guidance be released, this filing may be revised. I certify that this filing has been prepared based on sound and commonly accepted actuarial principles, practices and assumptions in the aggregate for the legal entity.

I further certify the following:

1. The projected Index Rate is:
  - a. In compliance with all applicable state and Federal statutes and regulations (45 CFR 156.80 and 147.102)
  - b. Developed in compliance with the applicable Actuarial Standards of Practice
  - c. Reasonable in relation to the benefits provided and the population anticipated to be covered
  - d. Neither excessive nor deficient
2. The Index Rate and only the allowable modifiers as described in 45 CFR § 156.80(d)(1) and 45 CFR § 156.80(d)(2) were used to generate plan level rates. These rates have been calibrated to account for age (geography and tobacco are not applicable).
3. Consistent with 45 CFR § 156.135, the 2024 HHS Actuarial Values (AV) Calculator was used to determine the AV metal values shown in Worksheet 2 of Part I of the Unified Rate Review Template (URRT) for all plans except those specified. Where necessary, the AVs of the benefits proposed have been calculated with minimal modifications to the AV calculator as described in the Actuarial Memorandum.

As a qualifier to the opinion, the URRT does not demonstrate the process used by the issuer 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 that the Index Rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

For our initial submission, we have not adjusted 2024 rates to reflect potential impacts of Medicaid redeterminations. We reserve the right to update assumptions as appropriate during the review process.

The HMO Platinum benefit factor has been adjusted downward 0.5% so that all HMO rates by metal are lower than PPO, as required by the DISB in past rate filing submissions.

**Cory Bream** Digitally signed by Cory Bream  
Date: 2023.04.28 13:24:11 -04'00'

Cory Bream, ASA, MAAA  
Assistant Actuary  
CareFirst BlueCross BlueShield  
Mail Drop-Point 01-720  
10455 Mill Run Circle  
Owings Mills, MD 21117

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5	Exhibit 2 - Base Period Allowed
6	Exhibit 3 - Non-EHB
7	Exhibit 4 - Morbidity
8	Exhibit 5 - Induced Demand
9	Exhibit 6 - Demographics
10	Exhibit 7 - Other Adjustments
11	Exhibit 8 - Trend
12	Exhibit 9 - Risk Adjustment
13	Exhibit 10A - Desired Loss Ratio
14	Exhibit 10B - Federal MLR
15	Exhibit 10B - Combined Federal MLR
16	Exhibit 11 - Plan Adjusted Index Rates
17	Exhibit 12 - HHS Actuarial Values
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19	Exhibit 14 - Age Factors
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21	Appendix - Network Factors
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25	Appendix - Max Renewal
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### Exhibit 1 - Market Adjusted Index Rate Summary

		2024	Exhibit
(1)	Base Period Total Allowed	\$ 507.34	2
(2)	Base Period Non-EHB PMPM	\$ 0.15	2
(3)	Experience Period Index Rate	\$ 507.18	
(4)	Change in Morbidity	1.0152	4
(5)	Additional Population Adjustment	1.0000	
(6)	Induced Demand	0.9960	5
(7)	Projection Period Utilization and Network Adjustment	1.0000	
(8)	Demographic Adjustment	0.9986	6
(9)	Area Adjustment	1.0000	
(10)	Additional "Other" Adjustments	0.9966	7
(11)	Annualized Trend	6.5%	8
(12)	Months of Trend	24.0	
(13)	Unit cost & Utilization/1,000 Trend Factor	1.1333	
(14)	Projection Period Index Rate	\$ 578.44	
(15)	Reinsurance Program	1.0000	Appendix
(16)	Risk Adjustment Program	1.3292	9
(17)	Federal Exchange User Fee	1.0000	
(18)	Market Adjusted Index Rate	\$ 768.86	
	Without Risk Adjustment	\$ 578.44	

**The projection period index rate was developed by projecting individual URRT service categories and then building up into a total PMPM. As a result the adjustments above may not match the referenced exhibits exactly because these represent the average factor when considering application at the service category level.**

## Exhibit 2 - Base Period Experience

Service Category	Incurred	Allowed	Allowed PMPM	Utilization Description	Utilization per 1,000	Average Cost/Service		
Inpatient Hospital	\$	45,429,709	\$	77.10	Admits	51.78	\$	17,867.70
Outpatient Hospital	\$	59,752,890	\$	101.41	Visits	879.82	\$	1,383.11
Professional	\$	106,757,007	\$	181.18	Visits	13,598.05	\$	159.89
Other Medical	\$	24,389,549	\$	41.39	Services	1,719.72	\$	288.82
Capitation	\$	514,658	\$	0.87	Benefit Period	1,000	\$	10.48
Prescription Drug	\$	62,099,982	\$	105.39	Prescriptions	8,015.29	\$	157.78
<b>Total (EHB &amp; Non-EHB)</b>	<b>\$</b>	<b>298,943,794</b>	<b>\$</b>	<b>507.34</b>				
<b>EHB Allowed</b>	<b>\$</b>	<b>298,852,925</b>	<b>\$</b>	<b>507.18</b>				
<b>Non-EHB Allowed</b>	<b>\$</b>	<b>90,869</b>	<b>\$</b>	<b>0.15</b>				
<b>Incurred Net</b>	<b>\$</b>	<b>260,145,938</b>	<b>\$</b>	<b>441.49</b>				
<b>Net/Allowed</b>		<b>87.0%</b>						
<b>Experience Period Member Months</b>		<b>589,241</b>						
<b>Experience Period Revenue</b>	<b>\$</b>	<b>299,556,877</b>						

### Exhibit 3 - Non-EHB Adjustment

HIOS Plan ID	Plan Name	Exchange	2024 Index Rate	2024 Non-EHB PMPM	2024 Non-EHB Adjustment
86052DC0400001	BlueChoice HMO Standard Silver \$4,850	On	\$ 578.44	\$ 2.35	1.0041
86052DC0400002	BlueChoice HMO Standard Gold \$500	On	\$ 578.44	\$ 2.08	1.0036
86052DC0400004	BlueChoice HMO Young Adult \$9,450	On	\$ 578.44	\$ 3.41	1.0059
86052DC0400007	BlueChoice HMO Standard Bronze \$7,500	On	\$ 578.44	\$ 2.55	1.0044
86052DC0400008	BlueChoice HMO Standard Platinum \$0	On	\$ 578.44	\$ 1.93	1.0033
86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,350	On	\$ 578.44	\$ 2.63	1.0045
86052DC0400011	BlueChoice HMO HSA Gold \$1,600	On	\$ 578.44	\$ 2.18	1.0038



Exhibit 4 - Morbidity Adjustment Factor

Base Year

Metal Level	Member Months	2022 Normalized Allowed PMPM	
Catastrophic	5,027	\$	184.19
Bronze	45,214	\$	177.98
Silver	143,478	\$	222.99
Gold	238,386	\$	280.54
Platinum	157,036	\$	313.89
Subtotal	589,141	\$	266.72

Current Year YTD

Existing				
Metal Level	Member Months	2022 Normalized Allowed PMPM	Morbidity Adjustment	2023 Adjusted Normalized Allowed PMPM
Catastrophic	529	\$ 195.88	1.000	\$ 195.88
Bronze	6,108	\$ 177.76	1.000	\$ 177.76
Silver	19,723	\$ 226.23	1.000	\$ 226.23
Gold	33,093	\$ 281.50	1.000	\$ 281.50
Platinum	22,058	\$ 304.31	1.000	\$ 304.31
Subtotal	81,511	\$ 265.97	1.000	\$ 265.97

New				
Metal Level	Member Months	Existing Cohort Adjusted Normalized Allowed PMPM	Morbidity Adjustment	2023 Adjusted Normalized Allowed PMPM
Catastrophic	70	\$ 195.88	1.000	\$ 195.88
Bronze	978	\$ 177.76	1.000	\$ 177.76
Silver	3,825	\$ 226.23	1.000	\$ 226.23
Gold	6,582	\$ 281.50	1.000	\$ 281.50
Platinum	4,241	\$ 304.31	1.000	\$ 304.31
Subtotal	15,696	\$ 267.35	1.000	\$ 267.35

Transfer				
Metal Level	Member Months	2022 Normalized Allowed PMPM	Morbidity Adjustment	2023 Adjusted Normalized Allowed PMPM
Catastrophic	23	\$ 163.71	1.000	\$ 163.71
Bronze	216	\$ 306.75	1.000	\$ 306.75
Silver	723	\$ 273.35	1.000	\$ 273.35
Gold	1,358	\$ 315.31	1.000	\$ 315.31
Platinum	1,524	\$ 348.74	1.000	\$ 348.74
Subtotal	3,844	\$ 319.28	1.000	\$ 319.28

Total				
Metal Level	Member Months	2022 Normalized Allowed PMPM	Morbidity Adjustment	2023 Adjusted Normalized Allowed PMPM
Catastrophic	622	\$ 194.69	1.000	\$ 194.69
Bronze	7,302	\$ 181.57	1.000	\$ 181.57
Silver	24,271	\$ 227.63	1.000	\$ 227.63
Gold	41,033	\$ 282.62	1.000	\$ 282.62
Platinum	27,823	\$ 306.75	1.000	\$ 306.75
Subtotal	101,051	\$ 268.21	1.000	\$ 268.21

Remainder of Current Year

Existing		
Metal Level	Member Months	2023 Adjusted Normalized Allowed PMPM
Catastrophic	2,249	\$ 195.88
Bronze	28,701	\$ 177.76
Silver	97,890	\$ 226.23
Gold	162,122	\$ 281.50
Platinum	111,308	\$ 304.31
Subtotal	402,270	\$ 266.48

New		
Metal Level	Member Months	2023 Adjusted Normalized Allowed PMPM
Catastrophic	967	\$ 195.88
Bronze	6,031	\$ 177.76
Silver	21,674	\$ 226.23
Gold	38,893	\$ 281.50
Platinum	23,719	\$ 304.31
Subtotal	91,284	\$ 266.54

Transfer		
Metal Level	Member Months	2023 Adjusted Normalized Allowed PMPM
Catastrophic	183	\$ 163.71
Bronze	1,543	\$ 306.75
Silver	4,021	\$ 273.35
Gold	7,691	\$ 315.31
Platinum	7,083	\$ 348.74
Subtotal	20,521	\$ 316.63

Total		
Metal Level	Member Months	2023 Adjusted Normalized Allowed PMPM
Catastrophic	3,399	\$ 194.15
Bronze	36,275	\$ 183.24
Silver	123,585	\$ 227.76
Gold	208,706	\$ 282.75
Platinum	142,110	\$ 306.53
Subtotal	514,075	\$ 268.50

Total Current Year

Total	Member Months	2023 Adjusted Normalized Allowed PMPM
Catastrophic	4,021	\$ 194.23
Bronze	43,577	\$ 182.96
Silver	147,856	\$ 227.74
Gold	249,739	\$ 282.73
Platinum	169,933	\$ 306.56
Subtotal	615,126	\$ 268.45

Rating Year

Existing				
Metal Level	Member Months	2023 Normalized Allowed PMPM	Morbidity Adjustment	2024 Adjusted Normalized Allowed PMPM
Catastrophic	2,646	\$ 194.23	1.000	\$ 194.23
Bronze	35,096	\$ 182.96	1.000	\$ 182.96
Silver	125,783	\$ 227.74	1.000	\$ 227.74
Gold	212,761	\$ 282.73	1.000	\$ 282.73
Platinum	145,552	\$ 306.56	1.000	\$ 306.56
Subtotal	521,838	\$ 268.96	1.000	\$ 268.96

New				
Metal Level	Member Months	Existing Cohort Adjusted Normalized Allowed PMPM	Morbidity Adjustment	2024 Adjusted Normalized Allowed PMPM
Catastrophic	883	\$ 194.23	1.000	\$ 194.23
Bronze	6,228	\$ 182.96	1.000	\$ 182.96
Silver	26,252	\$ 227.74	1.000	\$ 227.74
Gold	44,844	\$ 282.73	1.000	\$ 282.73
Platinum	30,607	\$ 306.56	1.000	\$ 306.56
Subtotal	108,814	\$ 269.74	1.000	\$ 269.74

Transfer				
Metal Level	Member Months	2023 Normalized Allowed PMPM	Morbidity Adjustment	2024 Adjusted Normalized Allowed PMPM
Catastrophic	130	\$ 163.71	1.000	\$ 163.71
Bronze	1,884	\$ 306.75	1.000	\$ 306.75
Silver	5,871	\$ 273.35	1.000	\$ 273.35
Gold	10,208	\$ 315.31	1.000	\$ 315.31
Platinum	6,901	\$ 348.74	1.000	\$ 348.74
Subtotal	24,994	\$ 313.25	1.000	\$ 313.25

Total				
Metal Level	Member Months	2023 Normalized Allowed PMPM	Morbidity Adjustment	2024 Adjusted Normalized Allowed PMPM
Catastrophic	3,659	\$ 193.15	1.000	\$ 193.15
Bronze	43,208	\$ 188.36	1.000	\$ 188.36
Silver	157,906	\$ 229.44	1.000	\$ 229.44
Gold	267,813	\$ 283.97	1.000	\$ 283.97
Platinum	183,060	\$ 308.15	1.000	\$ 308.15
Subtotal	655,646	\$ 270.78	1.000	\$ 270.78

Year	Adjusted Normalized PMPM	Year over Year Change
2022	\$ 266.72	n/a
2023	\$ 268.45	0.6%
2024	\$ 270.78	0.9%

Morbidity Adjustment Change	1.5%
Morbidity Adjustment Factor	1.0152

### Exhibit 5 - Induced Utilization Adjustment Factor

Year	Actuarial Value	Induced Demand Factor	
(1) 2022	82.92%	1.1004	
(2) Projected 2024	82.29%	1.0960	
(3) <b>Adjustment*</b>		<b>0.9960</b>	(2)/(1)

**\*Applied to all service categories except capitations**

### Exhibit 6 - Demographic Adjustment

	Period	Cohort	Demo Factor*	Weight	Average Age**
(1)	Base Period	All	1.6746	100.0%	34.3
(2)	Rating Period	Existing	1.7249	79.6%	
		New	1.4471	16.6%	
		Transfer	1.5544	3.8%	
(3)	Rating Period	All	1.6723	100.0%	34.3
(4)	<b>Demographic Adjustment***</b>	<b>All</b>	<b>0.9986</b>		

(3) / (1)

\*Demo factors by cohort for the rating period are based on average factors for each cohort from the current year to date. Weights are based on expected distribution of member months.

\*\*Average ages are member weighted

\*\*\*Applied to all service categories except capitations

Exhibit 7 - Factors for Additional "Other" Adjustments

Capitation adjustment			
(1)	Experience Period Capitations PMPM (EHBs only)	\$	0.81
(2)	Projection Period Capitations PMPM (EHBs only)	\$	0.66
(3)	Adjustment to Capitation Category	0.8165	(2)/(1)
Drug Rebates adjustment			
(4)	Experience Period Allowed Rx PMPM (Pre-Rebates)	\$	137.81
(5)	Morbidity	1.0152	Exhibit 4
(6)	Induced Demand	0.9960	Exhibit 5
(7)	Demographics	0.9986	Exhibit 6
(8)	Rx Trend (Force of Trend)	1.2614	Exhibit 8
(9)	Projected Target Allowed Rx PMPM using Multiplicative Factors (Pre-Rebates)	\$	175.54 (4)*(5)*(6)*(7)*(8)
(10)	Target Projection Period Rx Rebates PMPM	\$	43.12
(11)	Target Post-Rebates Allowed Rx PMPM using Target Projection Period Rx Rebates PMPM	\$	132.42 (9)-(10)
(12)	Experience Period Rx Rebates PMPM	\$	32.42
(13)	Experience Period Allowed Rx PMPM (Post-Rebates)	\$	105.39 (4)-(12)
(14)	Morbidity	1.0152	Exhibit 4
(15)	Induced Demand	0.9960	Exhibit 5
(16)	Demographics	0.9986	Exhibit 6
(17)	Rx Trend (Force of Trend)	1.2614	Exhibit 8
(18)	Projection Period Allowed Rx PMPM using Multiplicative Factors (Post-Rebates)	\$	134.24 (13)*(14)*(15)*(16)*(17)
(19)	Adjustment to Drug Category	0.9864	(11)/(18)

	PMPM	Adjustment	
Inpatient Hospital	\$ 81.65	1.0000	
Outpatient Hospital	\$ 119.71	1.0000	
Professional	\$ 199.61	1.0000	
Other Medical	\$ 44.40	1.0000	
Capitation	\$ 0.81	0.8165	(3)
Prescription Drug	\$ 134.24	0.9864	(19)
Total	\$ 580.41	0.9966	

PMPM weights are set equal to projected PMPM without "other" adj.

### Exhibit 8 - Annual Trend Assumptions

	2022				Trended
	EHB PMPM	Weight	Utilization/1,000	Unit Cost	Composite
<b>Inpatient Hospital</b>	\$ 77.10	15.2%	1.0303	0.9940	1.0488
<b>Outpatient Hospital</b>	\$ 101.38	20.0%	1.0173	1.0630	1.1694
<b>Professional</b>	\$ 181.13	35.7%	1.0123	1.0320	1.0914
<b>Other Medical</b>	\$ 41.39	8.2%	1.0443	0.9870	1.0624
<b>Capitation</b>	\$ 0.81	0.2%	1.0000	1.0000	1.0000
<b>Prescription Drug</b>	\$ 105.39	20.8%	1.0323	1.0880	1.2614
<b>Total</b>	\$ 507.18	100.0%			1.0646
<b>Proposed Trend</b>					<b>1.0646</b>

**Exhibit 9 - Risk Adjustment**

**Statewide 2022**

Metallic Tier	Member Months		PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM	Statewide PMPM 2022
Catastrophic	5,467		0.252	0.734	1.000	1.000	0.570	0.252	0.418			\$ 113.31
Individual Non-Catastrophic	166,958		1.486	1.149	1.000	1.060	0.741	1.623	0.901			\$ 511.80

**CFI & Competition 2022**

Metallic Tier	Member Months	Distribution	PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM
CFI Non-Catastrophic	133,956	80.2%	1.588	1.157	1.000	1.061	0.742	1.734	0.910		
Competition Non-Catastrophic	33,001	19.8%	1.073	1.114	1.000	1.058	0.738	-	-		

**2022**

Metallic Tier	Member Months	Distribution	PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM
Catastrophic	5,072	11.6%	0.250	0.734	1.000	1.000	0.570	0.250	0.418	-\$2,219	-\$0.44
Bronze	20,399	46.6%	0.686	1.228	1.000	1.000	0.600	0.686	0.737	-\$4,124,217	-\$202.18
Silver	11,588	26.4%	1.072	1.206	1.000	1.030	0.700	1.104	0.870	-\$1,690,167	-\$145.85
Gold	5,086	11.6%	1.459	1.089	1.000	1.080	0.800	1.575	0.941	-\$191,440	-\$37.64
Platinum	1,668	3.8%	3.279	1.188	1.000	1.150	0.900	3.771	1.229	\$819,219	\$491.04
Total	43,814	100.0%	0.926	1.147	1.000	1.023	0.658	0.967	0.777	-\$5,188,825	-\$118.43

**Statewide 2024**

Metallic Tier	Member Months		PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM	Statewide PMPM 2024
Catastrophic	4,021		0.227	0.736	1.000	1.000	0.570	0.227	0.419			\$ 230.23
Individual Non-Catastrophic	145,019		1.347	1.156	1.000	1.059	0.740	1.470	0.905			\$ 632.62

**CFI & Competition 2024**

Metallic Tier	Member Months	Distribution	PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM
CFI Non-Catastrophic	114,565	79.0%	1.448	1.164	1.000	1.060	0.741	1.579	0.914		
Competition Non-Catastrophic	30,454	21.0%	0.967	1.124	1.000	1.058	0.738	-	-		

**2024**

Metallic Tier	Member Months	Distribution	PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM
Catastrophic	3,659	11.3%	0.223	0.735	1.000	1.000	0.570	0.223	0.419	-\$16,614	-\$4.54
Bronze	14,214	43.9%	0.643	1.253	1.000	1.000	0.600	0.643	0.752	-\$3,536,486	-\$248.80
Silver	8,289	25.6%	0.963	1.175	1.000	1.030	0.700	0.992	0.847	-\$1,366,924	-\$164.91
Gold	5,167	16.0%	1.354	1.129	1.000	1.080	0.800	1.462	0.976	-\$270,318	-\$52.32
Platinum	1,039	3.2%	3.969	1.205	1.000	1.150	0.900	4.565	1.247	\$1,136,409	\$1,093.75
Total	32,368	100.0%	0.898	1.153	1.000	1.025	0.664	0.941	0.790	-\$4,053,932	-\$125.25

**Adjustment Factor applied to Market Adjusted Index Rate**

Projected Index Rate	Projected Transfer PMPM (Allowed basis)	Risk Adjustment User Fee (Allowed basis)	Adjustment Factor*
\$578.44	-\$190.10	\$0.31	1.3292

Estimated HCRP Receivable	Estimated HCRP Charge	HCRP Net Charge PMPM
\$0	\$57,000	-\$1.76

\*Adjustment Factor = (\$578.44 - \$-190.1+ \$0.31) / \$578.44

# Exhibit 10A - Desired Incurred Claims Ratio

	2024	
	PMPM	% of Revenue
Allowed Claims	\$ 514.69	
Paid/Allowed Ratio	75.2%	
Paid Claims & Capitations	\$ 387.05	
Risk Adjustment Transfer & HCRP (Paid Basis)	\$ (127.01)	
Reinsurance Recoveries (Paid Basis)	\$ -	
Paid Claims & Capitations (Post-3Rs)	\$ 514.06	85.7%
Administrative Expense	\$ 53.35	8.9%
Broker Commissions & Fee	\$ 2.67	0.4%
Contribution to Reserve (Post-Tax)	\$ 9.59	1.6%
Investment Income Credit	\$ (0.60)	-0.1%
Risk Charge	\$ -	0.0%
<b>Non-ACA Taxes &amp; Fees</b>		
State Premium Tax	\$ 11.99	2.0%
State Assessment Fee	\$ 0.60	0.1%
Reinsurance Program Fee	\$ -	0.0%
State Income Tax	\$ -	0.0%
Federal Income Tax	\$ 2.40	0.4%
<b>ACA Taxes &amp; Fees</b>		
Health Insurer Tax	\$ -	0.0%
Risk Adjustment User Fee	\$ 0.21	0.0%
Exchange Assessment Fee	\$ 4.80	0.8%
Federal Exchange User Fee	\$ -	0.0%
PCORI Tax	\$ 0.28	0.0%
BlueRewards/Incentive Program	\$ 0.32	0.1%
Total Revenue	\$ 599.67	100.0%
Plan Level Admin Load Adjustment	1.1661	
Projected Member Months	32,368	
Average Members	2,697	
% Total 2024	100.0%	

## Exhibit 10B - Federal MLR

	Total 2024 PMPM / %
<u>Traditional MLR Development</u>	
Paid Claims & Capitations (Post-3Rs) \$	514.06
Total Revenue \$	599.67
<hr/>	
Traditional MLR (i.e. DICR)	85.7%
 <u>Federal MLR Development</u>	
Numerator Adjustments	
BlueRewards/Incentive Program \$	0.32
Quality Improvement Expenses \$	1.60
Removal of non-care costs under MLR guidelines \$	(1.80)
 Denominator Adjustments	
Non-ACA Taxes & Fees \$	14.99
ACA Taxes & Fees \$	5.28
 Federal MLR Numerator \$	 514.18
Federal MLR Denominator \$	579.39
<hr/>	
Federal MLR	88.7%
 Projected Member Months	
	32,368



# **Exhibit 10B - Federal MLR (Combined SG & Individual)**

	Total 2024
	PMPM / %
<u><b>Traditional MLR Development</b></u>	
Paid Claims & Capitations (Post-3Rs) \$	533.68
Total Revenue \$	661.33
<hr/>	
Traditional MLR (i.e. DICR)	80.7%
 <u><b>Federal MLR Development</b></u>	
<b>Numerator Adjustments</b>	
BlueRewards/Incentive Program \$	0.66
Quality Improvement Expenses \$	2.14
Removal of non-care costs under MLR guidelines \$	(6.30)
 <b>Denominator Adjustments</b>	
Non-ACA Taxes & Fees \$	19.06
ACA Taxes & Fees \$	5.78
 Federal MLR Numerator \$	 530.18
Federal MLR Denominator \$	636.49
<hr/>	
Federal MLR	83.3%
 <b>Projected Member Months</b>	
	655,646

Exhibit 11 - Plan Adjusted Index Rates

HIOS Plan ID	Plan Name	Plan Type	Metallic Tier	Exchange	Network	Market Adjusted Index Rate	Internal Pricing AV	Network Factor	Induced Utilization	Non-EHB	Catastrophic Adjustment	Capped Dependents	Admin	Plan Adjusted Index Rate
86052DC0400001	BlueChoice HMO Standard Silver \$4,850	HMO	SILVER	On	Open Access	\$768.86	0.7988	0.9359	0.9580	1.0041	1.0000	1.0000	1.1661	\$644.74
86052DC0400002	BlueChoice HMO Standard Gold \$500	HMO	GOLD	On	Open Access	\$768.86	0.9452	0.9359	0.9983	1.0036	1.0000	1.0000	1.1661	\$794.61
86052DC0400004	BlueChoice HMO Young Adult \$9,450	HMO	CATASTROPHIC	On	Open Access	\$768.86	0.6626	0.9359	0.9243	1.0059	0.7226	1.0000	1.1661	\$373.56
86052DC0400007	BlueChoice HMO Standard Bronze \$7,500	HMO	BRONZE	On	Open Access	\$768.86	0.7295	0.9359	0.9243	1.0044	1.0000	1.0000	1.1661	\$568.31
86052DC0400008	BlueChoice HMO Standard Platinum \$0	HMO	PLATINUM	On	Open Access	\$768.86	1.0140	0.9359	1.0630	1.0033	1.0000	1.0000	1.1661	\$907.51
86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,350	HMO	BRONZE	On	Open Access	\$768.86	0.6932	0.9359	0.9243	1.0045	1.0000	1.0000	1.1661	\$540.12
86052DC0400011	BlueChoice HMO HSA Gold \$1,600	HMO	GOLD	On	Open Access	\$768.86	0.8704	0.9359	0.9983	1.0038	1.0000	1.0000	1.1661	\$731.85

### Exhibit 12 - AV Values

HIOS Plan ID	Suffix	HIOS Plan Name	HHS AV
86052DC0400001	01	BlueChoice HMO Standard Silver \$4,850	0.704
86052DC0400001	02	BlueChoice HMO Standard Silver \$4,850 NAO	1.000
86052DC0400001	03	BlueChoice HMO Standard Silver \$4,850 NAL	0.704
86052DC0400001	04	BlueChoice HMO Standard Silver \$4,850 A	0.732
86052DC0400001	05	BlueChoice HMO Standard Silver \$4,850 B	0.879
86052DC0400001	06	BlueChoice HMO Standard Silver \$4,850 C	0.944
86052DC0400002	01	BlueChoice HMO Standard Gold \$500	0.818
86052DC0400002	02	BlueChoice HMO Standard Gold \$500 NAO	1.000
86052DC0400002	03	BlueChoice HMO Standard Gold \$500 NAL	0.818
86052DC0400004	01	BlueChoice HMO Young Adult \$9,450	0.628
86052DC0400007	01	BlueChoice HMO Standard Bronze \$7,500	0.646
86052DC0400007	02	BlueChoice HMO Standard Bronze \$7,500 NAO	1.000
86052DC0400007	03	BlueChoice HMO Standard Bronze \$7,500 NAL	0.646
86052DC0400008	01	BlueChoice HMO Standard Platinum \$0	0.917
86052DC0400008	02	BlueChoice HMO Standard Platinum \$0 NAO	1.000
86052DC0400008	03	BlueChoice HMO Standard Platinum \$0 NAL	0.917
86052DC0400010	01	BlueChoice HMO HSA Standard Bronze \$6,350	0.649
86052DC0400010	02	BlueChoice HMO Standard Bronze \$6,350 NAO	1.000
86052DC0400010	03	BlueChoice HMO Standard Bronze \$6,350 NAL	0.649
86052DC0400011	01	BlueChoice HMO HSA Gold \$1,600	0.819
86052DC0400011	02	BlueChoice HMO Gold \$1,600 NAO	1.000
86052DC0400011	03	BlueChoice HMO Gold \$1,600 NAL	0.819

### Exhibit 13 - Age Calibration

Age Curve Calibration					
	Period	Cohort	Rating Factor*	Weight	Average Age**
(1)	Rating Period	Existing	1.0809	79.6%	
		New	0.9456	16.6%	
		Transfer	1.0004	3.8%	
(2)	Rating Period	All	1.0554	100.0%	42.1
(3)	Nearest Rounded	All	1.0530		42.0
(4)	Calibration***	All	0.9977		

(3)/(2)

Premium Rate Demonstration		
	HIOS Plan Name	BlueChoice HMO Standard Silver \$4,850
(5)	Plan Adjusted Index Rate	\$644.74
(6)	Calibration	0.9977
(7)	Calibrated Rate	\$643.28
(8)	Age 40 Factor/Rounded Avg Age Factor = (0.975/1.053)	0.9259
(9)	Age 40 Premium Rate	\$595.63

(4)

(5)\*(6)

(7)\*(8)

\*Rating factors by cohort for the rating period are based on average factors for each cohort from the current year to date. Weights are based on expected distribution of member months.

\*\*The rating period average age is determined from the member weighted average factor. Specifically it is linearly interpolated using the two age factors on the curve surrounding the member weighted average factor.

\*\*\*Applied uniformly to all plans

### Exhibit 14 - Age Factors

Age	Factor
<=14	0.654
15	0.654
16	0.654
17	0.654
18	0.654
19	0.654
20	0.654
21	0.727
22	0.727
23	0.727
24	0.727
25	0.727
26	0.727
27	0.727
28	0.744
29	0.760
30	0.779
31	0.799
32	0.817
33	0.836
34	0.856
35	0.876
36	0.896
37	0.916
38	0.927
39	0.938
40	0.975
41	1.013
42	1.053
43	1.094
44	1.137
45	1.181
46	1.227
47	1.275
48	1.325
49	1.377
50	1.431
51	1.487
52	1.545
53	1.605
54	1.668
55	1.733
56	1.801
57	1.871
58	1.944
59	2.020
60	2.099
61	2.181
62	2.181
63	2.181
64+	2.181

**Exhibit 15 - Induced Utilization Factors**

CDH/Non-CDH	Projected Member Months	Relative to HSA/HRA	Relative to Average
HSA/HRA	179,043	1.0000	1.0000
Non-CDH	476,603	1.0000	1.0000
	<b>655,646</b>	<b>1.0000</b>	

Full HIOS Plan ID	Base HIOS Plan ID	Plan Name	Metal Level	Relative to Bronze	Projected Member Months	Relative to Average (Pool)	Relative to Average (CSR)
86052DC040000101	86052DC0400001	BlueChoice HMO Standard Silver \$4,850	SILVER	1.0300	6,863	0.9521	0.9580
86052DC040000102	86052DC0400001	BlueChoice HMO Standard Silver \$4,850 NAO	SILVER	1.0300	-	0.9521	0.9580
86052DC040000103	86052DC0400001	BlueChoice HMO Standard Silver \$4,850 NAL	SILVER	1.0300	-	0.9521	0.9580
86052DC040000104	86052DC0400001	BlueChoice HMO Standard Silver \$4,850 A	SILVER	1.0300	981	0.9521	0.9580
86052DC040000105	86052DC0400001	BlueChoice HMO Standard Silver \$4,850 B	SILVER	1.1500	124	1.0630	0.9580
86052DC040000106	86052DC0400001	BlueChoice HMO Standard Silver \$4,850 C	SILVER	1.1500	321	1.0630	0.9580
86052DC040000201	86052DC0400002	BlueChoice HMO Standard Gold \$500	GOLD	1.0800	3,231	0.9983	0.9983
86052DC040000202	86052DC0400002	BlueChoice HMO Standard Gold \$500 NAO	GOLD	1.0800	-	0.9983	0.9983
86052DC040000203	86052DC0400002	BlueChoice HMO Standard Gold \$500 NAL	GOLD	1.0800	-	0.9983	0.9983
86052DC040000401	86052DC0400004	BlueChoice HMO Young Adult \$9,450	CATASTROPHIC	1.0000	3,659	0.9243	0.9243
86052DC040000701	86052DC0400007	BlueChoice HMO Standard Bronze \$7,500	BRONZE	1.0000	5,470	0.9243	0.9243
86052DC040000702	86052DC0400007	BlueChoice HMO Standard Bronze \$7,500 NAO	BRONZE	1.0000	-	0.9243	0.9243
86052DC040000703	86052DC0400007	BlueChoice HMO Standard Bronze \$7,500 NAL	BRONZE	1.0000	-	0.9243	0.9243
86052DC040000801	86052DC0400008	BlueChoice HMO Standard Platinum \$0	PLATINUM	1.1500	1,039	1.0630	1.0630
86052DC040000802	86052DC0400008	BlueChoice HMO Standard Platinum \$0 NAO	PLATINUM	1.1500	-	1.0630	1.0630
86052DC040000803	86052DC0400008	BlueChoice HMO Standard Platinum \$0 NAL	PLATINUM	1.1500	-	1.0630	1.0630
86052DC040001001	86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,350	BRONZE	1.0000	8,744	0.9243	0.9243
86052DC040001002	86052DC0400010	BlueChoice HMO Standard Bronze \$6,350 NAO	BRONZE	1.0000	-	0.9243	0.9243
86052DC040001003	86052DC0400010	BlueChoice HMO Standard Bronze \$6,350 NAL	BRONZE	1.0000	-	0.9243	0.9243
86052DC040001101	86052DC0400011	BlueChoice HMO HSA Gold \$1,600	GOLD	1.0800	1,936	0.9983	0.9983
86052DC040001102	86052DC0400011	BlueChoice HMO Gold \$1,600 NAO	GOLD	1.0800	-	0.9983	0.9983
86052DC040001103	86052DC0400011	BlueChoice HMO Gold \$1,600 NAL	GOLD	1.0800	-	0.9983	0.9983

## Appendix - Network Factors

Network Type	Proposed Products Using This Network	Description
Lock In / Referral	BlueChoice HMO Referral	Referrals needed for Specialist Care, No Out of Network Coverage.
Open Access	BlueChoice HMO	No Referrals needed for Specialist, No Out of Network Coverage.
Open Access Opt-Out	BlueChoice Plus Opt-Out	No Referrals needed for Specialist, Out of Network Benefits pay up to In Network allowance, Member may be balance billed.
Open Access Plus	BlueChoice Plus	No Referrals needed, Out of Network allowances pay up to Regional Preferred Network (RPN) allowance.
Open Access Advantage	BlueChoice Advantage	No Referrals needed, Out of Network allowance pay up to RPN allowance, Out of Area BlueCard considered In Network for cost-sharing.

Network Type	Projected Member Months	Relative to Lock In / Referral	Relative to Average*
Lock In / Referral	53,403	1.0000	0.8914
Open Access	137,090	1.0500	0.9359
Open Access Opt-Out	37,862	1.0629	0.9474
Open Access Plus	87,341	1.0757	0.9589
Open Access Advantage	339,950	1.1884	1.0593
<b>Total</b>	<b>655,646</b>	<b>1.1219</b>	

\*Factors are applied as plan level adjustments

## Appendix - Catastrophic Plans Adjustment

### Step 1: Normalize Experience Period Catastrophic PMPM

	Catastrophic	Non-Catastrophic	Total (single risk pool)
Member Months	5,027	584,214	589,241
Distribution	0.9%	99.1%	
Completed Allowed	\$1,091,418	\$297,852,376	\$298,943,794
Allowed PMPM	\$217.11	\$509.83	\$507.34
Age Rating Factor	0.7386	1.0599	1.0571
Induced Demand Factor	1.0000	1.0804	1.0798
Actuarial Value	1.0000	1.0000	1.0000
<b>Net Factor</b>	<b>0.7386</b>	<b>1.1452</b>	<b>1.1417</b>
<b>Normalized Factor</b>	<b>1.5457</b>	<b>0.9970</b>	<b>1.0000</b>
<b>Normalized PMPM</b>	<b>\$335.59</b>	<b>\$508.29</b>	<b>\$507.34</b>

### Step 2: Apply Credibility to Normalized Catastrophic PMPM

(1)	Normalized Catastrophic PMPM	\$335.59	
(2)	Member Months	5,027	
(3)	Full Credibility (Member Months)	24,000	
(4)	Credibility	45.8%	
(5)	Normalized Non-Catastrophic PMPM	\$508.29	
(6)	Morbidity Adjustment*	0.7727	(a)/(b)
(7)	Morbidity-Adjusted Non-Catastrophic PMPM	\$392.77	(5)*(6)
(8)	Credibility-Adjusted Catastrophic PMPM	\$366.60	(1)*(4)+(1-(4))*(7)

### Step 3: Ratio of Credibility-Normalized Catastrophic PMPM vs. Single Risk Pool

(9)	Normalized SRP PMPM	\$507.34	
(10)	Catastrophic Adjustment (Calculated)	0.7226	(8)/(9)
(11)	<b>Catastrophic Adjustment (Selected)</b>	<b>0.7226</b>	

### Total Individual ACA BlueChoice Experience (202201-202212 Paid Through: 202302)

Metal Level	Member Months	Normalized Allowed PMPM	
Catastrophic	66,263	\$222.39	(a)
Bronze	508,512	\$156.27	
Silver	341,758	\$342.86	
Gold	914,951	\$339.72	
Platinum	1,649	\$638.67	
<b>Non-Catastrophic Total</b>	<b>1,766,870</b>	<b>\$287.81</b>	(b)

\*The Morbidity Adjustment is the ratio of the Catastrophic Normalized Allowed PMPM to the Non-Catastrophic Normalized Allowed PMPM for our Total Individual ACA BlueChoice Experience.



