State:District of ColumbiaFiling Company:CareFirst BlueChoice, Inc.TOI/Sub-TOI:HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only

- Othe

**Product Name:** 2705 - DC ACA Small Group BlueChoice **Project Name/Number:** 2705 - DC BC SG ACA ON-EXCHANGE/2705

#### Filing at a Glance

Company: CareFirst BlueChoice, Inc.

Product Name: 2705 - DC ACA Small Group BlueChoice

State: District of Columbia

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

Sub-TOI: HOrg02G.004E Small Group Only - Other

Filing Type: Rate

Date Submitted: 05/01/2023

SERFF Tr Num: CFAP-133618363 SERFF Status: Submitted to State

State Tr Num:

State Status:

Co Tr Num: 2705

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:

 State:
 District of Columbia
 Filing Company:
 CareFirst BlueChoice, Inc.

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

- Othe

Product Name: 2705 - DC ACA Small Group BlueChoice
Project Name/Number: 2705 - DC BC SG ACA ON-EXCHANGE/2705

#### **General Information**

Project Name: 2705 - DC BC SG ACA ON-EXCHANGE

Status of Filing in Domicile:

Project Number: 2705

Date Approved in Domicile:

Requested Filing Mode: Review & Approval Domicile Status Comments:

Explanation for Combination/Other: Market Type: Group

Submission Type: New Submission Group Market Size: Small Group Market Type: Employer Overall Rate Impact: 8.1%

Filing Status Changed: 05/01/2023

State Status Changed: Deemer Date:

Created By: Shane Kontir Submitted 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 BlueChoice, Inc. to Small Groups on the D.C. Exchange. We are submitting 45 benefit plans on the D.C. Exchange.

#### **Company and Contact**

#### **Filing Contact Information**

Cory Bream, Actuarial Assistant cory.bream@carefirst.com 10455 Mill Run Circle 410-998-5308 [Phone] Owings Mills, MD 21117 410-998-7704 [FAX]

#### **Filing Company Information**

CareFirst BlueChoice, Inc. CoCode: 96202 State of Domicile: District of

840 First Street NE Group Code: Columbia

Washington, DC 20065 Group Name: Company Type: Health
(410) 581-3000 ext. [Phone] FEIN Number: 52-1358219 Maintenance Organization

State ID Number:

State:District of ColumbiaFiling Company:CareFirst BlueChoice, Inc.TOI/Sub-TOI:HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only

- Othe

**Product Name:** 2705 - DC ACA Small Group BlueChoice **Project Name/Number:** 2705 - DC BC SG ACA ON-EXCHANGE/2705

#### **Filing Fees**

#### **State Fees**

Fee Required? No Retaliatory? No

Fee Explanation:

State: District of Columbia Filing Company: CareFirst BlueChoice, Inc.

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

Product Name:2705 - DC ACA Small Group BlueChoiceProject Name/Number:2705 - DC BC SG ACA ON-EXCHANGE/2705

#### **Rate Information**

Rate data applies to filing.

Filing Method: SERFF
Rate Change Type: Increase

Overall Percentage of Last Rate Revision: 15.500% Effective Date of Last Rate Revision: 01/01/2023

Filing Method of Last Filing: SERFF

SERFF Tracking Number of Last Filing: CFAP-133218058

#### **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:	Premium for	Change	Minimum % Change (where req'd):
CareFirst BlueChoice, Inc.	Increase	8.100%	8.100%	\$28,090,656	30,324	\$345,153,473	12.800%	6.600%

 State:
 District of Columbia
 Filing Company:
 CareFirst BlueChoice, Inc.

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

- Other

**Product Name:** 2705 - DC ACA Small Group BlueChoice **Project Name/Number:** 2705 - DC BC SG ACA ON-EXCHANGE/2705

#### **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 Advantage	86052DC044		26997
BlueChoice HMO	86052DC046		8322
BlueChoice HMO Referral	86052DC048		4239
BlueChoice Plus	86052DC050		6945
BlueChoice Plus Opt Out	86052DC058		3009

Trend Factors:

#### FORMS:

New Policy Forms:

DC/CF/2024 GC AMEND (1/24), DC/CF/SG/AUTH AMEND/POS OON (R. 1/24), DC/CF/SG/BC ADV OON BF HSA/SIL 1800 Ded (1/24), DC/CF/SG/POS OON /BRZ 6000 Ded (1/24), DC/CF/SG/POS OON CDH/BRZ 6100 Ded (1/24), DC/CF/SG/POS OON CDH/GOLD 1600 Ded (1/24), DC/CF/SG/POS OON CDH/SIL 1800 Ded (1/24), DC/CF/SG/POS OON CDH/SIL 2250 (1/24), DC/CF/SG/POS OON CDH/SIL 2750 Ded (1/24), DC/CF/SG/POS OON CDH/SIL 3000 Ded (1/24), DC/CF/SG/POS OON VC/GOLD 3000 Ded (1/24), DC/CF/SG/POS OON VC/SIL 5350 Ded (1/24), DC/CF/SG/POS OON/GOLD 0 Ded (1/24), DC/CF/SG/POS OON/GOLD 1000 Ded (1/24), DC/CF/SG/POS OON/GOLD 800 Ded (1/24), DC/CF/SG/POS OON/PLAT 0 Ded (1/24), DC/CF/SG/POS OON/PLAT 500 Ded (1/24), DC/CF/SG/POS OON/SIL 6500 Ded (1/24), DC/CF/SHOP/POS OON/2024 AMEND (1/24), DC/CFBC/2024 GC AMEND (1/24), DC/CFBC/CD/AUTH AMEND/HMO (R. 1/24), DC/CFBC/EXC/2024 AMEND (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/NATAMER SOB (1/24), DC/CFBC/SG/AUTH AMEND/ BCOO (R. 1/24), DC/CFBC/SG/AUTH AMEND/ADV (R. 1/24), DC/CFBC/SG/AUTH AMEND/HMO (R. 1/24), DC/CFBC/SG/AUTH AMEND/PLUS (R. 1/24), DC/CFBC/SG/BC ADV IN BF HSA/SIL 1800 Ded (1/24), DC/CFBC/SG/BC+ OO/PLAT 0 Ded (1/24), DC/CFBC/SG/HMO HSA STD/BRZ 6350 (1/24), DC/CFBC/SG/HMO OA CDH/BRZ 6100 Ded (1/24), DC/CFBC/SG/HMO OA CDH/GOLD 1600 Ded (1/24), DC/CFBC/SG/HMO OA CDH/SIL 1800 Ded (1/24), DC/CFBC/SG/HMO OA CDH/SIL 2250 Ded (1/24), DC/CFBC/SG/HMO OA CDH/SIL 3000 Ded (1/24), DC/CFBC/SG/HMO OA VC/GOLD 3000 Ded (1/24), DC/CFBC/SG/HMO OA/GOLD 1500 Ded (1/24), DC/CFBC/SG/HMO OA/GOLD 800 Ded (1/24), DC/CFBC/SG/HMO OA/PLAT 0 Ded (1/24), DC/CFBC/SG/HMO OA/SIL

 State:
 District of Columbia
 Filing Company:
 CareFirst BlueChoice, Inc.

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

- Other

**Product Name:** 2705 - DC ACA Small Group BlueChoice **Project Name/Number:** 2705 - DC BC SG ACA ON-EXCHANGE/2705

1900 Ded (1/24), DC/CFBC/SG/HMO OA/SIL 6500 Ded (1/24), DC/CFBC/SG/HMO REF

VC/SIL 5350 Ded (1/24), DC/CFBC/SG/HMO REF/BRZ 8500 Ded (1/24),

DC/CFBC/SG/HMO REF/GOLD 0 Ded (1/24), DC/CFBC/SG/HMO REF/GOLD 800 Ded (1/24), DC/CFBC/SG/HMO REF/PLAT 0 Ded (1/24), DC/CFBC/SG/HMO STD/BRZ 7500

(1/24), DC/CFBC/SG/HMO STD/GOLD 500 (1/24), DC/CFBC/SG/HMO STD/PLAT 0 (1/24), DC/CFBC/SG/HMO STD/SIL 4850 (1/24), DC/CFBC/SG/HMO/BRZ 6000 Ded (1/24), DC/CFBC/SG/POS IN CDH/BRZ 6100 Ded (1/24), DC/CFBC/SG/POS IN

CDH/GOLD 1600 Ded (1/24), DC/CFBC/SG/POS IN CDH/SIL 1800 Ded (1/24),

DC/CFBC/SG/POS IN CDH/SIL 2250 Ded (1/24), DC/CFBC/SG/POS IN CDH/SIL 2750 Ded (1/24), DC/CFBC/SG/POS IN CDH/SIL 3000 Ded (1/24), DC/CFBC/SG/POS IN

VC/GOLD 3000 Ded (1/24), DC/CFBC/SG/POS IN VC/SIL 5350 Ded (1/24),

DC/CFBC/SG/POS IN/BRZ 6000 Ded (1/24), DC/CFBC/SG/POS IN/GOLD 0 Ded (1/24), DC/CFBC/SG/POS IN/GOLD 1000 Ded (1/24), DC/CFBC/SG/POS IN/GOLD 800 Ded (1/24), DC/CFBC/SG/POS IN/PLAT 0 Ded (1/24), DC/CFBC/SG/POS IN/PLAT 500 Ded (1/24), DC/CFBC/SG/POS IN/SIL 6500 Ded (1/24), DC/CFBC/SHOP/2024 AMEND

(1/24)

Affected Forms:

Other Affected Forms: DC GHMSI – HEALTH GUARANTY 5/21, DC/CF/ANCILLARY AMEND (10/12),

DC/CF/BLCRD (R. 6/18), DC/CF/MEM/BLCRD (R. 6/18), DC/CF/NO SURP

ACT/AMEND (R. 1/23), DC/CF/PT PROTECT (9/10), DC/CF/SHOP/ELIG (R. 1/21),

DC/CF/SHOP/GC (R 1/19), DC/CF/SHOP/POS OON/DOCS (R. 1/23), DC/CF/SHOP/POS OON/EOC (R. 1/23), DC/CFBC/ADV/BLCRD (R. 6/18), DC/CFBC/ADV/MEM/BLCRD (R. 6/18), DC/CFBC/ANCILLARY AMEND (10/12), DC/CFBC/BLCRD (R. 6/18), DC/CFBC/CD/HMO/INCENT (1/23), DC/CFBC/DOL

APPEAL (R. 1/22), DC/CFBC/EXC/HMO/DOCS (R. 1/23), DC/CFBC/EXC/HMO/IEA (R.

1/23), DC/CFBC/EXC/NATAMER (1/14), DC/CFBC/MEM/BLCRD (R. 6/18), DC/CFBC/NO SURP ACT/AMEND (R. 1/23), DC/CFBC/PT PROTECT (9/10), DC/CFBC/SG/INCENT (R. 1/23), DC/CFBC/SHOP/ADV IN DOCS (R. 1/23), DC/CFBC/SHOP/BC+OOOA DOCS (R. 1/23), DC/CFBC/SHOP/ELIG (R. 1/21,

DC/CFBC/SHOP/ELIG (R. 1/21), DC/CFBC/SHOP/GC (R 1/19), DC/CFBC/SHOP/GC (R. 1/19), DC/CFBC/SHOP/HMO DOCS (R. 1/23), DC/CFBC/SHOP/HMO POS/EOC (R. 1/23), DC/CFBC/SHOP/PLUS IN DOCS (R. 1/23), DC/GHMSI/DOL APPEAL (R. 1/22)

#### REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual
Member Months: 623,278
Benefit Change: Increase

Percent Change Requested: Min: 6.6 Max: 12.8 Avg: 8.1

PRIOR RATE:

Total Earned Premium: 345,153,473.00 Total Incurred Claims: 276,292,805.00

Annual \$: Min: 313.49 Max: 720.48 Avg: 567.06

**REQUESTED RATE:** 

Projected Earned Premium: 403,370,790.00 Projected Incurred Claims: 324,565,007.00

State:District of ColumbiaFiling Company:CareFirst BlueChoice, Inc.TOI/Sub-TOI:HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only

- Other

**Product Name:** 2705 - DC ACA Small Group BlueChoice **Project Name/Number:** 2705 - DC BC SG ACA ON-EXCHANGE/2705

Annual \$: Min: 348.08 Max: 770.46 Avg: 613.21

State: District of Columbia Filing Company: CareFirst BlueChoice, Inc.