### Appendix - Experience Period to Rating Period Plan Mappings

Exp. Period		Current Period		Rating Period	
2022 Base HIOS Plan ID	2022 HIOS Plan Name	2023 Base HIOS Plan ID	2023 HIOS Plan Name	2024 Base HIOS Plan ID	2024 HIOS Plan Name
86052DC0400001	BlueChoice HMO Standard Silver \$4,000	86052DC0400001	BlueChoice HMO Standard Silver \$4,850	86052DC0400001	BlueChoice HMO Standard Silver \$4,850
86052DC0400002	BlueChoice HMO Standard Gold \$500	86052DC0400002	BlueChoice HMO Standard Gold \$500	86052DC0400002	BlueChoice HMO Standard Gold \$500
86052DC0400004	BlueChoice HMO Young Adult \$8,700	86052DC0400004	BlueChoice HMO Young Adult \$9,100	86052DC0400004	BlueChoice HMO Young Adult \$9,450
86052DC0400007	BlueChoice HMO Standard Bronze \$7,500	86052DC0400007	BlueChoice HMO Standard Bronze \$7,500	86052DC0400007	BlueChoice HMO Standard Bronze \$7,500
86052DC0400008	BlueChoice HMO Standard Platinum \$0	86052DC0400008	BlueChoice HMO Standard Platinum \$0	86052DC0400008	BlueChoice HMO Standard Platinum \$0
86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,350	86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,350	86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,350
86052DC0400011	BlueChoice HMO HSA Gold \$1,500	86052DC0400011	BlueChoice HMO HSA Gold \$1,500	86052DC0400011	BlueChoice HMO HSA Gold \$1,600

Appendix - Annual Rate Change Based on Mapping

Catastrophic	Catastrophic/Avg Renewal	316	350	66.4%
Bronze	Bronze Members/Avg Renewal	1,432	1,329	15.7%
Silver	Silver Members/Avg Renewal	772	752	16.9%
Gold	Gold Members/Avg Renewal	439	449	15.3%
Platinum	Platinum Members/Avg Renewal	115	100	14.2%
	All Members/Avg Renewal	3,074	2,980	18.5%
	Minimum Renewal			14.2%
	Maximum Renewal			66.4%

2023 HIOS Plan ID	2023 HIOS Plan Name	2023 Metal Level	2023 Marketplace Indicator	2024 HIOS Plan ID	2024 HIOS Plan Name	2024 Metal Level	2024 Marketplace Indicator	Current Month Member Count	Projected 2023 EOY Members	2023 Base Rate	2024 Base Rate	Annual Rate Change
86052DC0400001	BlueChoice HMO Standard Silver \$4,850	SILVER	On	86052DC0400001	BlueChoice HMO Standard Silver \$4,850	SILVER	On	772	752	\$522.71	\$610.90	16.9%
86052DC0400002	BlueChoice HMO Standard Gold \$500	GOLD	On	86052DC0400002	BlueChoice HMO Standard Gold \$500	GOLD	On	286	286	\$651.05	\$752.90	15.6%
86052DC0400004	BlueChoice HMO Young Adult \$9,100	CATASTROPHIC	On	86052DC0400004	BlueChoice HMO Young Adult \$9,450	CATASTROPHIC	On	316	350	\$212.70	\$353.96	66.4%
86052DC0400007	BlueChoice HMO Standard Bronze \$7,500	BRONZE	On	86052DC0400007	BlueChoice HMO Standard Bronze \$7,500	BRONZE	On	548	510	\$459.26	\$538.48	17.2%
86052DC0400008	BlueChoice HMO Standard Platinum \$0	PLATINUM	On	86052DC0400008	BlueChoice HMO Standard Platinum \$0	PLATINUM	On	115	100	\$752.72	\$859.88	14.2%
86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,350	BRONZE	On	86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,350	BRONZE	On	884	819	\$446.02	\$511.77	14.7%
86052DC0400011	BlueChoice HMO HSA Gold \$1,500	GOLD	On	86052DC0400011	BlueChoice HMO HSA Gold \$1,600	GOLD	On	153	163	\$604.17	\$693.44	14.8%

### Appendix - Maximum Rate Renewal

	2023	2024	% Change
Base Rate	\$212.70	\$353.96	66.4%
Age Factor	0.654	0.727	11.2%
Geographic Factor	1.000	1.000	0.0%
Tobacco Factor	1.000	1.000	0.0%
<b>Total</b>	<b>\$139.11</b>	<b>\$257.33</b>	<b>85.0%</b>

	BlueChoice HMO Young Adult	BlueChoice HMO Young Adult
Base Rate/Product(s)	\$9,100	\$9,450
Age Change	20	21
Geo Change*	N/A	N/A
Tobacco Change**	N/A	N/A

\*we did not geo rate

\*\*we did not tobacco rate

Appendix - Federal Required \$1.00 minimum for abortion

HIOS Plan ID	Plan Name	Exchange	Minimum Charge	Lowest Age Factor	Base Premium	Age Calibration	Plan Adjusted Index Rate	Admin	Catastrophic Adjustment	Network Factor	Non-EHB	Induced Utilization	Benefit	Market Adjusted Index Rate	Exchange User Fee	Risk Adjustment Fee	Reinsurance Factor	Index Rate	\$1 Check	Final Rate, above \$1.00
86052DC0400001	BlueChoice HMO Standard Silver \$4,850	On	\$1.00	0.6540	\$1.53	0.9475	\$1.61	1.1661	1.0000	0.9359	1.0000	0.9580	0.7988	\$1.93	1.0000	1.3292	1.0000	\$1.45	\$1.00	\$1.45
86052DC0400002	BlueChoice HMO Standard Gold \$500	On	\$1.00	0.6540	\$1.53	0.9475	\$1.61	1.1661	1.0000	0.9359	1.0000	0.9983	0.9452	\$1.56	1.0000	1.3292	1.0000	\$1.17	\$0.99	\$1.18
86052DC0400004	BlueChoice HMO Young Adult \$9,450	On	\$1.00	0.6540	\$1.53	0.9475	\$1.61	1.1661	0.7226	0.9359	1.0000	0.9243	0.6626	\$3.33	1.0000	1.3292	1.0000	\$2.51	\$1.00	\$2.51
86052DC0400007	BlueChoice HMO Standard Bronze \$7,500	On	\$1.00	0.6540	\$1.53	0.9475	\$1.61	1.1661	1.0000	0.9359	1.0000	0.9243	0.7295	\$2.19	1.0000	1.3292	1.0000	\$1.65	\$1.00	\$1.65
86052DC0400008	BlueChoice HMO Standard Platinum \$0	On	\$1.00	0.6540	\$1.53	0.9475	\$1.61	1.1661	1.0000	0.9359	1.0000	1.0630	1.0140	\$1.37	1.0000	1.3292	1.0000	\$1.03	\$1.00	\$1.03
86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,350	On	\$1.00	0.6540	\$1.53	0.9475	\$1.61	1.1661	1.0000	0.9359	1.0000	0.9243	0.6932	\$2.30	1.0000	1.3292	1.0000	\$1.73	\$1.00	\$1.73
86052DC0400011	BlueChoice HMO HSA Gold \$1,600	On	\$1.00	0.6540	\$1.53	0.9475	\$1.61	1.1661	1.0000	0.9359	1.0000	0.9983	0.8704	\$1.70	1.0000	1.3292	1.0000	\$1.28	\$1.00	\$1.28

Appendix - Form Numbers

Form Numbers Associated With This Filing:

This list contains the applicable forms for the new products. Some of these are also used with other products, which may be open or closed to new sales. These forms are used with products that are both grandfathered and non-grandfathered.

The SERFF Tracking # for the corresponding form filing On Exchange is as follows: CFBC-133651489

ON-Exchange	
<b>BlueChoice HMO Standard Plans</b> DC/CFBC/EXC/HMO/IEA (R. 1/23) DC/CFBC/DOL APPEAL (R. 1/22) DC/CFBC/EXC/HMO/DOCS (R. 1/23) DC/CFBC/EXC/HMO HSA/GOLD 1600 (1/24) DC/CFBC/EXC/HMO HSA STD/BRZ 6350 (1/24) DC/CFBC/EXC/HMO STD/BRZ 7500 (1/24) DC/CFBC/EXC/HMO STD/GOLD 500 (1/24) DC/CFBC/EXC/HMO/NATAMER SOB (1/24) DC/CFBC/EXC/HMO STD/PLAT 0 (1/24) DC/CFBC/EXC/HMO STD/SIL 4850 (1/24) DC/CFBC/EXC/HMO STD/SIL 4850 A (1/24) DC/CFBC/EXC/HMO STD/SIL 4850 B (1/24) DC/CFBC/EXC/HMO STD/SIL 4850 C (1/24) DC/CFBC/EXC/NATAMER (1/14) DC/CFBC/MEM/BLCRD (R. 6/18) DC/CFBC/NO SURP ACT/AMEND (R. 1/23) DC/CFBC/CD/AUTH AMEND/HMO (R. 1/24) DC/CFBC/EXC/2024 AMEND (1/24) DC/CFBC/PT PROTECT (9/10) DC/CFBC/CD/HMO/INCENT (1/23)	<b>BlueChoice HMO Young Adult</b> DC/CFBC/EXC/HMO/IEA (R. 1/23) DC/CFBC/DOL APPEAL (R. 1/22) DC/CFBC/EXC/HMO/DOCS (R. 1/23) DC/CFBC/EXC/HMO/NATAMER SOB (1/24) DC/CFBC/EXC/HMO/ YA 9450 SOB (1/24) DC/CFBC/EXC/NATAMER (1/14) DC/CFBC/MEM/BLCRD (R. 6/18) DC/CFBC/NO SURP ACT/AMEND (R. 1/23) DC/CFBC/CD/AUTH AMEND/HMO (R. 1/24) DC/CFBC/EXC/2024 AMEND (1/24) DC/CFBC/PT PROTECT (9/10) DC/CFBC/CD/HMO/INCENT (1/23)

**Appendix - Experience by Service Category**

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Allowed	Incurred	Drug Rebates	Utilization Unit	Utilization
202001	44,512	Inpatient Hospital	\$3,265,722	\$3,100,835	\$3,265,722	\$3,100,835	\$0	Admits	193
202002	44,747	Inpatient Hospital	\$2,505,463	\$2,419,001	\$2,505,463	\$2,419,001	\$0	Admits	163
202003	45,242	Inpatient Hospital	\$2,787,771	\$2,678,818	\$2,787,771	\$2,678,818	\$0	Admits	170
202004	45,527	Inpatient Hospital	\$3,354,429	\$3,289,215	\$3,354,429	\$3,289,215	\$0	Admits	167
202005	45,537	Inpatient Hospital	\$3,234,863	\$3,158,496	\$3,234,863	\$3,158,496	\$0	Admits	213
202006	45,654	Inpatient Hospital	\$2,543,415	\$2,470,050	\$2,543,415	\$2,470,050	\$0	Admits	161
202007	45,692	Inpatient Hospital	\$6,253,515	\$6,170,515	\$6,253,514	\$6,170,514	\$0	Admits	154
202008	45,568	Inpatient Hospital	\$3,175,688	\$3,081,327	\$3,175,681	\$3,081,321	\$0	Admits	171
202009	45,879	Inpatient Hospital	\$3,334,335	\$3,226,327	\$3,334,200	\$3,226,197	\$0	Admits	170
202010	45,963	Inpatient Hospital	\$3,785,448	\$3,685,095	\$3,785,069	\$3,684,726	\$0	Admits	190
202011	46,151	Inpatient Hospital	\$3,950,693	\$3,811,230	\$3,949,645	\$3,810,212	\$0	Admits	205
202012	46,669	Inpatient Hospital	\$3,566,627	\$3,450,860	\$3,565,586	\$3,449,853	\$0	Admits	172
202101	46,744	Inpatient Hospital	\$2,918,443	\$2,778,068	\$2,917,266	\$2,776,959	\$0	Admits	171
202102	47,000	Inpatient Hospital	\$2,974,226	\$2,859,083	\$2,972,986	\$2,857,909	\$0	Admits	173
202103	47,185	Inpatient Hospital	\$4,008,538	\$3,886,493	\$4,006,751	\$3,884,770	\$0	Admits	196
202104	47,263	Inpatient Hospital	\$3,529,272	\$3,391,508	\$3,527,049	\$3,389,386	\$0	Admits	195
202105	47,283	Inpatient Hospital	\$3,938,657	\$3,821,419	\$3,935,307	\$3,818,174	\$0	Admits	171
202106	47,112	Inpatient Hospital	\$4,247,968	\$4,118,733	\$4,242,223	\$4,113,184	\$0	Admits	185
202107	47,361	Inpatient Hospital	\$3,302,865	\$3,198,099	\$3,296,650	\$3,192,078	\$0	Admits	150
202108	47,626	Inpatient Hospital	\$4,029,647	\$3,899,664	\$4,020,036	\$3,890,378	\$0	Admits	221
202109	47,874	Inpatient Hospital	\$3,769,194	\$3,626,520	\$3,759,292	\$3,617,026	\$0	Admits	297
202110	47,491	Inpatient Hospital	\$3,551,956	\$3,420,342	\$3,539,385	\$3,408,282	\$0	Admits	180
202111	47,541	Inpatient Hospital	\$3,529,212	\$3,384,745	\$3,511,675	\$3,368,005	\$0	Admits	209
202112	47,653	Inpatient Hospital	\$2,829,901	\$2,732,467	\$2,809,750	\$2,713,056	\$0	Admits	150
202201	47,521	Inpatient Hospital	\$4,176,129	\$3,997,540	\$4,140,404	\$3,963,541	\$0	Admits	210
202202	47,964	Inpatient Hospital	\$3,411,742	\$3,262,848	\$3,382,830	\$3,235,272	\$0	Admits	198
202203	48,012	Inpatient Hospital	\$3,098,057	\$3,011,983	\$3,063,816	\$2,978,698	\$0	Admits	192
202204	48,089	Inpatient Hospital	\$3,904,588	\$3,800,615	\$3,838,107	\$3,735,898	\$0	Admits	165
202205	48,250	Inpatient Hospital	\$3,801,327	\$3,665,343	\$3,726,608	\$3,593,287	\$0	Admits	193
202206	48,690	Inpatient Hospital	\$3,713,471	\$3,582,879	\$3,620,052	\$3,492,813	\$0	Admits	187
202207	49,027	Inpatient Hospital	\$4,370,301	\$4,230,760	\$4,225,001	\$4,090,125	\$0	Admits	187
202208	49,525	Inpatient Hospital	\$3,808,418	\$3,675,155	\$3,649,727	\$3,522,029	\$0	Admits	194
202209	50,009	Inpatient Hospital	\$4,721,470	\$4,571,316	\$4,460,267	\$4,318,319	\$0	Admits	263
202210	50,370	Inpatient Hospital	\$3,167,340	\$3,003,488	\$2,938,392	\$2,786,190	\$0	Admits	276
202211	50,672	Inpatient Hospital	\$3,398,482	\$3,248,990	\$3,073,410	\$2,938,102	\$0	Admits	255
202212	51,112	Inpatient Hospital	\$3,858,383	\$3,696,366	\$3,294,364	\$3,156,008	\$0	Admits	223
202301	50,551	Inpatient Hospital	\$2,548,876	\$2,403,507	\$1,897,517	\$1,788,572	\$0	Admits	177
202302	50,692	Inpatient Hospital	\$1,015,074	\$951,781	\$334,751	\$313,881	\$0	Admits	76

### Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Allowed	Incurred	Drug Rebates	Utilization Unit	Utilization
202001	44,512	Outpatient Hospital	\$3,467,214	\$2,864,059	\$3,467,214	\$2,864,059	\$0	Visits	2,718
202002	44,747	Outpatient Hospital	\$3,237,214	\$2,698,897	\$3,237,214	\$2,698,897	\$0	Visits	2,529
202003	45,242	Outpatient Hospital	\$2,823,071	\$2,416,386	\$2,823,071	\$2,416,386	\$0	Visits	2,341
202004	45,527	Outpatient Hospital	\$1,784,869	\$1,606,531	\$1,784,869	\$1,606,531	\$0	Visits	1,389
202005	45,537	Outpatient Hospital	\$2,481,220	\$2,219,321	\$2,481,220	\$2,219,321	\$0	Visits	1,840
202006	45,654	Outpatient Hospital	\$3,825,000	\$3,450,278	\$3,825,000	\$3,450,278	\$0	Visits	2,423
202007	45,692	Outpatient Hospital	\$3,570,570	\$3,127,882	\$3,570,570	\$3,127,882	\$0	Visits	2,665
202008	45,568	Outpatient Hospital	\$3,529,267	\$3,108,585	\$3,529,261	\$3,108,579	\$0	Visits	2,738
202009	45,879	Outpatient Hospital	\$4,137,385	\$3,671,297	\$4,137,215	\$3,671,148	\$0	Visits	2,956
202010	45,963	Outpatient Hospital	\$3,827,792	\$3,387,141	\$3,827,414	\$3,386,805	\$0	Visits	3,103
202011	46,151	Outpatient Hospital	\$3,623,633	\$3,210,075	\$3,622,645	\$3,209,192	\$0	Visits	2,984
202012	46,669	Outpatient Hospital	\$4,084,495	\$3,591,928	\$4,083,307	\$3,590,884	\$0	Visits	3,224
202101	46,744	Outpatient Hospital	\$3,445,297	\$2,939,565	\$3,444,244	\$2,938,680	\$0	Visits	2,936
202102	47,000	Outpatient Hospital	\$3,838,600	\$3,380,610	\$3,837,249	\$3,379,433	\$0	Visits	2,916
202103	47,185	Outpatient Hospital	\$4,573,441	\$4,020,417	\$4,571,479	\$4,018,723	\$0	Visits	3,966
202104	47,263	Outpatient Hospital	\$4,354,986	\$3,785,559	\$4,352,410	\$3,783,350	\$0	Visits	4,216
202105	47,283	Outpatient Hospital	\$4,640,261	\$4,089,270	\$4,636,257	\$4,085,747	\$0	Visits	3,705
202106	47,112	Outpatient Hospital	\$4,380,860	\$3,753,665	\$4,374,856	\$3,748,563	\$0	Visits	3,541
202107	47,361	Outpatient Hospital	\$4,404,262	\$3,918,112	\$4,395,616	\$3,910,434	\$0	Visits	3,416
202108	47,626	Outpatient Hospital	\$4,593,933	\$4,011,789	\$4,582,986	\$4,002,263	\$0	Visits	3,659
202109	47,874	Outpatient Hospital	\$4,208,736	\$3,712,423	\$4,197,945	\$3,702,955	\$0	Visits	3,513
202110	47,491	Outpatient Hospital	\$4,554,054	\$4,024,233	\$4,538,444	\$4,010,538	\$0	Visits	3,750
202111	47,541	Outpatient Hospital	\$4,709,947	\$4,177,813	\$4,686,783	\$4,157,318	\$0	Visits	3,608
202112	47,653	Outpatient Hospital	\$4,388,997	\$3,780,133	\$4,357,139	\$3,752,663	\$0	Visits	3,805
202201	47,521	Outpatient Hospital	\$4,134,936	\$3,578,955	\$4,099,218	\$3,548,079	\$0	Visits	3,346
202202	47,964	Outpatient Hospital	\$4,787,122	\$4,185,796	\$4,746,388	\$4,150,254	\$0	Visits	3,256
202203	48,012	Outpatient Hospital	\$4,997,476	\$4,336,109	\$4,942,151	\$4,288,118	\$0	Visits	3,714
202204	48,089	Outpatient Hospital	\$4,586,692	\$4,018,033	\$4,508,530	\$3,949,545	\$0	Visits	3,429
202205	48,250	Outpatient Hospital	\$4,755,015	\$4,161,279	\$4,661,718	\$4,079,628	\$0	Visits	3,680
202206	48,690	Outpatient Hospital	\$4,503,490	\$3,908,329	\$4,390,143	\$3,810,038	\$0	Visits	3,674
202207	49,027	Outpatient Hospital	\$4,842,451	\$4,308,673	\$4,681,567	\$4,165,540	\$0	Visits	3,423
202208	49,525	Outpatient Hospital	\$4,983,497	\$4,411,519	\$4,776,100	\$4,227,952	\$0	Visits	3,677
202209	50,009	Outpatient Hospital	\$5,072,228	\$4,479,830	\$4,790,537	\$4,230,804	\$0	Visits	3,459
202210	50,370	Outpatient Hospital	\$5,632,517	\$4,992,632	\$5,226,115	\$4,632,286	\$0	Visits	3,867
202211	50,672	Outpatient Hospital	\$5,850,644	\$5,200,526	\$5,290,462	\$4,702,469	\$0	Visits	3,820
202212	51,112	Outpatient Hospital	\$5,606,822	\$4,865,830	\$4,788,049	\$4,155,059	\$0	Visits	3,857
202301	50,551	Outpatient Hospital	\$6,163,344	\$5,224,640	\$4,593,133	\$3,892,671	\$0	Visits	4,390
202302	50,692	Outpatient Hospital	\$4,412,996	\$3,569,768	\$1,456,594	\$1,178,107	\$0	Visits	3,585

**Appendix - Experience by Service Category**

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Allowed	Incurred	Drug Rebates	Utilization Unit	Utilization
202001	44,512	Professional	\$6,988,510	\$5,231,177	\$6,988,510	\$5,231,177	\$0	Visits	47,253
202002	44,747	Professional	\$6,386,812	\$4,877,353	\$6,386,812	\$4,877,353	\$0	Visits	41,807
202003	45,242	Professional	\$5,447,362	\$4,272,672	\$5,447,362	\$4,272,672	\$0	Visits	35,817
202004	45,527	Professional	\$3,513,864	\$2,984,291	\$3,513,864	\$2,984,291	\$0	Visits	25,419
202005	45,537	Professional	\$4,507,040	\$3,794,880	\$4,507,040	\$3,794,880	\$0	Visits	30,445
202006	45,654	Professional	\$6,023,519	\$5,033,672	\$6,023,519	\$5,033,672	\$0	Visits	40,505
202007	45,692	Professional	\$6,675,617	\$5,540,117	\$6,675,617	\$5,540,117	\$0	Visits	44,355
202008	45,568	Professional	\$6,663,787	\$5,369,879	\$6,663,784	\$5,369,877	\$0	Visits	44,433
202009	45,879	Professional	\$7,300,809	\$5,917,357	\$7,300,516	\$5,917,125	\$0	Visits	51,195
202010	45,963	Professional	\$8,076,141	\$6,641,264	\$8,075,353	\$6,640,616	\$0	Visits	56,762
202011	46,151	Professional	\$7,537,936	\$6,188,153	\$7,535,876	\$6,186,452	\$0	Visits	51,511
202012	46,669	Professional	\$7,920,479	\$6,395,775	\$7,918,171	\$6,393,910	\$0	Visits	53,711
202101	46,744	Professional	\$7,538,041	\$5,981,544	\$7,535,631	\$5,979,663	\$0	Visits	53,718
202102	47,000	Professional	\$7,253,351	\$5,716,093	\$7,250,824	\$5,714,149	\$0	Visits	49,032
202103	47,185	Professional	\$8,881,050	\$7,043,712	\$8,877,217	\$7,040,718	\$0	Visits	62,008
202104	47,263	Professional	\$8,640,255	\$6,905,268	\$8,635,101	\$6,901,194	\$0	Visits	59,564
202105	47,283	Professional	\$7,864,293	\$6,234,622	\$7,857,533	\$6,229,279	\$0	Visits	51,772
202106	47,112	Professional	\$8,249,592	\$6,474,628	\$8,238,608	\$6,466,126	\$0	Visits	52,340
202107	47,361	Professional	\$7,821,049	\$6,224,175	\$7,805,755	\$6,212,116	\$0	Visits	51,563
202108	47,626	Professional	\$8,686,779	\$7,035,101	\$8,666,194	\$7,018,503	\$0	Visits	56,934
202109	47,874	Professional	\$8,921,777	\$7,266,230	\$8,898,901	\$7,247,678	\$0	Visits	60,562
202110	47,491	Professional	\$8,875,096	\$7,238,794	\$8,844,591	\$7,214,078	\$0	Visits	61,451
202111	47,541	Professional	\$8,717,365	\$7,062,823	\$8,675,352	\$7,028,968	\$0	Visits	57,751
202112	47,653	Professional	\$9,583,550	\$7,866,959	\$9,514,707	\$7,810,573	\$0	Visits	62,992
202201	47,521	Professional	\$8,656,945	\$6,866,492	\$8,583,133	\$6,808,262	\$0	Visits	59,050
202202	47,964	Professional	\$8,184,981	\$6,393,924	\$8,115,931	\$6,340,142	\$0	Visits	51,601
202203	48,012	Professional	\$9,283,739	\$7,322,224	\$9,181,020	\$7,241,251	\$0	Visits	58,336
202204	48,089	Professional	\$8,789,202	\$7,058,689	\$8,639,331	\$6,938,176	\$0	Visits	53,068
202205	48,250	Professional	\$8,941,222	\$7,229,029	\$8,765,757	\$7,086,995	\$0	Visits	55,215
202206	48,690	Professional	\$8,841,543	\$7,158,526	\$8,618,760	\$6,978,311	\$0	Visits	53,545
202207	49,027	Professional	\$8,174,173	\$6,626,691	\$7,902,555	\$6,406,589	\$0	Visits	49,569
202208	49,525	Professional	\$9,080,020	\$7,292,536	\$8,701,878	\$6,988,899	\$0	Visits	56,242
202209	50,009	Professional	\$9,065,937	\$7,296,364	\$8,563,347	\$6,891,486	\$0	Visits	57,150
202210	50,370	Professional	\$9,376,153	\$7,585,840	\$8,700,262	\$7,038,627	\$0	Visits	60,935
202211	50,672	Professional	\$9,333,376	\$7,538,647	\$8,440,038	\$6,816,676	\$0	Visits	58,629
202212	51,112	Professional	\$9,029,717	\$7,098,016	\$7,711,154	\$6,061,248	\$0	Visits	54,371
202301	50,551	Professional	\$10,202,314	\$7,847,460	\$7,600,289	\$5,844,056	\$0	Visits	63,141
202302	50,692	Professional	\$10,760,688	\$8,278,576	\$3,553,145	\$2,732,396	\$0	Visits	70,495



### Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Allowed	Incurred	Drug Rebates	Utilization Unit	Utilization
202001	44,512	Other Medical	\$1,162,408	\$1,026,280	\$1,162,408	\$1,026,280	\$0	Services	4,734
202002	44,747	Other Medical	\$961,488	\$841,275	\$961,488	\$841,275	\$0	Services	4,305
202003	45,242	Other Medical	\$1,104,545	\$1,013,526	\$1,104,545	\$1,013,526	\$0	Services	3,541
202004	45,527	Other Medical	\$953,138	\$877,448	\$953,138	\$877,448	\$0	Services	2,528
202005	45,537	Other Medical	\$1,005,948	\$922,346	\$1,005,948	\$922,346	\$0	Services	3,076
202006	45,654	Other Medical	\$1,044,189	\$941,607	\$1,044,189	\$941,607	\$0	Services	4,648
202007	45,692	Other Medical	\$1,286,937	\$1,160,494	\$1,286,937	\$1,160,494	\$0	Services	4,962
202008	45,568	Other Medical	\$1,031,052	\$950,215	\$1,031,051	\$950,213	\$0	Services	4,810
202009	45,879	Other Medical	\$1,252,009	\$1,154,780	\$1,251,958	\$1,154,733	\$0	Services	5,257
202010	45,963	Other Medical	\$1,310,940	\$1,180,731	\$1,310,810	\$1,180,614	\$0	Services	5,114
202011	46,151	Other Medical	\$1,252,850	\$1,155,419	\$1,252,509	\$1,155,104	\$0	Services	3,816
202012	46,669	Other Medical	\$1,287,485	\$1,136,534	\$1,287,110	\$1,136,204	\$0	Services	4,456
202101	46,744	Other Medical	\$1,141,008	\$1,008,371	\$1,140,649	\$1,008,063	\$0	Services	4,144
202102	47,000	Other Medical	\$1,109,702	\$991,535	\$1,109,331	\$991,207	\$0	Services	4,373
202103	47,185	Other Medical	\$1,413,037	\$1,283,588	\$1,412,439	\$1,283,050	\$0	Services	5,449
202104	47,263	Other Medical	\$1,240,914	\$1,116,299	\$1,240,175	\$1,115,640	\$0	Services	4,921
202105	47,283	Other Medical	\$1,253,070	\$1,135,211	\$1,252,000	\$1,134,242	\$0	Services	4,490
202106	47,112	Other Medical	\$1,494,912	\$1,367,133	\$1,492,939	\$1,365,329	\$0	Services	5,140
202107	47,361	Other Medical	\$1,245,598	\$1,143,400	\$1,243,169	\$1,141,175	\$0	Services	4,688
202108	47,626	Other Medical	\$1,405,672	\$1,280,009	\$1,402,340	\$1,276,981	\$0	Services	5,480
202109	47,874	Other Medical	\$1,280,222	\$1,130,609	\$1,276,951	\$1,127,729	\$0	Services	4,807
202110	47,491	Other Medical	\$1,258,978	\$1,151,661	\$1,254,623	\$1,147,678	\$0	Services	4,780
202111	47,541	Other Medical	\$1,307,691	\$1,181,143	\$1,301,519	\$1,175,577	\$0	Services	5,001
202112	47,653	Other Medical	\$1,553,022	\$1,374,864	\$1,542,009	\$1,365,101	\$0	Services	4,903
202201	47,521	Other Medical	\$1,471,571	\$1,300,418	\$1,458,944	\$1,289,314	\$0	Services	5,148
202202	47,964	Other Medical	\$1,659,627	\$1,484,419	\$1,645,664	\$1,471,949	\$0	Services	5,835
202203	48,012	Other Medical	\$1,797,689	\$1,603,115	\$1,777,812	\$1,585,392	\$0	Services	7,036
202204	48,089	Other Medical	\$1,678,520	\$1,515,647	\$1,649,827	\$1,489,717	\$0	Services	6,646
202205	48,250	Other Medical	\$3,889,154	\$3,717,381	\$3,812,461	\$3,644,051	\$0	Services	6,590
202206	48,690	Other Medical	\$2,088,673	\$1,906,353	\$2,036,144	\$1,858,435	\$0	Services	7,256
202207	49,027	Other Medical	\$1,740,897	\$1,586,161	\$1,683,053	\$1,533,467	\$0	Services	6,372
202208	49,525	Other Medical	\$2,028,832	\$1,834,557	\$1,944,380	\$1,758,201	\$0	Services	8,033
202209	50,009	Other Medical	\$2,090,858	\$1,915,656	\$1,974,656	\$1,809,185	\$0	Services	7,441
202210	50,370	Other Medical	\$1,956,057	\$1,782,516	\$1,814,939	\$1,653,867	\$0	Services	7,945
202211	50,672	Other Medical	\$2,017,756	\$1,830,067	\$1,824,563	\$1,654,806	\$0	Services	8,123
202212	51,112	Other Medical	\$1,969,916	\$1,739,229	\$1,682,073	\$1,485,076	\$0	Services	8,019
202301	50,551	Other Medical	\$2,327,675	\$2,036,146	\$1,734,176	\$1,516,771	\$0	Services	9,415
202302	50,692	Other Medical	\$2,062,828	\$1,811,585	\$680,960	\$597,812	\$0	Services	10,564

### Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Allowed	Incurred	Drug Rebates	Utilization Unit	Utilization
202001	44,512	Prescription Drug	\$4,866,175	\$4,134,527	\$4,866,175	\$4,134,527	\$835,409	Scripts	29,846
202002	44,747	Prescription Drug	\$4,893,980	\$4,351,267	\$4,893,980	\$4,351,267	\$897,313	Scripts	28,145
202003	45,242	Prescription Drug	\$5,838,734	\$5,248,591	\$5,838,734	\$5,248,591	\$1,124,696	Scripts	31,845
202004	45,527	Prescription Drug	\$5,268,146	\$4,826,968	\$5,268,146	\$4,826,968	\$1,082,998	Scripts	24,474
202005	45,537	Prescription Drug	\$5,154,824	\$4,738,746	\$5,154,824	\$4,738,746	\$1,029,778	Scripts	24,680
202006	45,654	Prescription Drug	\$5,362,460	\$4,927,667	\$5,362,460	\$4,927,667	\$1,110,910	Scripts	26,073
202007	45,692	Prescription Drug	\$5,537,106	\$5,072,976	\$5,537,106	\$5,072,976	\$1,076,336	Scripts	26,523
202008	45,568	Prescription Drug	\$5,260,065	\$4,850,101	\$5,260,065	\$4,850,101	\$1,043,344	Scripts	25,979
202009	45,879	Prescription Drug	\$5,226,365	\$4,798,385	\$5,226,365	\$4,798,385	\$1,047,962	Scripts	26,437
202010	45,963	Prescription Drug	\$5,875,175	\$5,410,005	\$5,875,175	\$5,410,005	\$1,115,048	Scripts	27,031
202011	46,151	Prescription Drug	\$5,140,287	\$4,718,370	\$5,140,287	\$4,718,370	\$1,071,574	Scripts	25,445
202012	46,669	Prescription Drug	\$5,504,975	\$4,923,687	\$5,504,975	\$4,923,687	\$1,082,865	Scripts	27,781
202101	46,744	Prescription Drug	\$5,308,407	\$4,636,086	\$5,308,407	\$4,636,086	\$1,069,860	Scripts	27,157
202102	47,000	Prescription Drug	\$5,082,111	\$4,571,753	\$5,082,111	\$4,571,753	\$1,080,536	Scripts	26,283
202103	47,185	Prescription Drug	\$6,267,768	\$5,673,236	\$6,267,768	\$5,673,236	\$1,339,986	Scripts	33,344
202104	47,263	Prescription Drug	\$6,029,152	\$5,556,416	\$6,029,152	\$5,556,416	\$1,281,782	Scripts	37,254
202105	47,283	Prescription Drug	\$5,679,988	\$5,221,330	\$5,679,988	\$5,221,330	\$1,211,383	Scripts	32,575
202106	47,112	Prescription Drug	\$5,940,448	\$5,453,629	\$5,940,448	\$5,453,629	\$1,264,700	Scripts	30,873
202107	47,361	Prescription Drug	\$5,945,035	\$5,465,864	\$5,945,035	\$5,465,864	\$1,283,168	Scripts	29,792
202108	47,626	Prescription Drug	\$6,054,803	\$5,549,810	\$6,054,803	\$5,549,810	\$1,375,476	Scripts	30,956
202109	47,874	Prescription Drug	\$5,944,931	\$5,461,549	\$5,944,931	\$5,461,549	\$1,307,609	Scripts	29,696
202110	47,491	Prescription Drug	\$6,157,023	\$5,675,902	\$6,157,023	\$5,675,902	\$1,327,348	Scripts	31,104
202111	47,541	Prescription Drug	\$6,466,084	\$5,995,156	\$6,466,084	\$5,995,156	\$1,346,998	Scripts	35,876
202112	47,653	Prescription Drug	\$6,772,337	\$6,130,738	\$6,772,337	\$6,130,738	\$1,344,149	Scripts	36,072
202201	47,521	Prescription Drug	\$6,386,950	\$5,700,576	\$6,386,950	\$5,700,576	\$1,451,348	Scripts	32,137
202202	47,964	Prescription Drug	\$5,890,854	\$5,317,258	\$5,890,854	\$5,317,258	\$1,354,634	Scripts	27,644
202203	48,012	Prescription Drug	\$7,224,013	\$6,616,392	\$7,224,013	\$6,616,392	\$1,609,797	Scripts	31,537
202204	48,089	Prescription Drug	\$6,335,298	\$5,827,403	\$6,335,298	\$5,827,403	\$1,488,867	Scripts	30,694
202205	48,250	Prescription Drug	\$6,813,855	\$6,340,553	\$6,813,855	\$6,340,553	\$1,595,735	Scripts	32,798
202206	48,690	Prescription Drug	\$7,084,726	\$6,597,099	\$7,084,726	\$6,597,099	\$1,627,626	Scripts	32,220
202207	49,027	Prescription Drug	\$6,570,161	\$6,096,876	\$6,570,161	\$6,096,876	\$1,584,502	Scripts	30,961
202208	49,525	Prescription Drug	\$7,073,881	\$6,592,613	\$7,073,881	\$6,592,613	\$1,726,117	Scripts	32,223
202209	50,009	Prescription Drug	\$6,787,835	\$6,321,235	\$6,787,835	\$6,321,235	\$1,625,315	Scripts	34,381
202210	50,370	Prescription Drug	\$6,728,582	\$6,245,829	\$6,728,582	\$6,245,829	\$1,666,443	Scripts	37,523
202211	50,672	Prescription Drug	\$7,167,230	\$6,672,886	\$7,167,230	\$6,672,886	\$1,729,771	Scripts	35,007
202212	51,112	Prescription Drug	\$7,142,619	\$6,531,293	\$7,142,619	\$6,531,293	\$1,645,866	Scripts	36,453
202301	50,551	Prescription Drug	\$7,541,784	\$6,708,690	\$7,541,784	\$6,708,690	\$1,955,257	Scripts	34,274
202302	50,692	Prescription Drug	\$7,271,131	\$6,584,412	\$7,271,131	\$6,584,412	\$1,915,620	Scripts	32,309

### Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Allowed	Incurred	Drug Rebates	Utilization Unit	Utilization
202001	44,512	Capitations	\$40,919	\$40,919	\$40,919	\$40,919	\$0	Benefit Period	44,512
202002	44,747	Capitations	\$41,104	\$41,104	\$41,104	\$41,104	\$0	Benefit Period	44,747
202003	45,242	Capitations	\$43,108	\$43,108	\$43,108	\$43,108	\$0	Benefit Period	45,242
202004	45,527	Capitations	\$42,709	\$42,709	\$42,709	\$42,709	\$0	Benefit Period	45,527
202005	45,537	Capitations	\$41,980	\$41,980	\$41,980	\$41,980	\$0	Benefit Period	45,537
202006	45,654	Capitations	\$41,347	\$41,347	\$41,347	\$41,347	\$0	Benefit Period	45,654
202007	45,692	Capitations	\$42,165	\$42,165	\$42,165	\$42,165	\$0	Benefit Period	45,692
202008	45,568	Capitations	\$41,286	\$41,286	\$41,286	\$41,286	\$0	Benefit Period	45,568
202009	45,879	Capitations	\$41,555	\$41,555	\$41,555	\$41,555	\$0	Benefit Period	45,879
202010	45,963	Capitations	\$41,600	\$41,600	\$41,600	\$41,600	\$0	Benefit Period	45,963
202011	46,151	Capitations	\$41,719	\$41,719	\$41,719	\$41,719	\$0	Benefit Period	46,151
202012	46,669	Capitations	\$42,132	\$42,132	\$42,132	\$42,132	\$0	Benefit Period	46,669
202101	46,744	Capitations	\$42,300	\$42,300	\$42,300	\$42,300	\$0	Benefit Period	46,744
202102	47,000	Capitations	\$42,526	\$42,526	\$42,526	\$42,526	\$0	Benefit Period	47,000
202103	47,185	Capitations	\$42,711	\$42,711	\$42,711	\$42,711	\$0	Benefit Period	47,185
202104	47,263	Capitations	\$42,779	\$42,779	\$42,779	\$42,779	\$0	Benefit Period	47,263
202105	47,283	Capitations	\$42,740	\$42,740	\$42,740	\$42,740	\$0	Benefit Period	47,283
202106	47,112	Capitations	\$42,573	\$42,573	\$42,573	\$42,573	\$0	Benefit Period	47,112
202107	47,361	Capitations	\$42,770	\$42,770	\$42,770	\$42,770	\$0	Benefit Period	47,361
202108	47,626	Capitations	\$42,998	\$42,998	\$42,998	\$42,998	\$0	Benefit Period	47,626
202109	47,874	Capitations	\$43,246	\$43,246	\$43,246	\$43,246	\$0	Benefit Period	47,874
202110	47,491	Capitations	\$42,542	\$42,542	\$42,542	\$42,542	\$0	Benefit Period	47,491
202111	47,541	Capitations	\$42,535	\$42,535	\$42,535	\$42,535	\$0	Benefit Period	47,541
202112	47,653	Capitations	\$42,545	\$42,545	\$42,545	\$42,545	\$0	Benefit Period	47,653
202201	47,521	Capitations	\$41,681	\$41,681	\$41,681	\$41,681	\$0	Benefit Period	47,521
202202	47,964	Capitations	\$42,099	\$42,099	\$42,099	\$42,099	\$0	Benefit Period	47,964
202203	48,012	Capitations	\$42,076	\$42,076	\$42,076	\$42,076	\$0	Benefit Period	48,012
202204	48,089	Capitations	\$42,090	\$42,090	\$42,090	\$42,090	\$0	Benefit Period	48,089
202205	48,250	Capitations	\$42,204	\$42,204	\$42,204	\$42,204	\$0	Benefit Period	48,250
202206	48,690	Capitations	\$42,540	\$42,540	\$42,540	\$42,540	\$0	Benefit Period	48,690
202207	49,027	Capitations	\$42,796	\$42,796	\$42,796	\$42,796	\$0	Benefit Period	49,027
202208	49,525	Capitations	\$43,206	\$43,206	\$43,206	\$43,206	\$0	Benefit Period	49,525
202209	50,009	Capitations	\$43,605	\$43,605	\$43,605	\$43,605	\$0	Benefit Period	50,009
202210	50,370	Capitations	\$43,882	\$43,882	\$43,882	\$43,882	\$0	Benefit Period	50,370
202211	50,672	Capitations	\$44,068	\$44,068	\$44,068	\$44,068	\$0	Benefit Period	50,672
202212	51,112	Capitations	\$44,410	\$44,410	\$44,410	\$44,410	\$0	Benefit Period	51,112
202301	50,551	Capitations	\$35,982	\$35,982	\$35,982	\$35,982	\$0	Benefit Period	50,551
202302	50,692	Capitations	\$36,051	\$36,051	\$36,051	\$36,051	\$0	Benefit Period	50,692

### Appendix - Total Experience

Month	Members	Contracts	Ultimate Allowed	Drug Rebates	Post-Rx Rebate Ultimate Allowed	Post-Rx Rebate Ultimate Incurred	Premium	Loss Ratio
202001	44,512	28,404	\$19,790,948	\$835,409	\$18,955,540	\$15,562,390	\$21,133,099	73.6%
202002	44,747	28,555	\$18,026,060	\$897,313	\$17,128,748	\$14,331,584	\$21,363,310	67.1%
202003	45,242	28,881	\$18,044,591	\$1,124,696	\$16,919,895	\$14,548,405	\$21,599,412	67.4%
202004	45,527	29,102	\$14,917,155	\$1,082,998	\$13,834,157	\$12,544,164	\$21,770,801	57.6%
202005	45,537	29,061	\$16,425,875	\$1,029,778	\$15,396,097	\$13,845,991	\$21,758,892	63.6%
202006	45,654	29,117	\$18,839,931	\$1,110,910	\$17,729,020	\$15,753,711	\$22,101,592	71.3%
202007	45,692	29,119	\$23,365,910	\$1,076,336	\$22,289,574	\$20,037,812	\$22,214,053	90.2%
202008	45,568	29,052	\$19,701,146	\$1,043,344	\$18,657,802	\$16,358,049	\$22,214,694	73.6%
202009	45,879	29,177	\$21,292,457	\$1,047,962	\$20,244,495	\$17,761,738	\$19,583,293	90.7%
202010	45,963	29,204	\$22,917,097	\$1,115,048	\$21,802,049	\$19,230,789	\$22,526,004	85.4%
202011	46,151	29,257	\$21,547,116	\$1,071,574	\$20,475,543	\$18,053,392	\$22,457,985	80.4%
202012	46,669	29,491	\$22,406,194	\$1,082,865	\$21,323,329	\$18,458,052	\$23,192,662	79.6%
202101	46,744	29,682	\$20,393,497	\$1,069,860	\$19,323,638	\$16,316,074	\$23,380,116	69.8%
202102	47,000	29,871	\$20,300,516	\$1,080,536	\$19,219,980	\$16,481,064	\$23,459,814	70.3%
202103	47,185	29,984	\$25,186,545	\$1,339,986	\$23,846,559	\$20,610,172	\$23,535,780	87.6%
202104	47,263	29,985	\$23,837,358	\$1,281,782	\$22,555,576	\$19,516,047	\$23,596,813	82.7%
202105	47,283	30,006	\$23,419,010	\$1,211,383	\$22,207,627	\$19,333,209	\$23,574,947	82.0%
202106	47,112	29,895	\$24,356,353	\$1,264,700	\$23,091,653	\$19,945,662	\$23,520,703	84.8%
202107	47,361	30,037	\$22,761,579	\$1,283,168	\$21,478,411	\$18,709,253	\$23,652,675	79.1%
202108	47,626	30,199	\$24,813,832	\$1,375,476	\$23,438,357	\$20,443,896	\$23,681,206	86.3%
202109	47,874	30,359	\$24,168,106	\$1,307,609	\$22,860,496	\$19,932,968	\$23,829,286	83.6%
202110	47,491	29,938	\$24,439,649	\$1,327,348	\$23,112,300	\$20,226,125	\$23,475,096	86.2%
202111	47,541	29,955	\$24,772,834	\$1,346,998	\$23,425,837	\$20,497,217	\$23,759,942	86.3%
202112	47,653	29,983	\$25,170,351	\$1,344,149	\$23,826,203	\$20,583,556	\$23,889,599	86.2%
202201	47,521	29,934	\$24,868,211	\$1,451,348	\$23,416,863	\$20,034,313	\$24,096,157	83.1%
202202	47,964	30,297	\$23,976,423	\$1,354,634	\$22,621,789	\$19,331,710	\$24,257,341	79.7%
202203	48,012	30,255	\$26,443,051	\$1,609,797	\$24,833,255	\$21,322,102	\$24,333,196	87.6%
202204	48,089	30,242	\$25,336,390	\$1,488,867	\$23,847,523	\$20,773,610	\$24,456,302	84.9%
202205	48,250	30,278	\$28,242,778	\$1,595,735	\$26,647,043	\$23,560,053	\$24,538,231	96.0%
202206	48,690	30,581	\$26,274,442	\$1,627,626	\$24,646,815	\$21,568,100	\$24,795,729	87.0%
202207	49,027	30,753	\$25,740,779	\$1,584,502	\$24,156,277	\$21,307,455	\$24,916,708	85.5%
202208	49,525	30,984	\$27,017,855	\$1,726,117	\$25,291,738	\$22,123,469	\$25,132,820	88.0%
202209	50,009	31,223	\$27,781,934	\$1,625,315	\$26,156,620	\$23,002,691	\$25,417,875	90.5%
202210	50,370	31,401	\$26,904,530	\$1,666,443	\$25,238,087	\$21,987,745	\$25,625,646	85.8%
202211	50,672	31,571	\$27,811,556	\$1,729,771	\$26,081,785	\$22,805,412	\$25,823,644	88.3%
202212	51,112	31,811	\$27,651,866	\$1,645,866	\$26,006,000	\$22,329,278	\$26,163,229	85.3%
202301	50,551	31,600	\$28,819,974	\$1,955,257	\$26,864,717	\$22,301,168	\$26,895,780	82.9%
202302	50,692	31,711	\$25,558,767	\$1,915,620	\$23,643,147	\$19,316,553	\$26,936,829	71.7%

# CareFirst BlueCross BlueShield

## Part III Actuarial Memorandum

### 4.1 Redacted Actuarial Memorandum

CareFirst is making no redactions so both Actuarial Memorandum submissions are the same.