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

Product Name:2705 - DC ACA Small Group BlueChoiceProject Name/Number:2705 - DC BC SG ACA ON-EXCHANGE/2705

#### Rate/Rule Schedule

State: District of Columbia Filing Company: CareFirst BlueChoice, Inc.

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

Product Name:2705 - DC ACA Small Group BlueChoiceProject Name/Number:2705 - DC BC SG ACA ON-EXCHANGE/2705

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		2705 - DC BlueChoice - SG - Rate Sheets	DC GHMSI – HEALTH GUARANTY 5/21, DC/CF/ANCILLARY AMEND (10/12), DC/CF/BLCRD (R. 6/18), DC/CF/MEM/BLCRD (R. 6/18), DC/CF/NO SURP ACT/AMEND (R. 1/23), DC/CF/SHOP/ELIG (R. 1/21), DC/CF/SHOP/POS OON/DOCS (R. 1/23), DC/CF/SHOP/POS OON/EOC (R. 1/23), DC/CF/SHOP/POS OON/EOC (R. 1/23), DC/CFBC/ADV/BLCRD (R. 6/18), DC/CFBC/ADV/MEM/BLCRD (R. 6/18), DC/CFBC/ANCILLARY AMEND (10/12), DC/CFBC/BLCRD (R. 6/18), DC/CFBC/BLCRD (R. 6/18), DC/CFBC/CD/HMO/INCENT (1/23), DC/CFBC/DOL APPEAL (R. 1/22), DC/CFBC/EXC/HMO/DOCS (R. 1/23), DC/CFBC/EXC/HMO/IEA (R. 1/23), DC/CFBC/EXC/NATAMER (1/14), DC/CFBC/NO SURP ACT/AMEND (R. 1/23), DC/CFBC/PT PROTECT (9/10), DC/CFBC/SG/INCENT (R. 1/23), DC/CFBC/SHOP/ADV IN DOCS (R. 1/23), DC/CFBC/SHOP/BC+OOOA DOCS (R. 1/23), DC/CFBC/SHOP/BC+OOOA DOCS (R. 1/23), DC/CFBC/SHOP/ELIG (R. 1/21, DC/CFBC/SHOP/ELIG (R. 1/21), DC/CFBC/SHOP/GC		Previous State Filing Number: CFAP-133218058 Percent Rate Change Request: 8.1	2705 - DC BlueChoice - SG - Rate Sheets.pdf,

State: District of Columbia Filing Company: CareFirst BlueChoice, Inc.

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

Product Name:2705 - DC ACA Small Group BlueChoiceProject Name/Number:2705 - DC BC SG ACA ON-EXCHANGE/2705

(R 1/19), DC/CFBC/SHOP/GC (R. 1/19). DC/CFBC/SHOP/HMO DOCS (R. 1/23). DC/CFBC/SHOP/HMO POS/EOC (R. 1/23), DC/CFBC/SHOP/PLUS IN DOCS (R. 1/23), DC/GHMSI/DOL APPEAL (R. 1/22), DC/CF/2024 GC AMEND (1/24), DC/CF/SG/AUTH AMEND/POS OON (R. 1/24). DC/CF/SG/BC ADV OON BF HSA/SIL 1800 Ded (1/24), DC/CF/SG/POS OON /BRZ 6000 Ded (1/24), DC/CF/SG/POS OON CDH/BRZ 6100 Ded (1/24), DC/CF/SG/POS OON CDH/GOLD 1600 Ded (1/24), DC/CF/SG/POS OON CDH/SIL 1800 Ded (1/24). DC/CF/SG/POS OON CDH/SIL 2250 (1/24), DC/CF/SG/POS OON CDH/SIL 2750 Ded (1/24), DC/CF/SG/POS OON CDH/SIL 3000 Ded (1/24), DC/CF/SG/POS OON VC/GOLD 3000 Ded (1/24), DC/CF/SG/POS OON VC/SIL 5350 Ded (1/24). DC/CF/SG/POS OON/GOLD 0 Ded (1/24), DC/CF/SG/POS OON/GOLD 1000 Ded (1/24), DC/CF/SG/POS OON/GOLD 800 Ded (1/24), DC/CF/SG/POS OON/PLAT 0 Ded (1/24), DC/CF/SG/POS OON/PLAT 500 Ded (1/24), DC/CF/SG/POS OON/SIL 6500 Ded (1/24). DC/CF/SHOP/POS OON/2024 AMEND (1/24). DC/CFBC/2024 GC AMEND (1/24), DC/CFBC/CD/AUTH

State: District of Columbia Filing Company: CareFirst BlueChoice, Inc.

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

Product Name:2705 - DC ACA Small Group BlueChoiceProject Name/Number:2705 - DC BC SG ACA ON-EXCHANGE/2705

AMEND/HMO (R. 1/24), DC/CFBC/EXC/2024 AMEND (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/NATAME R SOB (1/24), DC/CFBC/SG/AUTH AMEND/ BCOO (R. 1/24), DC/CFBC/SG/AUTH AMEND/ADV (R. 1/24). DC/CFBC/SG/AUTH AMEND/HMO (R. 1/24), DC/CFBC/SG/AUTH AMEND/PLUS (R. 1/24), DC/CFBC/SG/BC ADV IN BF HSA/SIL 1800 Ded (1/24), DC/CFBC/SG/BC+ OO/PLAT 0 Ded (1/24), DC/CFBC/SG/HMO HSA STD/BRZ 6350 (1/24), DC/CFBC/SG/HMO OA CDH/BRZ 6100 Ded (1/24), DC/CFBC/SG/HMO OA CDH/GOLD 1600 Ded (1/24), DC/CFBC/SG/HMO OA CDH/SIL 1800 Ded (1/24), DC/CFBC/SG/HMO OA CDH/SIL 2250 Ded (1/24), DC/CFBC/SG/HMO OA CDH/SIL 3000 Ded (1/24), DC/CFBC/SG/HMO OA

State: District of Columbia Filing Company: CareFirst BlueChoice, Inc.

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

Product Name:2705 - DC ACA Small Group BlueChoiceProject Name/Number:2705 - DC BC SG ACA ON-EXCHANGE/2705

VC/GOLD 3000 Ded (1/24), DC/CFBC/SG/HMO OA/GOLD 1500 Ded (1/24). DC/CFBC/SG/HMO OA/GOLD 800 Ded (1/24). DC/CFBC/SG/HMO OA/PLAT 0 Ded (1/24), DC/CFBC/SG/HMO OA/SIL 1900 Ded (1/24), DC/CFBC/SG/HMO OA/SIL 6500 Ded (1/24). DC/CFBC/SG/HMO REF VC/SIL 5350 Ded (1/24). DC/CFBC/SG/HMO REF/BRZ 8500 Ded (1/24), DC/CFBC/SG/HMO REF/GOLD 0 Ded (1/24), DC/CFBC/SG/HMO REF/GOLD 800 Ded (1/24), DC/CFBC/SG/HMO REF/PLAT 0 Ded (1/24). DC/CFBC/SG/HMO STD/BRZ 7500 (1/24). DC/CFBC/SG/HMO STD/GOLD 500 (1/24), DC/CFBC/SG/HMO STD/PLAT 0 (1/24), DC/CFBC/SG/HMO STD/SIL 4850 (1/24), DC/CFBC/SG/HMO/BRZ 6000 Ded (1/24), DC/CFBC/SG/POS IN CDH/BRZ 6100 Ded (1/24), DC/CFBC/SG/POS IN CDH/GOLD 1600 Ded (1/24), DC/CFBC/SG/POS IN CDH/SIL 1800 Ded (1/24), DC/CFBC/SG/POS IN CDH/SIL 2250 Ded (1/24), DC/CFBC/SG/POS IN CDH/SIL 2750 Ded (1/24), DC/CFBC/SG/POS IN CDH/SIL 3000 Ded (1/24), DC/CFBC/SG/POS IN VC/GOLD 3000 Ded (1/24), DC/CFBC/SG/POS IN VC/SIL 5350 Ded (1/24). DC/CFBC/SG/POS IN/BRZ 6000 Ded (1/24),

SERFF Tracking #: CFAP-133618363 State Tracking #: Company Tracking #: 2705 State: District of Columbia Filing Company: CareFirst BlueChoice, Inc. TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other 2705 - DC ACA Small Group BlueChoice Product Name: 2705 - DC BC SG ACA ON-EXCHANGE/2705 Project Name/Number: DC/CFBC/SG/POS IN/GOLD 0 Ded (1/24), DC/CFBC/SG/POS IN/GOLD 1000 Ded (1/24), DC/CFBC/SG/POS IN/GOLD 800 Ded (1/24), DC/CFBC/SG/POS IN/PLAT 0 Ded (1/24), DC/CFBC/SG/POS IN/PLAT 500 Ded (1/24), DC/CFBC/SG/POS IN/SIL 6500 Ded (1/24), DC/CFBC/SHOP/2024 AMEND (1/24)

# CareFirst BlueCross BlueShield (BlueChoice) DC Small Group On/Off Exchange Products Rate Filing Effective 1/1/2024 Premiums Effective 01/2024, 04/2024, 07/2024 and 10/2024

			07/05	Rx Benefit	Benefit		ООР		Individual	Base Rate	1	Incrementa	al Base Rate	e % Change
HIOS Plan ID	<b>HIOS Product</b>	HIOS Plan Name	On/Off Exchange	Benefit**	Description*	Deductible	Max	01/2024	04/2024	07/2024	10/2024	04/2024	07/2024	10/2024
86052DC0440010	BlueChoice Advantage	BlueChoice Advantage Gold 1000 Ded	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$15 PCP/\$40 Spec/\$350 ER/\$400 IP; OON: \$50 PCP/Spec/\$500 IP	IN: \$1,000 Med / \$250 Rx; OON: \$2,000	IN: \$7,500; OON: \$15,000	\$648.37	\$658.54	\$668.60	\$679.04	1.6%	1.5%	1.6%
86052DC0440011	BlueChoice Advantage	BlueChoice Advantage Gold 800 Ded	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$15 PCP/\$40 Spec/\$350 ER/\$400 IP; OON: \$50 PCP/Spec/\$500 IP	IN: \$800 Med / \$250 Rx; OON: \$1,600	IN: \$8,850; OON: \$17,700	\$653.23	\$663.48	\$673.61	\$684.14	1.6%	1.5%	1.6%
86052DC0440012	BlueChoice Advantage	BlueChoice Advantage Platinum 0 Ded	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$10 PCP/\$30 Spec/\$200 ER/\$200 IP; OON: \$40 PCP/Spec/\$300 IP	IN: \$0 Med / \$0 Rx; OON: \$1,500	IN: \$2,300; OON: \$4,600	\$770.46	\$782.54	\$794.49	\$806.91	1.6%	1.5%	1.6%
86052DC0440013	BlueChoice Advantage	BlueChoice Advantage HSA/HRA Silver 1800 Ded	On	Int: \$15/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$25 PCP/\$50 Spec/\$350 ER/\$500 IP; OON: \$70 PCP/Spec/\$600 IP	IN: \$1,800 (Integrated); OON: \$3,600	IN: \$8,000; OON: \$16,000	\$560.52	\$569.31	\$578.01	\$587.04	1.6%	1.5%	1.6%
86052DC0440033	BlueChoice Advantage	BlueChoice Advantage Platinum 500 Ded	On	Non-Int: \$0/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$0 PCP/\$40 Spec/\$300 ER/\$500 IP; OON: \$50 PCP/Spec/\$600 IP	IN: \$500 Med / \$0 Rx; OON: \$1,000	IN: \$1,800; OON: \$3,600	\$751.95	\$763.74	\$775.41	\$787.53	1.6%	1.5%	1.6%
86052DC0440018	BlueChoice Advantage	BlueChoice Advantage HSA/HRA Bronze 6100 Ded	On	Int: \$15/\$45/\$75/50% to \$100 Max/50% to \$150 Max	IN: \$50 PCP/\$100 Spec/\$350 ER/\$500 IP; OON: \$120 PCP/Spec/\$600 IP	IN: \$6,100 (Integrated); OON: \$12,200	IN: \$7,400; OON: \$14,800	\$459.72	\$466.93	\$474.06	\$481.47	1.6%	1.5%	1.6%
86052DC0440019	BlueChoice Advantage	BlueChoice Advantage HSA/HRA Silver 3000 Ded	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$25 PCP/\$50 Spec/\$250 ER/\$500 IP; OON: \$70 PCP/Spec/\$600 IP	IN: \$3,000 (Integrated); OON: \$6,000	IN: \$6,100; OON: \$12,200	\$534.14	\$542.52	\$550.81	\$559.42	1.6%	1.5%	1.6%
86052DC0440021	BlueChoice Advantage	BlueChoice Advantage HSA/HRA Gold 1600 Ded	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$10 PCP/\$30 Spec/\$250 ER/\$200 IP; OON: \$40 PCP/Spec/\$300 IP	IN: \$1,600 (Integrated); OON: \$3,200	IN: \$4,200; OON: \$8,400	\$626.35	\$636.17	\$645.89	\$655.99	1.6%	1.5%	1.6%
86052DC0440022	BlueChoice Advantage	BlueChoice Advantage Silver 5350 Ded Virtual Connect	On	Non-Int: \$15/\$45/\$75/50% to \$100 Max/50% to \$150 Max	IN: \$25 PCP/\$60 Spec/\$350 ER/\$500 IP; OON: \$70 PCP/Spec/\$600 IP	IN: \$5,350 Med / \$450 Rx; OON: \$10,700	IN: \$8,800; OON: \$17,600	\$534.99	\$543.38	\$551.68	\$560.30	1.6%	1.5%	1.6%
86052DC0440023	BlueChoice Advantage	BlueChoice Advantage Silver 1800 Ded BlueFund HSA	On	Int: \$15/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$25 PCP/\$50 Spec/\$350 ER/\$500 IP; OON: \$70 PCP/Spec/\$600 IP	IN: \$1,800 (Integrated); OON: \$3,600	IN: \$7,800; OON: \$15,600	\$560.79	\$569.58	\$578.28	\$587.32	1.6%	1.5%	1.6%
86052DC0440025	BlueChoice Advantage	BlueChoice Advantage Silver 6500 Ded	On	Int: \$15/\$45/\$75/\$100/\$150	IN: \$0 PCP/\$60 Spec/\$350 ER/\$500 IP; OON: \$70 PCP/Spec/\$600 IP	IN: \$6,500 Med / \$450 Rx; OON: \$13,000	IN: \$8,800; OON: \$17,600	\$536.03	\$544.44	\$552.75	\$561.39	1.6%	1.5%	1.6%
86052DC0440026	BlueChoice Advantage	BlueChoice Advantage Gold 3000 Ded Virtual Connect	On	Int: \$10/\$40/\$70/\$100/\$150	IN: \$15 PCP/\$40 Spec/\$250 ER/\$200 IP; OON: \$50 PCP/Spec/\$300 IP	IN: \$3,000 Med / \$250 Rx; OON: \$6,000	IN: \$7,300; OON: \$14,600	\$615.96	\$625.62	\$635.18	\$645.11	1.6%	1.5%	1.6%
86052DC0440027	BlueChoice Advantage	BlueChoice Advantage HSA/HRA Silver 2250 Ded	On	Int: \$10/\$45/\$65/\$100/\$150	IN: \$25 PCP/\$50 Spec/\$250 ER/\$500 IP; OON: \$70 PCP/Spec/\$600 IP	IN: \$2,250 (Integrated) ; OON: \$4,500	INN: \$8,000 ; OON: \$16,000	\$549.77	\$558.39	\$566.92	\$575.78	1.6%	1.5%	1.6%
86052DC0440031	BlueChoice Advantage	BlueChoice Advantage Bronze 6000 Ded	On	Int: \$20/\$50/\$70/\$100/\$150	IN: \$40 PCP/\$60 Spec/40% ER/40% IP; OON: \$100 PCP/Spec/60% IP	IN: \$6,000 (Integrated); OON: \$12,000	IN: 8,800; OON: \$17,600	\$461.02	\$468.25	\$475.41	\$482.84	1.6%	1.5%	1.6%
86052DC0440032	BlueChoice Advantage	BlueChoice Advantage Gold 0 Ded	On	Int: \$10/\$45/\$65/\$100/\$150	IN: \$30 PCP/\$60 Spec/\$350 ER/\$500 IP; OON: \$60 PCP/Spec/\$600 IP	IN: \$0 Med / \$0 Rx; OON: \$1,000	IN: \$8,900; OON: \$17,800	\$681.13	\$691.81	\$702.38	\$713.35	1.6%	1.5%	1.6%
86052DC0460009	BlueChoice HMO	BlueChoice HMO Gold 1500 Ded	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$15 PCP/\$40 Spec/\$350 ER/\$400 IP	\$1,500 Med / \$250 Rx	\$6,200	\$557.45	\$566.19	\$574.84	\$583.83	1.6%	1.5%	1.6%
86052DC0460010	BlueChoice HMO	BlueChoice HMO Gold 800 Ded	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$15 PCP/\$40 Spec/\$350 ER/\$400 IP	\$800 Med / \$250 Rx	\$8,850	\$571.93	\$580.90	\$589.78	\$598.99	1.6%	1.5%	1.6%

\* Out-of-Network ER is paid as In-Netowrk.

\*\* Generic/Preferred Brand/Non-Preferred Brand/Preferred Specialy/Non-Preferred Specialty.

# CareFirst BlueCross BlueShield (BlueChoice) DC Small Group On/Off Exchange Products Rate Filing Effective 1/1/2024 Premiums Effective 01/2024, 04/2024, 07/2024 and 10/2024

				Rx Benefit	Benefit		OOP		Individual	Raco Poto		Increment	al Raca Patr	e % Change
HIOS Plan ID	HIOS Product	HIOS Plan Name	On/Off	Benefit**	Description*	Deductible	Max	01/2024	04/2024	07/2024	10/2024	04/2024	07/2024	10/2024
-			Exchange	Non-Int: \$10/\$45/\$65/50% to	\$10 PCP/\$30 Spec/\$200									
86052DC0460011	BlueChoice HMO	BlueChoice HMO Platinum 0 Ded	On	\$100 Max/50% to \$150 Max	ER/\$200 IP	\$0 Med / \$0 Rx	\$2,300	\$679.15	\$689.80	\$700.34	\$711.28	1.6%	1.5%	1.6%
86052DC0460012	BlueChoice HMO	BlueChoice HMO HSA/HRA Silver 1800 Ded	On	Int: \$15/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$25 PCP/\$50 Spec/\$350 ER/\$500 IP	\$1,800 (Integrated)	\$8,000	\$485.66	\$493.28	\$500.81	\$508.64	1.6%	1.5%	1.6%
86052DC0460013	BlueChoice HMO	BlueChoice HMO HSA/HRA Silver 2250 Ded	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP	\$2,250 (Integrated)	\$8,000	\$475.30	\$482.76	\$490.13	\$497.79	1.6%	1.5%	1.6%
86052DC0460014	BlueChoice HMO	BlueChoice HMO HSA/HRA Bronze 6100 Ded	On	Int: \$15/\$45/\$75/50% to \$100 Max/50% to \$150 Max	\$50 PCP/\$100 Spec/\$350 ER/\$500 IP	\$6,100 (Integrated)	\$7,400	\$390.81	\$396.94	\$403.01	\$409.30	1.6%	1.5%	1.6%
86052DC0460019	BlueChoice HMO	BlueChoice HMO HSA/HRA Silver 3000 Ded	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$25 PCP/\$50 Spec/\$250 ER/\$500 IP	\$3,000 (Integrated)	\$6,100	\$459.41	\$466.62	\$473.74	\$481.15	1.6%	1.5%	1.6%
86052DC0460020	BlueChoice HMO	BlueChoice HMO Silver 1900 Ded	On	Non-Int: \$15/\$50/\$75/50% to \$100 Max/50% to \$150 Max	\$40 PCP/\$100 Spec/\$400 ER/\$500 IP	\$1,900 Med / \$250 Rx	\$8,800	\$463.19	\$470.46	\$477.64	\$485.11	1.6%	1.5%	1.6%
86052DC0460021	BlueChoice HMO	BlueChoice HMO HSA/HRA Gold 1600 Ded	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$10 PCP/\$30 Spec/\$250 ER/\$200 IP	\$1,600 (Integrated)	\$4,200	\$543.78	\$552.31	\$560.75	\$569.51	1.6%	1.5%	1.6%
86052DC0460023	BlueChoice HMO	BlueChoice HMO Silver 6500 Ded	On	Int: \$15/\$45/\$75/\$100/\$150	\$0 PCP/\$60 Spec/\$350 ER/\$500 IP	\$6,500 Med / \$450 Rx	\$8,800	\$462.49	\$469.74	\$476.92	\$484.37	1.6%	1.5%	1.6%
86052DC0460024	BlueChoice HMO	BlueChoice HMO Gold 3000 Ded Virtual Connect	On	Int: \$10/\$40/\$70/\$100/\$150	\$15 PCP/\$40 Spec/\$250 ER/\$200 IP	\$3,000 Med / \$250 Rx	\$7,300	\$536.71	\$545.13	\$553.45	\$562.10	1.6%	1.5%	1.6%
86052DC0460029	BlueChoice HMO	BlueChoice HMO Bronze 6000 Ded	On	Int: \$20/\$50/\$70/\$100/\$150	\$40 PCP/\$60 Spec/40% ER/40% IP	\$6,000 (Integrated)	\$8,800	\$392.70	\$398.85	\$404.95	\$411.28	1.6%	1.5%	1.6%
86052DC0460030	BlueChoice HMO	BlueChoice HMO HSA Standard Bronze \$6,350 Ded	On	Int: 20%	20%	\$6,350 (Integrated)	\$7,200	\$393.57	\$399.74	\$405.85	\$412.19	1.6%	1.5%	1.6%
86052DC0460031	BlueChoice HMO	BlueChoice HMO Standard Bronze \$7,500 Ded	On	Non-Int: \$25/\$75/\$100/100% to \$150 Max/100% to \$150 Max	\$45 PCP/\$105 Spec/40% ER/40% IP	\$7,500 Med / \$850 Rx	\$9,150	\$408.09	\$414.49	\$420.82	\$427.40	1.6%	1.5%	1.6%
86052DC0460032	BlueChoice HMO	BlueChoice HMO Standard Gold \$500 Ded	On	Non-Int: \$15/\$50/\$70/100% to \$150 Max/100% to \$150 Max	\$25 PCP/\$50 Spec/\$300 ER/\$600 IP	\$500 Med / \$0 Rx	\$5,800	\$598.85	\$608.24	\$617.53	\$627.18	1.6%	1.5%	1.6%
86052DC0460033	BlueChoice HMO	BlueChoice HMO Standard Platinum \$0 Ded	On	Non-Int: \$5/\$15/\$25/100% to \$100 Max/100% to \$100 Max	\$20 PCP/\$40 Spec/\$150 ER/\$250 IP	\$0 Med / \$0 Rx	\$2,000	\$687.34	\$698.12	\$708.79	\$719.86	1.6%	1.5%	1.6%
86052DC0460034	BlueChoice HMO	BlueChoice HMO Standard Silver \$4,850 Ded	On	Non-Int: \$20/\$50/\$70/100% to \$150 Max/100% to \$150 Max	\$40 PCP/\$80 Spec/\$400 ER/20% IP	\$4,850 Med / \$350 Rx	\$8,850	\$467.61	\$474.94	\$482.20	\$489.74	1.6%	1.5%	1.6%
86052DC0480007	BlueChoice HMO Referral	BlueChoice HMO Referral Platinum 0 Ded	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$10 PCP/\$30 Spec/\$200 ER/\$200 IP	\$0 Med / \$0 Rx	\$2,300	\$646.26	\$656.39	\$666.42	\$676.83	1.6%	1.5%	1.6%
86052DC0480008	BlueChoice HMO Referral	BlueChoice HMO Referral Gold 800 Ded	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$15 PCP/\$40 Spec/\$350 ER/\$400 IP	\$800 Med / \$250 Rx	\$8,850	\$542.64	\$551.15	\$559.57	\$568.31	1.6%	1.5%	1.6%
86052DC0480010	BlueChoice HMO Referral	BlueChoice HMO Referral Gold 0 Ded	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	\$30 PCP/\$60 Spec/\$350 ER/\$500 IP	\$0 Med / \$0 Rx	\$8,900	\$571.04	\$579.99	\$588.85	\$598.05	1.6%	1.5%	1.6%
86052DC0480014	BlueChoice HMO Referral	BlueChoice HMO Referral Silver 5350 Ded Virtual Connect	On	Non-Int: \$15/\$45/\$75/50% to \$100 Max/50% to \$150 Max	\$25 PCP/\$60 Spec/\$350 ER/\$500 IP	\$5,350 Med / \$450 Rx	\$8,800	\$435.87	\$442.70	\$449.47	\$456.49	1.6%	1.5%	1.6%
86052DC0480015	BlueChoice HMO Referral	BlueChoice HMO Referral Bronze 8500 Ded	On	Int: No Charge	0%	\$8,500 (Integrated)	\$8,500 (Integrated)	\$348.08	\$353.53	\$358.94	\$364.54	1.6%	1.5%	1.6%
86052DC0500009	BlueChoice Plus	BlueChoice Plus HSA/HRA Silver 1800 Ded	On	Int: \$15/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$25 PCP/\$50 Spec/\$350 ER/\$500 IP; OON: \$70 PCP/Spec/\$600 IP	IN: \$1,800 (Integrated); OON: \$3,600	IN: \$8,000; OON: \$16,000	\$499.54	\$507.37	\$515.12	\$523.17	1.6%	1.5%	1.6%
86052DC0500010	BlueChoice Plus	BlueChoice Plus HSA/HRA Silver 3000 Ded	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$25 PCP/\$50 Spec/\$250 ER/\$500 IP; OON: \$70 PCP/Spec/\$600 IP	IN: \$3,000 (Integrated); OON: \$6,000	IN: \$6,100; OON: \$12,200	\$473.27	\$480.69	\$488.04	\$495.67	1.6%	1.5%	1.6%
86052DC0500019	BlueChoice Plus	BlueChoice Plus Platinum 500 Ded	On	Non-Int: \$0/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$0 PCP/\$40 Spec/\$300 ER/\$500 IP; OON: \$50 PCP/Spec/\$600 IP	IN: \$500 Med / \$0 Rx; OON: \$1,000	IN: \$1,800; OON: \$3,600	\$676.87	\$687.49	\$697.99	\$708.90	1.6%	1.5%	1.6%