### 4.2 General Information Section

#### Company Identifying Information:

- **Company Legal Name:** CareFirst BlueChoice, Inc. (CFBC) - NAIC # 96202
- **State:** District of Columbia
- **HIOS Issuer ID:** 86052
- **Market:** Individual, Non-Medigap (On Exchange)
- **Effective Date:** 1/1/24 – 12/31/24
- **Company Filing Number:** 2704
- **SERFF Filing Number:** CFAP-133618179

#### Company Contact Information:

- **Primary Contact Name:** Mr. Cory Bream, ASA, MAAA
- **Primary Contact Telephone Number:** 410-998-5308
- **Primary Contact E-Mail Address:** Cory.Bream@CareFirst.com

### 4.3 Proposed Rate Changes (Individual market)

Base rates are changing 18.5% on average. The range is 14.2% to 66.4%. This filing applies to all new and renewing, in-force business in the guaranteed renewable, non-grandfathered, ACA, metaled benefit plans. The number of policyholders affected by this rate change is 2,469.

#### Reason for Rate Change(s):

The main drivers supporting the rate change are 1) increase in the base period claims experience of the combined pool, 2) trend, 3) lower projected changes in pool morbidity, 4) higher projected risk adjustment payable, 5) higher projected cost for the Catastrophic plan, and 6) increases in assumed plan actuarial values.

For our initial submission, we have not adjusted 2024 rates to reflect potential impacts of Medicaid redeterminations. We reserve the right to update assumptions as appropriate during the review process.

### 4.4 Market Experience (Combined Individual/Small Group market)

Our SRP reflects all covered lives for every non-grandfathered product in our market per 45 CFR Part § 156.80 (d).

#### 4.4.1 Experience and Current Period Premium, Claims, and Enrollment

The incurred period is 1/1/22 through 12/31/22, as required.

**Paid Through Date:** 2/28/23

**Current Date:** 2/28/23

**Premiums (prior to MLR rebates) in Experience Period:** \$299,556,877

**Experience Period Member Months:** 589,241

**Current Date Members:** 50,692

## **Allowed and Incurred Claims Incurred During the Experience Period**

### **Allowed Claims**

- **Processed through issuer's claim system:** \$288,156,280
- **Processed outside issuer's claim system:** \$0
- **IBNR:** \$10,787,514

### **Incurred Claims**

- **Processed through issuer's claim system:** \$250,850,478
- **Processed outside issuer's claim system:** \$0
- **IBNR:** \$9,295,459

### **Method used for determining Allowed Claims**

The allowed claims come directly from our claim records and account for capitations by applying contracted PMPM amounts directly to enrollment from the experience period. Drug rebates from the experience period are also included.

### **Support for IBNR estimates**

Our estimates of IBNR paid claims were derived using a "chain and ladder" model based on the most recent 36 months to derive the completion factor and IBNR for each incurred month. Estimates of IBNR allowed claims were derived using the same completion factors as those estimated based on paid claims.

## **4.4.2 Benefit Categories**

Inpatient (hospital), outpatient (hospital), professional, other medical (non-capitated ambulance, home health care, durable medical equipment, prosthetics, supplies, vision exams, pediatric dental services and other), prescription drug & capitations.

## **4.4.3 Projection Factors**

### *4.4.3.1 Trend Factors*

#### **Trend Factors (Cost/Utilization):**

Exhibit 8 in the Memorandum contains our selected annual utilization and unit cost trends by service category. Unit cost and utilization trends were set by service category to produce the overall anticipated trend of 6.5%, which is an increase compared to the 5.4% trend assumed in our prior filing. Current observed medical trends as of 202212 are 7.8%, down from 17.8% in 202112. Current observed drug trends are 9.3% as of 202212, up from 7.9% in 202112. The composite medical and drug trend is 8.1% as of 202212, down from 15.2% in 202112.

When normalized for induced demand, network, and demographics, the observed composite trends of 8.1% in 202212 and 15.2% in 202112 become 7.3% and 14.5%, respectively.

Using the proposed trend factor, in combination with other assumptions such as morbidity, etc., the annualized allowed PMPM change between 2024 and 2022 represented in this filing is 6.8%.

### *4.4.3.2 Adjustments to Trended EHB Allowed Claims PMPM*

#### **Morbidity Adjustment:**

Exhibit 4 in our memorandum contains support for this adjustment. To measure the projected morbidity of our population, we split our projected population into cohorts defined by metal tier and membership type. Membership type is defined as new member, existing member, or transfer from other lines of business. Consistent with the rules in the 2024 Unified Rate Review Instructions, we began our morbidity projection

by normalizing allowed claims for each of the cohorts outlined above for projected changes in age, gender, network and induced utilization.

We have not reflected any morbidity adjustments to the base period normalized allowed PMPMs by metal tier for the existing and transfer membership types. Exhibit 4 demonstrates how these PMPMs are unchanged from the current year YTD to remainder of current year. For the new membership type we have assumed a claims PMPM by metal equal to that of the existing members.

The resulting morbidity calculation is completed in steps split by year:

- Once the remainder of current year (2023) is completed, the membership and claims by metal are combined to derive a total estimate for the year.
- This result carries over to the rating year (2024) as the metal specific normalized PMPMs for the existing members.
- The assumed claims PMPMs by metal for the new members are again assumed to equal those for the existing members.
- Transfer members PMPMs are treated separately and reflect base period amounts projected forward. Our projection factor for these members is 1.000.
- Once these PMPMs are set, the final morbidity calculation is driven by the projected member months at these levels.

The total morbidity change from 2022 to 2024 is expected to be 1.5%, which is the factor used in Exhibit 1 in the calculation of the market adjustment index rate.

#### **Demographic Shift:**

Exhibit 6 in the Memorandum contains support for our adjustment due to the anticipated change in the average age of this population between the experience and projection periods. Our methodology measures the change in average demographic factor between the base and rating periods. The demographic factors used are from an internal age/gender curve with an approximate 4.5:1 ratio (age 64+ to age 21 factors). Factors for both time periods are weighted using member months and the ratio of the two is applied as our market level adjustment.

#### **Plan Design Changes:**

Exhibit 5 in the Memorandum details our support for this adjustment to account for anticipated changes in the average utilization of services due to differences in average cost sharing requirements between the experience and projection periods. Our methodology measures the change in the average induced utilization factor between the base and rating periods. The factors used are the metal level factors from the federal risk adjustment program. Once the average internal pricing AV, weighted by member months, is determined for both the experience and rating periods the linearly interpolated factor is determined. The ratio of these two factors is applied as our market level adjustment.

#### **Other Adjustments:**

Exhibit 7 in the Memorandum details our support for these adjustments. We are proposing additional other adjustments for changes to our capitation fees and drug rebates.

##### *4.4.3.3 Manual Rate Adjustments*

Not applicable, as experience was determined to be fully credible.

##### *4.4.3.4 Credibility of Experience*

Exhibit 2 in the Memorandum contains a summary of our base period experience, including member months. We have assigned full credibility to this experience.

##### *4.4.3.5 Establishing the Index Rate*

The experience period index rate for this filing is \$507.18 and the projection period index rate is \$578.44. Both rates and the adjustments made to develop the projected amount from the experience period amount can be found on Exhibit 1 of the Memorandum. Specifically, these adjustments correspond to those outlined in sections 4.4.3.1 and 4.4.3.2.

#### *4.4.3.6 Development of the Market-wide Adjusted Index Rate*

The Market-wide Adjusted Index Rate for the Individual market is \$768.86 and is derived by multiplying the projection period index rate with the market level adjustments for the risk adjustment program. Details for the risk adjustment program can be found below.

### **Reinsurance**

There are no reinsurance recoveries applicable to this market.

### **Risk Adjustment Payment/Charge:**

The Experience Period Risk Adjustment transfers in the URRT are based on the most recent Wakely results.

Our projected 2024 risk adjustment transfers, found in Exhibit 9, have been calculated consistent with our membership and morbidity projections found elsewhere in this filing. To project the risk adjustment factors from 2022 to 2024, we have assumed an increase in the statewide premium of 23.6% which reflects an estimate of an average 13.4% increase in 2023 and 9.0% increase in 2024. We have assumed that our CFI Individual non-Catastrophic market share will decrease from 80.2% in 2022 to 79.0% in 2024 and that our CFI Individual non-Catastrophic PLRS ratio to the state will increase from 1.068 in 2022 to 1.075 in 2024. The resultant estimate of risk adjustment is that the BlueChoice payable transfer PMPM for the Individual market will increase from -\$118.43 in 2022 to -\$125.25 in 2024. Combined with the -\$125.25 is a projected HCRP net PMPM payable of -\$1.76, which results in a total projected risk adjustment payable of -\$127.01.

The risk adjustment estimates above are calculated separately for the Individual market and the Small Group market as required. This approach is different than the blended approach used to calculate the Index Rate, and therefore there is an inconsistency between the risk assumed in rates and the claims data used in the calculation.

If a merged Individual and Small Group risk adjustment methodology was used, the rate change for Individual BlueChoice is estimated to be -2.0%.

### **Exchange User Fees:**

There are no applicable exchange user fees since the rates in this filing are not offered on the Federal Marketplace.

#### **4.4.4 Plan Adjusted Index Rate**

Exhibit 11 in the Memorandum displays the adjustments made for each plan. Every plan adjusted index rate is developed from the market adjusted index rate using only the allowable plan level modifiers as follows:

- **Actuarial value and cost-sharing design of the plan:** The actuarial value for each plan was determined using our own internal model and estimates the ratio of paid to allowed dollars given that plan's benefit design and the assumed allowed amount consistent with the projection period index rate. The assumed actuarial values also include a multiplicative factor applied uniformly across plans. The application of the AV to an index rate that is the same across all plans results in a member months weighted average AV (and resulting average paid PMPM assumed in rates) that



may be materially deficient depending on the distribution of projected membership and actual cost. This factor accounts for the deficiency specific to this block of business. The URRT instructions state that this adjustment may take into account the benefit differences and utilization differences due to differences in cost-sharing. As a result, our plan adjusted index rates also include adjustments to account for the impact the metal level has on utilization.

- **Provider network:** All plans offered use the Open Access network.
- **Benefits in addition to EHBs:** There is an adjustment to account for abortion coverage and adult vision (which are offered in addition to EHBs).
- **Administrative costs:** See Exhibit 10A in the Memorandum for the assumed values of the following additional items.
  1. Administrative Expense (G&A)
  2. Broker Commissions & Fees
  3. Federal Income Tax (FIT)
  4. Contribution to Reserve (Post-Tax)
  5. State Premium Tax
  6. PCORI Fee
  7. Risk Adjustment User Fee
  8. Exchange Assessment Fee
- **Catastrophic adjustment:** The catastrophic factor has been developed from the experience of the catastrophic population and is applied only to the catastrophic plan as required. See the Appendix in the Memorandum for more details. All other factors applied to the Market Adjusted Index Rate are the same across all plans.

For each plan, we have taken the applicable adjustment factor from each category above and multiplied them by the market adjusted index rate to derive each plan adjusted index rate.

#### **4.4.5 Calibration**

##### **Age Curve Calibration**

We have calibrated to the rounded weighted average age which was determined as the age for the factor nearest our projected average factor. We have used the standard DC age curve factors and weighted them using member months in our calculation.

A demonstration of how the plan adjusted index rates and the age curve are used to generate the schedule of premium rates for each plan can be found on Exhibit 13.

##### **Geographic Factor Calibration**

We have elected not to rate for geographic region.

##### **Tobacco Use Rating Factor Calibration**

We have elected not to rate for tobacco usage.

#### **4.4.6 Consumer Adjusted Premium Rate Development**

The premium rate that a given consumer will be charged is calculated by first taking the plan adjusted index rate for that member's chosen plan and dividing by the projected average age rating factor. The resulting value is the base rate for that plan. The final step in determining a consumer adjusted premium rate is to take the rate from the first step and multiply it by the corresponding factor for that member's age from the standard DC age curve. Rate charts are provided for all the consumer adjusted premiums.

## **4.5 Projected Loss Ratio**

The projected loss ratio for the rates provided in this file, using the Federally-prescribed MLR methodology, is 88.7% for the Individual market and 83.3% for the combined Individual/Small Group market. Details behind this calculation can be found in Exhibit 10B.

## **4.6 Plan Product Information**

### **4.6.1 AV Metal Values**

The majority of our 2024 plans include varying cost share levels for some services that depend on the setting in which care is delivered. The HHS AV calculator was used to compute two separate AVs for each impacted plan – one which applied the higher level of cost-share, and one which applied the lower level of cost-share. The results were blended assuming 83% of the designated services are rendered in higher cost-share setting and the remaining 17% at the lower, consistent with experience from our small group and individual markets. Plans without these features used the AV calculator without modification.

Additional details regarding the unique plan designs not accommodated by the HHS AV Calculator along with printouts for each plan are provided in the “Actuarial Memorandum” section of the Supporting Documentation tab of the SERFF filing.

### **4.6.2 Membership Projections**

The membership projections found in Worksheet 2 of the URRT were developed from enrollment as of 2/28/23 using assumptions for termination rates, new sales and transfers. The projections also incorporate any plan mappings anticipated between that month and the rating period. For new plan offerings where no plans are being uniformly modified into them, a minimum level of enrollment was assumed.

### **4.6.3 Terminated Plans and Products**

Plan mappings from the experience period to the rating period can be found in Appendix – Mapping.

### **4.6.4 Plan Type**

Each plan in Worksheet 2, Section I of the URRT contains a plan type that describes the plan exactly.

## **4.7 Miscellaneous Instructions**

### **4.7.1 Effective Rate Review Information (Optional)**

We have no additional exhibits.

### **4.7.2 Reliance**

We do not have any reliance to state.

### **4.7.3 Actuarial Certification**

Included in the Memorandum.

**BlueChoice Inc.  
d.b.a. CareFirst BlueCross BlueShield  
(NAIC # 96202)**

**Rate Filing # 2704  
D.C. Individual Products  
Rate Filing Effective 1/1/2024**

**Actuarial Memorandum**

**BlueChoice Inc.**  
**(NAIC # 96202)**  
**H.R. 3950 - Public Law 111-148 - Patient Protection and Affordable Care Act (ACA)**  
**D.C. Individual Products**  
**Rate Filing Effective 1/1/2024**  
**Actuarial Certification**

I, Cory Bream, am a(n) Assistant Actuary with CareFirst BlueChoice doing business as CareFirst BlueCross BlueShield. I am a member of the American Academy of Actuaries (AAA) in good standing and have the education and experience necessary to perform the work. Rates were developed in accordance with the appropriate Actuarial Standards of Practice (ASOPs) and the AAA's Code of Professional Conduct. While other ASOPs apply, a sample listing is below.

- i. ASOP No. 5, Incurred Health and Disability Claims
- ii. ASOP No. 8, Regulatory Filings for Health Plan Entities
- iii. ASOP No. 12, Risk Classification
- iv. ASOP No. 23, Data Quality
- v. ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages
- vi. ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health and Benefit Plans
- vii. ASOP No. 41, Actuarial Communications
- viii. ASOP No. 50, Determining Minimum Value and Actuarial Value under the Affordable Care Act

I have been involved in the development of these rates, and to the best of my knowledge and understanding, the rates in this filing have been developed in accordance with the available regulations and guidance. Should new guidance be released, this filing may be revised. I certify that this filing has been prepared based on sound and commonly accepted actuarial principles, practices and assumptions in the aggregate for the legal entity.

I further certify the following:

1. The projected Index Rate is:
  - a. In compliance with all applicable state and Federal statutes and regulations (45 CFR 156.80 and 147.102)
  - b. Developed in compliance with the applicable Actuarial Standards of Practice
  - c. Reasonable in relation to the benefits provided and the population anticipated to be covered
  - d. Neither excessive nor deficient
2. The Index Rate and only the allowable modifiers as described in 45 CFR § 156.80(d)(1) and 45 CFR § 156.80(d)(2) were used to generate plan level rates. These rates have been calibrated to account for age (geography and tobacco are not applicable).
3. Consistent with 45 CFR § 156.135, the 2024 HHS Actuarial Values (AV) Calculator was used to determine the AV metal values shown in Worksheet 2 of Part I of the Unified Rate Review Template (URRT) for all plans except those specified. Where necessary, the AVs of the benefits proposed have been calculated with minimal modifications to the AV calculator as described in the Actuarial Memorandum.

As a qualifier to the opinion, the URRT does not demonstrate the process used by the issuer 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 that the Index Rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

For our initial submission, we have not adjusted 2024 rates to reflect potential impacts of Medicaid redeterminations. We reserve the right to update assumptions as appropriate during the review process.

The HMO Platinum benefit factor has been adjusted downward 0.5% so that all HMO rates by metal are lower than PPO, as required by the DISB in past rate filing submissions.

**Cory Bream** Digitally signed by Cory Bream  
Date: 2023.04.28 13:24:11 -04'00'

Cory Bream, ASA, MAAA  
Assistant Actuary  
CareFirst BlueCross BlueShield  
Mail Drop-Point 01-720  
10455 Mill Run Circle  
Owings Mills, MD 21117

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### Exhibit 1 - Market Adjusted Index Rate Summary

		2024	Exhibit
(1)	Base Period Total Allowed	\$ 507.34	2
(2)	Base Period Non-EHB PMPM	\$ 0.15	2
(3)	Experience Period Index Rate	\$ 507.18	
(4)	Change in Morbidity	1.0152	4
(5)	Additional Population Adjustment	1.0000	
(6)	Induced Demand	0.9960	5
(7)	Projection Period Utilization and Network Adjustment	1.0000	
(8)	Demographic Adjustment	0.9986	6
(9)	Area Adjustment	1.0000	
(10)	Additional "Other" Adjustments	0.9966	7
(11)	Annualized Trend	6.5%	8
(12)	Months of Trend	24.0	
(13)	Unit cost & Utilization/1,000 Trend Factor	1.1333	
(14)	Projection Period Index Rate	\$ 578.44	
(15)	Reinsurance Program	1.0000	Appendix
(16)	Risk Adjustment Program	1.3292	9
(17)	Federal Exchange User Fee	1.0000	
(18)	Market Adjusted Index Rate	\$ 768.86	
	Without Risk Adjustment	\$ 578.44	

**The projection period index rate was developed by projecting individual URRT service categories and then building up into a total PMPM. As a result the adjustments above may not match the referenced exhibits exactly because these represent the average factor when considering application at the service category level.**

## Exhibit 2 - Base Period Experience

Service Category	Incurred	Allowed	Allowed PMPM	Utilization Description	Utilization per 1,000	Average Cost/Service		
Inpatient Hospital	\$	45,429,709	\$	77.10	Admits	51.78	\$	17,867.70
Outpatient Hospital	\$	59,752,890	\$	101.41	Visits	879.82	\$	1,383.11
Professional	\$	106,757,007	\$	181.18	Visits	13,598.05	\$	159.89
Other Medical	\$	24,389,549	\$	41.39	Services	1,719.72	\$	288.82
Capitation	\$	514,658	\$	0.87	Benefit Period	1,000	\$	10.48
Prescription Drug	\$	62,099,982	\$	105.39	Prescriptions	8,015.29	\$	157.78
<b>Total (EHB &amp; Non-EHB)</b>	<b>\$</b>	<b>298,943,794</b>	<b>\$</b>	<b>507.34</b>				
<b>EHB Allowed</b>	<b>\$</b>	<b>298,852,925</b>	<b>\$</b>	<b>507.18</b>				
<b>Non-EHB Allowed</b>	<b>\$</b>	<b>90,869</b>	<b>\$</b>	<b>0.15</b>				
<b>Incurred Net</b>	<b>\$</b>	<b>260,145,938</b>	<b>\$</b>	<b>441.49</b>				
<b>Net/Allowed</b>		<b>87.0%</b>						
<b>Experience Period Member Months</b>		<b>589,241</b>						
<b>Experience Period Revenue</b>	<b>\$</b>	<b>299,556,877</b>						

### Exhibit 3 - Non-EHB Adjustment

HIOS Plan ID	Plan Name	Exchange	2024 Index Rate	2024 Non-EHB PMPM	2024 Non-EHB Adjustment
86052DC0400001	BlueChoice HMO Standard Silver \$4,850	On	\$ 578.44	\$ 2.35	1.0041
86052DC0400002	BlueChoice HMO Standard Gold \$500	On	\$ 578.44	\$ 2.08	1.0036
86052DC0400004	BlueChoice HMO Young Adult \$9,450	On	\$ 578.44	\$ 3.41	1.0059
86052DC0400007	BlueChoice HMO Standard Bronze \$7,500	On	\$ 578.44	\$ 2.55	1.0044
86052DC0400008	BlueChoice HMO Standard Platinum \$0	On	\$ 578.44	\$ 1.93	1.0033
86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,350	On	\$ 578.44	\$ 2.63	1.0045
86052DC0400011	BlueChoice HMO HSA Gold \$1,600	On	\$ 578.44	\$ 2.18	1.0038



Exhibit 4 - Morbidity Adjustment Factor

Base Year

Metal Level	Member Months	2022 Normalized Allowed PMPM	
Catastrophic	5,027	\$	184.19
Bronze	45,214	\$	177.98
Silver	143,478	\$	222.99
Gold	238,386	\$	280.54
Platinum	157,036	\$	313.89
Subtotal	589,141	\$	266.72

Current Year YTD

Existing				
Metal Level	Member Months	2022 Normalized Allowed PMPM	Morbidity Adjustment	2023 Adjusted Normalized Allowed PMPM
Catastrophic	529	\$ 195.88	1.000	\$ 195.88
Bronze	6,108	\$ 177.76	1.000	\$ 177.76
Silver	19,723	\$ 226.23	1.000	\$ 226.23
Gold	33,093	\$ 281.50	1.000	\$ 281.50
Platinum	22,058	\$ 304.31	1.000	\$ 304.31
Subtotal	81,511	\$ 265.97	1.000	\$ 265.97

New				
Metal Level	Member Months	Existing Cohort Adjusted Normalized Allowed PMPM	Morbidity Adjustment	2023 Adjusted Normalized Allowed PMPM
Catastrophic	70	\$ 195.88	1.000	\$ 195.88
Bronze	978	\$ 177.76	1.000	\$ 177.76
Silver	3,825	\$ 226.23	1.000	\$ 226.23
Gold	6,582	\$ 281.50	1.000	\$ 281.50
Platinum	4,241	\$ 304.31	1.000	\$ 304.31
Subtotal	15,696	\$ 267.35	1.000	\$ 267.35

Transfer				
Metal Level	Member Months	2022 Normalized Allowed PMPM	Morbidity Adjustment	2023 Adjusted Normalized Allowed PMPM
Catastrophic	23	\$ 163.71	1.000	\$ 163.71
Bronze	216	\$ 306.75	1.000	\$ 306.75
Silver	723	\$ 273.35	1.000	\$ 273.35
Gold	1,358	\$ 315.31	1.000	\$ 315.31
Platinum	1,524	\$ 348.74	1.000	\$ 348.74
Subtotal	3,844	\$ 319.28	1.000	\$ 319.28

Total				
Metal Level	Member Months	2022 Normalized Allowed PMPM	Morbidity Adjustment	2023 Adjusted Normalized Allowed PMPM
Catastrophic	622	\$ 194.69	1.000	\$ 194.69
Bronze	7,302	\$ 181.57	1.000	\$ 181.57
Silver	24,271	\$ 227.63	1.000	\$ 227.63
Gold	41,033	\$ 282.62	1.000	\$ 282.62
Platinum	27,823	\$ 306.75	1.000	\$ 306.75
Subtotal	101,051	\$ 268.21	1.000	\$ 268.21

Remainder of Current Year

Existing		
Metal Level	Member Months	2023 Adjusted Normalized Allowed PMPM
Catastrophic	2,249	\$ 195.88
Bronze	28,701	\$ 177.76
Silver	97,890	\$ 226.23
Gold	162,122	\$ 281.50
Platinum	111,308	\$ 304.31
Subtotal	402,270	\$ 266.48

New		
Metal Level	Member Months	2023 Adjusted Normalized Allowed PMPM
Catastrophic	967	\$ 195.88
Bronze	6,031	\$ 177.76
Silver	21,674	\$ 226.23
Gold	38,893	\$ 281.50
Platinum	23,719	\$ 304.31
Subtotal	91,284	\$ 266.54

Transfer		
Metal Level	Member Months	2023 Adjusted Normalized Allowed PMPM
Catastrophic	183	\$ 163.71
Bronze	1,543	\$ 306.75
Silver	4,021	\$ 273.35
Gold	7,691	\$ 315.31
Platinum	7,083	\$ 348.74
Subtotal	20,521	\$ 316.63

Total		
Metal Level	Member Months	2023 Adjusted Normalized Allowed PMPM
Catastrophic	3,399	\$ 194.15
Bronze	36,275	\$ 183.24
Silver	123,585	\$ 227.76
Gold	208,706	\$ 282.75
Platinum	142,110	\$ 306.53
Subtotal	514,075	\$ 268.50

Total Current Year

Total	Member Months	2023 Adjusted Normalized Allowed PMPM
Catastrophic	4,021	\$ 194.23
Bronze	43,577	\$ 182.96
Silver	147,856	\$ 227.74
Gold	249,739	\$ 282.73
Platinum	169,933	\$ 306.56
Subtotal	615,126	\$ 268.45

Rating Year

Existing				
Metal Level	Member Months	2023 Normalized Allowed PMPM	Morbidity Adjustment	2024 Adjusted Normalized Allowed PMPM
Catastrophic	2,646	\$ 194.23	1.000	\$ 194.23
Bronze	35,096	\$ 182.96	1.000	\$ 182.96
Silver	125,783	\$ 227.74	1.000	\$ 227.74
Gold	212,761	\$ 282.73	1.000	\$ 282.73
Platinum	145,552	\$ 306.56	1.000	\$ 306.56
Subtotal	521,838	\$ 268.96	1.000	\$ 268.96

New				
Metal Level	Member Months	Existing Cohort Adjusted Normalized Allowed PMPM	Morbidity Adjustment	2024 Adjusted Normalized Allowed PMPM
Catastrophic	883	\$ 194.23	1.000	\$ 194.23
Bronze	6,228	\$ 182.96	1.000	\$ 182.96
Silver	26,252	\$ 227.74	1.000	\$ 227.74
Gold	44,844	\$ 282.73	1.000	\$ 282.73
Platinum	30,607	\$ 306.56	1.000	\$ 306.56
Subtotal	108,814	\$ 269.74	1.000	\$ 269.74

Transfer				
Metal Level	Member Months	2023 Normalized Allowed PMPM	Morbidity Adjustment	2024 Adjusted Normalized Allowed PMPM
Catastrophic	130	\$ 163.71	1.000	\$ 163.71
Bronze	1,884	\$ 306.75	1.000	\$ 306.75
Silver	5,871	\$ 273.35	1.000	\$ 273.35
Gold	10,208	\$ 315.31	1.000	\$ 315.31
Platinum	6,901	\$ 348.74	1.000	\$ 348.74
Subtotal	24,994	\$ 313.25	1.000	\$ 313.25

Total				
Metal Level	Member Months	2023 Normalized Allowed PMPM	Morbidity Adjustment	2024 Adjusted Normalized Allowed PMPM
Catastrophic	3,659	\$ 193.15	1.000	\$ 193.15
Bronze	43,208	\$ 188.36	1.000	\$ 188.36
Silver	157,906	\$ 229.44	1.000	\$ 229.44
Gold	267,813	\$ 283.97	1.000	\$ 283.97
Platinum	183,060	\$ 308.15	1.000	\$ 308.15
Subtotal	655,646	\$ 270.78	1.000	\$ 270.78

Year	Adjusted Normalized PMPM	Year over Year Change
2022	\$ 266.72	n/a
2023	\$ 268.45	0.6%
2024	\$ 270.78	0.9%

Morbidity Adjustment Change	1.5%
Morbidity Adjustment Factor	1.0152

### Exhibit 5 - Induced Utilization Adjustment Factor

Year	Actuarial Value	Induced Demand Factor	
(1) 2022	82.92%	1.1004	
(2) Projected 2024	82.29%	1.0960	
(3) <b>Adjustment*</b>		<b>0.9960</b>	(2)/(1)

**\*Applied to all service categories except capitations**

### Exhibit 6 - Demographic Adjustment

	Period	Cohort	Demo Factor*	Weight	Average Age**
(1)	Base Period	All	1.6746	100.0%	34.3
(2)	Rating Period	Existing	1.7249	79.6%	
		New	1.4471	16.6%	
		Transfer	1.5544	3.8%	
(3)	Rating Period	All	1.6723	100.0%	34.3
(4)	<b>Demographic Adjustment***</b>	<b>All</b>	<b>0.9986</b>		

(3) / (1)

\*Demo factors by cohort for the rating period are based on average factors for each cohort from the current year to date. Weights are based on expected distribution of member months.

\*\*Average ages are member weighted

\*\*\*Applied to all service categories except capitations

Exhibit 7 - Factors for Additional "Other" Adjustments

Capitation adjustment			
(1)	Experience Period Capitations PMPM (EHBs only)	\$	0.81
(2)	Projection Period Capitations PMPM (EHBs only)	\$	0.66
(3)	Adjustment to Capitation Category	0.8165	(2)/(1)
Drug Rebates adjustment			
(4)	Experience Period Allowed Rx PMPM (Pre-Rebates)	\$	137.81
(5)	Morbidity	1.0152	Exhibit 4
(6)	Induced Demand	0.9960	Exhibit 5
(7)	Demographics	0.9986	Exhibit 6
(8)	Rx Trend (Force of Trend)	1.2614	Exhibit 8
(9)	Projected Target Allowed Rx PMPM using Multiplicative Factors (Pre-Rebates)	\$	175.54 (4)*(5)*(6)*(7)*(8)
(10)	Target Projection Period Rx Rebates PMPM	\$	43.12
(11)	Target Post-Rebates Allowed Rx PMPM using Target Projection Period Rx Rebates PMPM	\$	132.42 (9)-(10)
(12)	Experience Period Rx Rebates PMPM	\$	32.42
(13)	Experience Period Allowed Rx PMPM (Post-Rebates)	\$	105.39 (4)-(12)
(14)	Morbidity	1.0152	Exhibit 4
(15)	Induced Demand	0.9960	Exhibit 5
(16)	Demographics	0.9986	Exhibit 6
(17)	Rx Trend (Force of Trend)	1.2614	Exhibit 8
(18)	Projection Period Allowed Rx PMPM using Multiplicative Factors (Post-Rebates)	\$	134.24 (13)*(14)*(15)*(16)*(17)
(19)	Adjustment to Drug Category	0.9864	(11)/(18)

	PMPM	Adjustment	
Inpatient Hospital	\$ 81.65	1.0000	
Outpatient Hospital	\$ 119.71	1.0000	
Professional	\$ 199.61	1.0000	
Other Medical	\$ 44.40	1.0000	
Capitation	\$ 0.81	0.8165	(3)
Prescription Drug	\$ 134.24	0.9864	(19)
Total	\$ 580.41	0.9966	

PMPM weights are set equal to projected PMPM without "other" adj.