\* Out-of-Network ER is paid as In-Netowrk.

\*\* Generic/Preferred Brand/Non-Preferred Brand/Preferred Specialy/Non-Preferred Specialty.

## CareFirst BlueCross BlueShield (BlueChoice) DC Small Group On/Off Exchange Products Rate Filing Effective 1/1/2024 Premiums Effective 01/2024, 04/2024, 07/2024 and 10/2024

				Rx Benefit	Benefit		ООР	Individual Base Rate			Incremental Base Rate % Change			
HIOS Plan ID	HIOS Product	HIOS Plan Name	On/Off Exchange	Benefit**	Description*	Deductible	Max	01/2024	04/2024	07/2024	10/2024	04/2024	07/2024	10/2024
86052DC0500015	BlueChoice Plus	BlueChoice Plus Gold 1000 Ded	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$15 PCP/\$40 Spec/\$350 ER/\$400 IP; OON: \$50 PCP/Spec/\$500 IP	IN: \$1,000 Med / \$250 Rx; OON: \$2,000	IN: \$7,500; OON: \$15,000	\$582.15	\$591.28	\$600.31	\$609.70	1.6%	1.5%	1.6%
86052DC0500016	BlueChoice Plus	BlueChoice Plus Gold 800 Ded	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$15 PCP/\$40 Spec/\$350 ER/\$400 IP; OON: \$50 PCP/Spec/\$500 IP	IN: \$800 Med / \$250 Rx; OON: \$1,600	IN: \$8,850; OON: \$17,700	\$587.03	\$596.23	\$605.34	\$614.80	1.6%	1.5%	1.6%
86052DC0500017	BlueChoice Plus	BlueChoice Plus HSA/HRA Bronze 6100 Ded	On	Int: \$15/\$45/\$75/50% to \$100 Max/50% to \$150 Max	IN: \$50 PCP/\$100 Spec/\$350 ER/\$500 IP; OON: \$120 PCP/Spec/\$600 IP	IN: \$6,100 (Integrated); OON: \$12,200	IN: \$7,400; OON: \$14,800	\$403.54	\$409.86	\$416.13	\$422.63	1.6%	1.5%	1.6%
86052DC0500018	BlueChoice Plus	BlueChoice Plus HSA/HRA Silver 2750 Ded	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$20 PCP/\$40 Spec/\$350 ER/\$500 IP; OON: \$60 PCP/Spec/\$600 IP	IN: \$2,750 (Integrated); OON: \$5,500	IN: \$7,950; OON: \$15,900	\$483.05	\$490.63	\$498.12	\$505.91	1.6%	1.5%	1.6%
86052DC0580001	BlueChoice Plus	BlueChoice Plus Opt-Out Platinum 0 Ded	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$10 PCP/\$30 Spec/\$200 ER/\$200 IP; OON: \$40 PCP/Spec/\$300 IP	IN: \$0 Med / \$0 Rx; OON: \$1,500	IN: \$2,300; OON: \$4,600	\$687.63	\$698.41	\$709.08	\$720.16	1.6%	1.5%	1.6%

\* Out-of-Network ER is paid as In-Netowrk.

\*\* Generic/Preferred Brand/Non-Preferred Brand/Preferred Specialy/Non-Preferred Specialty.

State: District of Columbia Filing Company: CareFirst BlueChoice, Inc.

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

Product Name:2705 - DC ACA Small Group BlueChoiceProject Name/Number:2705 - DC BC SG ACA ON-EXCHANGE/2705

#### **URRT**

**State Determination** 

Review Status: Incomplete

State: District of Columbia Filing Company: CareFirst BlueChoice, Inc.

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

Product Name:2705 - DC ACA Small Group BlueChoiceProject Name/Number:2705 - DC BC SG ACA ON-EXCHANGE/2705

#### **URRT Items**

Item Name	Attachment(s)
Unified Rate Review Template	UnifiedRateReviewSubmission_20230428144351.xml
Actuarial Memorandum	2705_SmallGroup_DC_BlueChoice_1.1.24_ActuarialMemorandum.pdf
Actuarial Memorandum - Redacted	2705_SmallGroup_DC_BlueChoice_1.1.24_ActuarialMemorandum-Red.pdf

State: District of Columbia Filing Company: CareFirst BlueChoice, Inc.

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

Product Name:2705 - DC ACA Small Group BlueChoiceProject Name/Number:2705 - DC BC SG ACA ON-EXCHANGE/2705

Attachment UnifiedRateReviewSubmission\_20230428144351.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 ColumbiaHIOS Issuer ID: 86052
- Market: Small Groups (On Exchange)
- Effective Date: 1/1/2024 and quarterly incremental "trend" increases effective 4/1/2024, 7/1/2024 and 10/1/2024.
- Company Filing Number: 2705
- **SERFF Filing Number**: CFAP-133618363

#### **Company Contact Information:**

- Primary Contact Name: Mr. Gregory Sucher, FSA, MAAA
- Primary Contact Telephone Number: 410-998-5988
- Primary Contact E-Mail Address: Gregory.Sucher@CareFirst.com

#### 4.3 Proposed Rate Changes (Small Group market)

Base rates are changing 8.1% on average for 1Q24. The range is 6.6% to 12.8%. The estimated average base rate changes for 2Q24, 3Q24, and 4Q24 are 8.6%, 9.0% and 9.5%, respectively. 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 30,324.

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

The main drivers supporting the rate change are 1) an increase in the base period claims experience of the combined pool, 2) an increase in trend, and 3) lower projected changes in pool morbidity.

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 1/1/2022 through 12/31/2022, as required.

Paid Through Date: 2/28/2023 Current Date: 2/28/2023

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 1.0.
- 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. The Unified Rate Review Template (URRT) forces the use of a projection period ending twelve months after the effective date. This presumes all rates change on the effective date. This is inconsistent with our understanding of the DC small group market post-1/1/14. In this filling, we are using a projection period ending with 3/31/2025 for our first quarter 2024 Index Rate Projection since business may be sold with this rate through 3/31/2024 and a one-year rate guarantee applies. The trends used in the URRT therefore will not produce the correct projected allowed amount PMPM. As such, we have assigned this projected amount a credibility factor of 0% and

have entered the projected amounts corresponding to those in our rate filing using the Manual Rate section.

#### 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.

#### **Small Group Quarterly Rate Filings**

This filing is an annual submission and includes scheduled quarterly trend increases.

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

The Market-wide Adjusted Index Rate for the Small Group market is \$601.52 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 21.1% which reflects an estimate of an average 13.4% increase in 2023 and 6.8% increase in 2024. We have assumed that our CFI Small Group market share will increase from 79.7% in 2022 to 80.0% in 2024. We have assumed that our CFI Small Group PLRS ratio to the state will remain the same from 1.014 in 2022 to 1.014 in 2024. The resultant estimate of risk adjustment is that the BlueChoice payable transfer PMPM for the Small Group market will increase from -\$19.40 in 2022 to -\$19.57 in 2024. Combined with the -\$19.57 is a projected HCRP net PMPM payable of -\$0.71, which results in a total projected risk adjustment payable of -\$20.29.

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 Small Group BlueChoice is estimated to be 11.5%.

#### **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**: There are 5 types of network factors: Lock In/Referral, Open Access, Open Access Opt-Out, Open Access Plus, and Open Access Advantage.
- **Benefits in addition to EHBs**: There is an adjustment to account for abortion coverage (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. Contribution to Reserve (Post-Tax)
  - 4. State Premium Tax
  - 5. Federal Income Tax (FIT)
  - 6. Risk Adjustment User Fee
  - 7. Patient-Centered Outcomes Research Institute Fee (PCORI)
  - 8. Exchange Assessment Fee

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 in 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 83.0% for the Small Group 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 2/28/2023 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.

Also, Section III on Worksheet 2 of the URRT is out of balance with worksheet 1. This is because Worksheet 1 is based on the combined Individual/Small Group experience per the DC HBX Carrier Manual, while Worksheet 2 includes only the Individual plans. Therefore, because of Small Group being included at the pool level but not on the plan level, there is a large difference between the 2 worksheets.

#### 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 # 2705
D.C. Small Group 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. Small Group Products Rate Filing Effective 1/1/2024 Actuarial Certification

I, Gregory Sucher, am a(n) 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.

Gregory Sucher Digitally signed by Gregory Sucher Date: 2023.05.01 10:36:38 -04'00'

Gregory Sucher, FSA, MAAA 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)	Risk Adjustment Program	1.0399	9
(16)	Federal Exchange User Fee	1.0000	
(17)	Market Adjusted Index Rate	\$ 601.52	
	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	ı	Incurred Allowed	Allo	owed PMPM	Utilization Description	Utilization per 1,000	Average ost/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
Total (EHB & Non-EHB)	\$	298,943,794	\$	507.34			
EHB Allowed	\$	298,852,925	\$	507.18			
Non-EHB Allowed	\$	90,869	\$	0.15			
Incurred Net	\$	260,145,938	\$	441.49			
Net/Allowed		87.0%					
<b>Experience Period Member Months</b>		589,241					
Experience Period Revenue	\$	299,556,877					

Exhibit 3 - Non-EHB Adjustment

		2024 (	On-Exchange	2024 O		
(1)	Blended Index Rate	\$	593.81	\$	593.81	
(2)	Non-EHB PMPM	\$	0.11	\$	0.11	
(3)	Total	\$	593.92	\$	593.92	
(4)	Plan Level Adjustment		1.0002		1.0002	(3)/(1)

## Base Year

Metal Level	Member Months		Normalized wed 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	Ś	266.72

## Current Year YTD

Existing									
Metal Level	Member Months		022 Normalized Allowed PMPM	Morbidity Adjustment	N	23 Adjusted Iormalized owed 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	N	23 Adjusted lormalized owed 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		022 Normalized Allowed PMPM	Morbidity Adjustment	ľ	23 Adjusted Normalized owed 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		22 Normalized llowed PMPM	Morbidity Adjustment	N	23 Adjusted ormalized owed 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	Ś	268.21	1.000	Ś	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 Allow 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	Normaliz	Adjusted ed Allowed MPM					
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		023 Adjusted malized 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	Ś	268.45

## Rating Year

Existing									
Metal Level	Member Months		023 Normalized Illowed PMPM	Morbidity Adjustment	N	24 Adjusted Iormalized owed 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	١	24 Adjusted Normalized owed 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

				Transter				
•	Metal Level	etal Level Member Months		Metal Level Member Months 2023 Normalized Allowed PMPM		Morbidity Adjustment	2024 Adjusted Normalized Allowed PMPN	
	Catastrophic	130	\$	163.71	1.000	\$	163.7	
	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	\$	315.33	
	Platinum	6,901	\$	348.74	1.000	\$	348.74	
	Subtotal	24,994	\$	313.25	1.000	\$	313.2	

			Total			
Metal Level	Member Months			Morbidity Adjustment	N	24 Adjusted Iormalized owed 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
	Catastrophic Bronze Silver Gold Platinum	Catastrophic       3,659         Bronze       43,208         Silver       157,906         Gold       267,813         Platinum       183,060	Metal Level         Member Months           Catastrophic         3,659           Bronze         43,208           Silver         157,906           Gold         267,813           Platinum         183,060	Metal Level         Member Months         2023 Normalized Allowed PMPM           Catastrophic         3,659         \$ 193.15           Bronze         43,208         \$ 188.36           Silver         157,906         \$ 229.44           Gold         267,813         \$ 283.97           Platinum         183,060         \$ 308.15	Metal Level         Member Months         2023 Normalized Allowed PMPM         Morbidity Adjustment           Catastrophic         3,659         \$ 193.15         1.000           Bronze         43,208         \$ 188.36         1.000           Silver         157,906         \$ 229.44         1.000           Gold         267,813         \$ 283.97         1.000           Platinum         183,060         \$ 308.15         1.000	Metal Level         Member Months         2023 Normalized Allowed PMPM         Morbidity Adjustment         20 Normalized Allowed PMPM           Catastrophic         3,659         \$ 193.15         1.000         \$ 193.15           Bronze         43,208         \$ 188.36         1.000         \$ 193.15           Silver         157,906         \$ 229.44         1.000         \$ 193.15           Gold         267,813         \$ 283.97         1.000         \$ 193.15           Platinum         183,060         \$ 308.15         1.000         \$ 193.15

Year	Norr	Adjusted malized 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) Adjustment*		0.9960	(2)/(1)

<sup>\*</sup>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)

<sup>\*</sup>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.

<sup>\*\*</sup>Average ages are member weighted

<sup>\*\*\*</sup>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	
Prescription Drug	\$ 134.24	0.9864	_
Total	\$ 580.41	0.9966	

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

**Exhibit 8 - Annual Trend Assumptions** 

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

# Exhibit 9 - Risk Adjustment

# Statewide 2022

Metallic Tier	Member Months	PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM	Statewide PMF	PM 2022
Small Group	1,033,231	1.109	1.034	1.000	1.095	0.814	1.225	0.925			\$	479.69

# CFI & Competition 2022

Metallic Tier	Member Months	Distribution	PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM
CFI Non-Catastrophic	823,120	79.7%	1.125	1.038	1.000	1.093	0.810	1.241	0.923		
Competition Non-Catastrophic	210,112	20.3%	1.047	1.019	1.000	1.102	0.828	-	-		

# 2022

Metallic Tier	Member Months	Distribution	PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM
Catastrophic											
Bronze	24,833	4.5%	0.539	1.037	1.000	1.000	0.600	0.539	0.622	-\$2,765,708	-\$111.37
Silver	132,573	24.2%	0.835	1.062	1.000	1.030	0.700	0.860	0.765	-\$7,963,900	-\$60.07
Gold	234,325	42.7%	1.008	1.023	1.000	1.080	0.800	1.088	0.884	-\$7,530,640	-\$32.14
Platinum	156,771	28.6%	1.354	1.046	1.000	1.150	0.900	1.557	1.083	\$7,619,155	\$48.60
Total	548,502	100.0%	1.044	1.040	1.000	1.084	0.795	1.142	0.900	-\$10,641,094	-\$19.40

# Statewide 2024

Metallic Tier	Member Months	PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM	Statewide PMPN	VI 2024
Small Group	1,115,571	1.039	1.024	1.000	1.094	0.813	1.147	0.915			\$	580.96

# CFI & Competition 2024

Metallic Tier	Member Months	Distribution	PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM
CFI Non-Catastrophic	892,457	80.0%	1.053	1.028	1.000	1.092	0.809	1.161	0.913		
Competition Non-Catastrophic	223,114	20.0%	0.980	1.009	1.000	1.102	0.828	-	-		

# 2024

Metallic Tier	Member Months	Distribution	PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM
Bronze	28,994	4.7%	0.528	1.026	1.000	1.000	0.600	0.528	0.615	-\$3,575,225	-\$123.31
Silver	149,617	24.0%	0.789	1.049	1.000	1.030	0.700	0.813	0.756	-\$10,217,994	-\$68.29
Gold	262,646	42.1%	0.947	1.014	1.000	1.080	0.800	1.022	0.876	-\$10,108,381	-\$38.49
Platinum	182,021	29.2%	1.276	1.034	1.000	1.150	0.900	1.467	1.070	\$11,702,423	\$64.29
Total	623,278	100.0%	0.986	1.029	1.000	1.085	0.796	1.079	0.892	-\$12,199,176	-\$19.57

# Adjustment Factor applied to Market Adjusted Index Rate

Projected Index Rate (Avg. 1Q-4Q)	Projected Transfer PMPM (Allowed basis)	Risk Adjustment User Fee (Allowed basis)	Adjustment Factor*
\$593.81	-\$23.45	\$0.24	1.0399

Estimated		HCRP Net
HCRP	Estimated	Charge
Receivable	HCRP Charge	PMPM
\$460,000	\$905,000	-\$0.71

<sup>\*</sup>Adjustment Factor = (\$593.81 - \$-23.45+ \$0.24) / \$593.81

**Exhibit 10A - Desired Incurred Claims Ratio** 

		10	2024	20	2024	30	2024	4Q	2024
	ı	PMPM	% of Revenue	PMPM	% of Revenue	PMPM	% of Revenue	PMPM	% of Revenue
Allowed Claims	\$	581.99		\$ 591.33		\$ 600.86		\$ 610.59	
Paid/Allowed Ratio		86.0%		86.0%		86.0%		86.0%	
Paid Claims & Capitations		500.43		\$ 508.47		\$		\$ 525.03	
Risk Adjustment Transfer & HCRP (Paid Basis)	\$	(20.29)		\$ (20.29)		\$ (20.29)		\$ (20.29)	
Paid Claims & Capitations (Post-3Rs)	\$	520.72	80.4%	\$ 528.75	80.4%	\$ 536.95	80.5%	\$ 545.32	80.5%
Administrative Expense		\$57.63	8.9%	\$58.53	8.9%	\$59.20	8.9%	\$60.02	8.9%
Broker Commissions & Fee		\$24.23	3.7%	\$24.39	3.7%	\$24.50	3.7%	\$24.64	3.6%
Contribution to Reserve (Post-Tax)	\$	20.73	3.2%	\$ 21.04	3.2%	\$ 21.35	3.2%	\$ 21.67	3.2%
Investment Income Credit	\$	(0.65)	-0.1%	\$ (0.66)	-0.1%	\$ (0.67)	-0.1%	\$ (0.68)	-0.1%
Risk Charge	\$	-	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
Non-ACA Taxes & Fees									
State Premium Tax	\$	12.96	2.0%	\$ 13.15	2.0%	\$ 13.34	2.0%	\$ 13.54	2.0%
State Assessment Fee	\$	0.65	0.1%	\$ 0.66	0.1%	\$ 0.67	0.1%	\$ 0.68	0.1%
Reinsurance Program Fee	\$	-	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
State Income Tax	\$	-	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
Federal Income Tax	\$	5.18	0.8%	\$ 5.26	0.8%	\$ 5.34	0.8%	\$ 5.42	0.8%
ACA Taxes & Fees									
Health Insurer Tax	\$	-	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
Risk Adjustment User Fee		0.21	0.0%	\$ 0.21	0.0%	\$ 0.21	0.0%	\$ 0.21	0.0%
Exchange Assessment Fee	\$	5.18	0.8%	\$ 5.26	0.8%	\$ 5.34	0.8%	\$ 5.42	0.8%
Federal Exchange User Fee		-	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
PCORI Tax	\$	0.28	0.0%	\$ 0.28	0.0%	\$ 0.28	0.0%	\$ 0.29	0.0%
BlueRewards/Incentive Program	\$	0.68	0.1%	\$ 0.68	0.1%	\$ 0.68	0.1%	\$ 0.68	0.1%
Total Revenue	\$	647.80	100.0%	\$ 657.55	100.0%	\$ 667.18	100.0%	\$ 677.20	100.0%
Plan Level Admin Load Adjustment		1.2435		1.2431		1.2421		1.2414	
Projected Member Months		163,656		96,433		118,716		244,473	
Average Members		13,638		8,036		9,893		20,373	
% Total 2024		26.3%		15.5%		19.0%		39.2%	

# Exhibit 10B - Federal MLR

	To	otal 2024
	PΝ	ЛРМ / %
<b>Traditional MLR Development</b>		
Paid Claims & Capitations (Post-3Rs)	\$	534.70
Total Revenue	\$	664.53
Traditional MLR (i.e. DICR)		80.5%
Federal MLR Development		
Numerator Adjustments		
BlueRewards/Incentive Program	\$	0.68
<b>Quality Improvement Expenses</b>	\$	2.17
Removal of non-care costs under MLR guidelines	\$	(6.54)
Denominator Adjustments		
Non-ACA Taxes & Fees	\$	19.27
ACA Taxes & Fees	\$	5.81
Federal MLR Numerator	\$	531.01
Federal MLR Denominator	\$	639.45
Federal MLR		83.0%
<b>Projected Member Months</b>		623,278