### Exhibit 8 - Annual Trend Assumptions

	2022				Trended
	EHB PMPM	Weight	Utilization/1,000	Unit Cost	Composite
<b>Inpatient Hospital</b>	\$ 77.10	15.2%	1.0303	0.9940	1.0488
<b>Outpatient Hospital</b>	\$ 101.38	20.0%	1.0173	1.0630	1.1694
<b>Professional</b>	\$ 181.13	35.7%	1.0123	1.0320	1.0914
<b>Other Medical</b>	\$ 41.39	8.2%	1.0443	0.9870	1.0624
<b>Capitation</b>	\$ 0.81	0.2%	1.0000	1.0000	1.0000
<b>Prescription Drug</b>	\$ 105.39	20.8%	1.0323	1.0880	1.2614
<b>Total</b>	\$ 507.18	100.0%			1.0646
<b>Proposed Trend</b>					<b>1.0646</b>

**Exhibit 9 - Risk Adjustment**

**Statewide 2022**

Metallic Tier	Member Months		PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM	Statewide PMPM 2022
Catastrophic	5,467		0.252	0.734	1.000	1.000	0.570	0.252	0.418			\$ 113.31
Individual Non-Catastrophic	166,958		1.486	1.149	1.000	1.060	0.741	1.623	0.901			\$ 511.80

**CFI & Competition 2022**

Metallic Tier	Member Months	Distribution	PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM
CFI Non-Catastrophic	133,956	80.2%	1.588	1.157	1.000	1.061	0.742	1.734	0.910		
Competition Non-Catastrophic	33,001	19.8%	1.073	1.114	1.000	1.058	0.738	-	-		

**2022**

Metallic Tier	Member Months	Distribution	PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM
Catastrophic	5,072	11.6%	0.250	0.734	1.000	1.000	0.570	0.250	0.418	-\$2,219	-\$0.44
Bronze	20,399	46.6%	0.686	1.228	1.000	1.000	0.600	0.686	0.737	-\$4,124,217	-\$202.18
Silver	11,588	26.4%	1.072	1.206	1.000	1.030	0.700	1.104	0.870	-\$1,690,167	-\$145.85
Gold	5,086	11.6%	1.459	1.089	1.000	1.080	0.800	1.575	0.941	-\$191,440	-\$37.64
Platinum	1,668	3.8%	3.279	1.188	1.000	1.150	0.900	3.771	1.229	\$819,219	\$491.04
Total	43,814	100.0%	0.926	1.147	1.000	1.023	0.658	0.967	0.777	-\$5,188,825	-\$118.43

**Statewide 2024**

Metallic Tier	Member Months		PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM	Statewide PMPM 2024
Catastrophic	4,021		0.227	0.736	1.000	1.000	0.570	0.227	0.419			\$ 230.23
Individual Non-Catastrophic	145,019		1.347	1.156	1.000	1.059	0.740	1.470	0.905			\$ 632.62

**CFI & Competition 2024**

Metallic Tier	Member Months	Distribution	PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM
CFI Non-Catastrophic	114,565	79.0%	1.448	1.164	1.000	1.060	0.741	1.579	0.914		
Competition Non-Catastrophic	30,454	21.0%	0.967	1.124	1.000	1.058	0.738	-	-		

**2024**

Metallic Tier	Member Months	Distribution	PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM
Catastrophic	3,659	11.3%	0.223	0.735	1.000	1.000	0.570	0.223	0.419	-\$16,614	-\$4.54
Bronze	14,214	43.9%	0.643	1.253	1.000	1.000	0.600	0.643	0.752	-\$3,536,486	-\$248.80
Silver	8,289	25.6%	0.963	1.175	1.000	1.030	0.700	0.992	0.847	-\$1,366,924	-\$164.91
Gold	5,167	16.0%	1.354	1.129	1.000	1.080	0.800	1.462	0.976	-\$270,318	-\$52.32
Platinum	1,039	3.2%	3.969	1.205	1.000	1.150	0.900	4.565	1.247	\$1,136,409	\$1,093.75
Total	32,368	100.0%	0.898	1.153	1.000	1.025	0.664	0.941	0.790	-\$4,053,932	-\$125.25

**Adjustment Factor applied to Market Adjusted Index Rate**

Projected Index Rate	Projected Transfer PMPM (Allowed basis)	Risk Adjustment User Fee (Allowed basis)	Adjustment Factor*
\$578.44	-\$190.10	\$0.31	1.3292

Estimated HCRP Receivable	Estimated HCRP Charge	HCRP Net Charge PMPM
\$0	\$57,000	-\$1.76

\*Adjustment Factor = (\$578.44 - \$-190.1+ \$0.31) / \$578.44

# Exhibit 10A - Desired Incurred Claims Ratio

	2024	
	PMPM	% of Revenue
Allowed Claims	\$ 514.69	
Paid/Allowed Ratio	75.2%	
Paid Claims & Capitations	\$ 387.05	
Risk Adjustment Transfer & HCRP (Paid Basis)	\$ (127.01)	
Reinsurance Recoveries (Paid Basis)	\$ -	
Paid Claims & Capitations (Post-3Rs)	\$ 514.06	85.7%
Administrative Expense	\$ 53.35	8.9%
Broker Commissions & Fee	\$ 2.67	0.4%
Contribution to Reserve (Post-Tax)	\$ 9.59	1.6%
Investment Income Credit	\$ (0.60)	-0.1%
Risk Charge	\$ -	0.0%
<b>Non-ACA Taxes &amp; Fees</b>		
State Premium Tax	\$ 11.99	2.0%
State Assessment Fee	\$ 0.60	0.1%
Reinsurance Program Fee	\$ -	0.0%
State Income Tax	\$ -	0.0%
Federal Income Tax	\$ 2.40	0.4%
<b>ACA Taxes &amp; Fees</b>		
Health Insurer Tax	\$ -	0.0%
Risk Adjustment User Fee	\$ 0.21	0.0%
Exchange Assessment Fee	\$ 4.80	0.8%
Federal Exchange User Fee	\$ -	0.0%
PCORI Tax	\$ 0.28	0.0%
BlueRewards/Incentive Program	\$ 0.32	0.1%
Total Revenue	\$ 599.67	100.0%
Plan Level Admin Load Adjustment	1.1661	
Projected Member Months	32,368	
Average Members	2,697	
% Total 2024	100.0%	

## Exhibit 10B - Federal MLR

	Total 2024 PMPM / %
<u>Traditional MLR Development</u>	
Paid Claims & Capitations (Post-3Rs) \$	514.06
Total Revenue \$	599.67
<hr/>	
Traditional MLR (i.e. DICR)	85.7%
 <u>Federal MLR Development</u>	
Numerator Adjustments	
BlueRewards/Incentive Program \$	0.32
Quality Improvement Expenses \$	1.60
Removal of non-care costs under MLR guidelines \$	(1.80)
 Denominator Adjustments	
Non-ACA Taxes & Fees \$	14.99
ACA Taxes & Fees \$	5.28
 Federal MLR Numerator \$	 514.18
Federal MLR Denominator \$	579.39
<hr/>	
Federal MLR	88.7%
 Projected Member Months	 32,368



# **Exhibit 10B - Federal MLR (Combined SG & Individual)**

	Total 2024
	PMPM / %
<b><u>Traditional MLR Development</u></b>	
Paid Claims & Capitations (Post-3Rs) \$	533.68
Total Revenue \$	661.33
<hr/>	
Traditional MLR (i.e. DICR)	80.7%
<b><u>Federal MLR Development</u></b>	
<b>Numerator Adjustments</b>	
BlueRewards/Incentive Program \$	0.66
Quality Improvement Expenses \$	2.14
Removal of non-care costs under MLR guidelines \$	(6.30)
<b>Denominator Adjustments</b>	
Non-ACA Taxes & Fees \$	19.06
ACA Taxes & Fees \$	5.78
Federal MLR Numerator \$	530.18
Federal MLR Denominator \$	636.49
<hr/>	
Federal MLR	83.3%
Projected Member Months	655,646

Exhibit 11 - Plan Adjusted Index Rates

HIOS Plan ID	Plan Name	Plan Type	Metallic Tier	Exchange	Network	Market Adjusted Index Rate	Internal Pricing AV	Network Factor	Induced Utilization	Non-EHB	Catastrophic Adjustment	Capped Dependents	Admin	Plan Adjusted Index Rate
86052DC0400001	BlueChoice HMO Standard Silver \$4,850	HMO	SILVER	On	Open Access	\$768.86	0.7988	0.9359	0.9580	1.0041	1.0000	1.0000	1.1661	\$644.74
86052DC0400002	BlueChoice HMO Standard Gold \$500	HMO	GOLD	On	Open Access	\$768.86	0.9452	0.9359	0.9983	1.0036	1.0000	1.0000	1.1661	\$794.61
86052DC0400004	BlueChoice HMO Young Adult \$9,450	HMO	CATASTROPHIC	On	Open Access	\$768.86	0.6626	0.9359	0.9243	1.0059	0.7226	1.0000	1.1661	\$373.56
86052DC0400007	BlueChoice HMO Standard Bronze \$7,500	HMO	BRONZE	On	Open Access	\$768.86	0.7295	0.9359	0.9243	1.0044	1.0000	1.0000	1.1661	\$568.31
86052DC0400008	BlueChoice HMO Standard Platinum \$0	HMO	PLATINUM	On	Open Access	\$768.86	1.0140	0.9359	1.0630	1.0033	1.0000	1.0000	1.1661	\$907.51
86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,350	HMO	BRONZE	On	Open Access	\$768.86	0.6932	0.9359	0.9243	1.0045	1.0000	1.0000	1.1661	\$540.12
86052DC0400011	BlueChoice HMO HSA Gold \$1,600	HMO	GOLD	On	Open Access	\$768.86	0.8704	0.9359	0.9983	1.0038	1.0000	1.0000	1.1661	\$731.85

### Exhibit 12 - AV Values

HIOS Plan ID	Suffix	HIOS Plan Name	HHS AV
86052DC0400001	01	BlueChoice HMO Standard Silver \$4,850	0.704
86052DC0400001	02	BlueChoice HMO Standard Silver \$4,850 NAO	1.000
86052DC0400001	03	BlueChoice HMO Standard Silver \$4,850 NAL	0.704
86052DC0400001	04	BlueChoice HMO Standard Silver \$4,850 A	0.732
86052DC0400001	05	BlueChoice HMO Standard Silver \$4,850 B	0.879
86052DC0400001	06	BlueChoice HMO Standard Silver \$4,850 C	0.944
86052DC0400002	01	BlueChoice HMO Standard Gold \$500	0.818
86052DC0400002	02	BlueChoice HMO Standard Gold \$500 NAO	1.000
86052DC0400002	03	BlueChoice HMO Standard Gold \$500 NAL	0.818
86052DC0400004	01	BlueChoice HMO Young Adult \$9,450	0.628
86052DC0400007	01	BlueChoice HMO Standard Bronze \$7,500	0.646
86052DC0400007	02	BlueChoice HMO Standard Bronze \$7,500 NAO	1.000
86052DC0400007	03	BlueChoice HMO Standard Bronze \$7,500 NAL	0.646
86052DC0400008	01	BlueChoice HMO Standard Platinum \$0	0.917
86052DC0400008	02	BlueChoice HMO Standard Platinum \$0 NAO	1.000
86052DC0400008	03	BlueChoice HMO Standard Platinum \$0 NAL	0.917
86052DC0400010	01	BlueChoice HMO HSA Standard Bronze \$6,350	0.649
86052DC0400010	02	BlueChoice HMO Standard Bronze \$6,350 NAO	1.000
86052DC0400010	03	BlueChoice HMO Standard Bronze \$6,350 NAL	0.649
86052DC0400011	01	BlueChoice HMO HSA Gold \$1,600	0.819
86052DC0400011	02	BlueChoice HMO Gold \$1,600 NAO	1.000
86052DC0400011	03	BlueChoice HMO Gold \$1,600 NAL	0.819

### Exhibit 13 - Age Calibration

Age Curve Calibration					
	Period	Cohort	Rating Factor*	Weight	Average Age**
(1)	Rating Period	Existing	1.0809	79.6%	
		New	0.9456	16.6%	
		Transfer	1.0004	3.8%	
(2)	Rating Period	All	1.0554	100.0%	42.1
(3)	Nearest Rounded	All	1.0530		42.0
(4)	Calibration***	All	0.9977		

(3)/(2)

Premium Rate Demonstration		
	HIOS Plan Name	BlueChoice HMO Standard Silver \$4,850
(5)	Plan Adjusted Index Rate	\$644.74
(6)	Calibration	0.9977
(7)	Calibrated Rate	\$643.28
(8)	Age 40 Factor/Rounded Avg Age Factor = (0.975/1.053)	0.9259
(9)	Age 40 Premium Rate	\$595.63

(4)

(5)\*(6)

(7)\*(8)

\*Rating factors by cohort for the rating period are based on average factors for each cohort from the current year to date. Weights are based on expected distribution of member months.

\*\*The rating period average age is determined from the member weighted average factor. Specifically it is linearly interpolated using the two age factors on the curve surrounding the member weighted average factor.

\*\*\*Applied uniformly to all plans

## Exhibit 14 - Age Factors

Age	Factor
<=14	0.654
15	0.654
16	0.654
17	0.654
18	0.654
19	0.654
20	0.654
21	0.727
22	0.727
23	0.727
24	0.727
25	0.727
26	0.727
27	0.727
28	0.744
29	0.760
30	0.779
31	0.799
32	0.817
33	0.836
34	0.856
35	0.876
36	0.896
37	0.916
38	0.927
39	0.938
40	0.975
41	1.013
42	1.053
43	1.094
44	1.137
45	1.181
46	1.227
47	1.275
48	1.325
49	1.377
50	1.431
51	1.487
52	1.545
53	1.605
54	1.668
55	1.733
56	1.801
57	1.871
58	1.944
59	2.020
60	2.099
61	2.181
62	2.181
63	2.181
64+	2.181

**Exhibit 15 - Induced Utilization Factors**

CDH/Non-CDH	Projected Member Months	Relative to HSA/HRA	Relative to Average
HSA/HRA	179,043	1.0000	1.0000
Non-CDH	476,603	1.0000	1.0000
	<b>655,646</b>	<b>1.0000</b>	

Full HIOS Plan ID	Base HIOS Plan ID	Plan Name	Metal Level	Relative to Bronze	Projected Member Months	Relative to Average (Pool)	Relative to Average (CSR)
86052DC040000101	86052DC0400001	BlueChoice HMO Standard Silver \$4,850	SILVER	1.0300	6,863	0.9521	0.9580
86052DC040000102	86052DC0400001	BlueChoice HMO Standard Silver \$4,850 NAO	SILVER	1.0300	-	0.9521	0.9580
86052DC040000103	86052DC0400001	BlueChoice HMO Standard Silver \$4,850 NAL	SILVER	1.0300	-	0.9521	0.9580
86052DC040000104	86052DC0400001	BlueChoice HMO Standard Silver \$4,850 A	SILVER	1.0300	981	0.9521	0.9580
86052DC040000105	86052DC0400001	BlueChoice HMO Standard Silver \$4,850 B	SILVER	1.1500	124	1.0630	0.9580
86052DC040000106	86052DC0400001	BlueChoice HMO Standard Silver \$4,850 C	SILVER	1.1500	321	1.0630	0.9580
86052DC040000201	86052DC0400002	BlueChoice HMO Standard Gold \$500	GOLD	1.0800	3,231	0.9983	0.9983
86052DC040000202	86052DC0400002	BlueChoice HMO Standard Gold \$500 NAO	GOLD	1.0800	-	0.9983	0.9983
86052DC040000203	86052DC0400002	BlueChoice HMO Standard Gold \$500 NAL	GOLD	1.0800	-	0.9983	0.9983
86052DC040000401	86052DC0400004	BlueChoice HMO Young Adult \$9,450	CATASTROPHIC	1.0000	3,659	0.9243	0.9243
86052DC040000701	86052DC0400007	BlueChoice HMO Standard Bronze \$7,500	BRONZE	1.0000	5,470	0.9243	0.9243
86052DC040000702	86052DC0400007	BlueChoice HMO Standard Bronze \$7,500 NAO	BRONZE	1.0000	-	0.9243	0.9243
86052DC040000703	86052DC0400007	BlueChoice HMO Standard Bronze \$7,500 NAL	BRONZE	1.0000	-	0.9243	0.9243
86052DC040000801	86052DC0400008	BlueChoice HMO Standard Platinum \$0	PLATINUM	1.1500	1,039	1.0630	1.0630
86052DC040000802	86052DC0400008	BlueChoice HMO Standard Platinum \$0 NAO	PLATINUM	1.1500	-	1.0630	1.0630
86052DC040000803	86052DC0400008	BlueChoice HMO Standard Platinum \$0 NAL	PLATINUM	1.1500	-	1.0630	1.0630
86052DC040001001	86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,350	BRONZE	1.0000	8,744	0.9243	0.9243
86052DC040001002	86052DC0400010	BlueChoice HMO Standard Bronze \$6,350 NAO	BRONZE	1.0000	-	0.9243	0.9243
86052DC040001003	86052DC0400010	BlueChoice HMO Standard Bronze \$6,350 NAL	BRONZE	1.0000	-	0.9243	0.9243
86052DC040001101	86052DC0400011	BlueChoice HMO HSA Gold \$1,600	GOLD	1.0800	1,936	0.9983	0.9983
86052DC040001102	86052DC0400011	BlueChoice HMO Gold \$1,600 NAO	GOLD	1.0800	-	0.9983	0.9983
86052DC040001103	86052DC0400011	BlueChoice HMO Gold \$1,600 NAL	GOLD	1.0800	-	0.9983	0.9983

## Appendix - Network Factors

Network Type	Proposed Products Using This Network	Description
Lock In / Referral	BlueChoice HMO Referral	Referrals needed for Specialist Care, No Out of Network Coverage.
Open Access	BlueChoice HMO	No Referrals needed for Specialist, No Out of Network Coverage.
Open Access Opt-Out	BlueChoice Plus Opt-Out	No Referrals needed for Specialist, Out of Network Benefits pay up to In Network allowance, Member may be balance billed.
Open Access Plus	BlueChoice Plus	No Referrals needed, Out of Network allowances pay up to Regional Preferred Network (RPN) allowance.
Open Access Advantage	BlueChoice Advantage	No Referrals needed, Out of Network allowance pay up to RPN allowance, Out of Area BlueCard considered In Network for cost-sharing.

Network Type	Projected Member Months	Relative to Lock In / Referral	Relative to Average*
Lock In / Referral	53,403	1.0000	0.8914
Open Access	137,090	1.0500	0.9359
Open Access Opt-Out	37,862	1.0629	0.9474
Open Access Plus	87,341	1.0757	0.9589
Open Access Advantage	339,950	1.1884	1.0593
<b>Total</b>	<b>655,646</b>	<b>1.1219</b>	

\*Factors are applied as plan level adjustments

## Appendix - Catastrophic Plans Adjustment

### Step 1: Normalize Experience Period Catastrophic PMPM

	Catastrophic	Non-Catastrophic	Total (single risk pool)
Member Months	5,027	584,214	589,241
Distribution	0.9%	99.1%	
Completed Allowed	\$1,091,418	\$297,852,376	\$298,943,794
Allowed PMPM	\$217.11	\$509.83	\$507.34
Age Rating Factor	0.7386	1.0599	1.0571
Induced Demand Factor	1.0000	1.0804	1.0798
Actuarial Value	1.0000	1.0000	1.0000
<b>Net Factor</b>	<b>0.7386</b>	<b>1.1452</b>	<b>1.1417</b>
<b>Normalized Factor</b>	<b>1.5457</b>	<b>0.9970</b>	<b>1.0000</b>
<b>Normalized PMPM</b>	<b>\$335.59</b>	<b>\$508.29</b>	<b>\$507.34</b>

### Step 2: Apply Credibility to Normalized Catastrophic PMPM

(1)	Normalized Catastrophic PMPM	\$335.59	
(2)	Member Months	5,027	
(3)	Full Credibility (Member Months)	24,000	
(4)	Credibility	45.8%	
(5)	Normalized Non-Catastrophic PMPM	\$508.29	
(6)	Morbidity Adjustment*	0.7727	(a)/(b)
(7)	Morbidity-Adjusted Non-Catastrophic PMPM	\$392.77	(5)*(6)
(8)	Credibility-Adjusted Catastrophic PMPM	\$366.60	(1)*(4)+(1-(4))*(7)

### Step 3: Ratio of Credibility-Normalized Catastrophic PMPM vs. Single Risk Pool

(9)	Normalized SRP PMPM	\$507.34	
(10)	Catastrophic Adjustment (Calculated)	0.7226	(8)/(9)
(11)	<b>Catastrophic Adjustment (Selected)</b>	<b>0.7226</b>	

### Total Individual ACA BlueChoice Experience (202201-202212 Paid Through: 202302)

Metal Level	Member Months	Normalized Allowed PMPM	
Catastrophic	66,263	\$222.39	(a)
Bronze	508,512	\$156.27	
Silver	341,758	\$342.86	
Gold	914,951	\$339.72	
Platinum	1,649	\$638.67	
<b>Non-Catastrophic Total</b>	<b>1,766,870</b>	<b>\$287.81</b>	(b)

\*The Morbidity Adjustment is the ratio of the Catastrophic Normalized Allowed PMPM to the Non-Catastrophic Normalized Allowed PMPM for our Total Individual ACA BlueChoice Experience.



### Appendix - Experience Period to Rating Period Plan Mappings

Exp. Period		Current Period		Rating Period	
2022 Base HIOS Plan ID	2022 HIOS Plan Name	2023 Base HIOS Plan ID	2023 HIOS Plan Name	2024 Base HIOS Plan ID	2024 HIOS Plan Name
86052DC0400001	BlueChoice HMO Standard Silver \$4,000	86052DC0400001	BlueChoice HMO Standard Silver \$4,850	86052DC0400001	BlueChoice HMO Standard Silver \$4,850
86052DC0400002	BlueChoice HMO Standard Gold \$500	86052DC0400002	BlueChoice HMO Standard Gold \$500	86052DC0400002	BlueChoice HMO Standard Gold \$500
86052DC0400004	BlueChoice HMO Young Adult \$8,700	86052DC0400004	BlueChoice HMO Young Adult \$9,100	86052DC0400004	BlueChoice HMO Young Adult \$9,450
86052DC0400007	BlueChoice HMO Standard Bronze \$7,500	86052DC0400007	BlueChoice HMO Standard Bronze \$7,500	86052DC0400007	BlueChoice HMO Standard Bronze \$7,500
86052DC0400008	BlueChoice HMO Standard Platinum \$0	86052DC0400008	BlueChoice HMO Standard Platinum \$0	86052DC0400008	BlueChoice HMO Standard Platinum \$0
86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,350	86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,350	86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,350
86052DC0400011	BlueChoice HMO HSA Gold \$1,500	86052DC0400011	BlueChoice HMO HSA Gold \$1,500	86052DC0400011	BlueChoice HMO HSA Gold \$1,600

Appendix - Annual Rate Change Based on Mapping

Catastrophic	Catastrophic/Avg Renewal	316	350	66.4%
Bronze	Bronze Members/Avg Renewal	1,432	1,329	15.7%
Silver	Silver Members/Avg Renewal	772	752	16.9%
Gold	Gold Members/Avg Renewal	439	449	15.3%
Platinum	Platinum Members/Avg Renewal	115	100	14.2%
	All Members/Avg Renewal	3,074	2,980	18.5%
	Minimum Renewal			14.2%
	Maximum Renewal			66.4%

2023 HIOS Plan ID	2023 HIOS Plan Name	2023 Metal Level	2023 Marketplace Indicator	2024 HIOS Plan ID	2024 HIOS Plan Name	2024 Metal Level	2024 Marketplace Indicator	Current Month Member Count	Projected 2023 EOY Members	2023 Base Rate	2024 Base Rate	Annual Rate Change
86052DC0400001	BlueChoice HMO Standard Silver \$4,850	SILVER	On	86052DC0400001	BlueChoice HMO Standard Silver \$4,850	SILVER	On	772	752	\$522.71	\$610.90	16.9%
86052DC0400002	BlueChoice HMO Standard Gold \$500	GOLD	On	86052DC0400002	BlueChoice HMO Standard Gold \$500	GOLD	On	286	286	\$651.05	\$752.90	15.6%
86052DC0400004	BlueChoice HMO Young Adult \$9,100	CATASTROPHIC	On	86052DC0400004	BlueChoice HMO Young Adult \$9,450	CATASTROPHIC	On	316	350	\$212.70	\$353.96	66.4%
86052DC0400007	BlueChoice HMO Standard Bronze \$7,500	BRONZE	On	86052DC0400007	BlueChoice HMO Standard Bronze \$7,500	BRONZE	On	548	510	\$459.26	\$538.48	17.2%
86052DC0400008	BlueChoice HMO Standard Platinum \$0	PLATINUM	On	86052DC0400008	BlueChoice HMO Standard Platinum \$0	PLATINUM	On	115	100	\$752.72	\$859.88	14.2%
86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,350	BRONZE	On	86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,350	BRONZE	On	884	819	\$446.02	\$511.77	14.7%
86052DC0400011	BlueChoice HMO HSA Gold \$1,500	GOLD	On	86052DC0400011	BlueChoice HMO HSA Gold \$1,600	GOLD	On	153	163	\$604.17	\$693.44	14.8%

### Appendix - Maximum Rate Renewal

	2023	2024	% Change
Base Rate	\$212.70	\$353.96	66.4%
Age Factor	0.654	0.727	11.2%
Geographic Factor	1.000	1.000	0.0%
Tobacco Factor	1.000	1.000	0.0%
<b>Total</b>	<b>\$139.11</b>	<b>\$257.33</b>	<b>85.0%</b>

	BlueChoice HMO Young Adult	BlueChoice HMO Young Adult
Base Rate/Product(s)	\$9,100	\$9,450
Age Change	20	21
Geo Change*	N/A	N/A
Tobacco Change**	N/A	N/A

\*we did not geo rate

\*\*we did not tobacco rate

Appendix - Federal Required \$1.00 minimum for abortion

HIOS Plan ID	Plan Name	Exchange	Minimum Charge	Lowest Age Factor	Base Premium	Age Calibration	Plan Adjusted Index Rate	Admin	Catastrophic Adjustment	Network Factor	Non-EHB	Induced Utilization	Benefit	Market Adjusted Index Rate	Exchange User Fee	Risk Adjustment Fee	Reinsurance Factor	Index Rate	\$1 Check	Final Rate, above \$1.00
86052DC0400001	BlueChoice HMO Standard Silver \$4,850	On	\$1.00	0.6540	\$1.53	0.9475	\$1.61	1.1661	1.0000	0.9359	1.0000	0.9580	0.7988	\$1.93	1.0000	1.3292	1.0000	\$1.45	\$1.00	\$1.45
86052DC0400002	BlueChoice HMO Standard Gold \$500	On	\$1.00	0.6540	\$1.53	0.9475	\$1.61	1.1661	1.0000	0.9359	1.0000	0.9983	0.9452	\$1.56	1.0000	1.3292	1.0000	\$1.17	\$0.99	\$1.18
86052DC0400004	BlueChoice HMO Young Adult \$9,450	On	\$1.00	0.6540	\$1.53	0.9475	\$1.61	1.1661	0.7226	0.9359	1.0000	0.9243	0.6626	\$3.33	1.0000	1.3292	1.0000	\$2.51	\$1.00	\$2.51
86052DC0400007	BlueChoice HMO Standard Bronze \$7,500	On	\$1.00	0.6540	\$1.53	0.9475	\$1.61	1.1661	1.0000	0.9359	1.0000	0.9243	0.7295	\$2.19	1.0000	1.3292	1.0000	\$1.65	\$1.00	\$1.65
86052DC0400008	BlueChoice HMO Standard Platinum \$0	On	\$1.00	0.6540	\$1.53	0.9475	\$1.61	1.1661	1.0000	0.9359	1.0000	1.0630	1.0140	\$1.37	1.0000	1.3292	1.0000	\$1.03	\$1.00	\$1.03
86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,350	On	\$1.00	0.6540	\$1.53	0.9475	\$1.61	1.1661	1.0000	0.9359	1.0000	0.9243	0.6932	\$2.30	1.0000	1.3292	1.0000	\$1.73	\$1.00	\$1.73
86052DC0400011	BlueChoice HMO HSA Gold \$1,600	On	\$1.00	0.6540	\$1.53	0.9475	\$1.61	1.1661	1.0000	0.9359	1.0000	0.9983	0.8704	\$1.70	1.0000	1.3292	1.0000	\$1.28	\$1.00	\$1.28

Appendix - Form Numbers

Form Numbers Associated With This Filing:

This list contains the applicable forms for the new products. Some of these are also used with other products, which may be open or closed to new sales. These forms are used with products that are both grandfathered and non-grandfathered.

The SERFF Tracking # for the corresponding form filing On Exchange is as follows: CFBC-133651489

ON-Exchange	
<b>BlueChoice HMO Standard Plans</b> DC/CFBC/EXC/HMO/IEA (R. 1/23) DC/CFBC/DOL APPEAL (R. 1/22) DC/CFBC/EXC/HMO/DOCS (R. 1/23) DC/CFBC/EXC/HMO HSA/GOLD 1600 (1/24) DC/CFBC/EXC/HMO HSA STD/BRZ 6350 (1/24) DC/CFBC/EXC/HMO STD/BRZ 7500 (1/24) DC/CFBC/EXC/HMO STD/GOLD 500 (1/24) DC/CFBC/EXC/HMO/NATAMER SOB (1/24) DC/CFBC/EXC/HMO STD/PLAT 0 (1/24) DC/CFBC/EXC/HMO STD/SIL 4850 (1/24) DC/CFBC/EXC/HMO STD/SIL 4850 A (1/24) DC/CFBC/EXC/HMO STD/SIL 4850 B (1/24) DC/CFBC/EXC/HMO STD/SIL 4850 C (1/24) DC/CFBC/EXC/NATAMER (1/14) DC/CFBC/MEM/BLCRD (R. 6/18) DC/CFBC/NO SURP ACT/AMEND (R. 1/23) DC/CFBC/CD/AUTH AMEND/HMO (R. 1/24) DC/CFBC/EXC/2024 AMEND (1/24) DC/CFBC/PT PROTECT (9/10) DC/CFBC/CD/HMO/INCENT (1/23)	<b>BlueChoice HMO Young Adult</b> DC/CFBC/EXC/HMO/IEA (R. 1/23) DC/CFBC/DOL APPEAL (R. 1/22) DC/CFBC/EXC/HMO/DOCS (R. 1/23) DC/CFBC/EXC/HMO/NATAMER SOB (1/24) DC/CFBC/EXC/HMO/ YA 9450 SOB (1/24) DC/CFBC/EXC/NATAMER (1/14) DC/CFBC/MEM/BLCRD (R. 6/18) DC/CFBC/NO SURP ACT/AMEND (R. 1/23) DC/CFBC/CD/AUTH AMEND/HMO (R. 1/24) DC/CFBC/EXC/2024 AMEND (1/24) DC/CFBC/PT PROTECT (9/10) DC/CFBC/CD/HMO/INCENT (1/23)

### Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Allowed	Incurred	Drug Rebates	Utilization Unit	Utilization
202001	44,512	Inpatient Hospital	\$3,265,722	\$3,100,835	\$3,265,722	\$3,100,835	\$0	Admits	193
202002	44,747	Inpatient Hospital	\$2,505,463	\$2,419,001	\$2,505,463	\$2,419,001	\$0	Admits	163
202003	45,242	Inpatient Hospital	\$2,787,771	\$2,678,818	\$2,787,771	\$2,678,818	\$0	Admits	170
202004	45,527	Inpatient Hospital	\$3,354,429	\$3,289,215	\$3,354,429	\$3,289,215	\$0	Admits	167
202005	45,537	Inpatient Hospital	\$3,234,863	\$3,158,496	\$3,234,863	\$3,158,496	\$0	Admits	213
202006	45,654	Inpatient Hospital	\$2,543,415	\$2,470,050	\$2,543,415	\$2,470,050	\$0	Admits	161
202007	45,692	Inpatient Hospital	\$6,253,515	\$6,170,515	\$6,253,514	\$6,170,514	\$0	Admits	154
202008	45,568	Inpatient Hospital	\$3,175,688	\$3,081,327	\$3,175,681	\$3,081,321	\$0	Admits	171
202009	45,879	Inpatient Hospital	\$3,334,335	\$3,226,327	\$3,334,200	\$3,226,197	\$0	Admits	170
202010	45,963	Inpatient Hospital	\$3,785,448	\$3,685,095	\$3,785,069	\$3,684,726	\$0	Admits	190
202011	46,151	Inpatient Hospital	\$3,950,693	\$3,811,230	\$3,949,645	\$3,810,212	\$0	Admits	205
202012	46,669	Inpatient Hospital	\$3,566,627	\$3,450,860	\$3,565,586	\$3,449,853	\$0	Admits	172
202101	46,744	Inpatient Hospital	\$2,918,443	\$2,778,068	\$2,917,266	\$2,776,959	\$0	Admits	171
202102	47,000	Inpatient Hospital	\$2,974,226	\$2,859,083	\$2,972,986	\$2,857,909	\$0	Admits	173
202103	47,185	Inpatient Hospital	\$4,008,538	\$3,886,493	\$4,006,751	\$3,884,770	\$0	Admits	196
202104	47,263	Inpatient Hospital	\$3,529,272	\$3,391,508	\$3,527,049	\$3,389,386	\$0	Admits	195
202105	47,283	Inpatient Hospital	\$3,938,657	\$3,821,419	\$3,935,307	\$3,818,174	\$0	Admits	171
202106	47,112	Inpatient Hospital	\$4,247,968	\$4,118,733	\$4,242,223	\$4,113,184	\$0	Admits	185
202107	47,361	Inpatient Hospital	\$3,302,865	\$3,198,099	\$3,296,650	\$3,192,078	\$0	Admits	150
202108	47,626	Inpatient Hospital	\$4,029,647	\$3,899,664	\$4,020,036	\$3,890,378	\$0	Admits	221
202109	47,874	Inpatient Hospital	\$3,769,194	\$3,626,520	\$3,759,292	\$3,617,026	\$0	Admits	297
202110	47,491	Inpatient Hospital	\$3,551,956	\$3,420,342	\$3,539,385	\$3,408,282	\$0	Admits	180
202111	47,541	Inpatient Hospital	\$3,529,212	\$3,384,745	\$3,511,675	\$3,368,005	\$0	Admits	209
202112	47,653	Inpatient Hospital	\$2,829,901	\$2,732,467	\$2,809,750	\$2,713,056	\$0	Admits	150
202201	47,521	Inpatient Hospital	\$4,176,129	\$3,997,540	\$4,140,404	\$3,963,541	\$0	Admits	210
202202	47,964	Inpatient Hospital	\$3,411,742	\$3,262,848	\$3,382,830	\$3,235,272	\$0	Admits	198
202203	48,012	Inpatient Hospital	\$3,098,057	\$3,011,983	\$3,063,816	\$2,978,698	\$0	Admits	192
202204	48,089	Inpatient Hospital	\$3,904,588	\$3,800,615	\$3,838,107	\$3,735,898	\$0	Admits	165
202205	48,250	Inpatient Hospital	\$3,801,327	\$3,665,343	\$3,726,608	\$3,593,287	\$0	Admits	193
202206	48,690	Inpatient Hospital	\$3,713,471	\$3,582,879	\$3,620,052	\$3,492,813	\$0	Admits	187
202207	49,027	Inpatient Hospital	\$4,370,301	\$4,230,760	\$4,225,001	\$4,090,125	\$0	Admits	187
202208	49,525	Inpatient Hospital	\$3,808,418	\$3,675,155	\$3,649,727	\$3,522,029	\$0	Admits	194
202209	50,009	Inpatient Hospital	\$4,721,470	\$4,571,316	\$4,460,267	\$4,318,319	\$0	Admits	263
202210	50,370	Inpatient Hospital	\$3,167,340	\$3,003,488	\$2,938,392	\$2,786,190	\$0	Admits	276
202211	50,672	Inpatient Hospital	\$3,398,482	\$3,248,990	\$3,073,410	\$2,938,102	\$0	Admits	255
202212	51,112	Inpatient Hospital	\$3,858,383	\$3,696,366	\$3,294,364	\$3,156,008	\$0	Admits	223
202301	50,551	Inpatient Hospital	\$2,548,876	\$2,403,507	\$1,897,517	\$1,788,572	\$0	Admits	177
202302	50,692	Inpatient Hospital	\$1,015,074	\$951,781	\$334,751	\$313,881	\$0	Admits	76

### Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Allowed	Incurred	Drug Rebates	Utilization Unit	Utilization
202001	44,512	Outpatient Hospital	\$3,467,214	\$2,864,059	\$3,467,214	\$2,864,059	\$0	Visits	2,718
202002	44,747	Outpatient Hospital	\$3,237,214	\$2,698,897	\$3,237,214	\$2,698,897	\$0	Visits	2,529
202003	45,242	Outpatient Hospital	\$2,823,071	\$2,416,386	\$2,823,071	\$2,416,386	\$0	Visits	2,341
202004	45,527	Outpatient Hospital	\$1,784,869	\$1,606,531	\$1,784,869	\$1,606,531	\$0	Visits	1,389
202005	45,537	Outpatient Hospital	\$2,481,220	\$2,219,321	\$2,481,220	\$2,219,321	\$0	Visits	1,840
202006	45,654	Outpatient Hospital	\$3,825,000	\$3,450,278	\$3,825,000	\$3,450,278	\$0	Visits	2,423
202007	45,692	Outpatient Hospital	\$3,570,570	\$3,127,882	\$3,570,570	\$3,127,882	\$0	Visits	2,665
202008	45,568	Outpatient Hospital	\$3,529,267	\$3,108,585	\$3,529,261	\$3,108,579	\$0	Visits	2,738
202009	45,879	Outpatient Hospital	\$4,137,385	\$3,671,297	\$4,137,215	\$3,671,148	\$0	Visits	2,956
202010	45,963	Outpatient Hospital	\$3,827,792	\$3,387,141	\$3,827,414	\$3,386,805	\$0	Visits	3,103
202011	46,151	Outpatient Hospital	\$3,623,633	\$3,210,075	\$3,622,645	\$3,209,192	\$0	Visits	2,984
202012	46,669	Outpatient Hospital	\$4,084,495	\$3,591,928	\$4,083,307	\$3,590,884	\$0	Visits	3,224
202101	46,744	Outpatient Hospital	\$3,445,297	\$2,939,565	\$3,444,244	\$2,938,680	\$0	Visits	2,936
202102	47,000	Outpatient Hospital	\$3,838,600	\$3,380,610	\$3,837,249	\$3,379,433	\$0	Visits	2,916
202103	47,185	Outpatient Hospital	\$4,573,441	\$4,020,417	\$4,571,479	\$4,018,723	\$0	Visits	3,966
202104	47,263	Outpatient Hospital	\$4,354,986	\$3,785,559	\$4,352,410	\$3,783,350	\$0	Visits	4,216
202105	47,283	Outpatient Hospital	\$4,640,261	\$4,089,270	\$4,636,257	\$4,085,747	\$0	Visits	3,705
202106	47,112	Outpatient Hospital	\$4,380,860	\$3,753,665	\$4,374,856	\$3,748,563	\$0	Visits	3,541
202107	47,361	Outpatient Hospital	\$4,404,262	\$3,918,112	\$4,395,616	\$3,910,434	\$0	Visits	3,416
202108	47,626	Outpatient Hospital	\$4,593,933	\$4,011,789	\$4,582,986	\$4,002,263	\$0	Visits	3,659
202109	47,874	Outpatient Hospital	\$4,208,736	\$3,712,423	\$4,197,945	\$3,702,955	\$0	Visits	3,513
202110	47,491	Outpatient Hospital	\$4,554,054	\$4,024,233	\$4,538,444	\$4,010,538	\$0	Visits	3,750
202111	47,541	Outpatient Hospital	\$4,709,947	\$4,177,813	\$4,686,783	\$4,157,318	\$0	Visits	3,608
202112	47,653	Outpatient Hospital	\$4,388,997	\$3,780,133	\$4,357,139	\$3,752,663	\$0	Visits	3,805
202201	47,521	Outpatient Hospital	\$4,134,936	\$3,578,955	\$4,099,218	\$3,548,079	\$0	Visits	3,346
202202	47,964	Outpatient Hospital	\$4,787,122	\$4,185,796	\$4,746,388	\$4,150,254	\$0	Visits	3,256
202203	48,012	Outpatient Hospital	\$4,997,476	\$4,336,109	\$4,942,151	\$4,288,118	\$0	Visits	3,714
202204	48,089	Outpatient Hospital	\$4,586,692	\$4,018,033	\$4,508,530	\$3,949,545	\$0	Visits	3,429
202205	48,250	Outpatient Hospital	\$4,755,015	\$4,161,279	\$4,661,718	\$4,079,628	\$0	Visits	3,680
202206	48,690	Outpatient Hospital	\$4,503,490	\$3,908,329	\$4,390,143	\$3,810,038	\$0	Visits	3,674
202207	49,027	Outpatient Hospital	\$4,842,451	\$4,308,673	\$4,681,567	\$4,165,540	\$0	Visits	3,423
202208	49,525	Outpatient Hospital	\$4,983,497	\$4,411,519	\$4,776,100	\$4,227,952	\$0	Visits	3,677
202209	50,009	Outpatient Hospital	\$5,072,228	\$4,479,830	\$4,790,537	\$4,230,804	\$0	Visits	3,459
202210	50,370	Outpatient Hospital	\$5,632,517	\$4,992,632	\$5,226,115	\$4,632,286	\$0	Visits	3,867
202211	50,672	Outpatient Hospital	\$5,850,644	\$5,200,526	\$5,290,462	\$4,702,469	\$0	Visits	3,820
202212	51,112	Outpatient Hospital	\$5,606,822	\$4,865,830	\$4,788,049	\$4,155,059	\$0	Visits	3,857
202301	50,551	Outpatient Hospital	\$6,163,344	\$5,224,640	\$4,593,133	\$3,892,671	\$0	Visits	4,390
202302	50,692	Outpatient Hospital	\$4,412,996	\$3,569,768	\$1,456,594	\$1,178,107	\$0	Visits	3,585

### Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Allowed	Incurred	Drug Rebates	Utilization Unit	Utilization
202001	44,512	Professional	\$6,988,510	\$5,231,177	\$6,988,510	\$5,231,177	\$0	Visits	47,253
202002	44,747	Professional	\$6,386,812	\$4,877,353	\$6,386,812	\$4,877,353	\$0	Visits	41,807
202003	45,242	Professional	\$5,447,362	\$4,272,672	\$5,447,362	\$4,272,672	\$0	Visits	35,817
202004	45,527	Professional	\$3,513,864	\$2,984,291	\$3,513,864	\$2,984,291	\$0	Visits	25,419
202005	45,537	Professional	\$4,507,040	\$3,794,880	\$4,507,040	\$3,794,880	\$0	Visits	30,445
202006	45,654	Professional	\$6,023,519	\$5,033,672	\$6,023,519	\$5,033,672	\$0	Visits	40,505
202007	45,692	Professional	\$6,675,617	\$5,540,117	\$6,675,617	\$5,540,117	\$0	Visits	44,355
202008	45,568	Professional	\$6,663,787	\$5,369,879	\$6,663,784	\$5,369,877	\$0	Visits	44,433
202009	45,879	Professional	\$7,300,809	\$5,917,357	\$7,300,516	\$5,917,125	\$0	Visits	51,195
202010	45,963	Professional	\$8,076,141	\$6,641,264	\$8,075,353	\$6,640,616	\$0	Visits	56,762
202011	46,151	Professional	\$7,537,936	\$6,188,153	\$7,535,876	\$6,186,452	\$0	Visits	51,511
202012	46,669	Professional	\$7,920,479	\$6,395,775	\$7,918,171	\$6,393,910	\$0	Visits	53,711
202101	46,744	Professional	\$7,538,041	\$5,981,544	\$7,535,631	\$5,979,663	\$0	Visits	53,718
202102	47,000	Professional	\$7,253,351	\$5,716,093	\$7,250,824	\$5,714,149	\$0	Visits	49,032
202103	47,185	Professional	\$8,881,050	\$7,043,712	\$8,877,217	\$7,040,718	\$0	Visits	62,008
202104	47,263	Professional	\$8,640,255	\$6,905,268	\$8,635,101	\$6,901,194	\$0	Visits	59,564
202105	47,283	Professional	\$7,864,293	\$6,234,622	\$7,857,533	\$6,229,279	\$0	Visits	51,772
202106	47,112	Professional	\$8,249,592	\$6,474,628	\$8,238,608	\$6,466,126	\$0	Visits	52,340
202107	47,361	Professional	\$7,821,049	\$6,224,175	\$7,805,755	\$6,212,116	\$0	Visits	51,563
202108	47,626	Professional	\$8,686,779	\$7,035,101	\$8,666,194	\$7,018,503	\$0	Visits	56,934
202109	47,874	Professional	\$8,921,777	\$7,266,230	\$8,898,901	\$7,247,678	\$0	Visits	60,562
202110	47,491	Professional	\$8,875,096	\$7,238,794	\$8,844,591	\$7,214,078	\$0	Visits	61,451
202111	47,541	Professional	\$8,717,365	\$7,062,823	\$8,675,352	\$7,028,968	\$0	Visits	57,751
202112	47,653	Professional	\$9,583,550	\$7,866,959	\$9,514,707	\$7,810,573	\$0	Visits	62,992
202201	47,521	Professional	\$8,656,945	\$6,866,492	\$8,583,133	\$6,808,262	\$0	Visits	59,050
202202	47,964	Professional	\$8,184,981	\$6,393,924	\$8,115,931	\$6,340,142	\$0	Visits	51,601
202203	48,012	Professional	\$9,283,739	\$7,322,224	\$9,181,020	\$7,241,251	\$0	Visits	58,336
202204	48,089	Professional	\$8,789,202	\$7,058,689	\$8,639,331	\$6,938,176	\$0	Visits	53,068
202205	48,250	Professional	\$8,941,222	\$7,229,029	\$8,765,757	\$7,086,995	\$0	Visits	55,215
202206	48,690	Professional	\$8,841,543	\$7,158,526	\$8,618,760	\$6,978,311	\$0	Visits	53,545
202207	49,027	Professional	\$8,174,173	\$6,626,691	\$7,902,555	\$6,406,589	\$0	Visits	49,569
202208	49,525	Professional	\$9,080,020	\$7,292,536	\$8,701,878	\$6,988,899	\$0	Visits	56,242
202209	50,009	Professional	\$9,065,937	\$7,296,364	\$8,563,347	\$6,891,486	\$0	Visits	57,150
202210	50,370	Professional	\$9,376,153	\$7,585,840	\$8,700,262	\$7,038,627	\$0	Visits	60,935
202211	50,672	Professional	\$9,333,376	\$7,538,647	\$8,440,038	\$6,816,676	\$0	Visits	58,629
202212	51,112	Professional	\$9,029,717	\$7,098,016	\$7,711,154	\$6,061,248	\$0	Visits	54,371
202301	50,551	Professional	\$10,202,314	\$7,847,460	\$7,600,289	\$5,844,056	\$0	Visits	63,141
202302	50,692	Professional	\$10,760,688	\$8,278,576	\$3,553,145	\$2,732,396	\$0	Visits	70,495



### Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Allowed	Incurred	Drug Rebates	Utilization Unit	Utilization
202001	44,512	Other Medical	\$1,162,408	\$1,026,280	\$1,162,408	\$1,026,280	\$0	Services	4,734
202002	44,747	Other Medical	\$961,488	\$841,275	\$961,488	\$841,275	\$0	Services	4,305
202003	45,242	Other Medical	\$1,104,545	\$1,013,526	\$1,104,545	\$1,013,526	\$0	Services	3,541
202004	45,527	Other Medical	\$953,138	\$877,448	\$953,138	\$877,448	\$0	Services	2,528
202005	45,537	Other Medical	\$1,005,948	\$922,346	\$1,005,948	\$922,346	\$0	Services	3,076
202006	45,654	Other Medical	\$1,044,189	\$941,607	\$1,044,189	\$941,607	\$0	Services	4,648
202007	45,692	Other Medical	\$1,286,937	\$1,160,494	\$1,286,937	\$1,160,494	\$0	Services	4,962
202008	45,568	Other Medical	\$1,031,052	\$950,215	\$1,031,051	\$950,213	\$0	Services	4,810
202009	45,879	Other Medical	\$1,252,009	\$1,154,780	\$1,251,958	\$1,154,733	\$0	Services	5,257
202010	45,963	Other Medical	\$1,310,940	\$1,180,731	\$1,310,810	\$1,180,614	\$0	Services	5,114
202011	46,151	Other Medical	\$1,252,850	\$1,155,419	\$1,252,509	\$1,155,104	\$0	Services	3,816
202012	46,669	Other Medical	\$1,287,485	\$1,136,534	\$1,287,110	\$1,136,204	\$0	Services	4,456
202101	46,744	Other Medical	\$1,141,008	\$1,008,371	\$1,140,649	\$1,008,063	\$0	Services	4,144
202102	47,000	Other Medical	\$1,109,702	\$991,535	\$1,109,331	\$991,207	\$0	Services	4,373
202103	47,185	Other Medical	\$1,413,037	\$1,283,588	\$1,412,439	\$1,283,050	\$0	Services	5,449
202104	47,263	Other Medical	\$1,240,914	\$1,116,299	\$1,240,175	\$1,115,640	\$0	Services	4,921
202105	47,283	Other Medical	\$1,253,070	\$1,135,211	\$1,252,000	\$1,134,242	\$0	Services	4,490
202106	47,112	Other Medical	\$1,494,912	\$1,367,133	\$1,492,939	\$1,365,329	\$0	Services	5,140
202107	47,361	Other Medical	\$1,245,598	\$1,143,400	\$1,243,169	\$1,141,175	\$0	Services	4,688
202108	47,626	Other Medical	\$1,405,672	\$1,280,009	\$1,402,340	\$1,276,981	\$0	Services	5,480
202109	47,874	Other Medical	\$1,280,222	\$1,130,609	\$1,276,951	\$1,127,729	\$0	Services	4,807
202110	47,491	Other Medical	\$1,258,978	\$1,151,661	\$1,254,623	\$1,147,678	\$0	Services	4,780
202111	47,541	Other Medical	\$1,307,691	\$1,181,143	\$1,301,519	\$1,175,577	\$0	Services	5,001
202112	47,653	Other Medical	\$1,553,022	\$1,374,864	\$1,542,009	\$1,365,101	\$0	Services	4,903
202201	47,521	Other Medical	\$1,471,571	\$1,300,418	\$1,458,944	\$1,289,314	\$0	Services	5,148
202202	47,964	Other Medical	\$1,659,627	\$1,484,419	\$1,645,664	\$1,471,949	\$0	Services	5,835
202203	48,012	Other Medical	\$1,797,689	\$1,603,115	\$1,777,812	\$1,585,392	\$0	Services	7,036
202204	48,089	Other Medical	\$1,678,520	\$1,515,647	\$1,649,827	\$1,489,717	\$0	Services	6,646
202205	48,250	Other Medical	\$3,889,154	\$3,717,381	\$3,812,461	\$3,644,051	\$0	Services	6,590
202206	48,690	Other Medical	\$2,088,673	\$1,906,353	\$2,036,144	\$1,858,435	\$0	Services	7,256
202207	49,027	Other Medical	\$1,740,897	\$1,586,161	\$1,683,053	\$1,533,467	\$0	Services	6,372
202208	49,525	Other Medical	\$2,028,832	\$1,834,557	\$1,944,380	\$1,758,201	\$0	Services	8,033
202209	50,009	Other Medical	\$2,090,858	\$1,915,656	\$1,974,656	\$1,809,185	\$0	Services	7,441
202210	50,370	Other Medical	\$1,956,057	\$1,782,516	\$1,814,939	\$1,653,867	\$0	Services	7,945
202211	50,672	Other Medical	\$2,017,756	\$1,830,067	\$1,824,563	\$1,654,806	\$0	Services	8,123
202212	51,112	Other Medical	\$1,969,916	\$1,739,229	\$1,682,073	\$1,485,076	\$0	Services	8,019
202301	50,551	Other Medical	\$2,327,675	\$2,036,146	\$1,734,176	\$1,516,771	\$0	Services	9,415
202302	50,692	Other Medical	\$2,062,828	\$1,811,585	\$680,960	\$597,812	\$0	Services	10,564

### Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Allowed	Incurred	Drug Rebates	Utilization Unit	Utilization
202001	44,512	Prescription Drug	\$4,866,175	\$4,134,527	\$4,866,175	\$4,134,527	\$835,409	Scripts	29,846
202002	44,747	Prescription Drug	\$4,893,980	\$4,351,267	\$4,893,980	\$4,351,267	\$897,313	Scripts	28,145
202003	45,242	Prescription Drug	\$5,838,734	\$5,248,591	\$5,838,734	\$5,248,591	\$1,124,696	Scripts	31,845
202004	45,527	Prescription Drug	\$5,268,146	\$4,826,968	\$5,268,146	\$4,826,968	\$1,082,998	Scripts	24,474
202005	45,537	Prescription Drug	\$5,154,824	\$4,738,746	\$5,154,824	\$4,738,746	\$1,029,778	Scripts	24,680
202006	45,654	Prescription Drug	\$5,362,460	\$4,927,667	\$5,362,460	\$4,927,667	\$1,110,910	Scripts	26,073
202007	45,692	Prescription Drug	\$5,537,106	\$5,072,976	\$5,537,106	\$5,072,976	\$1,076,336	Scripts	26,523
202008	45,568	Prescription Drug	\$5,260,065	\$4,850,101	\$5,260,065	\$4,850,101	\$1,043,344	Scripts	25,979
202009	45,879	Prescription Drug	\$5,226,365	\$4,798,385	\$5,226,365	\$4,798,385	\$1,047,962	Scripts	26,437
202010	45,963	Prescription Drug	\$5,875,175	\$5,410,005	\$5,875,175	\$5,410,005	\$1,115,048	Scripts	27,031
202011	46,151	Prescription Drug	\$5,140,287	\$4,718,370	\$5,140,287	\$4,718,370	\$1,071,574	Scripts	25,445
202012	46,669	Prescription Drug	\$5,504,975	\$4,923,687	\$5,504,975	\$4,923,687	\$1,082,865	Scripts	27,781
202101	46,744	Prescription Drug	\$5,308,407	\$4,636,086	\$5,308,407	\$4,636,086	\$1,069,860	Scripts	27,157
202102	47,000	Prescription Drug	\$5,082,111	\$4,571,753	\$5,082,111	\$4,571,753	\$1,080,536	Scripts	26,283
202103	47,185	Prescription Drug	\$6,267,768	\$5,673,236	\$6,267,768	\$5,673,236	\$1,339,986	Scripts	33,344
202104	47,263	Prescription Drug	\$6,029,152	\$5,556,416	\$6,029,152	\$5,556,416	\$1,281,782	Scripts	37,254
202105	47,283	Prescription Drug	\$5,679,988	\$5,221,330	\$5,679,988	\$5,221,330	\$1,211,383	Scripts	32,575
202106	47,112	Prescription Drug	\$5,940,448	\$5,453,629	\$5,940,448	\$5,453,629	\$1,264,700	Scripts	30,873
202107	47,361	Prescription Drug	\$5,945,035	\$5,465,864	\$5,945,035	\$5,465,864	\$1,283,168	Scripts	29,792
202108	47,626	Prescription Drug	\$6,054,803	\$5,549,810	\$6,054,803	\$5,549,810	\$1,375,476	Scripts	30,956
202109	47,874	Prescription Drug	\$5,944,931	\$5,461,549	\$5,944,931	\$5,461,549	\$1,307,609	Scripts	29,696
202110	47,491	Prescription Drug	\$6,157,023	\$5,675,902	\$6,157,023	\$5,675,902	\$1,327,348	Scripts	31,104
202111	47,541	Prescription Drug	\$6,466,084	\$5,995,156	\$6,466,084	\$5,995,156	\$1,346,998	Scripts	35,876
202112	47,653	Prescription Drug	\$6,772,337	\$6,130,738	\$6,772,337	\$6,130,738	\$1,344,149	Scripts	36,072
202201	47,521	Prescription Drug	\$6,386,950	\$5,700,576	\$6,386,950	\$5,700,576	\$1,451,348	Scripts	32,137
202202	47,964	Prescription Drug	\$5,890,854	\$5,317,258	\$5,890,854	\$5,317,258	\$1,354,634	Scripts	27,644
202203	48,012	Prescription Drug	\$7,224,013	\$6,616,392	\$7,224,013	\$6,616,392	\$1,609,797	Scripts	31,537
202204	48,089	Prescription Drug	\$6,335,298	\$5,827,403	\$6,335,298	\$5,827,403	\$1,488,867	Scripts	30,694
202205	48,250	Prescription Drug	\$6,813,855	\$6,340,553	\$6,813,855	\$6,340,553	\$1,595,735	Scripts	32,798
202206	48,690	Prescription Drug	\$7,084,726	\$6,597,099	\$7,084,726	\$6,597,099	\$1,627,626	Scripts	32,220
202207	49,027	Prescription Drug	\$6,570,161	\$6,096,876	\$6,570,161	\$6,096,876	\$1,584,502	Scripts	30,961
202208	49,525	Prescription Drug	\$7,073,881	\$6,592,613	\$7,073,881	\$6,592,613	\$1,726,117	Scripts	32,223
202209	50,009	Prescription Drug	\$6,787,835	\$6,321,235	\$6,787,835	\$6,321,235	\$1,625,315	Scripts	34,381
202210	50,370	Prescription Drug	\$6,728,582	\$6,245,829	\$6,728,582	\$6,245,829	\$1,666,443	Scripts	37,523
202211	50,672	Prescription Drug	\$7,167,230	\$6,672,886	\$7,167,230	\$6,672,886	\$1,729,771	Scripts	35,007
202212	51,112	Prescription Drug	\$7,142,619	\$6,531,293	\$7,142,619	\$6,531,293	\$1,645,866	Scripts	36,453
202301	50,551	Prescription Drug	\$7,541,784	\$6,708,690	\$7,541,784	\$6,708,690	\$1,955,257	Scripts	34,274
202302	50,692	Prescription Drug	\$7,271,131	\$6,584,412	\$7,271,131	\$6,584,412	\$1,915,620	Scripts	32,309

**Appendix - Experience by Service Category**

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Allowed	Incurred	Drug Rebates	Utilization Unit	Utilization
202001	44,512	Capitations	\$40,919	\$40,919	\$40,919	\$40,919	\$0	Benefit Period	44,512
202002	44,747	Capitations	\$41,104	\$41,104	\$41,104	\$41,104	\$0	Benefit Period	44,747
202003	45,242	Capitations	\$43,108	\$43,108	\$43,108	\$43,108	\$0	Benefit Period	45,242
202004	45,527	Capitations	\$42,709	\$42,709	\$42,709	\$42,709	\$0	Benefit Period	45,527
202005	45,537	Capitations	\$41,980	\$41,980	\$41,980	\$41,980	\$0	Benefit Period	45,537
202006	45,654	Capitations	\$41,347	\$41,347	\$41,347	\$41,347	\$0	Benefit Period	45,654
202007	45,692	Capitations	\$42,165	\$42,165	\$42,165	\$42,165	\$0	Benefit Period	45,692
202008	45,568	Capitations	\$41,286	\$41,286	\$41,286	\$41,286	\$0	Benefit Period	45,568
202009	45,879	Capitations	\$41,555	\$41,555	\$41,555	\$41,555	\$0	Benefit Period	45,879
202010	45,963	Capitations	\$41,600	\$41,600	\$41,600	\$41,600	\$0	Benefit Period	45,963
202011	46,151	Capitations	\$41,719	\$41,719	\$41,719	\$41,719	\$0	Benefit Period	46,151
202012	46,669	Capitations	\$42,132	\$42,132	\$42,132	\$42,132	\$0	Benefit Period	46,669
202101	46,744	Capitations	\$42,300	\$42,300	\$42,300	\$42,300	\$0	Benefit Period	46,744
202102	47,000	Capitations	\$42,526	\$42,526	\$42,526	\$42,526	\$0	Benefit Period	47,000
202103	47,185	Capitations	\$42,711	\$42,711	\$42,711	\$42,711	\$0	Benefit Period	47,185
202104	47,263	Capitations	\$42,779	\$42,779	\$42,779	\$42,779	\$0	Benefit Period	47,263
202105	47,283	Capitations	\$42,740	\$42,740	\$42,740	\$42,740	\$0	Benefit Period	47,283
202106	47,112	Capitations	\$42,573	\$42,573	\$42,573	\$42,573	\$0	Benefit Period	47,112
202107	47,361	Capitations	\$42,770	\$42,770	\$42,770	\$42,770	\$0	Benefit Period	47,361
202108	47,626	Capitations	\$42,998	\$42,998	\$42,998	\$42,998	\$0	Benefit Period	47,626
202109	47,874	Capitations	\$43,246	\$43,246	\$43,246	\$43,246	\$0	Benefit Period	47,874
202110	47,491	Capitations	\$42,542	\$42,542	\$42,542	\$42,542	\$0	Benefit Period	47,491
202111	47,541	Capitations	\$42,535	\$42,535	\$42,535	\$42,535	\$0	Benefit Period	47,541
202112	47,653	Capitations	\$42,545	\$42,545	\$42,545	\$42,545	\$0	Benefit Period	47,653
202201	47,521	Capitations	\$41,681	\$41,681	\$41,681	\$41,681	\$0	Benefit Period	47,521
202202	47,964	Capitations	\$42,099	\$42,099	\$42,099	\$42,099	\$0	Benefit Period	47,964
202203	48,012	Capitations	\$42,076	\$42,076	\$42,076	\$42,076	\$0	Benefit Period	48,012
202204	48,089	Capitations	\$42,090	\$42,090	\$42,090	\$42,090	\$0	Benefit Period	48,089
202205	48,250	Capitations	\$42,204	\$42,204	\$42,204	\$42,204	\$0	Benefit Period	48,250
202206	48,690	Capitations	\$42,540	\$42,540	\$42,540	\$42,540	\$0	Benefit Period	48,690
202207	49,027	Capitations	\$42,796	\$42,796	\$42,796	\$42,796	\$0	Benefit Period	49,027
202208	49,525	Capitations	\$43,206	\$43,206	\$43,206	\$43,206	\$0	Benefit Period	49,525
202209	50,009	Capitations	\$43,605	\$43,605	\$43,605	\$43,605	\$0	Benefit Period	50,009
202210	50,370	Capitations	\$43,882	\$43,882	\$43,882	\$43,882	\$0	Benefit Period	50,370
202211	50,672	Capitations	\$44,068	\$44,068	\$44,068	\$44,068	\$0	Benefit Period	50,672
202212	51,112	Capitations	\$44,410	\$44,410	\$44,410	\$44,410	\$0	Benefit Period	51,112
202301	50,551	Capitations	\$35,982	\$35,982	\$35,982	\$35,982	\$0	Benefit Period	50,551
202302	50,692	Capitations	\$36,051	\$36,051	\$36,051	\$36,051	\$0	Benefit Period	50,692

### Appendix - Total Experience

Month	Members	Contracts	Ultimate Allowed	Drug Rebates	Post-Rx Rebate Ultimate Allowed	Post-Rx Rebate Ultimate Incurred	Premium	Loss Ratio
202001	44,512	28,404	\$19,790,948	\$835,409	\$18,955,540	\$15,562,390	\$21,133,099	73.6%
202002	44,747	28,555	\$18,026,060	\$897,313	\$17,128,748	\$14,331,584	\$21,363,310	67.1%
202003	45,242	28,881	\$18,044,591	\$1,124,696	\$16,919,895	\$14,548,405	\$21,599,412	67.4%
202004	45,527	29,102	\$14,917,155	\$1,082,998	\$13,834,157	\$12,544,164	\$21,770,801	57.6%
202005	45,537	29,061	\$16,425,875	\$1,029,778	\$15,396,097	\$13,845,991	\$21,758,892	63.6%
202006	45,654	29,117	\$18,839,931	\$1,110,910	\$17,729,020	\$15,753,711	\$22,101,592	71.3%
202007	45,692	29,119	\$23,365,910	\$1,076,336	\$22,289,574	\$20,037,812	\$22,214,053	90.2%
202008	45,568	29,052	\$19,701,146	\$1,043,344	\$18,657,802	\$16,358,049	\$22,214,694	73.6%
202009	45,879	29,177	\$21,292,457	\$1,047,962	\$20,244,495	\$17,761,738	\$19,583,293	90.7%
202010	45,963	29,204	\$22,917,097	\$1,115,048	\$21,802,049	\$19,230,789	\$22,526,004	85.4%
202011	46,151	29,257	\$21,547,116	\$1,071,574	\$20,475,543	\$18,053,392	\$22,457,985	80.4%
202012	46,669	29,491	\$22,406,194	\$1,082,865	\$21,323,329	\$18,458,052	\$23,192,662	79.6%
202101	46,744	29,682	\$20,393,497	\$1,069,860	\$19,323,638	\$16,316,074	\$23,380,116	69.8%
202102	47,000	29,871	\$20,300,516	\$1,080,536	\$19,219,980	\$16,481,064	\$23,459,814	70.3%
202103	47,185	29,984	\$25,186,545	\$1,339,986	\$23,846,559	\$20,610,172	\$23,535,780	87.6%
202104	47,263	29,985	\$23,837,358	\$1,281,782	\$22,555,576	\$19,516,047	\$23,596,813	82.7%
202105	47,283	30,006	\$23,419,010	\$1,211,383	\$22,207,627	\$19,333,209	\$23,574,947	82.0%
202106	47,112	29,895	\$24,356,353	\$1,264,700	\$23,091,653	\$19,945,662	\$23,520,703	84.8%
202107	47,361	30,037	\$22,761,579	\$1,283,168	\$21,478,411	\$18,709,253	\$23,652,675	79.1%
202108	47,626	30,199	\$24,813,832	\$1,375,476	\$23,438,357	\$20,443,896	\$23,681,206	86.3%
202109	47,874	30,359	\$24,168,106	\$1,307,609	\$22,860,496	\$19,932,968	\$23,829,286	83.6%
202110	47,491	29,938	\$24,439,649	\$1,327,348	\$23,112,300	\$20,226,125	\$23,475,096	86.2%
202111	47,541	29,955	\$24,772,834	\$1,346,998	\$23,425,837	\$20,497,217	\$23,759,942	86.3%
202112	47,653	29,983	\$25,170,351	\$1,344,149	\$23,826,203	\$20,583,556	\$23,889,599	86.2%
202201	47,521	29,934	\$24,868,211	\$1,451,348	\$23,416,863	\$20,034,313	\$24,096,157	83.1%
202202	47,964	30,297	\$23,976,423	\$1,354,634	\$22,621,789	\$19,331,710	\$24,257,341	79.7%
202203	48,012	30,255	\$26,443,051	\$1,609,797	\$24,833,255	\$21,322,102	\$24,333,196	87.6%
202204	48,089	30,242	\$25,336,390	\$1,488,867	\$23,847,523	\$20,773,610	\$24,456,302	84.9%
202205	48,250	30,278	\$28,242,778	\$1,595,735	\$26,647,043	\$23,560,053	\$24,538,231	96.0%
202206	48,690	30,581	\$26,274,442	\$1,627,626	\$24,646,815	\$21,568,100	\$24,795,729	87.0%
202207	49,027	30,753	\$25,740,779	\$1,584,502	\$24,156,277	\$21,307,455	\$24,916,708	85.5%
202208	49,525	30,984	\$27,017,855	\$1,726,117	\$25,291,738	\$22,123,469	\$25,132,820	88.0%
202209	50,009	31,223	\$27,781,934	\$1,625,315	\$26,156,620	\$23,002,691	\$25,417,875	90.5%
202210	50,370	31,401	\$26,904,530	\$1,666,443	\$25,238,087	\$21,987,745	\$25,625,646	85.8%
202211	50,672	31,571	\$27,811,556	\$1,729,771	\$26,081,785	\$22,805,412	\$25,823,644	88.3%
202212	51,112	31,811	\$27,651,866	\$1,645,866	\$26,006,000	\$22,329,278	\$26,163,229	85.3%
202301	50,551	31,600	\$28,819,974	\$1,955,257	\$26,864,717	\$22,301,168	\$26,895,780	82.9%
202302	50,692	31,711	\$25,558,767	\$1,915,620	\$23,643,147	\$19,316,553	\$26,936,829	71.7%

# DC BlueChoice

## 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	BlueChoice Inc.
SERFF tracking number	CFAP-133618179
Submission Date	5/1/2023
Product Name	BlueChoice

Market Type:	<input checked="" type="radio"/> Individual	<input type="radio"/> Small Group
Rate Filing Type:	<input checked="" type="radio"/> Rate Increase	<input type="radio"/> New Filing

### Scope and Range of the Increase:

The 18.5 % increase is requested because:

The main drivers supporting the rate change are 1) increase in the base period claims experience of the combined pool, 2) trend, 3) lower projected changes in pool morbidity, 4) higher projected risk adjustment payable, 5) higher projected cost for the Catastrophic plan, and 6) increases in assumed plan actuarial values.

This filing will impact:

# of policyholder’s	2,469	# of covered lives	2,980
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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 18.5 %
- Minimum Rate Change: The smallest premium increase (or largest decrease), by percentage, that any one policy holder would experience if the filing is approved 14.2 %
- Maximum Rate Change: The largest premium increase, by percentage, that any one policy holder would experience if the filing is approved 85.0 %

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

Product selection, changes in age factors, and changes in family composition.

### Financial Experience of Product

The overall financial experience of the product includes:

In 2022, a total of \$20.7 million in premium was collected and \$16.3 million in claims were paid out, along with \$5.2 million paid in risk adjustment, for a loss ratio of 103.9%. However, the rate increase of the product is driven partially by the combined Individual and Small group experience, which collected \$299.6 million in premium and paid out \$260.1 million in claims and paid \$15.8 million in risk adjustment for a loss ratio of 92.1%.

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

The proposed rate increases are aimed to bring the combined loss ratio for Individual/Small Group to a projected 80.7%.

Components of Increase

The request is made up of the following components:

<b>Trend Increases –</b>	6.5	% of the	18.5	% 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	2.3	% of the	18.5	% 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	4.0	% of the	18.5	% total filed increase.

<b>Other Increases –</b>	11.3	% of the	18.5	% 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	18.5	% 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	4.6	% of the	18.5	% 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	-3.2	% of the	18.5	% 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	4.6	% of the	18.5	% total filed increase.
5. Other – Defined as:				
An increase in the Risk Adjustment transfer to PPO and an increase to the Catastrophic factor.				
This component is	5.1	% of the	18.5	% total filed increase.

<b>State:</b>	District of Columbia	<b>Filing Company:</b>	CareFirst BlueChoice, Inc.
<b>TOI/Sub-TOI:</b>	HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO		
<b>Product Name:</b>	2704 - DC ACA Individual BlueChoice		
<b>Project Name/Number:</b>	2704 - DC BC IND64- ACA ON-EXCHANGE/2704		

## Supporting Document Schedules

<b>Satisfied - Item:</b>	Actuarial Justification
<b>Comments:</b>	
<b>Attachment(s):</b>	2024 AV Screenshots - DC Individual BlueChoice.pdf 2704 BC Ind - DISB rate filing checklist - 2024.pdf 2704_Individual_DC_BlueChoice_1.1.24_ActuarialMemorandum.pdf 2704 - DC BlueChoice - Ind - Rate Sheets.xlsx 2704_Ind_DC_BlueChoice_1.1.24_Actuarial_Memorandum_SERFF.xlsx 2704 DC Ind 2024 - BlueChoice - Index & Plan Comparison.pdf Appendix K DC Carrier Template - BlueChoice.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	

  

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

  

<b>Satisfied - Item:</b>	Cover Letter
<b>Comments:</b>	
<b>Attachment(s):</b>	2704 ACA_Cover Letter_Ind_DC_BlueChoice.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

  

<b>Satisfied - Item:</b>	DISB Actuarial Memorandum Dataset
<b>Comments:</b>	
<b>Attachment(s):</b>	2704-2705 - DC BC Trend Analysis.xlsx 2704 - DC BC Ind (2024) - Dataset.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	

  

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

<b>State:</b>	District of Columbia	<b>Filing Company:</b>	CareFirst BlueChoice, Inc.
<b>TOI/Sub-TOI:</b>	HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO		
<b>Product Name:</b>	2704 - DC ACA Individual BlueChoice		
<b>Project Name/Number:</b>	2704 - DC BC IND64- ACA ON-EXCHANGE/2704		

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

<b>Satisfied - Item:</b>	District of Columbia Plain Language Summary
<b>Comments:</b>	
<b>Attachment(s):</b>	2704 - DC Ind - BlueChoice - PartII Rate Justification.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	URRT
<b>Comments:</b>	
<b>Attachment(s):</b>	2704 DC BC Ind URRT - SERFF.pdf 2704 DC BC Ind URRT - SERFF.xlsm
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	RATE-E
<b>Comments:</b>	
<b>Attachment(s):</b>	Ind BlueChoice - 86052.RATEE.D20230425T164754.L.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	



State:	District of Columbia	Filing Company:	CareFirst BlueChoice, Inc.
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO		
Product Name:	2704 - DC ACA Individual BlueChoice		
Project Name/Number:	2704 - DC BC IND64- ACA ON-EXCHANGE/2704		

***Attachment 2704 - DC BlueChoice - Ind - Rate Sheets.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment 2704\_Ind\_DC\_BlueChoice\_1.1.24\_Actuarial\_Memorandum\_SERFF.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment Appendix K DC Carrier Template - BlueChoice.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment 2704-2705 - DC BC Trend Analysis.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment 2704 - DC BC Ind (2024) - Dataset.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment 2704 DC BC Ind URRT - SERFF.xlsm is not a PDF document and cannot be reproduced here.***

***Attachment Ind BlueChoice - 86052.RATEE.D20230425T164754.L.xlsx is not a PDF document and cannot be reproduced here.***

**BlueChoice, Inc.**  
**d.b.a. CareFirst BlueCross BlueShield**  
**(NAIC # 96202)**  
**Rate Filing #2704**

**DC Individual On Exchange Products**  
**Rates Effective 1/1/2024**

**Actuarial Value Calculations**

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒  
Apply Inpatient Copay per Day? ☐  
Apply Skilled Nursing Facility Copay per Day? ☐  
Use Separate MOOP for Medical and Drug Spending? ☐  
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐

Desired Metal Tier Bronze

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$9,450.00
Coinurance (%; Insurer's Cost Share)		100.00%
MOOP (\$)		\$9,450.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>
# Visits (1-10):	3
Begin Primary Care Deductible/Coinurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name:  
Plan HIOS ID:  
Issuer HIOS ID:  
AVC Version: 2024\_1e

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Error: Result is outside of [-2, +2] percent de minimis variation.  
62.76%

Additional Notes:

Calculation Time:

0.4258 seconds

Final 2024 AV Calculator

62.76%

Plan Description:

Name: BlueChoice HMO Young Adult \$9,450  
Plan HIOS ID: 86052DC0400004  
Issuer HIOS ID: 86052

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒  
Apply Inpatient Copay per Day? ☐  
Apply Skilled Nursing Facility Copay per Day? ☐  
Use Separate MOOP for Medical and Drug Spending? ☐  
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒

Desired Metal Tier Bronze

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Deductible (\$)  
Coinsurance (%; Insurer's Cost Share)  
MOOP (\$)  
MOOP if Separate (\$)

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$6,350.00
		80.00%
		\$7,200.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$150
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name:  
Plan HIOS ID:  
Issuer HIOS ID:  
AVC Version: 2024\_1e

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Expanded Bronze Standard (58% to 65%), Calculation Successful.

64.92%

Bronze

Additional Notes:

Calculation Time:

0.2109 seconds

Final 2024 AV Calculator

64.92%

Plan Description:

Name: BlueChoice HMO HSA Standard Bronze \$6,350  
Plan HIOS ID: 86052DC0400010  
Issuer HIOS ID: 86052

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☐
- Apply Inpatient Copay per Day? ☐
- Apply Skilled Nursing Facility Copay per Day? ☐
- Use Separate MOOP for Medical and Drug Spending? ☐
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒
- Desired Metal Tier Bronze

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$7,500.00	\$850.00
Coinsurance (%; Insurer's Cost Share)	60.00%	100.00%
MOOP (\$)	\$9,150.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$44.19	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$104.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$39.29	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$54.75	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60.16%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$24.12	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>	Specialty Rx Coinsurance Maximum:
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Plan Description:

Name:  
Plan HIOS ID:  
Issuer HIOS ID:  
AVC Version: 2024\_1e

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2024 AV Calculator

Expanded Bronze Standard (58% to 65%), Calculation Successful.

64.64%

Bronze

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.127 seconds

64.64%

Plan Description:

Name: BlueChoice HMO Standard Bronze \$7,500  
Plan HIOS ID: 86052DC0400007  
Issuer HIOS ID: 86052

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☐
- Apply Inpatient Copay per Day? ☐
- Apply Skilled Nursing Facility Copay per Day? ☐
- Use Separate MOOP for Medical and Drug Spending? ☐
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐
- Desired Metal Tier Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$4,850.00	\$350.00	
Coinurance (%; Insurer's Cost Share)	80.00%	100.00%	
MOOP (\$)	\$8,850.00		
MOOP if Separate (\$)			

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$39.28	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$79.24	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$35.01	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$59.73	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80.21%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$19.32	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>	Specialty Rx Coinsurance Maximum:
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Plan Description:

Name:  
Plan HIOS ID:  
Issuer HIOS ID:  
AVC Version: 2024\_1e

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2024 AV Calculator

Calculation Successful.

70.40%

Silver

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.1699 seconds

70.40%

Plan Description:

Name: BlueChoice HMO Standard Silver \$4,850  
Plan HIOS ID: 86052DC0400001  
Issuer HIOS ID: 86052

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☒  
Apply Inpatient Copay per Day? ☒  
Apply Skilled Nursing Facility Copay per Day? ☒  
Use Separate MOOP for Medical and Drug Spending? ☐  
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐

Desired Metal Tier Gold

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$1,600.00
Coinurance (%; Insurer's Cost Share)		100.00%
MOOP (\$)		\$3,050.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$600.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$375.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$125.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name:  
Plan HIOS ID:  
Issuer HIOS ID:  
AVC Version: 2024\_1e

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2024 AV Calculator

Calculation Successful.

81.86%

Gold

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.0898 seconds

81.86%

Plan Description:

Name: BlueChoice HMO HSA Gold \$1,600  
Plan HIOS ID: 86052DC0400011  
Issuer HIOS ID: 86052

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☐  
Apply Inpatient Copay per Day? ☒  
Apply Skilled Nursing Facility Copay per Day? ☒  
Use Separate MOOP for Medical and Drug Spending? ☐  
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐

Desired Metal Tier Gold

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$500.00	\$0.00	
Coinurance (% , Insurer's Cost Share)	100.00%	100.00%	
MOOP (\$)	\$5,800.00		
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$600.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$24.55	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$49.52	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$22.15	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$29.87	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$375.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$123.46	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$14.52	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay? <input checked="" type="checkbox"/>	
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	
# Visits (1-10):	
Begin Primary Care Deductible/Coinurance After a Set Number of Copays? <input type="checkbox"/>	
# Copays (1-10):	

Plan Description:

Name:  
Plan HIOS ID:  
Issuer HIOS ID:  
AVC Version: 2024\_1e

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2024 AV Calculator

Calculation Successful.

81.82%

Gold

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.459 seconds

81.82%

Plan Description:

Name: BlueChoice HMO Standard Gold \$500  
Plan HIOS ID: 86052DC0400002  
Issuer HIOS ID: 86052



User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☐
- Apply Inpatient Copay per Day? ☒
- Apply Skilled Nursing Facility Copay per Day? ☒
- Use Separate MOOP for Medical and Drug Spending? ☐
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐

Desired Metal Tier Platinum

Deductible (\$)  
Coinsurance (% , Insurer's Cost Share)  
MOOP (\$)  
MOOP if Separate (\$)

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
\$0.00	\$0.00	
100.00%	100.00%	
\$2,000.00		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$19.64	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$39.62	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$17.86	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$19.91	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$4.92	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name:  
Plan HIOS ID:  
Issuer HIOS ID:  
AVC Version: 2024\_1e

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2024 AV Calculator

Calculation Successful.

91.68%

Platinum

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.1562 seconds

91.68%

Plan Description:

Name: BlueChoice HMO Standard Platinum \$0  
Plan HIOS ID: 86052DC0400008  
Issuer HIOS ID: 86052

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☐  
Apply Inpatient Copay per Day? ☐  
Apply Skilled Nursing Facility Copay per Day? ☐  
Use Separate MOOP for Medical and Drug Spending? ☐  
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒  
Desired Metal Tier Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$4,050.00	\$350.00	
Coinurance (%; Insurer's Cost Share)	80.00%	100.00%	
MOOP (\$)	\$7,200.00		
MOOP if Separate (\$)			

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$39.28	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$79.24	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$35.01	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$59.73	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80.21%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$19.32	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>	Specialty Rx Coinsurance Maximum:
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Plan Description:

Name:  
Plan HIOS ID:  
Issuer HIOS ID:  
AVC Version: 2024\_1e

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2024 AV Calculator

CSR Level of 73% (200-250% FPL), Calculation Successful.

73.18%

Silver

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.4199 seconds

73.18%

Plan Description:

Name: BlueChoice HMO Standard Silver \$4,850 A  
Plan HIOS ID: 86052DC0400001  
Issuer HIOS ID: 86052

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☐  
Apply Inpatient Copay per Day? ☐  
Apply Skilled Nursing Facility Copay per Day? ☐  
Use Separate MOOP for Medical and Drug Spending? ☐  
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒  
Desired Metal Tier Gold

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00	
Coinurance (% , Insurer's Cost Share)	85.00%	100.00%	
MOOP (\$)	\$3,100.00		
MOOP if Separate (\$)			

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$29.46	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$59.43	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$26.43	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$39.82	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	85.23%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$19.32	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name:  
Plan HIOS ID:  
Issuer HIOS ID:  
AVC Version: 2024\_1e

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2024 AV Calculator

CSR Level of 87% (150-200% FPL), Calculation Successful.

87.92%

Gold

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.1113 seconds

87.92%

Plan Description:

Name: BlueChoice HMO Standard Silver \$4,850 B  
Plan HIOS ID: 86052DC0400001  
Issuer HIOS ID: 86052

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☐  
Apply Inpatient Copay per Day? ☐  
Apply Skilled Nursing Facility Copay per Day? ☐  
Use Separate MOOP for Medical and Drug Spending? ☐  
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒  
Desired Metal Tier Platinum

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00	
Coinurance (%; Insurer's Cost Share)	95.00%	100.00%	
MOOP (\$)	\$2,350.00		
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$9.82	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$19.81	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$9.29	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$19.91	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	95.26%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name:  
Plan HIOS ID:  
Issuer HIOS ID:  
AVC Version: 2024\_1e

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2024 AV Calculator

CSR Level of 94% (100-150% FPL), Calculation Successful.

94.35%

Platinum

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.1504 seconds

94.35%

Plan Description:

Name: BlueChoice HMO Standard Silver \$4,850 C  
Plan HIOS ID: 86052DC0400001  
Issuer HIOS ID: 86052

**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	Page 1 of the Actuarial Memorandum PDF in SERFF
2	Form Numbers	Form numbers should be listed in the actuarial memorandum.	Yes	Appendix - Form Numbers_IND
3	HIOS Product ID	The HIOS product ID should be listed in the actuarial memorandum.	Yes	Exhibit 11 - Plan Adjusted_IND
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	Page 1 of the Actuarial Memorandum PDF in SERFF
5	Market	Indicate whether the products are sold in the individual or small employer group market.	Yes	Page 1 of the Actuarial Memorandum PDF in SERFF
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	Appendix - Form Numbers_IND
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	Exhibit 11 - Plan Adjusted_IND
7.1	AV Value	Provide the actuarial value of each plan design using the AV calculator developed and made available by HHS.	Yes	See the PDF file "AV Screen Shots" in SERFF
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. <b>In the small group market, please also provide weighted average rate increase requested for 2024Q1 over 2023Q1; etc.</b>	Yes	Appendix - Rate Change_IND
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	Appendix - Rate Change_IND

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
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	Appendix - Rate Change_IND
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	Appendix - Max Renewal_IND
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	Appendix - Rate Change_IND
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 District of Columbia and the nationwide average rate history.	Yes	Appendix - Rate Change_IND
14	Exposure	Current number of policies, certificates and covered lives.	Yes	Appendix - Rate Change_IND
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	Appendix - Total Experience
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	Appendix - Total Experience
17	Index Rate	Provide the index rate.	Yes	Exhibit 1 - Summary_IND
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	Appendix - Total Experience
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.	No	Not applicable

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
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	Exhibit 8 - Trend
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.	No	Not applicable
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	Exhibit 7 - Other Adjustments
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	Appendix - Rate Change_IND
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	Exhibit 14 - Age Slope
23.1	Wellness Programs	Describe any wellness programs (as defined in section 2705(j) of the PHS Act) included in this filing. <sup>1</sup>	No	Not applicable
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	Appendix - Rate Change_IND
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	Appendix - Total Experience

<sup>1</sup> 42 U.S. Code § 300gg-4(j)

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
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	Exhibit10A - DICR_IND and Exhibit 10B - Fed MLR_IND
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	Exhibit10A - DICR_IND and Exhibit 10B - Fed MLR_IND
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 District of Columbia, the loss ratio meets the minimum.	Yes	Exhibit10A - DICR_IND and Exhibit 10B - Fed MLR_Combined
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	Exhibit 9 - Risk Adjustment_IND
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	Not applicable



Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
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	Exhibit10A - DICR_IND and Exhibit 10B - Fed MLR_IND
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"> <li>• Salaries, wages, employment taxes, and other employee benefits</li> <li>• Commissions</li> <li>• Taxes, licenses, and other regulatory fees</li> <li>• Cost containment programs / quality improvement activities</li> <li>• All other administrative expenses</li> </ul>	Yes	Exhibit10A - DICR_IND and Exhibit 10B - Fed MLR_IND
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	Actuarial Memorandum
34	Other	Any other information needed to support the requested rates or to comply with Actuarial Standard of Practice No. 8.	Yes	Actuarial Memorandum
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 Certification is included in the 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. <b>Provide in Excel and PDF format.</b>	No	This is not a Grandfathered Filing, so a PRJ is not provided
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. <b>Provide in Excel and PDF format.</b>	Yes	See the URRT included as a separate document in SERFF
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	See the Part II included as a separate document in SERFF
38	DISB Actuarial Memorandum Dataset	Summarizes data elements contained in Actuarial Memorandum. Provide this document with all Non- Grandfathered plan filings. <b>Provide in Excel format only.</b>	Yes	See the Dataset included as a separate document in SERFF
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	See the Part II included as a separate document in SERFF
40	Summary of Components for Requested Rate Change	DISB will require that issuers provide a chart listing a) any and all components of requested rate changes from the prior year; b) a quick summary/explanation of the change; and c) the actual percentage impact of the change for each component, such that the total for all components listed equals the total percentage change requested for the plan year.	Yes	See the file "Index & Plan Comparison" included as a separate document in SERFF

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
41	CCIO Risk Adjustment Transfer Elements Extract (RATE 'E')	Received directly from CCIO; this report should be completed and submitted by the set deadline for QHP submissions, or by April 30 <sup>th</sup> of the current year, whichever is first.	Yes	See the Rate 'E' file included as a separate document in SERFF
42	Additional Requirements for Stand-Alone Dental Plan Filings	Provide the following for stand-alone dental plan filings: <ul style="list-style-type: none"> <li>• 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;</li> <li>• Certification of the level of coverage by a member of the American Academy of Actuaries using generally accepted actuarial principles; and</li> <li>• Demonstration that the plan has a reasonable annual limitation on cost-sharing.</li> </ul>	No	Not applicable

#### 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.

Cory Bream  
 \_\_\_\_\_  
 (Print Name)

Cory  
 Bream  
 \_\_\_\_\_  
 (Signature)

Digitally signed by  
 Cory Bream  
 Date: 2023.04.28  
 13:22:57 -04'00'

# CareFirst BlueCross BlueShield

## Part III Actuarial Memorandum

### 4.1 Redacted Actuarial Memorandum

CareFirst is making no redactions so both Actuarial Memorandum submissions are the same.