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

	T	otal 2024
	Pľ	MPM / %
<b>Traditional MLR Development</b>		
Paid Claims & Capitations (Post-3Rs)	\$	533.68
Total Revenue	\$	661.33
Traditional MLR (i.e. DICR)		80.7%
Federal MLR Development		
Numerator Adjustments		
BlueRewards/Incentive Program	\$	0.66
Quality Improvement Expenses	\$	2.14
Removal of non-care costs under MLR guidelines	\$	(6.30)
Denominator Adjustments		
Non-ACA Taxes & Fees	\$	19.06
ACA Taxes & Fees	\$	5.78
Federal MLR Numerator	\$	530.18
Federal MLR Denominator	\$	636.49
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	Capped Dependents	Admin	Plan Adjusted Index Rate
86052DC0440010	BlueChoice Advantage Gold 1000 Ded	POS	GOLD	On	Open Access Advantage	\$601.52	0.8649	1.0593	0.9983	1.0002	1.0000	1.2435	\$684.28
86052DC0440011	BlueChoice Advantage Gold 800 Ded	POS	GOLD	On	Open Access Advantage	\$601.52	0.8714	1.0593	0.9983	1.0002	1.0000	1.2435	\$689.42
86052DC0440012	BlueChoice Advantage Platinum 0 Ded	POS	PLATINUM	On	Open Access Advantage	\$601.52	0.9652	1.0593	1.0630	1.0002	1.0000	1.2435	\$813.13
86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1800 Ded	POS	SILVER	On	Open Access Advantage	\$601.52	0.7840	1.0593	0.9521	1.0002	1.0000	1.2435	\$591.57
86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6100 Ded	POS	BRONZE	On	Open Access Advantage	\$601.52	0.6623	1.0593	0.9243	1.0002	1.0000	1.2435	\$485.18
86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000 Ded	POS	SILVER	On	Open Access Advantage	\$601.52	0.7471	1.0593	0.9521	1.0002	1.0000	1.2435	\$563.73
86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1600 Ded	POS	GOLD	On	Open Access Advantage	\$601.52	0.8355	1.0593	0.9983	1.0002	1.0000	1.2435	\$661.05
86052DC0440022	BlueChoice Advantage Silver 5350 Ded Virtual Connect	POS	SILVER	On	Open Access Advantage	\$601.52	0.7483	1.0593	0.9521	1.0002	1.0000	1.2435	\$564.63
86052DC0440023	BlueChoice Advantage Silver 1800 Ded BlueFund HSA	POS	SILVER	On	Open Access Advantage	\$601.52	0.7844	1.0593	0.9521	1.0002	1.0000	1.2435	\$591.85
86052DC0440025	BlueChoice Advantage Silver 6500 Ded	POS	SILVER	On	Open Access Advantage	\$601.52	0.7498	1.0593	0.9521	1.0002	1.0000	1.2435	\$565.72
86052DC0440026	BlueChoice Advantage Gold 3000 Ded Virtual Connect	POS	GOLD	On	Open Access Advantage	\$601.52	0.8217	1.0593	0.9983	1.0002	1.0000	1.2435	\$650.08
86052DC0440027	BlueChoice Advantage HSA/HRA Silver 2250 Ded	POS	SILVER	On	Open Access Advantage	\$601.52	0.7690	1.0593	0.9521	1.0002	1.0000	1.2435	\$580.22
86052DC0440031	BlueChoice Advantage Bronze 6000 Ded	POS	BRONZE	On	Open Access Advantage	\$601.52	0.6642	1.0593	0.9243	1.0002	1.0000	1.2435	\$486.56
86052DC0440032	BlueChoice Advantage Gold 0 Ded	POS	GOLD	On	Open Access Advantage	\$601.52	0.9086	1.0593	0.9983	1.0002	1.0000	1.2435	\$718.85
86052DC0440033	BlueChoice Advantage Platinum 500 Ded	POS	PLATINUM	On	Open Access Advantage	\$601.52	0.9420	1.0593	1.0630	1.0002	1.0000	1.2435	\$793.60
86052DC0460009	BlueChoice HMO Gold 1500 Ded	НМО	GOLD	On	Open Access	\$601.52	0.8416	0.9359	0.9983	1.0002	1.0000	1.2435	\$588.33
86052DC0460010	BlueChoice HMO Gold 800 Ded	НМО	GOLD	On	Open Access	\$601.52	0.8635	0.9359	0.9983	1.0002	1.0000	1.2435	\$603.61
86052DC0460011	BlueChoice HMO Platinum 0 Ded	НМО	PLATINUM	On	Open Access	\$601.52	0.9630	0.9359	1.0630	1.0002	1.0000	1.2435	\$716.77
86052DC0460012	BlueChoice HMO HSA/HRA Silver 1800 Ded	НМО	SILVER	On	Open Access	\$601.52	0.7689	0.9359	0.9521	1.0002	1.0000	1.2435	\$512.56
86052DC0460013	BlueChoice HMO HSA/HRA Silver 2250 Ded	НМО	SILVER	On	Open Access	\$601.52	0.7524	0.9359	0.9521	1.0002	1.0000	1.2435	\$501.63
86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6100 Ded	НМО	BRONZE	On	Open Access	\$601.52	0.6373	0.9359	0.9243	1.0002	1.0000	1.2435	\$412.46
86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000 Ded	НМО	SILVER	On	Open Access	\$601.52	0.7273	0.9359	0.9521	1.0002	1.0000	1.2435	\$484.86
86052DC0460020	BlueChoice HMO Silver 1900 Ded	НМО	SILVER	On	Open Access	\$601.52	0.7333	0.9359	0.9521	1.0002	1.0000	1.2435	\$488.85
86052DC0460021	BlueChoice HMO HSA/HRA Gold 1600 Ded	НМО	GOLD	On	Open Access	\$601.52	0.8210	0.9359	0.9983	1.0002	1.0000	1.2435	\$573.90
86052DC0460023	BlueChoice HMO Silver 6500 Ded	НМО	SILVER	On	Open Access	\$601.52	0.7322	0.9359	0.9521	1.0002	1.0000	1.2435	\$488.11
86052DC0460024	BlueChoice HMO Gold 3000 Ded Virtual Connect	НМО	GOLD	On	Open Access	\$601.52	0.8103	0.9359	0.9983	1.0002	1.0000	1.2435	\$566.44
86052DC0460029	BlueChoice HMO Bronze 6000 Ded	НМО	BRONZE	On	Open Access	\$601.52	0.6403	0.9359	0.9243	1.0002	1.0000	1.2435	\$414.45
86052DC0460030	BlueChoice HMO HSA Standard Bronze \$6,350	НМО	BRONZE	On	Open Access	\$601.52	0.6417	0.9359	0.9243	1.0002	1.0000	1.2435	\$415.37
86052DC0460031	BlueChoice HMO Standard Bronze \$7,500	НМО	BRONZE	On	Open Access	\$601.52	0.6654	0.9359	0.9243	1.0002	1.0000	1.2435	\$430.69
86052DC0460032	BlueChoice HMO Standard Gold \$500	НМО	GOLD	On	Open Access	\$601.52	0.9041	0.9359	0.9983	1.0002	1.0000	1.2435	\$632.02
86052DC0460033	BlueChoice HMO Standard Platinum \$0	НМО	PLATINUM	On	Open Access	\$601.52	0.9746	0.9359	1.0630	1.0002	1.0000	1.2435	\$725.41
86052DC0460034	BlueChoice HMO Standard Silver \$4,850	НМО	SILVER	On	Open Access	\$601.52	0.7403	0.9359	0.9521	1.0002	1.0000	1.2435	\$493.51
86052DC0480007	BlueChoice HMO Referral Platinum 0 Ded	НМО	PLATINUM	On	Lock In / Referral	\$601.52	0.9621	0.8914	1.0630	1.0002	1.0000	1.2435	\$682.05
86052DC0480008	BlueChoice HMO Referral Gold 800 Ded	НМО	GOLD	On	Lock In / Referral	\$601.52	0.8602	0.8914	0.9983	1.0002	1.0000	1.2435	\$572.69
86052DC0480010	BlueChoice HMO Referral Gold 0 Ded	НМО	GOLD	On	Lock In / Referral	\$601.52	0.9053	0.8914	0.9983	1.0002	1.0000	1.2435	\$602.67
86052DC0480014	BlueChoice HMO Referral Silver 5350 Ded Virtual Connect	НМО	SILVER	On	Lock In / Referral	\$601.52	0.7245	0.8914	0.9521	1.0002	1.0000	1.2435	\$460.01
86052DC0480015	BlueChoice HMO Referral Bronze 8500 Ded	НМО	BRONZE	On	Lock In / Referral	\$601.52	0.5959	0.8914	0.9243	1.0002	1.0000	1.2435	\$367.36
86052DC0500009	BlueChoice Plus HSA/HRA Silver 1800 Ded	POS	SILVER	On	Open Access Plus	\$601.52	0.7719	0.9589	0.9521	1.0002	1.0000	1.2435	\$527.20
86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000 Ded	POS	SILVER	On	Open Access Plus	\$601.52	0.7313	0.9589	0.9521	1.0002	1.0000	1.2435	\$499.49
86052DC0500015	BlueChoice Plus Gold 1000 Ded	POS	GOLD	On	Open Access Plus	\$601.52	0.8579	0.9589	0.9983	1.0002	1.0000	1.2435	\$614.40
86052DC0500016	BlueChoice Plus Gold 800 Ded	POS	GOLD	On	Open Access Plus	\$601.52	0.8651	0.9589	0.9983	1.0002	1.0000	1.2435	\$619.54
86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6100 Ded	POS	BRONZE	On	Open Access Plus	\$601.52	0.6423	0.9589	0.9243	1.0002	1.0000	1.2435	
86052DC0500018	BlueChoice Plus HSA/HRA Silver 2750 Ded	POS	SILVER	On	Open Access Plus	\$601.52	0.7464	0.9589	0.9521	1.0002	1.0000	1.2435	\$509.81
86052DC0500019	BlueChoice Plus Platinum 500 Ded	POS	PLATINUM	On	Open Access Plus	\$601.52	0.9368	0.9589	1.0630	1.0002	1.0000	1.2435	\$714.37
86052DC0580001	BlueChoice Plus Opt-Out Platinum 0 Ded	POS	PLATINUM	On	Open Access Opt-Out	\$601.52	0.9632	0.9474	1.0630	1.0002	1.0000	1.2435	\$725.71

**Exhibit 12 - AV Values** 

86052DC0440010 86052DC0440011 BlueChoice Advantage Gold 1000 Ded 86052DC0440013 BlueChoice Advantage Platinum 0 Ded 86052DC0440013 BlueChoice Advantage HSA/HRA Silver 1800 Ded 86052DC0440018 BlueChoice Advantage HSA/HRA Fronze 6100 Ded 86052DC0440019 BlueChoice Advantage HSA/HRA Silver 3000 Ded 86052DC0440021 BlueChoice Advantage HSA/HRA Gold 1600 Ded 86052DC0440022 BlueChoice Advantage Silver 5350 Ded Virtual Conne 86052DC0440023 BlueChoice Advantage Silver 1800 Ded BlueFund HS. 86052DC0440025 BlueChoice Advantage Silver 5350 Ded Virtual Conne 86052DC0440026 BlueChoice Advantage Silver 6500 Ded 86052DC0440027 BlueChoice Advantage Gold 3000 Ded Virtual Conne 86052DC0440027 BlueChoice Advantage HSA/HRA Silver 2250 Ded 86052DC0440031 BlueChoice Advantage Bronze 6000 Ded 86052DC0440032 BlueChoice Advantage Platinum 500 Ded 86052DC0440033 BlueChoice Advantage Platinum 500 Ded 86052DC0460009 BlueChoice HMO Gold 1500 Ded 86052DC0460010 BlueChoice HMO Platinum 0 Ded 86052DC0460011 BlueChoice HMO HSA/HRA Silver 1800 Ded 86052DC0460012 BlueChoice HMO HSA/HRA Silver 1800 Ded 86052DC0460014 BlueChoice HMO HSA/HRA Silver 1800 Ded 86052DC0460019 BlueChoice HMO HSA/HRA Fonze 6100 Ded 86052DC0460020 BlueChoice HMO HSA/HRA Gold 1600 Ded 86052DC0460021 BlueChoice HMO HSA/HRA Gold 1600 Ded 86052DC0460021 BlueChoice HMO Bronze 6000 Ded 86052DC0460021 BlueChoice HMO Standard Bronze \$6,350 BlueChoice HMO Standard Bronze \$6,350 BlueChoice HMO Standard Bronze \$7,500 BlueChoice HMO Standard Bronze \$7,500 BlueChoice HMO Standard Bronze \$7,500 BlueChoice HMO Referral Gold 800 Ded 86052DC0460033 BlueChoice HMO Referral Gold 800 Ded 86052DC0460031 BlueChoice HMO Referral Gold 800 Ded 86052DC0460033 BlueChoice HMO Referral Gold 800 Ded 86052DC0460031 BlueChoice HMO Referral Gold 0 Ded 86052DC0460034 BlueChoice HMO Referral Gold 0 Ded 86052DC0460031 BlueChoice HMO Referral Bronze \$7,500 BlueChoice HMO Referral Gold 0 Ded 86052DC0480014 BlueChoice HMO Referral Gold 0 Ded 86052DC0480015 BlueChoice HMO Referral Gold 0 Ded 86052DC0480016 BlueCh	HHS AV
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BlueChoice HMO HSA/HRA Silver 2250 Ded  86052DC0460014 BlueChoice HMO HSA/HRA Bronze 6100 Ded  86052DC0460019 BlueChoice HMO HSA/HRA Silver 3000 Ded  86052DC0460020 BlueChoice HMO Silver 1900 Ded  86052DC0460021 BlueChoice HMO HSA/HRA Gold 1600 Ded  86052DC0460023 BlueChoice HMO Silver 6500 Ded  86052DC0460024 BlueChoice HMO Gold 3000 Ded Virtual Connect  86052DC0460029 BlueChoice HMO Bronze 6000 Ded  86052DC0460030 BlueChoice HMO Standard Bronze \$6,350  86052DC0460031 BlueChoice HMO Standard Gold \$500  86052DC0460032 BlueChoice HMO Standard Platinum \$0  86052DC0460033 BlueChoice HMO Standard Silver \$4,850  86052DC0460034 BlueChoice HMO Referral Platinum 0 Ded  86052DC0480007 BlueChoice HMO Referral Gold 800 Ded  86052DC0480010 BlueChoice HMO Referral Bronze 8500 Ded  86052DC0480015 BlueChoice Plus HSA/HRA Silver 1800 Ded  86052DC0500015 BlueChoice Plus HSA/HRA Silver 3000 Ded  86052DC0500015 BlueChoice Plus Gold 1000 Ded	0.717
BlueChoice HMO HSA/HRA Bronze 6100 Ded B6052DC0460019 BlueChoice HMO HSA/HRA Silver 3000 Ded B6052DC0460020 BlueChoice HMO HSA/HRA Gold 1600 Ded B6052DC0460021 BlueChoice HMO HSA/HRA Gold 1600 Ded B6052DC0460023 BlueChoice HMO Silver 6500 Ded B6052DC0460024 BlueChoice HMO Gold 3000 Ded Virtual Connect B6052DC0460029 BlueChoice HMO Bronze 6000 Ded B6052DC0460030 BlueChoice HMO HSA Standard Bronze \$6,350 B6052DC0460031 BlueChoice HMO Standard Bronze \$7,500 B6052DC0460032 BlueChoice HMO Standard Gold \$500 B6052DC0460033 BlueChoice HMO Standard Platinum \$0 B6052DC0460034 BlueChoice HMO Referral Platinum 0 Ded B6052DC0480007 BlueChoice HMO Referral Gold 800 Ded B6052DC0480010 BlueChoice HMO Referral Bronze 8500 Ded B6052DC0480015 BlueChoice HMO Referral Bronze 8500 Ded B6052DC0500009 BlueChoice Plus HSA/HRA Silver 1800 Ded B6052DC0500015 BlueChoice Plus Gold 1000 Ded B6052DC0500016 BlueChoice Plus Gold 800 Ded	0.720
BlueChoice HMO HSA/HRA Silver 3000 Ded B6052DC0460020 BlueChoice HMO Silver 1900 Ded B6052DC0460021 BlueChoice HMO HSA/HRA Gold 1600 Ded B6052DC0460023 BlueChoice HMO Silver 6500 Ded B6052DC0460024 BlueChoice HMO Gold 3000 Ded Virtual Connect B6052DC0460029 BlueChoice HMO Bronze 6000 Ded B6052DC0460030 BlueChoice HMO HSA Standard Bronze \$6,350 B6052DC0460031 BlueChoice HMO Standard Bronze \$7,500 B6052DC0460032 BlueChoice HMO Standard Gold \$500 BlueChoice HMO Standard Platinum \$0 BlueChoice HMO Standard Silver \$4,850 BlueChoice HMO Referral Platinum 0 Ded B6052DC0460034 BlueChoice HMO Referral Gold 800 Ded B6052DC0480007 BlueChoice HMO Referral Gold 0 Ded B6052DC0480010 BlueChoice HMO Referral Bronze 8500 Ded B6052DC0480015 BlueChoice Plus HSA/HRA Silver 1800 Ded B6052DC0500009 BlueChoice Plus HSA/HRA Silver 3000 Ded B6052DC0500015 BlueChoice Plus Gold 1000 Ded B6052DC0500016 BlueChoice Plus Gold 800 Ded	0.645
BlueChoice HMO Silver 1900 Ded B6052DC0460021 BlueChoice HMO HSA/HRA Gold 1600 Ded B6052DC0460023 BlueChoice HMO Silver 6500 Ded B6052DC0460024 BlueChoice HMO Gold 3000 Ded Virtual Connect B6052DC0460029 BlueChoice HMO Bronze 6000 Ded B6052DC0460030 BlueChoice HMO HSA Standard Bronze \$6,350 B6052DC0460031 BlueChoice HMO Standard Bronze \$7,500 B6052DC0460032 BlueChoice HMO Standard Gold \$500 B6052DC0460033 BlueChoice HMO Standard Platinum \$0 B6052DC0460034 BlueChoice HMO Standard Silver \$4,850 B6052DC0480007 BlueChoice HMO Referral Platinum 0 Ded B6052DC0480008 BlueChoice HMO Referral Gold 800 Ded B6052DC0480010 BlueChoice HMO Referral Bronze 8500 Ded B6052DC0480015 BlueChoice HMO Referral Bronze 8500 Ded B6052DC0500009 BlueChoice Plus HSA/HRA Silver 1800 Ded B6052DC0500010 BlueChoice Plus Gold 1000 Ded B6052DC0500015 BlueChoice Plus Gold 800 Ded	0.719
BlueChoice HMO HSA/HRA Gold 1600 Ded B6052DC0460023 BlueChoice HMO Silver 6500 Ded B6052DC0460024 BlueChoice HMO Gold 3000 Ded Virtual Connect B6052DC0460029 BlueChoice HMO Bronze 6000 Ded B6052DC0460030 BlueChoice HMO HSA Standard Bronze \$6,350 B6052DC0460031 BlueChoice HMO Standard Bronze \$7,500 B6052DC0460032 BlueChoice HMO Standard Gold \$500 B6052DC0460033 BlueChoice HMO Standard Platinum \$0 B6052DC0460034 BlueChoice HMO Standard Silver \$4,850 B6052DC0480007 BlueChoice HMO Referral Platinum 0 Ded B6052DC0480008 BlueChoice HMO Referral Gold 800 Ded B6052DC0480010 BlueChoice HMO Referral Gold 0 Ded B6052DC0480014 JeChoice HMO Referral Bronze 8500 Ded B6052DC0480015 BlueChoice Plus HSA/HRA Silver 1800 Ded B6052DC0500010 BlueChoice Plus HSA/HRA Silver 3000 Ded B6052DC0500015 BlueChoice Plus Gold 1000 Ded B6052DC0500016 BlueChoice Plus Gold 800 Ded	0.718
BlueChoice HMO Silver 6500 Ded  86052DC0460024 BlueChoice HMO Gold 3000 Ded Virtual Connect  86052DC0460029 BlueChoice HMO Bronze 6000 Ded  86052DC0460030 BlueChoice HMO HSA Standard Bronze \$6,350  86052DC0460031 BlueChoice HMO Standard Bronze \$7,500  86052DC0460032 BlueChoice HMO Standard Gold \$500  86052DC0460033 BlueChoice HMO Standard Platinum \$0  86052DC0460034 BlueChoice HMO Standard Silver \$4,850  86052DC0480007 BlueChoice HMO Referral Platinum 0 Ded  86052DC0480008 BlueChoice HMO Referral Gold 800 Ded  86052DC0480010 BlueChoice HMO Referral Gold 0 Ded  86052DC0480014 JeChoice HMO Referral Silver 5350 Ded Virtual Conn  86052DC0480015 BlueChoice Plus HSA/HRA Silver 1800 Ded  86052DC05000010 BlueChoice Plus HSA/HRA Silver 3000 Ded  86052DC0500015 BlueChoice Plus Gold 1000 Ded  86052DC0500016 BlueChoice Plus Gold 800 Ded	0.814
BlueChoice HMO Gold 3000 Ded Virtual Connect B6052DC0460029 BlueChoice HMO Bronze 6000 Ded B6052DC0460030 BlueChoice HMO HSA Standard Bronze \$6,350 B6052DC0460031 BlueChoice HMO Standard Bronze \$7,500 B6052DC0460032 BlueChoice HMO Standard Gold \$500 B6052DC0460033 BlueChoice HMO Standard Platinum \$0 B6052DC0460034 BlueChoice HMO Standard Silver \$4,850 B6052DC0480007 BlueChoice HMO Referral Platinum 0 Ded B6052DC0480008 BlueChoice HMO Referral Gold 800 Ded B6052DC0480010 BlueChoice HMO Referral Silver 5350 Ded Virtual Conn B6052DC0480015 BlueChoice HMO Referral Bronze 8500 Ded B6052DC0500009 BlueChoice Plus HSA/HRA Silver 1800 Ded B6052DC0500010 BlueChoice Plus HSA/HRA Silver 3000 Ded B6052DC0500015 BlueChoice Plus Gold 1000 Ded B6052DC0500016 BlueChoice Plus Gold 800 Ded	0.715
BlueChoice HMO Bronze 6000 Ded  86052DC0460030 BlueChoice HMO HSA Standard Bronze \$6,350  86052DC0460031 BlueChoice HMO Standard Bronze \$7,500  86052DC0460032 BlueChoice HMO Standard Gold \$500  86052DC0460033 BlueChoice HMO Standard Platinum \$0  86052DC0460034 BlueChoice HMO Standard Silver \$4,850  86052DC0480007 BlueChoice HMO Referral Platinum 0 Ded  86052DC0480008 BlueChoice HMO Referral Gold 800 Ded  86052DC0480010 BlueChoice HMO Referral Gold 0 Ded  86052DC0480014 JeChoice HMO Referral Silver 5350 Ded Virtual Conn  86052DC0480015 BlueChoice HMO Referral Bronze 8500 Ded  86052DC0500009 BlueChoice Plus HSA/HRA Silver 1800 Ded  86052DC0500010 BlueChoice Plus HSA/HRA Silver 3000 Ded  86052DC0500015 BlueChoice Plus Gold 1000 Ded	0.787
86052DC0460030 BlueChoice HMO HSA Standard Bronze \$6,350 86052DC0460031 BlueChoice HMO Standard Bronze \$7,500 86052DC0460032 BlueChoice HMO Standard Gold \$500 86052DC0460033 BlueChoice HMO Standard Platinum \$0 86052DC0460034 BlueChoice HMO Standard Silver \$4,850 86052DC0480007 BlueChoice HMO Referral Platinum 0 Ded 86052DC0480008 BlueChoice HMO Referral Gold 800 Ded 86052DC0480010 BlueChoice HMO Referral Gold 0 Ded 86052DC0480014 JeChoice HMO Referral Silver 5350 Ded Virtual Conn 86052DC0480015 BlueChoice HMO Referral Bronze 8500 Ded 86052DC0500009 BlueChoice Plus HSA/HRA Silver 1800 Ded 86052DC0500010 BlueChoice Plus Gold 1000 Ded 86052DC0500016 BlueChoice Plus Gold 800 Ded	0.649
BlueChoice HMO Standard Bronze \$7,500  86052DC0460032 BlueChoice HMO Standard Gold \$500  86052DC0460033 BlueChoice HMO Standard Platinum \$0  86052DC0460034 BlueChoice HMO Standard Silver \$4,850  86052DC0480007 BlueChoice HMO Referral Platinum 0 Ded  86052DC0480008 BlueChoice HMO Referral Gold 800 Ded  86052DC0480010 BlueChoice HMO Referral Gold 0 Ded  86052DC0480014 JeChoice HMO Referral Silver 5350 Ded Virtual Conn  86052DC0480015 BlueChoice HMO Referral Bronze 8500 Ded  86052DC0500009 BlueChoice Plus HSA/HRA Silver 1800 Ded  86052DC0500010 BlueChoice Plus HSA/HRA Silver 3000 Ded  86052DC0500015 BlueChoice Plus Gold 1000 Ded	0.649
BlueChoice HMO Standard Gold \$500  86052DC0460033 BlueChoice HMO Standard Platinum \$0  86052DC0460034 BlueChoice HMO Standard Silver \$4,850  86052DC0480007 BlueChoice HMO Referral Platinum 0 Ded  86052DC0480008 BlueChoice HMO Referral Gold 800 Ded  86052DC0480010 BlueChoice HMO Referral Gold 0 Ded  86052DC0480014 JeChoice HMO Referral Silver 5350 Ded Virtual Conn  86052DC0480015 BlueChoice HMO Referral Bronze 8500 Ded  86052DC0500009 BlueChoice Plus HSA/HRA Silver 1800 Ded  86052DC0500010 BlueChoice Plus Gold 1000 Ded  86052DC0500016 BlueChoice Plus Gold 800 Ded	0.645
86052DC0460033 BlueChoice HMO Standard Platinum \$0 86052DC0460034 BlueChoice HMO Standard Silver \$4,850 86052DC0480007 BlueChoice HMO Referral Platinum 0 Ded 86052DC0480008 BlueChoice HMO Referral Gold 800 Ded 86052DC0480010 BlueChoice HMO Referral Gold 0 Ded 86052DC0480014 JeChoice HMO Referral Silver 5350 Ded Virtual Conn 86052DC0480015 BlueChoice HMO Referral Bronze 8500 Ded 86052DC0500009 BlueChoice Plus HSA/HRA Silver 1800 Ded 86052DC0500010 BlueChoice Plus HSA/HRA Silver 3000 Ded 86052DC0500015 BlueChoice Plus Gold 1000 Ded 86052DC0500016 BlueChoice Plus Gold 800 Ded	0.819
86052DC0460034 BlueChoice HMO Standard Silver \$4,850 86052DC0480007 BlueChoice HMO Referral Platinum 0 Ded 86052DC0480008 BlueChoice HMO Referral Gold 800 Ded 86052DC0480010 BlueChoice HMO Referral Gold 0 Ded 86052DC0480014 JeChoice HMO Referral Silver 5350 Ded Virtual Conn 86052DC0480015 BlueChoice HMO Referral Bronze 8500 Ded 86052DC0500009 BlueChoice Plus HSA/HRA Silver 1800 Ded 86052DC0500010 BlueChoice Plus HSA/HRA Silver 3000 Ded 86052DC0500015 BlueChoice Plus Gold 1000 Ded	0.904
86052DC0480007 BlueChoice HMO Referral Platinum 0 Ded 86052DC0480008 BlueChoice HMO Referral Gold 800 Ded 86052DC0480010 BlueChoice HMO Referral Gold 0 Ded 86052DC0480014 JeChoice HMO Referral Silver 5350 Ded Virtual Conn 86052DC0480015 BlueChoice HMO Referral Bronze 8500 Ded 86052DC0500009 BlueChoice Plus HSA/HRA Silver 1800 Ded 86052DC0500010 BlueChoice Plus HSA/HRA Silver 3000 Ded 86052DC0500015 BlueChoice Plus Gold 1000 Ded 86052DC0500016 BlueChoice Plus Gold 800 Ded	0.702
BlueChoice HMO Referral Gold 800 Ded  86052DC0480010 BlueChoice HMO Referral Gold 0 Ded  86052DC0480014 JeChoice HMO Referral Silver 5350 Ded Virtual Conn  86052DC0480015 BlueChoice HMO Referral Bronze 8500 Ded  86052DC0500009 BlueChoice Plus HSA/HRA Silver 1800 Ded  86052DC0500010 BlueChoice Plus HSA/HRA Silver 3000 Ded  86052DC0500015 BlueChoice Plus Gold 1000 Ded  86052DC0500016 BlueChoice Plus Gold 800 Ded	0.910
86052DC0480010 BlueChoice HMO Referral Gold 0 Ded 86052DC0480014 JeChoice HMO Referral Silver 5350 Ded Virtual Conn 86052DC0480015 BlueChoice HMO Referral Bronze 8500 Ded 86052DC0500009 BlueChoice Plus HSA/HRA Silver 1800 Ded 86052DC0500010 BlueChoice Plus HSA/HRA Silver 3000 Ded 86052DC0500015 BlueChoice Plus Gold 1000 Ded 86052DC0500016 BlueChoice Plus Gold 800 Ded	0.808
86052DC0480014 JeChoice HMO Referral Silver 5350 Ded Virtual Conn 86052DC0480015 BlueChoice HMO Referral Bronze 8500 Ded 86052DC0500009 BlueChoice Plus HSA/HRA Silver 1800 Ded 86052DC0500010 BlueChoice Plus HSA/HRA Silver 3000 Ded 86052DC0500015 BlueChoice Plus Gold 1000 Ded 86052DC0500016 BlueChoice Plus Gold 800 Ded	0.814
86052DC0480015 BlueChoice HMO Referral Bronze 8500 Ded 86052DC0500009 BlueChoice Plus HSA/HRA Silver 1800 Ded 86052DC0500010 BlueChoice Plus HSA/HRA Silver 3000 Ded 86052DC0500015 BlueChoice Plus Gold 1000 Ded 86052DC0500016 BlueChoice Plus Gold 800 Ded	
86052DC0500009       BlueChoice Plus HSA/HRA Silver 1800 Ded         86052DC0500010       BlueChoice Plus HSA/HRA Silver 3000 Ded         86052DC0500015       BlueChoice Plus Gold 1000 Ded         86052DC0500016       BlueChoice Plus Gold 800 Ded	0.619
86052DC0500010         BlueChoice Plus HSA/HRA Silver 3000 Ded           86052DC0500015         BlueChoice Plus Gold 1000 Ded           86052DC0500016         BlueChoice Plus Gold 800 Ded	0.717
86052DC0500015 BlueChoice Plus Gold 1000 Ded 86052DC0500016 BlueChoice Plus Gold 800 Ded	0.717
86052DC0500016 BlueChoice Plus Gold 800 Ded	0.719
	0.808
ADUS A JULISHILLA KINGLINNICO VINCHSA JARA KINDA KINDA NA	0.645
86052DC0500017 BlueChoice Plus HSA/HRA Bronze 6100 Ded 86052DC0500018 BlueChoice Plus HSA/HRA Silver 2750 Ded	0.720
86052DC0500019 BlueChoice Plus Platinum 500 Ded 86052DC0580001 BlueChoice Plus Opt-Out Platinum 0 Ded	0.905 0.910