### 4.2 General Information Section

#### Company Identifying Information:

- **Company Legal Name:** CareFirst BlueChoice, Inc. (CFBC) - NAIC # 96202
- **State:** District of Columbia
- **HIOS Issuer ID:** 86052
- **Market:** Individual, Non-Medigap (On Exchange)
- **Effective Date:** 1/1/24 – 12/31/24
- **Company Filing Number:** 2704
- **SERFF Filing Number:** CFAP-133618179

#### Company Contact Information:

- **Primary Contact Name:** Mr. Cory Bream, ASA, MAAA
- **Primary Contact Telephone Number:** 410-998-5308
- **Primary Contact E-Mail Address:** Cory.Bream@CareFirst.com

### 4.3 Proposed Rate Changes (Individual market)

Base rates are changing 18.5% on average. The range is 14.2% to 66.4%. This filing applies to all new and renewing, in-force business in the guaranteed renewable, non-grandfathered, ACA, metaled benefit plans. The number of policyholders affected by this rate change is 2,469.

#### Reason for Rate Change(s):

The main drivers supporting the rate change are 1) increase in the base period claims experience of the combined pool, 2) trend, 3) lower projected changes in pool morbidity, 4) higher projected risk adjustment payable, 5) higher projected cost for the Catastrophic plan, and 6) increases in assumed plan actuarial values.

For our initial submission, we have not adjusted 2024 rates to reflect potential impacts of Medicaid redeterminations. We reserve the right to update assumptions as appropriate during the review process.

### 4.4 Market Experience (Combined Individual/Small Group market)

Our SRP reflects all covered lives for every non-grandfathered product in our market per 45 CFR Part § 156.80 (d).

#### 4.4.1 Experience and Current Period Premium, Claims, and Enrollment

The incurred period is 1/1/22 through 12/31/22, as required.

**Paid Through Date:** 2/28/23

**Current Date:** 2/28/23

**Premiums (prior to MLR rebates) in Experience Period:** \$299,556,877

**Experience Period Member Months:** 589,241

**Current Date Members:** 50,692

## **Allowed and Incurred Claims Incurred During the Experience Period**

### **Allowed Claims**

- **Processed through issuer's claim system:** \$288,156,280
- **Processed outside issuer's claim system:** \$0
- **IBNR:** \$10,787,514

### **Incurred Claims**

- **Processed through issuer's claim system:** \$250,850,478
- **Processed outside issuer's claim system:** \$0
- **IBNR:** \$9,295,459

### **Method used for determining Allowed Claims**

The allowed claims come directly from our claim records and account for capitations by applying contracted PMPM amounts directly to enrollment from the experience period. Drug rebates from the experience period are also included.

### **Support for IBNR estimates**

Our estimates of IBNR paid claims were derived using a "chain and ladder" model based on the most recent 36 months to derive the completion factor and IBNR for each incurred month. Estimates of IBNR allowed claims were derived using the same completion factors as those estimated based on paid claims.

## **4.4.2 Benefit Categories**

Inpatient (hospital), outpatient (hospital), professional, other medical (non-capitated ambulance, home health care, durable medical equipment, prosthetics, supplies, vision exams, pediatric dental services and other), prescription drug & capitations.

## **4.4.3 Projection Factors**

### *4.4.3.1 Trend Factors*

#### **Trend Factors (Cost/Utilization):**

Exhibit 8 in the Memorandum contains our selected annual utilization and unit cost trends by service category. Unit cost and utilization trends were set by service category to produce the overall anticipated trend of 6.5%, which is an increase compared to the 5.4% trend assumed in our prior filing. Current observed medical trends as of 202212 are 7.8%, down from 17.8% in 202112. Current observed drug trends are 9.3% as of 202212, up from 7.9% in 202112. The composite medical and drug trend is 8.1% as of 202212, down from 15.2% in 202112.

When normalized for induced demand, network, and demographics, the observed composite trends of 8.1% in 202212 and 15.2% in 202112 become 7.3% and 14.5%, respectively.

Using the proposed trend factor, in combination with other assumptions such as morbidity, etc., the annualized allowed PMPM change between 2024 and 2022 represented in this filing is 6.8%.

### *4.4.3.2 Adjustments to Trended EHB Allowed Claims PMPM*

#### **Morbidity Adjustment:**

Exhibit 4 in our memorandum contains support for this adjustment. To measure the projected morbidity of our population, we split our projected population into cohorts defined by metal tier and membership type. Membership type is defined as new member, existing member, or transfer from other lines of business. Consistent with the rules in the 2024 Unified Rate Review Instructions, we began our morbidity projection

by normalizing allowed claims for each of the cohorts outlined above for projected changes in age, gender, network and induced utilization.

We have not reflected any morbidity adjustments to the base period normalized allowed PMPMs by metal tier for the existing and transfer membership types. Exhibit 4 demonstrates how these PMPMs are unchanged from the current year YTD to remainder of current year. For the new membership type we have assumed a claims PMPM by metal equal to that of the existing members.

The resulting morbidity calculation is completed in steps split by year:

- Once the remainder of current year (2023) is completed, the membership and claims by metal are combined to derive a total estimate for the year.
- This result carries over to the rating year (2024) as the metal specific normalized PMPMs for the existing members.
- The assumed claims PMPMs by metal for the new members are again assumed to equal those for the existing members.
- Transfer members PMPMs are treated separately and reflect base period amounts projected forward. Our projection factor for these members is 1.000.
- Once these PMPMs are set, the final morbidity calculation is driven by the projected member months at these levels.

The total morbidity change from 2022 to 2024 is expected to be 1.5%, which is the factor used in Exhibit 1 in the calculation of the market adjustment index rate.

#### **Demographic Shift:**

Exhibit 6 in the Memorandum contains support for our adjustment due to the anticipated change in the average age of this population between the experience and projection periods. Our methodology measures the change in average demographic factor between the base and rating periods. The demographic factors used are from an internal age/gender curve with an approximate 4.5:1 ratio (age 64+ to age 21 factors). Factors for both time periods are weighted using member months and the ratio of the two is applied as our market level adjustment.

#### **Plan Design Changes:**

Exhibit 5 in the Memorandum details our support for this adjustment to account for anticipated changes in the average utilization of services due to differences in average cost sharing requirements between the experience and projection periods. Our methodology measures the change in the average induced utilization factor between the base and rating periods. The factors used are the metal level factors from the federal risk adjustment program. Once the average internal pricing AV, weighted by member months, is determined for both the experience and rating periods the linearly interpolated factor is determined. The ratio of these two factors is applied as our market level adjustment.

#### **Other Adjustments:**

Exhibit 7 in the Memorandum details our support for these adjustments. We are proposing additional other adjustments for changes to our capitation fees and drug rebates.

##### *4.4.3.3 Manual Rate Adjustments*

Not applicable, as experience was determined to be fully credible.

##### *4.4.3.4 Credibility of Experience*

Exhibit 2 in the Memorandum contains a summary of our base period experience, including member months. We have assigned full credibility to this experience.

##### *4.4.3.5 Establishing the Index Rate*

The experience period index rate for this filing is \$507.18 and the projection period index rate is \$578.44. Both rates and the adjustments made to develop the projected amount from the experience period amount can be found on Exhibit 1 of the Memorandum. Specifically, these adjustments correspond to those outlined in sections 4.4.3.1 and 4.4.3.2.

#### *4.4.3.6 Development of the Market-wide Adjusted Index Rate*

The Market-wide Adjusted Index Rate for the Individual market is \$768.86 and is derived by multiplying the projection period index rate with the market level adjustments for the risk adjustment program. Details for the risk adjustment program can be found below.

### **Reinsurance**

There are no reinsurance recoveries applicable to this market.

### **Risk Adjustment Payment/Charge:**

The Experience Period Risk Adjustment transfers in the URRT are based on the most recent Wakely results.

Our projected 2024 risk adjustment transfers, found in Exhibit 9, have been calculated consistent with our membership and morbidity projections found elsewhere in this filing. To project the risk adjustment factors from 2022 to 2024, we have assumed an increase in the statewide premium of 23.6% which reflects an estimate of an average 13.4% increase in 2023 and 9.0% increase in 2024. We have assumed that our CFI Individual non-Catastrophic market share will decrease from 80.2% in 2022 to 79.0% in 2024 and that our CFI Individual non-Catastrophic PLRS ratio to the state will increase from 1.068 in 2022 to 1.075 in 2024. The resultant estimate of risk adjustment is that the BlueChoice payable transfer PMPM for the Individual market will increase from -\$118.43 in 2022 to -\$125.25 in 2024. Combined with the -\$125.25 is a projected HCRP net PMPM payable of -\$1.76, which results in a total projected risk adjustment payable of -\$127.01.

The risk adjustment estimates above are calculated separately for the Individual market and the Small Group market as required. This approach is different than the blended approach used to calculate the Index Rate, and therefore there is an inconsistency between the risk assumed in rates and the claims data used in the calculation.

If a merged Individual and Small Group risk adjustment methodology was used, the rate change for Individual BlueChoice is estimated to be -2.0%.

### **Exchange User Fees:**

There are no applicable exchange user fees since the rates in this filing are not offered on the Federal Marketplace.

#### **4.4.4 Plan Adjusted Index Rate**

Exhibit 11 in the Memorandum displays the adjustments made for each plan. Every plan adjusted index rate is developed from the market adjusted index rate using only the allowable plan level modifiers as follows:

- **Actuarial value and cost-sharing design of the plan:** The actuarial value for each plan was determined using our own internal model and estimates the ratio of paid to allowed dollars given that plan's benefit design and the assumed allowed amount consistent with the projection period index rate. The assumed actuarial values also include a multiplicative factor applied uniformly across plans. The application of the AV to an index rate that is the same across all plans results in a member months weighted average AV (and resulting average paid PMPM assumed in rates) that

may be materially deficient depending on the distribution of projected membership and actual cost. This factor accounts for the deficiency specific to this block of business. The URRT instructions state that this adjustment may take into account the benefit differences and utilization differences due to differences in cost-sharing. As a result, our plan adjusted index rates also include adjustments to account for the impact the metal level has on utilization.

- **Provider network:** All plans offered use the Open Access network.
- **Benefits in addition to EHBs:** There is an adjustment to account for abortion coverage and adult vision (which are offered in addition to EHBs).
- **Administrative costs:** See Exhibit 10A in the Memorandum for the assumed values of the following additional items.
  1. Administrative Expense (G&A)
  2. Broker Commissions & Fees
  3. Federal Income Tax (FIT)
  4. Contribution to Reserve (Post-Tax)
  5. State Premium Tax
  6. PCORI Fee
  7. Risk Adjustment User Fee
  8. Exchange Assessment Fee
- **Catastrophic adjustment:** The catastrophic factor has been developed from the experience of the catastrophic population and is applied only to the catastrophic plan as required. See the Appendix in the Memorandum for more details. All other factors applied to the Market Adjusted Index Rate are the same across all plans.

For each plan, we have taken the applicable adjustment factor from each category above and multiplied them by the market adjusted index rate to derive each plan adjusted index rate.

#### **4.4.5 Calibration**

##### **Age Curve Calibration**

We have calibrated to the rounded weighted average age which was determined as the age for the factor nearest our projected average factor. We have used the standard DC age curve factors and weighted them using member months in our calculation.

A demonstration of how the plan adjusted index rates and the age curve are used to generate the schedule of premium rates for each plan can be found on Exhibit 13.

##### **Geographic Factor Calibration**

We have elected not to rate for geographic region.

##### **Tobacco Use Rating Factor Calibration**

We have elected not to rate for tobacco usage.

#### **4.4.6 Consumer Adjusted Premium Rate Development**

The premium rate that a given consumer will be charged is calculated by first taking the plan adjusted index rate for that member's chosen plan and dividing by the projected average age rating factor. The resulting value is the base rate for that plan. The final step in determining a consumer adjusted premium rate is to take the rate from the first step and multiply it by the corresponding factor for that member's age from the standard DC age curve. Rate charts are provided for all the consumer adjusted premiums.



## **4.5 Projected Loss Ratio**

The projected loss ratio for the rates provided in this file, using the Federally-prescribed MLR methodology, is 88.7% for the Individual market and 83.3% for the combined Individual/Small Group market. Details behind this calculation can be found in Exhibit 10B.

## **4.6 Plan Product Information**

### **4.6.1 AV Metal Values**

The majority of our 2024 plans include varying cost share levels for some services that depend on the setting in which care is delivered. The HHS AV calculator was used to compute two separate AVs for each impacted plan – one which applied the higher level of cost-share, and one which applied the lower level of cost-share. The results were blended assuming 83% of the designated services are rendered in higher cost-share setting and the remaining 17% at the lower, consistent with experience from our small group and individual markets. Plans without these features used the AV calculator without modification.

Additional details regarding the unique plan designs not accommodated by the HHS AV Calculator along with printouts for each plan are provided in the “Actuarial Memorandum” section of the Supporting Documentation tab of the SERFF filing.

### **4.6.2 Membership Projections**

The membership projections found in Worksheet 2 of the URRT were developed from enrollment as of 2/28/23 using assumptions for termination rates, new sales and transfers. The projections also incorporate any plan mappings anticipated between that month and the rating period. For new plan offerings where no plans are being uniformly modified into them, a minimum level of enrollment was assumed.

### **4.6.3 Terminated Plans and Products**

Plan mappings from the experience period to the rating period can be found in Appendix – Mapping.

### **4.6.4 Plan Type**

Each plan in Worksheet 2, Section I of the URRT contains a plan type that describes the plan exactly.

## **4.7 Miscellaneous Instructions**

### **4.7.1 Effective Rate Review Information (Optional)**

We have no additional exhibits.

### **4.7.2 Reliance**

We do not have any reliance to state.

### **4.7.3 Actuarial Certification**

Included in the Memorandum.

**BlueChoice Inc.  
d.b.a. CareFirst BlueCross BlueShield  
(NAIC # 96202)**

**Rate Filing # 2704  
D.C. Individual Products  
Rate Filing Effective 1/1/2024**

**Actuarial Memorandum**

**BlueChoice Inc.**  
**(NAIC # 96202)**  
**H.R. 3950 - Public Law 111-148 - Patient Protection and Affordable Care Act (ACA)**  
**D.C. Individual Products**  
**Rate Filing Effective 1/1/2024**  
**Actuarial Certification**

I, Cory Bream, am a(n) Assistant Actuary with CareFirst BlueChoice doing business as CareFirst BlueCross BlueShield. I am a member of the American Academy of Actuaries (AAA) in good standing and have the education and experience necessary to perform the work. Rates were developed in accordance with the appropriate Actuarial Standards of Practice (ASOPs) and the AAA's Code of Professional Conduct. While other ASOPs apply, a sample listing is below.

- i. ASOP No. 5, Incurred Health and Disability Claims
- ii. ASOP No. 8, Regulatory Filings for Health Plan Entities
- iii. ASOP No. 12, Risk Classification
- iv. ASOP No. 23, Data Quality
- v. ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages
- vi. ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health and Benefit Plans
- vii. ASOP No. 41, Actuarial Communications
- viii. ASOP No. 50, Determining Minimum Value and Actuarial Value under the Affordable Care Act

I have been involved in the development of these rates, and to the best of my knowledge and understanding, the rates in this filing have been developed in accordance with the available regulations and guidance. Should new guidance be released, this filing may be revised. I certify that this filing has been prepared based on sound and commonly accepted actuarial principles, practices and assumptions in the aggregate for the legal entity.

I further certify the following:

1. The projected Index Rate is:
  - a. In compliance with all applicable state and Federal statutes and regulations (45 CFR 156.80 and 147.102)
  - b. Developed in compliance with the applicable Actuarial Standards of Practice
  - c. Reasonable in relation to the benefits provided and the population anticipated to be covered
  - d. Neither excessive nor deficient
2. The Index Rate and only the allowable modifiers as described in 45 CFR § 156.80(d)(1) and 45 CFR § 156.80(d)(2) were used to generate plan level rates. These rates have been calibrated to account for age (geography and tobacco are not applicable).
3. Consistent with 45 CFR § 156.135, the 2024 HHS Actuarial Values (AV) Calculator was used to determine the AV metal values shown in Worksheet 2 of Part I of the Unified Rate Review Template (URRT) for all plans except those specified. Where necessary, the AVs of the benefits proposed have been calculated with minimal modifications to the AV calculator as described in the Actuarial Memorandum.

As a qualifier to the opinion, the URRT does not demonstrate the process used by the issuer 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 that the Index Rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

For our initial submission, we have not adjusted 2024 rates to reflect potential impacts of Medicaid redeterminations. We reserve the right to update assumptions as appropriate during the review process.

The HMO Platinum benefit factor has been adjusted downward 0.5% so that all HMO rates by metal are lower than PPO, as required by the DISB in past rate filing submissions.

**Cory Bream** Digitally signed by Cory Bream  
Date: 2023.04.28 13:24:11 -04'00'

Cory Bream, ASA, MAAA  
Assistant Actuary  
CareFirst BlueCross BlueShield  
Mail Drop-Point 01-720  
10455 Mill Run Circle  
Owings Mills, MD 21117

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### Exhibit 1 - Market Adjusted Index Rate Summary

		2024	Exhibit
(1)	Base Period Total Allowed	\$ 507.34	2
(2)	Base Period Non-EHB PMPM	\$ 0.15	2
(3)	Experience Period Index Rate	\$ 507.18	
(4)	Change in Morbidity	1.0152	4
(5)	Additional Population Adjustment	1.0000	
(6)	Induced Demand	0.9960	5
(7)	Projection Period Utilization and Network Adjustment	1.0000	
(8)	Demographic Adjustment	0.9986	6
(9)	Area Adjustment	1.0000	
(10)	Additional "Other" Adjustments	0.9966	7
(11)	Annualized Trend	6.5%	8
(12)	Months of Trend	24.0	
(13)	Unit cost & Utilization/1,000 Trend Factor	1.1333	
(14)	Projection Period Index Rate	\$ 578.44	
(15)	Reinsurance Program	1.0000	Appendix
(16)	Risk Adjustment Program	1.3292	9
(17)	Federal Exchange User Fee	1.0000	
(18)	Market Adjusted Index Rate	\$ 768.86	
	Without Risk Adjustment	\$ 578.44	

**The projection period index rate was developed by projecting individual URRT service categories and then building up into a total PMPM. As a result the adjustments above may not match the referenced exhibits exactly because these represent the average factor when considering application at the service category level.**

## Exhibit 2 - Base Period Experience

Service Category	Incurred	Allowed	Allowed PMPM	Utilization Description	Utilization per 1,000	Average Cost/Service		
Inpatient Hospital	\$	45,429,709	\$	77.10	Admits	51.78	\$	17,867.70
Outpatient Hospital	\$	59,752,890	\$	101.41	Visits	879.82	\$	1,383.11
Professional	\$	106,757,007	\$	181.18	Visits	13,598.05	\$	159.89
Other Medical	\$	24,389,549	\$	41.39	Services	1,719.72	\$	288.82
Capitation	\$	514,658	\$	0.87	Benefit Period	1,000	\$	10.48
Prescription Drug	\$	62,099,982	\$	105.39	Prescriptions	8,015.29	\$	157.78
<b>Total (EHB &amp; Non-EHB)</b>	<b>\$</b>	<b>298,943,794</b>	<b>\$</b>	<b>507.34</b>				
<b>EHB Allowed</b>	<b>\$</b>	<b>298,852,925</b>	<b>\$</b>	<b>507.18</b>				
<b>Non-EHB Allowed</b>	<b>\$</b>	<b>90,869</b>	<b>\$</b>	<b>0.15</b>				
<b>Incurred Net</b>	<b>\$</b>	<b>260,145,938</b>	<b>\$</b>	<b>441.49</b>				
<b>Net/Allowed</b>		<b>87.0%</b>						
<b>Experience Period Member Months</b>		<b>589,241</b>						
<b>Experience Period Revenue</b>	<b>\$</b>	<b>299,556,877</b>						

### Exhibit 3 - Non-EHB Adjustment

HIOS Plan ID	Plan Name	Exchange	2024 Index Rate	2024 Non-EHB PMPM	2024 Non-EHB Adjustment
86052DC0400001	BlueChoice HMO Standard Silver \$4,850	On	\$ 578.44	\$ 2.35	1.0041
86052DC0400002	BlueChoice HMO Standard Gold \$500	On	\$ 578.44	\$ 2.08	1.0036
86052DC0400004	BlueChoice HMO Young Adult \$9,450	On	\$ 578.44	\$ 3.41	1.0059
86052DC0400007	BlueChoice HMO Standard Bronze \$7,500	On	\$ 578.44	\$ 2.55	1.0044
86052DC0400008	BlueChoice HMO Standard Platinum \$0	On	\$ 578.44	\$ 1.93	1.0033
86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,350	On	\$ 578.44	\$ 2.63	1.0045
86052DC0400011	BlueChoice HMO HSA Gold \$1,600	On	\$ 578.44	\$ 2.18	1.0038

Exhibit 4 - Morbidity Adjustment Factor

Base Year

Metal Level	Member Months	2022 Normalized Allowed PMPM	
Catastrophic	5,027	\$	184.19
Bronze	45,214	\$	177.98
Silver	143,478	\$	222.99
Gold	238,386	\$	280.54
Platinum	157,036	\$	313.89
Subtotal	589,141	\$	266.72

Current Year YTD

Existing				
Metal Level	Member Months	2022 Normalized Allowed PMPM	Morbidity Adjustment	2023 Adjusted Normalized Allowed PMPM
Catastrophic	529	\$ 195.88	1.000	\$ 195.88
Bronze	6,108	\$ 177.76	1.000	\$ 177.76
Silver	19,723	\$ 226.23	1.000	\$ 226.23
Gold	33,093	\$ 281.50	1.000	\$ 281.50
Platinum	22,058	\$ 304.31	1.000	\$ 304.31
Subtotal	81,511	\$ 265.97	1.000	\$ 265.97

New				
Metal Level	Member Months	Existing Cohort Adjusted Normalized Allowed PMPM	Morbidity Adjustment	2023 Adjusted Normalized Allowed PMPM
Catastrophic	70	\$ 195.88	1.000	\$ 195.88
Bronze	978	\$ 177.76	1.000	\$ 177.76
Silver	3,825	\$ 226.23	1.000	\$ 226.23
Gold	6,582	\$ 281.50	1.000	\$ 281.50
Platinum	4,241	\$ 304.31	1.000	\$ 304.31
Subtotal	15,696	\$ 267.35	1.000	\$ 267.35

Transfer				
Metal Level	Member Months	2022 Normalized Allowed PMPM	Morbidity Adjustment	2023 Adjusted Normalized Allowed PMPM
Catastrophic	23	\$ 163.71	1.000	\$ 163.71
Bronze	216	\$ 306.75	1.000	\$ 306.75
Silver	723	\$ 273.35	1.000	\$ 273.35
Gold	1,358	\$ 315.31	1.000	\$ 315.31
Platinum	1,524	\$ 348.74	1.000	\$ 348.74
Subtotal	3,844	\$ 319.28	1.000	\$ 319.28

Total				
Metal Level	Member Months	2022 Normalized Allowed PMPM	Morbidity Adjustment	2023 Adjusted Normalized Allowed PMPM
Catastrophic	622	\$ 194.69	1.000	\$ 194.69
Bronze	7,302	\$ 181.57	1.000	\$ 181.57
Silver	24,271	\$ 227.63	1.000	\$ 227.63
Gold	41,033	\$ 282.62	1.000	\$ 282.62
Platinum	27,823	\$ 306.75	1.000	\$ 306.75
Subtotal	101,051	\$ 268.21	1.000	\$ 268.21

Remainder of Current Year

Existing		
Metal Level	Member Months	2023 Adjusted Normalized Allowed PMPM
Catastrophic	2,249	\$ 195.88
Bronze	28,701	\$ 177.76
Silver	97,890	\$ 226.23
Gold	162,122	\$ 281.50
Platinum	111,308	\$ 304.31
Subtotal	402,270	\$ 266.48

New		
Metal Level	Member Months	2023 Adjusted Normalized Allowed PMPM
Catastrophic	967	\$ 195.88
Bronze	6,031	\$ 177.76
Silver	21,674	\$ 226.23
Gold	38,893	\$ 281.50
Platinum	23,719	\$ 304.31
Subtotal	91,284	\$ 266.54

Transfer		
Metal Level	Member Months	2023 Adjusted Normalized Allowed PMPM
Catastrophic	183	\$ 163.71
Bronze	1,543	\$ 306.75
Silver	4,021	\$ 273.35
Gold	7,691	\$ 315.31
Platinum	7,083	\$ 348.74
Subtotal	20,521	\$ 316.63

Total		
Metal Level	Member Months	2023 Adjusted Normalized Allowed PMPM
Catastrophic	3,399	\$ 194.15
Bronze	36,275	\$ 183.24
Silver	123,585	\$ 227.76
Gold	208,706	\$ 282.75
Platinum	142,110	\$ 306.53
Subtotal	514,075	\$ 268.50

Total Current Year

Total	Member Months	2023 Adjusted Normalized Allowed PMPM
Catastrophic	4,021	\$ 194.23
Bronze	43,577	\$ 182.96
Silver	147,856	\$ 227.74
Gold	249,739	\$ 282.73
Platinum	169,933	\$ 306.56
Subtotal	615,126	\$ 268.45

Rating Year

Existing				
Metal Level	Member Months	2023 Normalized Allowed PMPM	Morbidity Adjustment	2024 Adjusted Normalized Allowed PMPM
Catastrophic	2,646	\$ 194.23	1.000	\$ 194.23
Bronze	35,096	\$ 182.96	1.000	\$ 182.96
Silver	125,783	\$ 227.74	1.000	\$ 227.74
Gold	212,761	\$ 282.73	1.000	\$ 282.73
Platinum	145,552	\$ 306.56	1.000	\$ 306.56
Subtotal	521,838	\$ 268.96	1.000	\$ 268.96

New				
Metal Level	Member Months	Existing Cohort Adjusted Normalized Allowed PMPM	Morbidity Adjustment	2024 Adjusted Normalized Allowed PMPM
Catastrophic	883	\$ 194.23	1.000	\$ 194.23
Bronze	6,228	\$ 182.96	1.000	\$ 182.96
Silver	26,252	\$ 227.74	1.000	\$ 227.74
Gold	44,844	\$ 282.73	1.000	\$ 282.73
Platinum	30,607	\$ 306.56	1.000	\$ 306.56
Subtotal	108,814	\$ 269.74	1.000	\$ 269.74

Transfer				
Metal Level	Member Months	2023 Normalized Allowed PMPM	Morbidity Adjustment	2024 Adjusted Normalized Allowed PMPM
Catastrophic	130	\$ 163.71	1.000	\$ 163.71
Bronze	1,884	\$ 306.75	1.000	\$ 306.75
Silver	5,871	\$ 273.35	1.000	\$ 273.35
Gold	10,208	\$ 315.31	1.000	\$ 315.31
Platinum	6,901	\$ 348.74	1.000	\$ 348.74
Subtotal	24,994	\$ 313.25	1.000	\$ 313.25

Total				
Metal Level	Member Months	2023 Normalized Allowed PMPM	Morbidity Adjustment	2024 Adjusted Normalized Allowed PMPM
Catastrophic	3,659	\$ 193.15	1.000	\$ 193.15
Bronze	43,208	\$ 188.36	1.000	\$ 188.36
Silver	157,906	\$ 229.44	1.000	\$ 229.44
Gold	267,813	\$ 283.97	1.000	\$ 283.97
Platinum	183,060	\$ 308.15	1.000	\$ 308.15
Subtotal	655,646	\$ 270.78	1.000	\$ 270.78

Year	Adjusted Normalized PMPM	Year over Year Change
2022	\$ 266.72	n/a
2023	\$ 268.45	0.6%
2024	\$ 270.78	0.9%

Morbidity Adjustment Change	1.5%
Morbidity Adjustment Factor	1.0152



### Exhibit 5 - Induced Utilization Adjustment Factor

Year	Actuarial Value	Induced Demand Factor	
(1) 2022	82.92%	1.1004	
(2) Projected 2024	82.29%	1.0960	
(3) <b>Adjustment*</b>		<b>0.9960</b>	(2)/(1)

**\*Applied to all service categories except capitations**

### Exhibit 6 - Demographic Adjustment

	Period	Cohort	Demo Factor*	Weight	Average Age**
(1)	Base Period	All	1.6746	100.0%	34.3
(2)	Rating Period	Existing	1.7249	79.6%	
		New	1.4471	16.6%	
		Transfer	1.5544	3.8%	
(3)	Rating Period	All	1.6723	100.0%	34.3
(4)	Demographic Adjustment***	All	0.9986		

(3) / (1)

\*Demo factors by cohort for the rating period are based on average factors for each cohort from the current year to date. Weights are based on expected distribution of member months.

\*\*Average ages are member weighted

\*\*\*Applied to all service categories except capitations

Exhibit 7 - Factors for Additional "Other" Adjustments

Capitation adjustment			
(1)	Experience Period Capitations PMPM (EHBs only)	\$	0.81
(2)	Projection Period Capitations PMPM (EHBs only)	\$	0.66
(3)	Adjustment to Capitation Category	0.8165	(2)/(1)
Drug Rebates adjustment			
(4)	Experience Period Allowed Rx PMPM (Pre-Rebates)	\$	137.81
(5)	Morbidity	1.0152	Exhibit 4
(6)	Induced Demand	0.9960	Exhibit 5
(7)	Demographics	0.9986	Exhibit 6
(8)	Rx Trend (Force of Trend)	1.2614	Exhibit 8
(9)	Projected Target Allowed Rx PMPM using Multiplicative Factors (Pre-Rebates)	\$	175.54 (4)*(5)*(6)*(7)*(8)
(10)	Target Projection Period Rx Rebates PMPM	\$	43.12
(11)	Target Post-Rebates Allowed Rx PMPM using Target Projection Period Rx Rebates PMPM	\$	132.42 (9)-(10)
(12)	Experience Period Rx Rebates PMPM	\$	32.42
(13)	Experience Period Allowed Rx PMPM (Post-Rebates)	\$	105.39 (4)-(12)
(14)	Morbidity	1.0152	Exhibit 4
(15)	Induced Demand	0.9960	Exhibit 5
(16)	Demographics	0.9986	Exhibit 6
(17)	Rx Trend (Force of Trend)	1.2614	Exhibit 8
(18)	Projection Period Allowed Rx PMPM using Multiplicative Factors (Post-Rebates)	\$	134.24 (13)*(14)*(15)*(16)*(17)
(19)	Adjustment to Drug Category	0.9864	(11)/(18)

	PMPM	Adjustment	
Inpatient Hospital	\$ 81.65	1.0000	
Outpatient Hospital	\$ 119.71	1.0000	
Professional	\$ 199.61	1.0000	
Other Medical	\$ 44.40	1.0000	
Capitation	\$ 0.81	0.8165	(3)
Prescription Drug	\$ 134.24	0.9864	(19)
Total	\$ 580.41	0.9966	

PMPM weights are set equal to projected PMPM without "other" adj.

### Exhibit 8 - Annual Trend Assumptions

	2022				Trended
	EHB PMPM	Weight	Utilization/1,000	Unit Cost	Composite
<b>Inpatient Hospital</b>	\$ 77.10	15.2%	1.0303	0.9940	1.0488
<b>Outpatient Hospital</b>	\$ 101.38	20.0%	1.0173	1.0630	1.1694
<b>Professional</b>	\$ 181.13	35.7%	1.0123	1.0320	1.0914
<b>Other Medical</b>	\$ 41.39	8.2%	1.0443	0.9870	1.0624
<b>Capitation</b>	\$ 0.81	0.2%	1.0000	1.0000	1.0000
<b>Prescription Drug</b>	\$ 105.39	20.8%	1.0323	1.0880	1.2614
<b>Total</b>	\$ 507.18	100.0%			1.0646
<b>Proposed Trend</b>					<b>1.0646</b>

**Exhibit 9 - Risk Adjustment**

**Statewide 2022**

Metallic Tier	Member Months		PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM	Statewide PMPM 2022
Catastrophic	5,467		0.252	0.734	1.000	1.000	0.570	0.252	0.418			\$ 113.31
Individual Non-Catastrophic	166,958		1.486	1.149	1.000	1.060	0.741	1.623	0.901			\$ 511.80

**CFI & Competition 2022**

Metallic Tier	Member Months	Distribution	PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM
CFI Non-Catastrophic	133,956	80.2%	1.588	1.157	1.000	1.061	0.742	1.734	0.910		
Competition Non-Catastrophic	33,001	19.8%	1.073	1.114	1.000	1.058	0.738	-	-		

**2022**

Metallic Tier	Member Months	Distribution	PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM
Catastrophic	5,072	11.6%	0.250	0.734	1.000	1.000	0.570	0.250	0.418	-\$2,219	-\$0.44
Bronze	20,399	46.6%	0.686	1.228	1.000	1.000	0.600	0.686	0.737	-\$4,124,217	-\$202.18
Silver	11,588	26.4%	1.072	1.206	1.000	1.030	0.700	1.104	0.870	-\$1,690,167	-\$145.85
Gold	5,086	11.6%	1.459	1.089	1.000	1.080	0.800	1.575	0.941	-\$191,440	-\$37.64
Platinum	1,668	3.8%	3.279	1.188	1.000	1.150	0.900	3.771	1.229	\$819,219	\$491.04
Total	43,814	100.0%	0.926	1.147	1.000	1.023	0.658	0.967	0.777	-\$5,188,825	-\$118.43

**Statewide 2024**

Metallic Tier	Member Months		PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM	Statewide PMPM 2024
Catastrophic	4,021		0.227	0.736	1.000	1.000	0.570	0.227	0.419			\$ 230.23
Individual Non-Catastrophic	145,019		1.347	1.156	1.000	1.059	0.740	1.470	0.905			\$ 632.62

**CFI & Competition 2024**

Metallic Tier	Member Months	Distribution	PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM
CFI Non-Catastrophic	114,565	79.0%	1.448	1.164	1.000	1.060	0.741	1.579	0.914		
Competition Non-Catastrophic	30,454	21.0%	0.967	1.124	1.000	1.058	0.738	-	-		

**2024**

Metallic Tier	Member Months	Distribution	PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM
Catastrophic	3,659	11.3%	0.223	0.735	1.000	1.000	0.570	0.223	0.419	-\$16,614	-\$4.54
Bronze	14,214	43.9%	0.643	1.253	1.000	1.000	0.600	0.643	0.752	-\$3,536,486	-\$248.80
Silver	8,289	25.6%	0.963	1.175	1.000	1.030	0.700	0.992	0.847	-\$1,366,924	-\$164.91
Gold	5,167	16.0%	1.354	1.129	1.000	1.080	0.800	1.462	0.976	-\$270,318	-\$52.32
Platinum	1,039	3.2%	3.969	1.205	1.000	1.150	0.900	4.565	1.247	\$1,136,409	\$1,093.75
Total	32,368	100.0%	0.898	1.153	1.000	1.025	0.664	0.941	0.790	-\$4,053,932	-\$125.25

**Adjustment Factor applied to Market Adjusted Index Rate**

Projected Index Rate	Projected Transfer PMPM (Allowed basis)	Risk Adjustment User Fee (Allowed basis)	Adjustment Factor*
\$578.44	-\$190.10	\$0.31	1.3292

Estimated HCRP Receivable	Estimated HCRP Charge	HCRP Net Charge PMPM
\$0	\$57,000	-\$1.76

\*Adjustment Factor = (\$578.44 - \$-190.1+ \$0.31) / \$578.44

# Exhibit 10A - Desired Incurred Claims Ratio

	2024	
	PMPM	% of Revenue
Allowed Claims	\$ 514.69	
Paid/Allowed Ratio	75.2%	
Paid Claims & Capitations	\$ 387.05	
Risk Adjustment Transfer & HCRP (Paid Basis)	\$ (127.01)	
Reinsurance Recoveries (Paid Basis)	\$ -	
Paid Claims & Capitations (Post-3Rs)	\$ 514.06	85.7%
Administrative Expense	\$ 53.35	8.9%
Broker Commissions & Fee	\$ 2.67	0.4%
Contribution to Reserve (Post-Tax)	\$ 9.59	1.6%
Investment Income Credit	\$ (0.60)	-0.1%
Risk Charge	\$ -	0.0%
<b>Non-ACA Taxes &amp; Fees</b>		
State Premium Tax	\$ 11.99	2.0%
State Assessment Fee	\$ 0.60	0.1%
Reinsurance Program Fee	\$ -	0.0%
State Income Tax	\$ -	0.0%
Federal Income Tax	\$ 2.40	0.4%
<b>ACA Taxes &amp; Fees</b>		
Health Insurer Tax	\$ -	0.0%
Risk Adjustment User Fee	\$ 0.21	0.0%
Exchange Assessment Fee	\$ 4.80	0.8%
Federal Exchange User Fee	\$ -	0.0%
PCORI Tax	\$ 0.28	0.0%
BlueRewards/Incentive Program	\$ 0.32	0.1%
Total Revenue	\$ 599.67	100.0%
Plan Level Admin Load Adjustment	1.1661	
Projected Member Months	32,368	
Average Members	2,697	
% Total 2024	100.0%	

## Exhibit 10B - Federal MLR

	Total 2024 PMPM / %
<u>Traditional MLR Development</u>	
Paid Claims & Capitations (Post-3Rs) \$	514.06
Total Revenue \$	599.67
<hr/>	
Traditional MLR (i.e. DICR)	85.7%
 <u>Federal MLR Development</u>	
Numerator Adjustments	
BlueRewards/Incentive Program \$	0.32
Quality Improvement Expenses \$	1.60
Removal of non-care costs under MLR guidelines \$	(1.80)
 Denominator Adjustments	
Non-ACA Taxes & Fees \$	14.99
ACA Taxes & Fees \$	5.28
 Federal MLR Numerator \$	 514.18
Federal MLR Denominator \$	579.39
<hr/>	
Federal MLR	88.7%
 Projected Member Months	 32,368

# **Exhibit 10B - Federal MLR (Combined SG & Individual)**

	Total 2024
	PMPM / %
<b><u>Traditional MLR Development</u></b>	
Paid Claims & Capitations (Post-3Rs) \$	533.68
Total Revenue \$	661.33
<hr/>	
Traditional MLR (i.e. DICR)	80.7%
<b><u>Federal MLR Development</u></b>	
<b>Numerator Adjustments</b>	
BlueRewards/Incentive Program \$	0.66
Quality Improvement Expenses \$	2.14
Removal of non-care costs under MLR guidelines \$	(6.30)
<b>Denominator Adjustments</b>	
Non-ACA Taxes & Fees \$	19.06
ACA Taxes & Fees \$	5.78
Federal MLR Numerator \$	530.18
Federal MLR Denominator \$	636.49
<hr/>	
Federal MLR	83.3%
Projected Member Months	655,646



Exhibit 11 - Plan Adjusted Index Rates

HIOS Plan ID	Plan Name	Plan Type	Metallic Tier	Exchange	Network	Market Adjusted Index Rate	Internal Pricing AV	Network Factor	Induced Utilization	Non-EHB	Catastrophic Adjustment	Capped Dependents	Admin	Plan Adjusted Index Rate
86052DC0400001	BlueChoice HMO Standard Silver \$4,850	HMO	SILVER	On	Open Access	\$768.86	0.7988	0.9359	0.9580	1.0041	1.0000	1.0000	1.1661	\$644.74
86052DC0400002	BlueChoice HMO Standard Gold \$500	HMO	GOLD	On	Open Access	\$768.86	0.9452	0.9359	0.9983	1.0036	1.0000	1.0000	1.1661	\$794.61
86052DC0400004	BlueChoice HMO Young Adult \$9,450	HMO	CATASTROPHIC	On	Open Access	\$768.86	0.6626	0.9359	0.9243	1.0059	0.7226	1.0000	1.1661	\$373.56
86052DC0400007	BlueChoice HMO Standard Bronze \$7,500	HMO	BRONZE	On	Open Access	\$768.86	0.7295	0.9359	0.9243	1.0044	1.0000	1.0000	1.1661	\$568.31
86052DC0400008	BlueChoice HMO Standard Platinum \$0	HMO	PLATINUM	On	Open Access	\$768.86	1.0140	0.9359	1.0630	1.0033	1.0000	1.0000	1.1661	\$907.51
86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,350	HMO	BRONZE	On	Open Access	\$768.86	0.6932	0.9359	0.9243	1.0045	1.0000	1.0000	1.1661	\$540.12
86052DC0400011	BlueChoice HMO HSA Gold \$1,600	HMO	GOLD	On	Open Access	\$768.86	0.8704	0.9359	0.9983	1.0038	1.0000	1.0000	1.1661	\$731.85

### Exhibit 12 - AV Values

HIOS Plan ID	Suffix	HIOS Plan Name	HHS AV
86052DC0400001	01	BlueChoice HMO Standard Silver \$4,850	0.704
86052DC0400001	02	BlueChoice HMO Standard Silver \$4,850 NAO	1.000
86052DC0400001	03	BlueChoice HMO Standard Silver \$4,850 NAL	0.704
86052DC0400001	04	BlueChoice HMO Standard Silver \$4,850 A	0.732
86052DC0400001	05	BlueChoice HMO Standard Silver \$4,850 B	0.879
86052DC0400001	06	BlueChoice HMO Standard Silver \$4,850 C	0.944
86052DC0400002	01	BlueChoice HMO Standard Gold \$500	0.818
86052DC0400002	02	BlueChoice HMO Standard Gold \$500 NAO	1.000
86052DC0400002	03	BlueChoice HMO Standard Gold \$500 NAL	0.818
86052DC0400004	01	BlueChoice HMO Young Adult \$9,450	0.628
86052DC0400007	01	BlueChoice HMO Standard Bronze \$7,500	0.646
86052DC0400007	02	BlueChoice HMO Standard Bronze \$7,500 NAO	1.000
86052DC0400007	03	BlueChoice HMO Standard Bronze \$7,500 NAL	0.646
86052DC0400008	01	BlueChoice HMO Standard Platinum \$0	0.917
86052DC0400008	02	BlueChoice HMO Standard Platinum \$0 NAO	1.000
86052DC0400008	03	BlueChoice HMO Standard Platinum \$0 NAL	0.917
86052DC0400010	01	BlueChoice HMO HSA Standard Bronze \$6,350	0.649
86052DC0400010	02	BlueChoice HMO Standard Bronze \$6,350 NAO	1.000
86052DC0400010	03	BlueChoice HMO Standard Bronze \$6,350 NAL	0.649
86052DC0400011	01	BlueChoice HMO HSA Gold \$1,600	0.819
86052DC0400011	02	BlueChoice HMO Gold \$1,600 NAO	1.000
86052DC0400011	03	BlueChoice HMO Gold \$1,600 NAL	0.819

### Exhibit 13 - Age Calibration

Age Curve Calibration					
	Period	Cohort	Rating Factor*	Weight	Average Age**
(1)	Rating Period	Existing	1.0809	79.6%	
		New	0.9456	16.6%	
		Transfer	1.0004	3.8%	
(2)	<b>Rating Period</b>	<b>All</b>	<b>1.0554</b>	<b>100.0%</b>	<b>42.1</b>
(3)	<b>Nearest Rounded</b>	<b>All</b>	<b>1.0530</b>		<b>42.0</b>
(4)	<b>Calibration***</b>	<b>All</b>	<b>0.9977</b>		

(3)/(2)

Premium Rate Demonstration		
	HIOS Plan Name	BlueChoice HMO Standard Silver \$4,850
(5)	Plan Adjusted Index Rate	\$644.74
(6)	Calibration	0.9977 (4)
(7)	Calibrated Rate	\$643.28 (5)*(6)
(8)	Age 40 Factor/Rounded Avg Age Factor = (0.975/1.053)	0.9259
(9)	<b>Age 40 Premium Rate</b>	<b>\$595.63</b> (7)*(8)

\*Rating factors by cohort for the rating period are based on average factors for each cohort from the current year to date. Weights are based on expected distribution of member months.

\*\*The rating period average age is determined from the member weighted average factor. Specifically it is linearly interpolated using the two age factors on the curve surrounding the member weighted average factor.

\*\*\*Applied uniformly to all plans

# Exhibit 14 - Age Factors

Age	Factor
<=14	0.654
15	0.654
16	0.654
17	0.654
18	0.654
19	0.654
20	0.654
21	0.727
22	0.727
23	0.727
24	0.727
25	0.727
26	0.727
27	0.727
28	0.744
29	0.760
30	0.779
31	0.799
32	0.817
33	0.836
34	0.856
35	0.876
36	0.896
37	0.916
38	0.927
39	0.938
40	0.975
41	1.013
42	1.053
43	1.094
44	1.137
45	1.181
46	1.227
47	1.275
48	1.325
49	1.377
50	1.431
51	1.487
52	1.545
53	1.605
54	1.668
55	1.733
56	1.801
57	1.871
58	1.944
59	2.020
60	2.099
61	2.181
62	2.181
63	2.181
64+	2.181

**Exhibit 15 - Induced Utilization Factors**

CDH/Non-CDH	Projected Member Months	Relative to HSA/HRA	Relative to Average
HSA/HRA	179,043	1.0000	1.0000
Non-CDH	476,603	1.0000	1.0000
	<b>655,646</b>	<b>1.0000</b>	

Full HIOS Plan ID	Base HIOS Plan ID	Plan Name	Metal Level	Relative to Bronze	Projected Member Months	Relative to Average (Pool)	Relative to Average (CSR)
86052DC040000101	86052DC0400001	BlueChoice HMO Standard Silver \$4,850	SILVER	1.0300	6,863	0.9521	0.9580
86052DC040000102	86052DC0400001	BlueChoice HMO Standard Silver \$4,850 NAO	SILVER	1.0300	-	0.9521	0.9580
86052DC040000103	86052DC0400001	BlueChoice HMO Standard Silver \$4,850 NAL	SILVER	1.0300	-	0.9521	0.9580
86052DC040000104	86052DC0400001	BlueChoice HMO Standard Silver \$4,850 A	SILVER	1.0300	981	0.9521	0.9580
86052DC040000105	86052DC0400001	BlueChoice HMO Standard Silver \$4,850 B	SILVER	1.1500	124	1.0630	0.9580
86052DC040000106	86052DC0400001	BlueChoice HMO Standard Silver \$4,850 C	SILVER	1.1500	321	1.0630	0.9580
86052DC040000201	86052DC0400002	BlueChoice HMO Standard Gold \$500	GOLD	1.0800	3,231	0.9983	0.9983
86052DC040000202	86052DC0400002	BlueChoice HMO Standard Gold \$500 NAO	GOLD	1.0800	-	0.9983	0.9983
86052DC040000203	86052DC0400002	BlueChoice HMO Standard Gold \$500 NAL	GOLD	1.0800	-	0.9983	0.9983
86052DC040000401	86052DC0400004	BlueChoice HMO Young Adult \$9,450	CATASTROPHIC	1.0000	3,659	0.9243	0.9243
86052DC040000701	86052DC0400007	BlueChoice HMO Standard Bronze \$7,500	BRONZE	1.0000	5,470	0.9243	0.9243
86052DC040000702	86052DC0400007	BlueChoice HMO Standard Bronze \$7,500 NAO	BRONZE	1.0000	-	0.9243	0.9243
86052DC040000703	86052DC0400007	BlueChoice HMO Standard Bronze \$7,500 NAL	BRONZE	1.0000	-	0.9243	0.9243
86052DC040000801	86052DC0400008	BlueChoice HMO Standard Platinum \$0	PLATINUM	1.1500	1,039	1.0630	1.0630
86052DC040000802	86052DC0400008	BlueChoice HMO Standard Platinum \$0 NAO	PLATINUM	1.1500	-	1.0630	1.0630
86052DC040000803	86052DC0400008	BlueChoice HMO Standard Platinum \$0 NAL	PLATINUM	1.1500	-	1.0630	1.0630
86052DC040001001	86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,350	BRONZE	1.0000	8,744	0.9243	0.9243
86052DC040001002	86052DC0400010	BlueChoice HMO Standard Bronze \$6,350 NAO	BRONZE	1.0000	-	0.9243	0.9243
86052DC040001003	86052DC0400010	BlueChoice HMO Standard Bronze \$6,350 NAL	BRONZE	1.0000	-	0.9243	0.9243
86052DC040001101	86052DC0400011	BlueChoice HMO HSA Gold \$1,600	GOLD	1.0800	1,936	0.9983	0.9983
86052DC040001102	86052DC0400011	BlueChoice HMO Gold \$1,600 NAO	GOLD	1.0800	-	0.9983	0.9983
86052DC040001103	86052DC0400011	BlueChoice HMO Gold \$1,600 NAL	GOLD	1.0800	-	0.9983	0.9983

## Appendix - Network Factors

Network Type	Proposed Products Using This Network	Description
Lock In / Referral	BlueChoice HMO Referral	Referrals needed for Specialist Care, No Out of Network Coverage.
Open Access	BlueChoice HMO	No Referrals needed for Specialist, No Out of Network Coverage.
Open Access Opt-Out	BlueChoice Plus Opt-Out	No Referrals needed for Specialist, Out of Network Benefits pay up to In Network allowance, Member may be balance billed.
Open Access Plus	BlueChoice Plus	No Referrals needed, Out of Network allowances pay up to Regional Preferred Network (RPN) allowance.
Open Access Advantage	BlueChoice Advantage	No Referrals needed, Out of Network allowance pay up to RPN allowance, Out of Area BlueCard considered In Network for cost-sharing.

Network Type	Projected Member Months	Relative to Lock In / Referral	Relative to Average*
Lock In / Referral	53,403	1.0000	0.8914
Open Access	137,090	1.0500	0.9359
Open Access Opt-Out	37,862	1.0629	0.9474
Open Access Plus	87,341	1.0757	0.9589
Open Access Advantage	339,950	1.1884	1.0593
<b>Total</b>	<b>655,646</b>	<b>1.1219</b>	

\*Factors are applied as plan level adjustments

## Appendix - Catastrophic Plans Adjustment

### Step 1: Normalize Experience Period Catastrophic PMPM

	Catastrophic	Non-Catastrophic	Total (single risk pool)
Member Months	5,027	584,214	589,241
Distribution	0.9%	99.1%	
Completed Allowed	\$1,091,418	\$297,852,376	\$298,943,794
Allowed PMPM	\$217.11	\$509.83	\$507.34
Age Rating Factor	0.7386	1.0599	1.0571
Induced Demand Factor	1.0000	1.0804	1.0798
Actuarial Value	1.0000	1.0000	1.0000
<b>Net Factor</b>	<b>0.7386</b>	<b>1.1452</b>	<b>1.1417</b>
<b>Normalized Factor</b>	<b>1.5457</b>	<b>0.9970</b>	<b>1.0000</b>
<b>Normalized PMPM</b>	<b>\$335.59</b>	<b>\$508.29</b>	<b>\$507.34</b>

### Step 2: Apply Credibility to Normalized Catastrophic PMPM

(1)	Normalized Catastrophic PMPM	\$335.59	
(2)	Member Months	5,027	
(3)	Full Credibility (Member Months)	24,000	
(4)	Credibility	45.8%	
(5)	Normalized Non-Catastrophic PMPM	\$508.29	
(6)	Morbidity Adjustment*	0.7727	(a)/(b)
(7)	Morbidity-Adjusted Non-Catastrophic PMPM	\$392.77	(5)*(6)
(8)	Credibility-Adjusted Catastrophic PMPM	\$366.60	(1)*(4)+(1-(4))*(7)

### Step 3: Ratio of Credibility-Normalized Catastrophic PMPM vs. Single Risk Pool

(9)	Normalized SRP PMPM	\$507.34	
(10)	Catastrophic Adjustment (Calculated)	0.7226	(8)/(9)
(11)	<b>Catastrophic Adjustment (Selected)</b>	<b>0.7226</b>	

### Total Individual ACA BlueChoice Experience (202201-202212 Paid Through: 202302)

Metal Level	Member Months	Normalized Allowed PMPM	
Catastrophic	66,263	\$222.39	(a)
Bronze	508,512	\$156.27	
Silver	341,758	\$342.86	
Gold	914,951	\$339.72	
Platinum	1,649	\$638.67	
<b>Non-Catastrophic Total</b>	<b>1,766,870</b>	<b>\$287.81</b>	(b)

\*The Morbidity Adjustment is the ratio of the Catastrophic Normalized Allowed PMPM to the Non-Catastrophic Normalized Allowed PMPM for our Total Individual ACA BlueChoice Experience.

### Appendix - Experience Period to Rating Period Plan Mappings

Exp. Period		Current Period		Rating Period	
2022 Base HIOS Plan ID	2022 HIOS Plan Name	2023 Base HIOS Plan ID	2023 HIOS Plan Name	2024 Base HIOS Plan ID	2024 HIOS Plan Name
86052DC0400001	BlueChoice HMO Standard Silver \$4,000	86052DC0400001	BlueChoice HMO Standard Silver \$4,850	86052DC0400001	BlueChoice HMO Standard Silver \$4,850
86052DC0400002	BlueChoice HMO Standard Gold \$500	86052DC0400002	BlueChoice HMO Standard Gold \$500	86052DC0400002	BlueChoice HMO Standard Gold \$500
86052DC0400004	BlueChoice HMO Young Adult \$8,700	86052DC0400004	BlueChoice HMO Young Adult \$9,100	86052DC0400004	BlueChoice HMO Young Adult \$9,450
86052DC0400007	BlueChoice HMO Standard Bronze \$7,500	86052DC0400007	BlueChoice HMO Standard Bronze \$7,500	86052DC0400007	BlueChoice HMO Standard Bronze \$7,500
86052DC0400008	BlueChoice HMO Standard Platinum \$0	86052DC0400008	BlueChoice HMO Standard Platinum \$0	86052DC0400008	BlueChoice HMO Standard Platinum \$0
86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,350	86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,350	86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,350
86052DC0400011	BlueChoice HMO HSA Gold \$1,500	86052DC0400011	BlueChoice HMO HSA Gold \$1,500	86052DC0400011	BlueChoice HMO HSA Gold \$1,600



Appendix - Annual Rate Change Based on Mapping

Catastrophic	Catastrophic/Avg Renewal	316	350	66.4%
Bronze	Bronze Members/Avg Renewal	1,432	1,329	15.7%
Silver	Silver Members/Avg Renewal	772	752	16.9%
Gold	Gold Members/Avg Renewal	439	449	15.3%
Platinum	Platinum Members/Avg Renewal	115	100	14.2%
All Members/Avg Renewal		3,074	2,980	18.5%
Minimum Renewal				14.2%
Maximum Renewal				66.4%

2023 HIOS Plan ID	2023 HIOS Plan Name	2023 Metal Level	2023 Marketplace Indicator	2024 HIOS Plan ID	2024 HIOS Plan Name	2024 Metal Level	2024 Marketplace Indicator	Current Month Member Count	Projected 2023 EOY Members	2023 Base Rate	2024 Base Rate	Annual Rate Change
86052DC0400001	BlueChoice HMO Standard Silver \$4,850	SILVER	On	86052DC0400001	BlueChoice HMO Standard Silver \$4,850	SILVER	On	772	752	\$522.71	\$610.90	16.9%
86052DC0400002	BlueChoice HMO Standard Gold \$500	GOLD	On	86052DC0400002	BlueChoice HMO Standard Gold \$500	GOLD	On	286	286	\$651.05	\$752.90	15.6%
86052DC0400004	BlueChoice HMO Young Adult \$9,100	CATASTROPHIC	On	86052DC0400004	BlueChoice HMO Young Adult \$9,450	CATASTROPHIC	On	316	350	\$212.70	\$353.96	66.4%
86052DC0400007	BlueChoice HMO Standard Bronze \$7,500	BRONZE	On	86052DC0400007	BlueChoice HMO Standard Bronze \$7,500	BRONZE	On	548	510	\$459.26	\$538.48	17.2%
86052DC0400008	BlueChoice HMO Standard Platinum \$0	PLATINUM	On	86052DC0400008	BlueChoice HMO Standard Platinum \$0	PLATINUM	On	115	100	\$752.72	\$859.88	14.2%
86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,350	BRONZE	On	86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,350	BRONZE	On	884	819	\$446.02	\$511.77	14.7%
86052DC0400011	BlueChoice HMO HSA Gold \$1,500	GOLD	On	86052DC0400011	BlueChoice HMO HSA Gold \$1,600	GOLD	On	153	163	\$604.17	\$693.44	14.8%

### Appendix - Maximum Rate Renewal

	2023	2024	% Change
Base Rate	\$212.70	\$353.96	66.4%
Age Factor	0.654	0.727	11.2%
Geographic Factor	1.000	1.000	0.0%
Tobacco Factor	1.000	1.000	0.0%
<b>Total</b>	<b>\$139.11</b>	<b>\$257.33</b>	<b>85.0%</b>

	BlueChoice HMO Young Adult	BlueChoice HMO Young Adult
Base Rate/Product(s)	\$9,100	\$9,450
Age Change	20	21
Geo Change*	N/A	N/A
Tobacco Change**	N/A	N/A

\*we did not geo rate

\*\*we did not tobacco rate

Appendix - Federal Required \$1.00 minimum for abortion

HIOS Plan ID	Plan Name	Exchange	Minimum Charge	Lowest Age Factor	Base Premium	Age Calibration	Plan Adjusted Index Rate	Admin	Catastrophic Adjustment	Network Factor	Non-EHB	Induced Utilization	Benefit	Market Adjusted Index Rate	Exchange User Fee	Risk Adjustment Fee	Reinsurance Factor	Index Rate	\$1 Check	Final Rate, above \$1.00
86052DC0400001	BlueChoice HMO Standard Silver \$4,850	On	\$1.00	0.6540	\$1.53	0.9475	\$1.61	1.1661	1.0000	0.9359	1.0000	0.9580	0.7988	\$1.93	1.0000	1.3292	1.0000	\$1.45	\$1.00	\$1.45
86052DC0400002	BlueChoice HMO Standard Gold \$500	On	\$1.00	0.6540	\$1.53	0.9475	\$1.61	1.1661	1.0000	0.9359	1.0000	0.9983	0.9452	\$1.56	1.0000	1.3292	1.0000	\$1.17	\$0.99	\$1.18
86052DC0400004	BlueChoice HMO Young Adult \$9,450	On	\$1.00	0.6540	\$1.53	0.9475	\$1.61	1.1661	0.7226	0.9359	1.0000	0.9243	0.6626	\$3.33	1.0000	1.3292	1.0000	\$2.51	\$1.00	\$2.51
86052DC0400007	BlueChoice HMO Standard Bronze \$7,500	On	\$1.00	0.6540	\$1.53	0.9475	\$1.61	1.1661	1.0000	0.9359	1.0000	0.9243	0.7295	\$2.19	1.0000	1.3292	1.0000	\$1.65	\$1.00	\$1.65
86052DC0400008	BlueChoice HMO Standard Platinum \$0	On	\$1.00	0.6540	\$1.53	0.9475	\$1.61	1.1661	1.0000	0.9359	1.0000	1.0630	1.0140	\$1.37	1.0000	1.3292	1.0000	\$1.03	\$1.00	\$1.03
86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,350	On	\$1.00	0.6540	\$1.53	0.9475	\$1.61	1.1661	1.0000	0.9359	1.0000	0.9243	0.6932	\$2.30	1.0000	1.3292	1.0000	\$1.73	\$1.00	\$1.73
86052DC0400011	BlueChoice HMO HSA Gold \$1,600	On	\$1.00	0.6540	\$1.53	0.9475	\$1.61	1.1661	1.0000	0.9359	1.0000	0.9983	0.8704	\$1.70	1.0000	1.3292	1.0000	\$1.28	\$1.00	\$1.28

Appendix - Form Numbers

Form Numbers Associated With This Filing:

This list contains the applicable forms for the new products. Some of these are also used with other products, which may be open or closed to new sales. These forms are used with products that are both grandfathered and non-grandfathered.

The SERFF Tracking # for the corresponding form filing On Exchange is as follows: CFBC-133651489

ON-Exchange	
<b>BlueChoice HMO Standard Plans</b> DC/CFBC/EXC/HMO/IEA (R. 1/23) DC/CFBC/DOL APPEAL (R. 1/22) DC/CFBC/EXC/HMO/DOCS (R. 1/23) DC/CFBC/EXC/HMO HSA/GOLD 1600 (1/24) DC/CFBC/EXC/HMO HSA STD/BRZ 6350 (1/24) DC/CFBC/EXC/HMO STD/BRZ 7500 (1/24) DC/CFBC/EXC/HMO STD/GOLD 500 (1/24) DC/CFBC/EXC/HMO/NATAMER SOB (1/24) DC/CFBC/EXC/HMO STD/PLAT 0 (1/24) DC/CFBC/EXC/HMO STD/SIL 4850 (1/24) DC/CFBC/EXC/HMO STD/SIL 4850 A (1/24) DC/CFBC/EXC/HMO STD/SIL 4850 B (1/24) DC/CFBC/EXC/HMO STD/SIL 4850 C (1/24) DC/CFBC/EXC/NATAMER (1/14) DC/CFBC/MEM/BLCRD (R. 6/18) DC/CFBC/NO SURP ACT/AMEND (R. 1/23) DC/CFBC/CD/AUTH AMEND/HMO (R. 1/24) DC/CFBC/EXC/2024 AMEND (1/24) DC/CFBC/PT PROTECT (9/10) DC/CFBC/CD/HMO/INCENT (1/23)	<b>BlueChoice HMO Young Adult</b> DC/CFBC/EXC/HMO/IEA (R. 1/23) DC/CFBC/DOL APPEAL (R. 1/22) DC/CFBC/EXC/HMO/DOCS (R. 1/23) DC/CFBC/EXC/HMO/NATAMER SOB (1/24) DC/CFBC/EXC/HMO/ YA 9450 SOB (1/24) DC/CFBC/EXC/NATAMER (1/14) DC/CFBC/MEM/BLCRD (R. 6/18) DC/CFBC/NO SURP ACT/AMEND (R. 1/23) DC/CFBC/CD/AUTH AMEND/HMO (R. 1/24) DC/CFBC/EXC/2024 AMEND (1/24) DC/CFBC/PT PROTECT (9/10) DC/CFBC/CD/HMO/INCENT (1/23)

**Appendix - Experience by Service Category**

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Allowed	Incurred	Drug Rebates	Utilization Unit	Utilization
202001	44,512	Inpatient Hospital	\$3,265,722	\$3,100,835	\$3,265,722	\$3,100,835	\$0	Admits	193
202002	44,747	Inpatient Hospital	\$2,505,463	\$2,419,001	\$2,505,463	\$2,419,001	\$0	Admits	163
202003	45,242	Inpatient Hospital	\$2,787,771	\$2,678,818	\$2,787,771	\$2,678,818	\$0	Admits	170
202004	45,527	Inpatient Hospital	\$3,354,429	\$3,289,215	\$3,354,429	\$3,289,215	\$0	Admits	167
202005	45,537	Inpatient Hospital	\$3,234,863	\$3,158,496	\$3,234,863	\$3,158,496	\$0	Admits	213
202006	45,654	Inpatient Hospital	\$2,543,415	\$2,470,050	\$2,543,415	\$2,470,050	\$0	Admits	161
202007	45,692	Inpatient Hospital	\$6,253,515	\$6,170,515	\$6,253,514	\$6,170,514	\$0	Admits	154
202008	45,568	Inpatient Hospital	\$3,175,688	\$3,081,327	\$3,175,681	\$3,081,321	\$0	Admits	171
202009	45,879	Inpatient Hospital	\$3,334,335	\$3,226,327	\$3,334,200	\$3,226,197	\$0	Admits	170
202010	45,963	Inpatient Hospital	\$3,785,448	\$3,685,095	\$3,785,069	\$3,684,726	\$0	Admits	190
202011	46,151	Inpatient Hospital	\$3,950,693	\$3,811,230	\$3,949,645	\$3,810,212	\$0	Admits	205
202012	46,669	Inpatient Hospital	\$3,566,627	\$3,450,860	\$3,565,586	\$3,449,853	\$0	Admits	172
202101	46,744	Inpatient Hospital	\$2,918,443	\$2,778,068	\$2,917,266	\$2,776,959	\$0	Admits	171
202102	47,000	Inpatient Hospital	\$2,974,226	\$2,859,083	\$2,972,986	\$2,857,909	\$0	Admits	173
202103	47,185	Inpatient Hospital	\$4,008,538	\$3,886,493	\$4,006,751	\$3,884,770	\$0	Admits	196
202104	47,263	Inpatient Hospital	\$3,529,272	\$3,391,508	\$3,527,049	\$3,389,386	\$0	Admits	195
202105	47,283	Inpatient Hospital	\$3,938,657	\$3,821,419	\$3,935,307	\$3,818,174	\$0	Admits	171
202106	47,112	Inpatient Hospital	\$4,247,968	\$4,118,733	\$4,242,223	\$4,113,184	\$0	Admits	185
202107	47,361	Inpatient Hospital	\$3,302,865	\$3,198,099	\$3,296,650	\$3,192,078	\$0	Admits	150
202108	47,626	Inpatient Hospital	\$4,029,647	\$3,899,664	\$4,020,036	\$3,890,378	\$0	Admits	221
202109	47,874	Inpatient Hospital	\$3,769,194	\$3,626,520	\$3,759,292	\$3,617,026	\$0	Admits	297
202110	47,491	Inpatient Hospital	\$3,551,956	\$3,420,342	\$3,539,385	\$3,408,282	\$0	Admits	180
202111	47,541	Inpatient Hospital	\$3,529,212	\$3,384,745	\$3,511,675	\$3,368,005	\$0	Admits	209
202112	47,653	Inpatient Hospital	\$2,829,901	\$2,732,467	\$2,809,750	\$2,713,056	\$0	Admits	150
202201	47,521	Inpatient Hospital	\$4,176,129	\$3,997,540	\$4,140,404	\$3,963,541	\$0	Admits	210
202202	47,964	Inpatient Hospital	\$3,411,742	\$3,262,848	\$3,382,830	\$3,235,272	\$0	Admits	198
202203	48,012	Inpatient Hospital	\$3,098,057	\$3,011,983	\$3,063,816	\$2,978,698	\$0	Admits	192
202204	48,089	Inpatient Hospital	\$3,904,588	\$3,800,615	\$3,838,107	\$3,735,898	\$0	Admits	165
202205	48,250	Inpatient Hospital	\$3,801,327	\$3,665,343	\$3,726,608	\$3,593,287	\$0	Admits	193
202206	48,690	Inpatient Hospital	\$3,713,471	\$3,582,879	\$3,620,052	\$3,492,813	\$0	Admits	187
202207	49,027	Inpatient Hospital	\$4,370,301	\$4,230,760	\$4,225,001	\$4,090,125	\$0	Admits	187
202208	49,525	Inpatient Hospital	\$3,808,418	\$3,675,155	\$3,649,727	\$3,522,029	\$0	Admits	194
202209	50,009	Inpatient Hospital	\$4,721,470	\$4,571,316	\$4,460,267	\$4,318,319	\$0	Admits	263
202210	50,370	Inpatient Hospital	\$3,167,340	\$3,003,488	\$2,938,392	\$2,786,190	\$0	Admits	276
202211	50,672	Inpatient Hospital	\$3,398,482	\$3,248,990	\$3,073,410	\$2,938,102	\$0	Admits	255
202212	51,112	Inpatient Hospital	\$3,858,383	\$3,696,366	\$3,294,364	\$3,156,008	\$0	Admits	223
202301	50,551	Inpatient Hospital	\$2,548,876	\$2,403,507	\$1,897,517	\$1,788,572	\$0	Admits	177
202302	50,692	Inpatient Hospital	\$1,015,074	\$951,781	\$334,751	\$313,881	\$0	Admits	76

### Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Allowed	Incurred	Drug Rebates	Utilization Unit	Utilization
202001	44,512	Outpatient Hospital	\$3,467,214	\$2,864,059	\$3,467,214	\$2,864,059	\$0	Visits	2,718
202002	44,747	Outpatient Hospital	\$3,237,214	\$2,698,897	\$3,237,214	\$2,698,897	\$0	Visits	2,529
202003	45,242	Outpatient Hospital	\$2,823,071	\$2,416,386	\$2,823,071	\$2,416,386	\$0	Visits	2,341
202004	45,527	Outpatient Hospital	\$1,784,869	\$1,606,531	\$1,784,869	\$1,606,531	\$0	Visits	1,389
202005	45,537	Outpatient Hospital	\$2,481,220	\$2,219,321	\$2,481,220	\$2,219,321	\$0	Visits	1,840
202006	45,654	Outpatient Hospital	\$3,825,000	\$3,450,278	\$3,825,000	\$3,450,278	\$0	Visits	2,423
202007	45,692	Outpatient Hospital	\$3,570,570	\$3,127,882	\$3,570,570	\$3,127,882	\$0	Visits	2,665
202008	45,568	Outpatient Hospital	\$3,529,267	\$3,108,585	\$3,529,261	\$3,108,579	\$0	Visits	2,738
202009	45,879	Outpatient Hospital	\$4,137,385	\$3,671,297	\$4,137,215	\$3,671,148	\$0	Visits	2,956
202010	45,963	Outpatient Hospital	\$3,827,792	\$3,387,141	\$3,827,414	\$3,386,805	\$0	Visits	3,103
202011	46,151	Outpatient Hospital	\$3,623,633	\$3,210,075	\$3,622,645	\$3,209,192	\$0	Visits	2,984
202012	46,669	Outpatient Hospital	\$4,084,495	\$3,591,928	\$4,083,307	\$3,590,884	\$0	Visits	3,224
202101	46,744	Outpatient Hospital	\$3,445,297	\$2,939,565	\$3,444,244	\$2,938,680	\$0	Visits	2,936
202102	47,000	Outpatient Hospital	\$3,838,600	\$3,380,610	\$3,837,249	\$3,379,433	\$0	Visits	2,916
202103	47,185	Outpatient Hospital	\$4,573,441	\$4,020,417	\$4,571,479	\$4,018,723	\$0	Visits	3,966
202104	47,263	Outpatient Hospital	\$4,354,986	\$3,785,559	\$4,352,410	\$3,783,350	\$0	Visits	4,216
202105	47,283	Outpatient Hospital	\$4,640,261	\$4,089,270	\$4,636,257	\$4,085,747	\$0	Visits	3,705
202106	47,112	Outpatient Hospital	\$4,380,860	\$3,753,665	\$4,374,856	\$3,748,563	\$0	Visits	3,541
202107	47,361	Outpatient Hospital	\$4,404,262	\$3,918,112	\$4,395,616	\$3,910,434	\$0	Visits	3,416
202108	47,626	Outpatient Hospital	\$4,593,933	\$4,011,789	\$4,582,986	\$4,002,263	\$0	Visits	3,659
202109	47,874	Outpatient Hospital	\$4,208,736	\$3,712,423	\$4,197,945	\$3,702,955	\$0	Visits	3,513
202110	47,491	Outpatient Hospital	\$4,554,054	\$4,024,233	\$4,538,444	\$4,010,538	\$0	Visits	3,750
202111	47,541	Outpatient Hospital	\$4,709,947	\$4,177,813	\$4,686,783	\$4,157,318	\$0	Visits	3,608
202112	47,653	Outpatient Hospital	\$4,388,997	\$3,780,133	\$4,357,139	\$3,752,663	\$0	Visits	3,805
202201	47,521	Outpatient Hospital	\$4,134,936	\$3,578,955	\$4,099,218	\$3,548,079	\$0	Visits	3,346
202202	47,964	Outpatient Hospital	\$4,787,122	\$4,185,796	\$4,746,388	\$4,150,254	\$0	Visits	3,256
202203	48,012	Outpatient Hospital	\$4,997,476	\$4,336,109	\$4,942,151	\$4,288,118	\$0	Visits	3,714
202204	48,089	Outpatient Hospital	\$4,586,692	\$4,018,033	\$4,508,530	\$3,949,545	\$0	Visits	3,429
202205	48,250	Outpatient Hospital	\$4,755,015	\$4,161,279	\$4,661,718	\$4,079,628	\$0	Visits	3,680
202206	48,690	Outpatient Hospital	\$4,503,490	\$3,908,329	\$4,390,143	\$3,810,038	\$0	Visits	3,674
202207	49,027	Outpatient Hospital	\$4,842,451	\$4,308,673	\$4,681,567	\$4,165,540	\$0	Visits	3,423
202208	49,525	Outpatient Hospital	\$4,983,497	\$4,411,519	\$4,776,100	\$4,227,952	\$0	Visits	3,677
202209	50,009	Outpatient Hospital	\$5,072,228	\$4,479,830	\$4,790,537	\$4,230,804	\$0	Visits	3,459
202210	50,370	Outpatient Hospital	\$5,632,517	\$4,992,632	\$5,226,115	\$4,632,286	\$0	Visits	3,867
202211	50,672	Outpatient Hospital	\$5,850,644	\$5,200,526	\$5,290,462	\$4,702,469	\$0	Visits	3,820
202212	51,112	Outpatient Hospital	\$5,606,822	\$4,865,830	\$4,788,049	\$4,155,059	\$0	Visits	3,857
202301	50,551	Outpatient Hospital	\$6,163,344	\$5,224,640	\$4,593,133	\$3,892,671	\$0	Visits	4,390
202302	50,692	Outpatient Hospital	\$4,412,996	\$3,569,768	\$1,456,594	\$1,178,107	\$0	Visits	3,585

### Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Allowed	Incurred	Drug Rebates	Utilization Unit	Utilization
202001	44,512	Professional	\$6,988,510	\$5,231,177	\$6,988,510	\$5,231,177	\$0	Visits	47,253
202002	44,747	Professional	\$6,386,812	\$4,877,353	\$6,386,812	\$4,877,353	\$0	Visits	41,807
202003	45,242	Professional	\$5,447,362	\$4,272,672	\$5,447,362	\$4,272,672	\$0	Visits	35,817
202004	45,527	Professional	\$3,513,864	\$2,984,291	\$3,513,864	\$2,984,291	\$0	Visits	25,419
202005	45,537	Professional	\$4,507,040	\$3,794,880	\$4,507,040	\$3,794,880	\$0	Visits	30,445
202006	45,654	Professional	\$6,023,519	\$5,033,672	\$6,023,519	\$5,033,672	\$0	Visits	40,505
202007	45,692	Professional	\$6,675,617	\$5,540,117	\$6,675,617	\$5,540,117	\$0	Visits	44,355
202008	45,568	Professional	\$6,663,787	\$5,369,879	\$6,663,784	\$5,369,877	\$0	Visits	44,433
202009	45,879	Professional	\$7,300,809	\$5,917,357	\$7,300,516	\$5,917,125	\$0	Visits	51,195
202010	45,963	Professional	\$8,076,141	\$6,641,264	\$8,075,353	\$6,640,616	\$0	Visits	56,762
202011	46,151	Professional	\$7,537,936	\$6,188,153	\$7,535,876	\$6,186,452	\$0	Visits	51,511
202012	46,669	Professional	\$7,920,479	\$6,395,775	\$7,918,171	\$6,393,910	\$0	Visits	53,711
202101	46,744	Professional	\$7,538,041	\$5,981,544	\$7,535,631	\$5,979,663	\$0	Visits	53,718
202102	47,000	Professional	\$7,253,351	\$5,716,093	\$7,250,824	\$5,714,149	\$0	Visits	49,032
202103	47,185	Professional	\$8,881,050	\$7,043,712	\$8,877,217	\$7,040,718	\$0	Visits	62,008
202104	47,263	Professional	\$8,640,255	\$6,905,268	\$8,635,101	\$6,901,194	\$0	Visits	59,564
202105	47,283	Professional	\$7,864,293	\$6,234,622	\$7,857,533	\$6,229,279	\$0	Visits	51,772
202106	47,112	Professional	\$8,249,592	\$6,474,628	\$8,238,608	\$6,466,126	\$0	Visits	52,340
202107	47,361	Professional	\$7,821,049	\$6,224,175	\$7,805,755	\$6,212,116	\$0	Visits	51,563
202108	47,626	Professional	\$8,686,779	\$7,035,101	\$8,666,194	\$7,018,503	\$0	Visits	56,934
202109	47,874	Professional	\$8,921,777	\$7,266,230	\$8,898,901	\$7,247,678	\$0	Visits	60,562
202110	47,491	Professional	\$8,875,096	\$7,238,794	\$8,844,591	\$7,214,078	\$0	Visits	61,451
202111	47,541	Professional	\$8,717,365	\$7,062,823	\$8,675,352	\$7,028,968	\$0	Visits	57,751
202112	47,653	Professional	\$9,583,550	\$7,866,959	\$9,514,707	\$7,810,573	\$0	Visits	62,992
202201	47,521	Professional	\$8,656,945	\$6,866,492	\$8,583,133	\$6,808,262	\$0	Visits	59,050
202202	47,964	Professional	\$8,184,981	\$6,393,924	\$8,115,931	\$6,340,142	\$0	Visits	51,601
202203	48,012	Professional	\$9,283,739	\$7,322,224	\$9,181,020	\$7,241,251	\$0	Visits	58,336
202204	48,089	Professional	\$8,789,202	\$7,058,689	\$8,639,331	\$6,938,176	\$0	Visits	53,068
202205	48,250	Professional	\$8,941,222	\$7,229,029	\$8,765,757	\$7,086,995	\$0	Visits	55,215
202206	48,690	Professional	\$8,841,543	\$7,158,526	\$8,618,760	\$6,978,311	\$0	Visits	53,545
202207	49,027	Professional	\$8,174,173	\$6,626,691	\$7,902,555	\$6,406,589	\$0	Visits	49,569
202208	49,525	Professional	\$9,080,020	\$7,292,536	\$8,701,878	\$6,988,899	\$0	Visits	56,242
202209	50,009	Professional	\$9,065,937	\$7,296,364	\$8,563,347	\$6,891,486	\$0	Visits	57,150
202210	50,370	Professional	\$9,376,153	\$7,585,840	\$8,700,262	\$7,038,627	\$0	Visits	60,935
202211	50,672	Professional	\$9,333,376	\$7,538,647	\$8,440,038	\$6,816,676	\$0	Visits	58,629
202212	51,112	Professional	\$9,029,717	\$7,098,016	\$7,711,154	\$6,061,248	\$0	Visits	54,371
202301	50,551	Professional	\$10,202,314	\$7,847,460	\$7,600,289	\$5,844,056	\$0	Visits	63,141
202302	50,692	Professional	\$10,760,688	\$8,278,576	\$3,553,145	\$2,732,396	\$0	Visits	70,495

### Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Allowed	Incurred	Drug Rebates	Utilization Unit	Utilization
202001	44,512	Other Medical	\$1,162,408	\$1,026,280	\$1,162,408	\$1,026,280	\$0	Services	4,734
202002	44,747	Other Medical	\$961,488	\$841,275	\$961,488	\$841,275	\$0	Services	4,305
202003	45,242	Other Medical	\$1,104,545	\$1,013,526	\$1,104,545	\$1,013,526	\$0	Services	3,541
202004	45,527	Other Medical	\$953,138	\$877,448	\$953,138	\$877,448	\$0	Services	2,528
202005	45,537	Other Medical	\$1,005,948	\$922,346	\$1,005,948	\$922,346	\$0	Services	3,076
202006	45,654	Other Medical	\$1,044,189	\$941,607	\$1,044,189	\$941,607	\$0	Services	4,648
202007	45,692	Other Medical	\$1,286,937	\$1,160,494	\$1,286,937	\$1,160,494	\$0	Services	4,962
202008	45,568	Other Medical	\$1,031,052	\$950,215	\$1,031,051	\$950,213	\$0	Services	4,810
202009	45,879	Other Medical	\$1,252,009	\$1,154,780	\$1,251,958	\$1,154,733	\$0	Services	5,257
202010	45,963	Other Medical	\$1,310,940	\$1,180,731	\$1,310,810	\$1,180,614	\$0	Services	5,114
202011	46,151	Other Medical	\$1,252,850	\$1,155,419	\$1,252,509	\$1,155,104	\$0	Services	3,816
202012	46,669	Other Medical	\$1,287,485	\$1,136,534	\$1,287,110	\$1,136,204	\$0	Services	4,456
202101	46,744	Other Medical	\$1,141,008	\$1,008,371	\$1,140,649	\$1,008,063	\$0	Services	4,144
202102	47,000	Other Medical	\$1,109,702	\$991,535	\$1,109,331	\$991,207	\$0	Services	4,373
202103	47,185	Other Medical	\$1,413,037	\$1,283,588	\$1,412,439	\$1,283,050	\$0	Services	5,449
202104	47,263	Other Medical	\$1,240,914	\$1,116,299	\$1,240,175	\$1,115,640	\$0	Services	4,921
202105	47,283	Other Medical	\$1,253,070	\$1,135,211	\$1,252,000	\$1,134,242	\$0	Services	4,490
202106	47,112	Other Medical	\$1,494,912	\$1,367,133	\$1,492,939	\$1,365,329	\$0	Services	5,140
202107	47,361	Other Medical	\$1,245,598	\$1,143,400	\$1,243,169	\$1,141,175	\$0	Services	4,688
202108	47,626	Other Medical	\$1,405,672	\$1,280,009	\$1,402,340	\$1,276,981	\$0	Services	5,480
202109	47,874	Other Medical	\$1,280,222	\$1,130,609	\$1,276,951	\$1,127,729	\$0	Services	4,807
202110	47,491	Other Medical	\$1,258,978	\$1,151,661	\$1,254,623	\$1,147,678	\$0	Services	4,780
202111	47,541	Other Medical	\$1,307,691	\$1,181,143	\$1,301,519	\$1,175,577	\$0	Services	5,001
202112	47,653	Other Medical	\$1,553,022	\$1,374,864	\$1,542,009	\$1,365,101	\$0	Services	4,903
202201	47,521	Other Medical	\$1,471,571	\$1,300,418	\$1,458,944	\$1,289,314	\$0	Services	5,148
202202	47,964	Other Medical	\$1,659,627	\$1,484,419	\$1,645,664	\$1,471,949	\$0	Services	5,835
202203	48,012	Other Medical	\$1,797,689	\$1,603,115	\$1,777,812	\$1,585,392	\$0	Services	7,036
202204	48,089	Other Medical	\$1,678,520	\$1,515,647	\$1,649,827	\$1,489,717	\$0	Services	6,646
202205	48,250	Other Medical	\$3,889,154	\$3,717,381	\$3,812,461	\$3,644,051	\$0	Services	6,590
202206	48,690	Other Medical	\$2,088,673	\$1,906,353	\$2,036,144	\$1,858,435	\$0	Services	7,256
202207	49,027	Other Medical	\$1,740,897	\$1,586,161	\$1,683,053	\$1,533,467	\$0	Services	6,372
202208	49,525	Other Medical	\$2,028,832	\$1,834,557	\$1,944,380	\$1,758,201	\$0	Services	8,033
202209	50,009	Other Medical	\$2,090,858	\$1,915,656	\$1,974,656	\$1,809,185	\$0	Services	7,441
202210	50,370	Other Medical	\$1,956,057	\$1,782,516	\$1,814,939	\$1,653,867	\$0	Services	7,945
202211	50,672	Other Medical	\$2,017,756	\$1,830,067	\$1,824,563	\$1,654,806	\$0	Services	8,123
202212	51,112	Other Medical	\$1,969,916	\$1,739,229	\$1,682,073	\$1,485,076	\$0	Services	8,019
202301	50,551	Other Medical	\$2,327,675	\$2,036,146	\$1,734,176	\$1,516,771	\$0	Services	9,415
202302	50,692	Other Medical	\$2,062,828	\$1,811,585	\$680,960	\$597,812	\$0	Services	10,564



### Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Allowed	Incurred	Drug Rebates	Utilization Unit	Utilization
202001	44,512	Prescription Drug	\$4,866,175	\$4,134,527	\$4,866,175	\$4,134,527	\$835,409	Scripts	29,846
202002	44,747	Prescription Drug	\$4,893,980	\$4,351,267	\$4,893,980	\$4,351,267	\$897,313	Scripts	28,145
202003	45,242	Prescription Drug	\$5,838,734	\$5,248,591	\$5,838,734	\$5,248,591	\$1,124,696	Scripts	31,845
202004	45,527	Prescription Drug	\$5,268,146	\$4,826,968	\$5,268,146	\$4,826,968	\$1,082,998	Scripts	24,474
202005	45,537	Prescription Drug	\$5,154,824	\$4,738,746	\$5,154,824	\$4,738,746	\$1,029,778	Scripts	24,680
202006	45,654	Prescription Drug	\$5,362,460	\$4,927,667	\$5,362,460	\$4,927,667	\$1,110,910	Scripts	26,073
202007	45,692	Prescription Drug	\$5,537,106	\$5,072,976	\$5,537,106	\$5,072,976	\$1,076,336	Scripts	26,523
202008	45,568	Prescription Drug	\$5,260,065	\$4,850,101	\$5,260,065	\$4,850,101	\$1,043,344	Scripts	25,979
202009	45,879	Prescription Drug	\$5,226,365	\$4,798,385	\$5,226,365	\$4,798,385	\$1,047,962	Scripts	26,437
202010	45,963	Prescription Drug	\$5,875,175	\$5,410,005	\$5,875,175	\$5,410,005	\$1,115,048	Scripts	27,031
202011	46,151	Prescription Drug	\$5,140,287	\$4,718,370	\$5,140,287	\$4,718,370	\$1,071,574	Scripts	25,445
202012	46,669	Prescription Drug	\$5,504,975	\$4,923,687	\$5,504,975	\$4,923,687	\$1,082,865	Scripts	27,781
202101	46,744	Prescription Drug	\$5,308,407	\$4,636,086	\$5,308,407	\$4,636,086	\$1,069,860	Scripts	27,157
202102	47,000	Prescription Drug	\$5,082,111	\$4,571,753	\$5,082,111	\$4,571,753	\$1,080,536	Scripts	26,283
202103	47,185	Prescription Drug	\$6,267,768	\$5,673,236	\$6,267,768	\$5,673,236	\$1,339,986	Scripts	33,344
202104	47,263	Prescription Drug	\$6,029,152	\$5,556,416	\$6,029,152	\$5,556,416	\$1,281,782	Scripts	37,254
202105	47,283	Prescription Drug	\$5,679,988	\$5,221,330	\$5,679,988	\$5,221,330	\$1,211,383	Scripts	32,575
202106	47,112	Prescription Drug	\$5,940,448	\$5,453,629	\$5,940,448	\$5,453,629	\$1,264,700	Scripts	30,873
202107	47,361	Prescription Drug	\$5,945,035	\$5,465,864	\$5,945,035	\$5,465,864	\$1,283,168	Scripts	29,792
202108	47,626	Prescription Drug	\$6,054,803	\$5,549,810	\$6,054,803	\$5,549,810	\$1,375,476	Scripts	30,956
202109	47,874	Prescription Drug	\$5,944,931	\$5,461,549	\$5,944,931	\$5,461,549	\$1,307,609	Scripts	29,696
202110	47,491	Prescription Drug	\$6,157,023	\$5,675,902	\$6,157,023	\$5,675,902	\$1,327,348	Scripts	31,104
202111	47,541	Prescription Drug	\$6,466,084	\$5,995,156	\$6,466,084	\$5,995,156	\$1,346,998	Scripts	35,876
202112	47,653	Prescription Drug	\$6,772,337	\$6,130,738	\$6,772,337	\$6,130,738	\$1,344,149	Scripts	36,072
202201	47,521	Prescription Drug	\$6,386,950	\$5,700,576	\$6,386,950	\$5,700,576	\$1,451,348	Scripts	32,137
202202	47,964	Prescription Drug	\$5,890,854	\$5,317,258	\$5,890,854	\$5,317,258	\$1,354,634	Scripts	27,644
202203	48,012	Prescription Drug	\$7,224,013	\$6,616,392	\$7,224,013	\$6,616,392	\$1,609,797	Scripts	31,537
202204	48,089	Prescription Drug	\$6,335,298	\$5,827,403	\$6,335,298	\$5,827,403	\$1,488,867	Scripts	30,694
202205	48,250	Prescription Drug	\$6,813,855	\$6,340,553	\$6,813,855	\$6,340,553	\$1,595,735	Scripts	32,798
202206	48,690	Prescription Drug	\$7,084,726	\$6,597,099	\$7,084,726	\$6,597,099	\$1,627,626	Scripts	32,220
202207	49,027	Prescription Drug	\$6,570,161	\$6,096,876	\$6,570,161	\$6,096,876	\$1,584,502	Scripts	30,961
202208	49,525	Prescription Drug	\$7,073,881	\$6,592,613	\$7,073,881	\$6,592,613	\$1,726,117	Scripts	32,223
202209	50,009	Prescription Drug	\$6,787,835	\$6,321,235	\$6,787,835	\$6,321,235	\$1,625,315	Scripts	34,381
202210	50,370	Prescription Drug	\$6,728,582	\$6,245,829	\$6,728,582	\$6,245,829	\$1,666,443	Scripts	37,523
202211	50,672	Prescription Drug	\$7,167,230	\$6,672,886	\$7,167,230	\$6,672,886	\$1,729,771	Scripts	35,007
202212	51,112	Prescription Drug	\$7,142,619	\$6,531,293	\$7,142,619	\$6,531,293	\$1,645,866	Scripts	36,453
202301	50,551	Prescription Drug	\$7,541,784	\$6,708,690	\$7,541,784	\$6,708,690	\$1,955,257	Scripts	34,274
202302	50,692	Prescription Drug	\$7,271,131	\$6,584,412	\$7,271,131	\$6,584,412	\$1,915,620	Scripts	32,309

### Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Allowed	Incurred	Drug Rebates	Utilization Unit	Utilization
202001	44,512	Capitations	\$40,919	\$40,919	\$40,919	\$40,919	\$0	Benefit Period	44,512
202002	44,747	Capitations	\$41,104	\$41,104	\$41,104	\$41,104	\$0	Benefit Period	44,747
202003	45,242	Capitations	\$43,108	\$43,108	\$43,108	\$43,108	\$0	Benefit Period	45,242
202004	45,527	Capitations	\$42,709	\$42,709	\$42,709	\$42,709	\$0	Benefit Period	45,527
202005	45,537	Capitations	\$41,980	\$41,980	\$41,980	\$41,980	\$0	Benefit Period	45,537
202006	45,654	Capitations	\$41,347	\$41,347	\$41,347	\$41,347	\$0	Benefit Period	45,654
202007	45,692	Capitations	\$42,165	\$42,165	\$42,165	\$42,165	\$0	Benefit Period	45,692
202008	45,568	Capitations	\$41,286	\$41,286	\$41,286	\$41,286	\$0	Benefit Period	45,568
202009	45,879	Capitations	\$41,555	\$41,555	\$41,555	\$41,555	\$0	Benefit Period	45,879
202010	45,963	Capitations	\$41,600	\$41,600	\$41,600	\$41,600	\$0	Benefit Period	45,963
202011	46,151	Capitations	\$41,719	\$41,719	\$41,719	\$41,719	\$0	Benefit Period	46,151
202012	46,669	Capitations	\$42,132	\$42,132	\$42,132	\$42,132	\$0	Benefit Period	46,669
202101	46,744	Capitations	\$42,300	\$42,300	\$42,300	\$42,300	\$0	Benefit Period	46,744
202102	47,000	Capitations	\$42,526	\$42,526	\$42,526	\$42,526	\$0	Benefit Period	47,000
202103	47,185	Capitations	\$42,711	\$42,711	\$42,711	\$42,711	\$0	Benefit Period	47,185
202104	47,263	Capitations	\$42,779	\$42,779	\$42,779	\$42,779	\$0	Benefit Period	47,263
202105	47,283	Capitations	\$42,740	\$42,740	\$42,740	\$42,740	\$0	Benefit Period	47,283
202106	47,112	Capitations	\$42,573	\$42,573	\$42,573	\$42,573	\$0	Benefit Period	47,112
202107	47,361	Capitations	\$42,770	\$42,770	\$42,770	\$42,770	\$0	Benefit Period	47,361
202108	47,626	Capitations	\$42,998	\$42,998	\$42,998	\$42,998	\$0	Benefit Period	47,626
202109	47,874	Capitations	\$43,246	\$43,246	\$43,246	\$43,246	\$0	Benefit Period	47,874
202110	47,491	Capitations	\$42,542	\$42,542	\$42,542	\$42,542	\$0	Benefit Period	47,491
202111	47,541	Capitations	\$42,535	\$42,535	\$42,535	\$42,535	\$0	Benefit Period	47,541
202112	47,653	Capitations	\$42,545	\$42,545	\$42,545	\$42,545	\$0	Benefit Period	47,653
202201	47,521	Capitations	\$41,681	\$41,681	\$41,681	\$41,681	\$0	Benefit Period	47,521
202202	47,964	Capitations	\$42,099	\$42,099	\$42,099	\$42,099	\$0	Benefit Period	47,964
202203	48,012	Capitations	\$42,076	\$42,076	\$42,076	\$42,076	\$0	Benefit Period	48,012
202204	48,089	Capitations	\$42,090	\$42,090	\$42,090	\$42,090	\$0	Benefit Period	48,089
202205	48,250	Capitations	\$42,204	\$42,204	\$42,204	\$42,204	\$0	Benefit Period	48,250
202206	48,690	Capitations	\$42,540	\$42,540	\$42,540	\$42,540	\$0	Benefit Period	48,690
202207	49,027	Capitations	\$42,796	\$42,796	\$42,796	\$42,796	\$0	Benefit Period	49,027
202208	49,525	Capitations	\$43,206	\$43,206	\$43,206	\$43,206	\$0	Benefit Period	49,525
202209	50,009	Capitations	\$43,605	\$43,605	\$43,605	\$43,605	\$0	Benefit Period	50,009
202210	50,370	Capitations	\$43,882	\$43,882	\$43,882	\$43,882	\$0	Benefit Period	50,370
202211	50,672	Capitations	\$44,068	\$44,068	\$44,068	\$44,068	\$0	Benefit Period	50,672
202212	51,112	Capitations	\$44,410	\$44,410	\$44,410	\$44,410	\$0	Benefit Period	51,112
202301	50,551	Capitations	\$35,982	\$35,982	\$35,982	\$35,982	\$0	Benefit Period	50,551
202302	50,692	Capitations	\$36,051	\$36,051	\$36,051	\$36,051	\$0	Benefit Period	50,692

### Appendix - Total Experience

Month	Members	Contracts	Ultimate Allowed	Drug Rebates	Post-Rx Rebate Ultimate Allowed	Post-Rx Rebate Ultimate Incurred	Premium	Loss Ratio
202001	44,512	28,404	\$19,790,948	\$835,409	\$18,955,540	\$15,562,390	\$21,133,099	73.6%
202002	44,747	28,555	\$18,026,060	\$897,313	\$17,128,748	\$14,331,584	\$21,363,310	67.1%
202003	45,242	28,881	\$18,044,591	\$1,124,696	\$16,919,895	\$14,548,405	\$21,599,412	67.4%
202004	45,527	29,102	\$14,917,155	\$1,082,998	\$13,834,157	\$12,544,164	\$21,770,801	57.6%
202005	45,537	29,061	\$16,425,875	\$1,029,778	\$15,396,097	\$13,845,991	\$21,758,892	63.6%
202006	45,654	29,117	\$18,839,931	\$1,110,910	\$17,729,020	\$15,753,711	\$22,101,592	71.3%
202007	45,692	29,119	\$23,365,910	\$1,076,336	\$22,289,574	\$20,037,812	\$22,214,053	90.2%
202008	45,568	29,052	\$19,701,146	\$1,043,344	\$18,657,802	\$16,358,049	\$22,214,694	73.6%
202009	45,879	29,177	\$21,292,457	\$1,047,962	\$20,244,495	\$17,761,738	\$19,583,293	90.7%
202010	45,963	29,204	\$22,917,097	\$1,115,048	\$21,802,049	\$19,230,789	\$22,526,004	85.4%
202011	46,151	29,257	\$21,547,116	\$1,071,574	\$20,475,543	\$18,053,392	\$22,457,985	80.4%
202012	46,669	29,491	\$22,406,194	\$1,082,865	\$21,323,329	\$18,458,052	\$23,192,662	79.6%
202101	46,744	29,682	\$20,393,497	\$1,069,860	\$19,323,638	\$16,316,074	\$23,380,116	69.8%
202102	47,000	29,871	\$20,300,516	\$1,080,536	\$19,219,980	\$16,481,064	\$23,459,814	70.3%
202103	47,185	29,984	\$25,186,545	\$1,339,986	\$23,846,559	\$20,610,172	\$23,535,780	87.6%
202104	47,263	29,985	\$23,837,358	\$1,281,782	\$22,555,576	\$19,516,047	\$23,596,813	82.7%
202105	47,283	30,006	\$23,419,010	\$1,211,383	\$22,207,627	\$19,333,209	\$23,574,947	82.0%
202106	47,112	29,895	\$24,356,353	\$1,264,700	\$23,091,653	\$19,945,662	\$23,520,703	84.8%
202107	47,361	30,037	\$22,761,579	\$1,283,168	\$21,478,411	\$18,709,253	\$23,652,675	79.1%
202108	47,626	30,199	\$24,813,832	\$1,375,476	\$23,438,357	\$20,443,896	\$23,681,206	86.3%
202109	47,874	30,359	\$24,168,106	\$1,307,609	\$22,860,496	\$19,932,968	\$23,829,286	83.6%
202110	47,491	29,938	\$24,439,649	\$1,327,348	\$23,112,300	\$20,226,125	\$23,475,096	86.2%
202111	47,541	29,955	\$24,772,834	\$1,346,998	\$23,425,837	\$20,497,217	\$23,759,942	86.3%
202112	47,653	29,983	\$25,170,351	\$1,344,149	\$23,826,203	\$20,583,556	\$23,889,599	86.2%
202201	47,521	29,934	\$24,868,211	\$1,451,348	\$23,416,863	\$20,034,313	\$24,096,157	83.1%
202202	47,964	30,297	\$23,976,423	\$1,354,634	\$22,621,789	\$19,331,710	\$24,257,341	79.7%
202203	48,012	30,255	\$26,443,051	\$1,609,797	\$24,833,255	\$21,322,102	\$24,333,196	87.6%
202204	48,089	30,242	\$25,336,390	\$1,488,867	\$23,847,523	\$20,773,610	\$24,456,302	84.9%
202205	48,250	30,278	\$28,242,778	\$1,595,735	\$26,647,043	\$23,560,053	\$24,538,231	96.0%
202206	48,690	30,581	\$26,274,442	\$1,627,626	\$24,646,815	\$21,568,100	\$24,795,729	87.0%
202207	49,027	30,753	\$25,740,779	\$1,584,502	\$24,156,277	\$21,307,455	\$24,916,708	85.5%
202208	49,525	30,984	\$27,017,855	\$1,726,117	\$25,291,738	\$22,123,469	\$25,132,820	88.0%
202209	50,009	31,223	\$27,781,934	\$1,625,315	\$26,156,620	\$23,002,691	\$25,417,875	90.5%
202210	50,370	31,401	\$26,904,530	\$1,666,443	\$25,238,087	\$21,987,745	\$25,625,646	85.8%
202211	50,672	31,571	\$27,811,556	\$1,729,771	\$26,081,785	\$22,805,412	\$25,823,644	88.3%
202212	51,112	31,811	\$27,651,866	\$1,645,866	\$26,006,000	\$22,329,278	\$26,163,229	85.3%
202301	50,551	31,600	\$28,819,974	\$1,955,257	\$26,864,717	\$22,301,168	\$26,895,780	82.9%
202302	50,692	31,711	\$25,558,767	\$1,915,620	\$23,643,147	\$19,316,553	\$26,936,829	71.7%

**DC BlueChoice Small Group & Individual Combined (Individual)**  
**Exhibit 1 - Market Adjusted Index Rate Summary**

		<b>2024</b>	<b>2023</b>	<b>% Change</b>
(1)	Base Period Total Allowed	\$507.34	\$469.36	8.1%
(2)	Base Period Non-EHB PMPM	\$0.15	\$0.30	-47.9%
(3)	Experience Period Index Rate	\$507.18	\$469.06	8.1%
(4)	Change in Morbidity	1.0152	1.0383	-2.2%
(5)	Additional Population Adjustment	1.0000	1.0000	0.0%
(6)	Induced Demand	0.9960	0.9964	0.0%
(7)	Projection Period Utilization and Network Adjustment	1.0000	1.0000	0.0%
(8)	Demographic Adjustment	0.9986	0.9973	0.1%
(9)	Area Adjustment	1.0000	1.0000	0.0%
(10)	Additional "Other" Adjustments	0.9966	0.9873	0.9%
(11)	Annualized Trend	6.5%	5.4%	
(12)	Months of Trend	24	24.0	
(13)	Unit cost & Utilization/1,000 Trend Factor	1.1333	1.1100	2.1%
(14)	Projection Period Index Rate	\$578.44	\$530.41	9.1%
(15)	Risk Adjustment Program	1.3292	1.3124	1.3%
(16)	Federal Exchange User Fee	1.0000	1.0000	0.0%
(17)	Market Adjusted Index Rate	\$768.86	\$696.10	10.5%
	Without Risk Adjustment	\$578.44	\$530.41	9.1%
	Base Rate Change	18.5%	15.0%	

2024 DC Individual BlueChoice  
Plan Adjusted Index Rate Changes

Index		HIOS Plan ID		Plan Name		Type	Metallic Tier	On/Off	Projected Members - 12/2023	Market Adjusted Index Rate			Benefits			Network			Induced Utilization			HSA Factor			Non-EHB			Catastrophic Adjustment			Admin			Age Calibration			Total Change					
										2024	2023	Change	2024	2023	Change	2024	2023	Change	2024	2023	Change	2024	2023	Change	2024	2023	Change	2024	2023	Change	2024	2023	Change	2024	2023	Change	2024	2023	Change	2024	2023	Change
1	86052DC0400001	BlueChoice HMO Standard Silver \$4,850	HMO	SILVER	On	752	\$768.86	\$696.10	10.45%	0.799	0.753	6.07%	0.936	0.943	-0.79%	0.958	0.960	-0.19%	1.000	1.000	0.00%	1.004	1.005	-0.06%	1.000	1.000	0.00%	1.166	1.155	0.95%	0.948	0.949	-0.15%	\$610.90	\$522.71	16.87%						
2	86052DC0400002	BlueChoice HMO Standard Gold \$500	HMO	GOLD	On	286	\$768.86	\$696.10	10.45%	0.945	0.901	4.95%	0.936	0.943	-0.79%	0.998	1.000	-0.20%	1.000	1.000	0.00%	1.004	1.004	-0.05%	1.000	1.000	0.00%	1.166	1.155	0.95%	0.948	0.949	-0.15%	\$752.90	\$651.05	15.64%						
3	86052DC0400004	BlueChoice HMO Young Adult \$9,450	HMO	CATASTROPHIC	On	350	\$768.86	\$696.10	10.45%	0.663	0.632	4.76%	0.936	0.943	-0.79%	0.924	0.926	-0.20%	1.000	1.000	0.00%	1.006	1.009	-0.30%	0.723	0.500	44.52%	1.166	1.155	0.95%	0.948	0.949	-0.15%	\$353.96	\$212.70	66.41%						
4	86052DC0400007	BlueChoice HMO Standard Bronze \$7,500	HMO	BRONZE	On	510	\$768.86	\$696.10	10.45%	0.730	0.685	6.42%	0.936	0.943	-0.79%	0.924	0.926	-0.20%	1.000	1.000	0.00%	1.004	1.005	-0.07%	1.000	1.000	0.00%	1.166	1.155	0.95%	0.948	0.949	-0.15%	\$538.48	\$459.26	17.25%						
5	86052DC0400008	BlueChoice HMO Standard Platinum \$0	HMO	PLATINUM	On	100	\$768.86	\$696.10	10.45%	1.014	0.978	3.66%	0.936	0.943	-0.79%	1.063	1.065	-0.20%	1.000	1.000	0.00%	1.003	1.004	-0.04%	1.000	1.000	0.00%	1.166	1.155	0.95%	0.948	0.949	-0.15%	\$859.88	\$752.72	14.24%						
6	86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,350	HMO	BRONZE	On	819	\$768.86	\$696.10	10.45%	0.693	0.666	4.14%	0.936	0.943	-0.79%	0.924	0.926	-0.20%	1.000	1.000	0.00%	1.005	1.005	-0.06%	1.000	1.000	0.00%	1.166	1.155	0.95%	0.948	0.949	-0.15%	\$511.77	\$446.02	14.74%						
7	86052DC0400011	BlueChoice HMO HSA Gold \$1,600	HMO	GOLD	On	163	\$768.86	\$696.10	10.45%	0.870	0.836	4.16%	0.936	0.943	-0.79%	0.998	1.000	-0.20%	1.000	1.000	0.00%	1.004	1.004	-0.05%	1.000	1.000	0.00%	1.166	1.155	0.95%	0.948	0.949	-0.15%	\$693.44	\$604.17	14.78%						
2,980										\$768.86	\$696.10	10.45%	0.767	0.730	5.15%	0.936	0.943	-0.79%	0.949	0.950	-0.19%	1.00	1.00	0.00%	1.004	1.005	-0.09%	0.967	0.941	5.23%	1.166	1.155	0.95%	0.948	0.949	-0.15%	\$567.58	\$478.86	18.5%			

Key Drivers:

- 1.) Increase in the base period experience of the combined pool
- 2.) Trend
- 3.) Lower projected changes in pool morbidity
- 4.) Higher projected risk adjustment payable
- 5.) Higher projected cost for the Catastrophic plan
- 6.) Increases in assumed plan actuarial values

May 1, 2023

Mr. Efren Tanhehco  
Supervisory Health Actuary  
Department of Insurance, Securities and Banking



Re: CareFirst BlueChoice, Inc. Individual, Non-Medigap Rate Filing Cover Letter

Mr. Tanhehco,

In accordance with DISB requirements this letter has been submitted as cover for our 2024 ACA plan rate filing submitted 5/1/2023. Please note the required information below:

- a. **Company Name:** CareFirst BlueChoice, Inc. (CFBC)
- b. **NAIC Company Code:** 96202
- c. **Unique Company Filing Number:** 2704
- d. **Date Submitted:** 5/1/2023
- e. **Proposed Effective Date:** 1/1/2024
- f. **Type of Product:** HMO – On Exchange
- g. **Individual or Group:** Individual, Non-Medigap
- h. **Scope and Purpose of Filing:** This filing has been submitted to propose the rate actions listed below in section k for all non-grandfathered ACA compliant plans offered by CFBC.
- i. **Indication Whether Initial Filing or Change:** This filing proposes a change to existing rates (from our previous SERFF Filing #CFAP-133216949).
- j. **Indication if no DC Policyholders:** This filing proposes rate actions to our plans sold in DC. DC policyholders of CFBC ACA plans will be impacted.
- k. **Overall Premium Impact of Filing on DC Policyholders:** Proposed average rate increase for 2024 is 18.5%.
- l. **Contact Information:**
  - a. Name: Cory Bream, ASA, MAAA
  - b. Telephone Number: 410-998-5308
  - c. Email: [cory.bream@Carefirst.com](mailto:cory.bream@Carefirst.com)
  - d. Fax: 410-505-2192

For further detail and support for the rate actions proposed above please reference the Actuarial Memorandum submitted on 5/1/2023.

Sincerely,

Cory  
Bream

Digitally signed  
by Cory Bream  
Date: 2023.04.28  
13:21:19 -04'00'

Cory Bream, ASA, MAAA  
Assistant Actuary

# DC BlueChoice

## 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	BlueChoice Inc.
SERFF tracking number	CFAP-133618179
Submission Date	5/1/2023
Product Name	BlueChoice

Market Type: ☒ Individual ☐ Small Group

Rate Filing Type: ☒ Rate Increase ☐ New Filing

### Scope and Range of the Increase:

The 18.5 % increase is requested because:

The main drivers supporting the rate change are 1) increase in the base period claims experience of the combined pool, 2) trend, 3) lower projected changes in pool morbidity, 4) higher projected risk adjustment payable, 5) higher projected cost for the Catastrophic plan, and 6) increases in assumed plan actuarial values.

This filing will impact:

# of policyholder’s 2,469 # of covered lives 2,980

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 18.5 %
- Minimum Rate Change: The smallest premium increase (or largest decrease), by percentage, that any one policy holder would experience if the filing is approved 14.2 %
- Maximum Rate Change: The largest premium increase, by percentage, that any one policy holder would experience if the filing is approved 85.0 %

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

Product selection, changes in age factors, and changes in family composition.

### Financial Experience of Product

The overall financial experience of the product includes:

In 2022, a total of \$20.7 million in premium was collected and \$16.3 million in claims were paid out, along with \$5.2 million paid in risk adjustment, for a loss ratio of 103.9%. However, the rate increase of the product is driven partially by the combined Individual and Small group experience, which collected \$299.6 million in premium and paid out \$260.1 million in claims and paid \$15.8 million in risk adjustment for a loss ratio of 92.1%.

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

The proposed rate increases are aimed to bring the combined loss ratio for Individual/Small Group to a projected 80.7%.



Components of Increase

The request is made up of the following components:

<b>Trend Increases –</b>	6.5	% of the	18.5	% 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	2.3	% of the	18.5	% 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	4.0	% of the	18.5	% total filed increase.

<b>Other Increases –</b>	11.3	% of the	18.5	% 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	18.5	% 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	4.6	% of the	18.5	% 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	-3.2	% of the	18.5	% 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	4.6	% of the	18.5	% total filed increase.
5. Other – Defined as:				
An increase in the Risk Adjustment transfer to PPO and an increase to the Catastrophic factor.				
This component is	5.1	% of the	18.5	% total filed increase.

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Unified Rate Review v6.0

Company Legal Name:CareFirst BlueChoice, Inc.

HIOS Issuer ID:86052

State:DC

Effective Date of Rate Change(s):1/1/2024

Market:Individual

Market Level Calculations (Same for all Plans)

Section I: Experience Period Data

Experience Period:1/1/2022

to12/31/2022

TotalPMPM

Allowed Claims	\$298,943,794.32	\$6,823.33
Reinsurance	\$0.00	\$0.00
Incurred Claims in Experience Period	\$260,145,937.81	\$5,937.78
Risk Adjustment	-\$15,829,918.81	-\$361.31
Experience Period Premium	\$299,556,877.15	\$6,837.32
Experience Period Member Months	43,812	

Section II: Projections

Benefit Category	Experience Period Index Rate PMPM	Year 1 Trend		Year 2 Trend		Trended EHB Allowed Claims PMPM
		Cost	Utilization	Cost	Utilization	
Inpatient Hospital	\$77.10	0.994	1.030	0.994	1.030	\$80.82
Outpatient Hospital	\$101.38	1.063	1.017	1.063	1.017	\$118.48
Professional	\$181.13	1.032	1.012	1.032	1.012	\$197.57
Other Medical	\$41.39	0.987	1.044	0.987	1.044	\$43.95
Capitation	\$0.81	1.000	1.000	1.000	1.000	\$0.81
Prescription Drug	\$105.39	1.088	1.032	1.088	1.032	\$132.87
Total	\$507.20					\$574.49

Morbidity Adjustment	1.015
Demographic Shift	0.999
Plan Design Changes	0.996
Other	0.997
Adjusted Trended EHB Allowed Claims PMPM for	1/1/2024\$578.45

Manual EHB Allowed Claims PMPM	\$578.44
Applied Credibility %	0.00%

Projected Period Totals

Projected Index Rate for	1/1/2024\$578.44	\$18,722,945.92
Reinsurance	\$0.00	\$0.00
Risk Adjustment Payment/Charge	-\$190.42	-\$6,163,514.56
Exchange User Fees	0.00%	\$0.00
Market Adjusted Index Rate	\$768.86	\$24,886,460.48

Projected Member Months	32,368
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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.

To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P.

To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.

To validate, select the Validate button or Ctrl + Shift + I.

To finalize, select the Finalize button or Ctrl + Shift + F.

1 of 3

Product-Plan Data Collection

Company Legal Name: CareFirst BlueChoice, Inc.  
HIOS Issuer ID: 86052 State: DC  
Effective Date of Rate Change(s): 1/1/2024 Market: Individual

To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P.  
To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.  
To validate, select the Validate button or Ctrl + Shift + I.  
To finalize, select the Finalize button or Ctrl + Shift + F.  
To remove a product, navigate to the corresponding Product Name/Product ID field and select the Remove Product button or Ctrl + Shift + Q.  
To remove a plan, navigate to the corresponding Plan Name/Plan ID field and select the Remove Plan button or Ctrl + Shift + A.

Product/Plan Level Calculations

Field #	Section I: General Product and Plan Information							
1.1 Product Name		BlueChoice HMO						
1.2 Product ID		86052DC040						
1.3 Plan Name		Standard Silver	Standard Gold	Young Adult	Standard Bronze	Standard Platinum	HSA Standard	HSA Gold \$1,600
1.4 Plan ID (Standard Component ID)		86052DC0400001	86052DC0400002	86052DC0400004	86052DC0400007	86052DC0400008	86052DC0400010	86052DC0400011
1.5 Metal		Silver	Gold	Catastrophic	Bronze	Platinum	Bronze	Gold
1.6 AV Metal Value		0.704	0.818	0.628	0.646	0.917	0.649	0.819
1.7 Plan Category		Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing
1.8 Plan Type		HMO	HMO	HMO	HMO	HMO	HMO	HMO
1.9 Exchange Plan?		Yes	Yes	Yes	Yes	Yes	Yes	Yes
1.10 Effective Date of Proposed Rates		1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024
1.11 Cumulative Rate Change % (over 12 mos prior)		16.87%	15.64%	66.41%	17.25%	14.24%	14.74%	14.78%
1.12 Product Rate Increase %		18.18%						
1.13 Submission Level Rate Increase %		18.18%						

Worksheet 1 Totals	Section II: Experience Period and Current Plan Level Information								
	2.1 Plan ID (Standard Component ID)	Total	86052DC0400001	86052DC0400002	86052DC0400004	86052DC0400007	86052DC0400008	86052DC0400010	86052DC0400011
\$298,943,794	2.2 Allowed Claims	\$20,297,294	\$5,200,580	\$3,513,275	\$921,432	\$3,002,203	\$2,449,017	\$4,278,382	\$932,405
\$0	2.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	2.4 Member Cost Sharing	\$4,003,875	\$990,478	\$252,141	\$314,683	\$735,818	\$92,399	\$1,424,110	\$194,246
	2.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$260,145,938	2.6 Incurred Claims	\$16,293,419	\$4,210,102	\$3,261,133	\$606,749	\$2,266,385	\$2,356,618	\$2,854,273	\$738,159
-\$15,829,919	2.7 Risk Adjustment Transfer Amount	-\$5,188,825	-\$1,690,167	-\$127,462	-\$2,219	-\$1,609,441	\$819,219	-\$2,514,776	-\$63,978
\$299,556,877	2.8 Premium	\$20,679,256	\$6,309,128	\$2,104,035	\$625,344	\$3,606,995	\$1,345,998	\$5,670,048	\$1,017,708
43,812	2.9 Experience Period Member Months	43,812	11,593	3,361	5,027	7,998	1,649	12,497	1,687
	2.10 Current Enrollment	3,074	772	286	316	548	115	884	153
	2.11 Current Premium PMPM	\$508.01	\$550.83	\$686.08	\$224.14	\$483.97	\$793.22	\$470.02	\$636.68
	2.12 Loss Ratio	105.18%	91.15%	164.99%	97.37%	113.46%	108.84%	90.46%	77.40%
	Per Member Per Month								
	2.13 Allowed Claims	\$463.28	\$448.60	\$1,045.31	\$183.30	\$375.37	\$1,485.15	\$342.35	\$552.70
	2.14 Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	2.15 Member Cost Sharing	\$91.39	\$85.44	\$75.02	\$62.60	\$92.00	\$56.03	\$113.96	\$115.14
	2.16 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	2.17 Incurred Claims	\$371.89	\$363.16	\$970.29	\$120.70	\$283.37	\$1,429.12	\$228.40	\$437.56
	2.18 Risk Adjustment Transfer Amount	-\$118.43	-\$145.79	-\$37.92	-\$0.44	-\$201.23	\$496.80	-\$201.23	-\$37.92
	2.19 Premium	\$472.00	\$544.22	\$626.01	\$124.40	\$450.99	\$816.25	\$453.71	\$603.26

Section III: Plan Adjustment Factors								
3.1 Plan ID (Standard Component ID)		86052DC0400001	86052DC0400002	86052DC0400004	86052DC0400007	86052DC0400008	86052DC0400010	86052DC0400011
3.2 Market Adjusted Index Rate		\$768.86						
3.3 AV and Cost Sharing Design of Plan		0.7652	0.9436	0.6125	0.6743	1.0779	0.6408	0.8689
3.4 Provider Network Adjustment		0.9359	0.9359	0.9359	0.9359	0.9359	0.9359	0.9359
3.5 Benefits in Addition to EHB		1.0041	1.0036	1.0059	1.0044	1.0033	1.0045	1.0038
Administrative Costs								
3.6 Administrative Expense		9.24%	9.24%	9.24%	9.24%	9.24%	9.24%	9.24%
3.7 Taxes and Fees		3.40%	3.40%	3.40%	3.40%	3.40%	3.40%	3.40%
3.8 Profit & Risk Load		1.60%	1.60%	1.60%	1.60%	1.60%	1.60%	1.60%
3.9 Catastrophic Adjustment		1.0000	1.0000	0.7226	1.0000	1.0000	1.0000	1.0000
3.10 Plan Adjusted Index Rate		\$644.68	\$794.59	\$373.55	\$568.27	\$907.41	\$540.09	\$731.83
3.11 Age Calibration Factor		0.9475	0.9475					
3.12 Geographic Calibration Factor		1.0000	1.0000					
3.13 Tobacco Calibration Factor		1.0000	1.0000					
3.14 Calibrated Plan Adjusted Index Rate		\$610.83	\$752.87	\$353.94	\$538.43	\$859.77	\$511.73	\$693.41

Section IV: Projected Plan Level Information								
4.1 Plan ID (Standard Component ID)	Total	86052DC0400001	86052DC0400002	86052DC0400004	86052DC0400007	86052DC0400008	86052DC0400010	86052DC0400011
4.2 Allowed Claims	\$16,658,889	\$4,305,273	\$1,748,891	\$1,833,913	\$2,741,428	\$598,850	\$4,382,639	\$1,047,895
4.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.4 Member Cost Sharing	\$4,131,478	\$866,221	\$95,839	\$955,845	\$741,556	-\$8,384	\$1,344,594	\$135,807
4.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.6 Incurred Claims	\$12,527,410	\$3,439,052	\$1,653,052	\$878,068	\$1,999,872	\$607,233	\$3,038,046	\$912,088
4.7 Risk Adjustment Transfer Amount	-\$4,110,932	-\$1,381,521	-\$174,723	-\$23,057	-\$1,370,585	\$1,134,580	-\$2,190,932	-\$104,693
4.8 Premium	\$19,468,436	\$5,343,749	\$2,567,305	\$1,366,826	\$3,108,416	\$942,794	\$4,722,528	\$1,416,819
4.9 Projected Member Months	32,368	8,289	3,231	3,659	5,470	1,039	8,744	1,936
4.10 Loss Ratio	81.57%	86.80%	69.09%	65.34%	115.08%	29.23%	120.01%	69.51%
Per Member Per Month								
4.11 Allowed Claims	\$514.67	\$519.40	\$541.28	\$501.21	\$501.18	\$576.37	\$501.22	\$541.27
4.12 Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.13 Member Cost Sharing	\$127.64	\$104.50	\$29.66	\$261.23	\$135.57	-\$8.07	\$153.77	\$70.15
4.14 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.15 Incurred Claims	\$387.03	\$414.89	\$511.62	\$239.97	\$365.61	\$584.44	\$347.44	\$471.12
4.16 Risk Adjustment Transfer Amount	-\$127.01	-\$166.67	-\$54.08	-\$6.30	-\$250.56	\$1,091.99	-\$250.56	-\$54.08
4.17 Premium	\$601.47	\$644.68	\$794.59	\$373.55	\$568.27	\$907.41	\$540.09	\$731.83

Rating Area Data Collection

Specify the total number of Rating Areas in your State by selecting the Create Rating Areas button or Ctrl + Shift + R.  
Select only the Rating Areas you are offering plans within and add a factor for each area.  
To validate, select the Validate button or Ctrl + Shift + I.  
To finalize, select the Finalize button or Ctrl + Shift + F.

Rating Area	Rating Factor
Rating Area 1	1.0000