**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 Advantage Gold 1000 Ded	
(5)	Plan Adjusted Index Rate	\$682.73	
(6)	Calibration	0.9977	(4)
(7)	Calibrated Rate	\$681.18	(5)*(6)
(8)	Age 40 Factor/Rounded Avg Age Factor = (0.975/1.053)	0.9259	
(9)	Age 40 Premium Rate	\$630.73	(7)*(8)

<sup>\*</sup>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.

<sup>\*\*</sup>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.

<sup>\*\*\*</sup>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
	1.377
49	
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** 

	<b>Projected Membe</b>	r	
CDH/Non-CDH	Months	Relative to HSA/HRA	Relative to Average*
HSA/HRA	179,043	1.0000	1.0000
Non-CDH	476,603	1.0000	1.0000
	655,646	1.0000	
	Projected Membe	r	
Metal Level	Months	Relative to Bronze	Relative to Average*
Catastrophic	3,659	1.0000	0.9243
Bronze	43,208	1.0000	0.9243
Silver	157,461	1.0300	0.9521
Gold	267,813	1.0800	0.9983
Platinum	183,505	1.1500	1.0630
Total	655,646	1.0819	

<sup>\*</sup>Factors are applied as plan level adjustments

# **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	<b>Projected Member Months</b>	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
Total	655,646	1.1219	

<sup>\*</sup>Factors are applied as plan level adjustments

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

Exp. Period				Current Period	Rating Period		
2021 Base HIOS Plan I	D 2021 HIOS Plan Name	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
86052DC0440010	BlueChoice Advantage Gold 1000	86052DC0440010	BlueChoice Advantage Gold 1000	86052DC0440010	BlueChoice Advantage Gold 1000	86052DC0440010	BlueChoice Advantage Gold 1000 Ded
86052DC0440011	BlueChoice Advantage Gold 500	86052DC0440011	BlueChoice Advantage Gold 500	86052DC0440011	BlueChoice Advantage Gold 800	86052DC0440011	BlueChoice Advantage Gold 800 Ded
86052DC0440012	BlueChoice Advantage Platinum 0	86052DC0440012	BlueChoice Advantage Platinum 0	86052DC0440012	BlueChoice Advantage Platinum 0	86052DC0440012	BlueChoice Advantage Platinum 0 Ded
86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1600	86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1800 Ded
86052DC0440015	HealthyBlue Advantage Platinum 500	86052DC0440015	HealthyBlue Advantage Platinum 500	86052DC0440015	HealthyBlue Advantage Platinum 500	86052DC0440033	BlueChoice Advantage Platinum 500 Ded
86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6100	86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6100	86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6100	86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6100 Ded
86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000 Ded
86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1600 Ded
86052DC0440022	BlueChoice Advantage Silver 4000	86052DC0440022	BlueChoice Advantage Silver 4000	86052DC0440022	BlueChoice Advantage Silver 5350 Virtual Connect	86052DC0440022	BlueChoice Advantage Silver 5350 Ded Virtual Connect
86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA	86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA	86052DC0440023	BlueChoice Advantage Silver 1600 BlueFund HSA	86052DC0440023	BlueChoice Advantage Silver 1800 Ded BlueFund HSA
86052DC0440025	BlueChoice Advantage Silver 5000	86052DC0440025	BlueChoice Advantage Silver 5000	86052DC0440025	BlueChoice Advantage Silver 6500	86052DC0440025	BlueChoice Advantage Silver 6500 Ded
86052DC0440026	BlueChoice Advantage Gold 3000	86052DC0440026	BlueChoice Advantage Gold 3000	86052DC0440026	BlueChoice Advantage Gold 3000 Virtual Connect	86052DC0440026	BlueChoice Advantage Gold 3000 Ded Virtual Connect
86052DC0440027	BlueChoice Advantage HSA/HRA Silver 2000	86052DC0440027	BlueChoice Advantage HSA/HRA Silver 2000	86052DC0440027	BlueChoice Advantage HSA/HRA Silver 2000	86052DC0440027	BlueChoice Advantage HSA/HRA Silver 2250 Ded
86052DC0440028	BlueChoice Advantage HSA/HRA Gold 1500 90	86052DC0440028	BlueChoice Advantage HSA/HRA Gold 1500 90	86052DC0440028	BlueChoice Advantage HSA/HRA Gold 1500 90	86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1600 Ded
86052DC0440029	BlueChoice Advantage HSA/HRA Silver 2100 70	86052DC0440029	BlueChoice Advantage HSA/HRA Silver 2100 70	86052DC0440029	BlueChoice Advantage HSA/HRA Silver 2400 70	86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000 Ded
86052DC0440030	BlueChoice Advantage HSA/HRA Silver 3000 70	86052DC0440030	BlueChoice Advantage HSA/HRA Silver 3000 70	86052DC0440030	BlueChoice Advantage HSA/HRA Silver 3000 70	86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000 Ded
86052DC0440031	BlueChoice Advantage Value Bronze 6000	86052DC0440031	BlueChoice Advantage Value Bronze 6000	86052DC0440031	BlueChoice Advantage Value Bronze 6000	86052DC0440031	BlueChoice Advantage Bronze 6000 Ded
86052DC0440032	BlueChoice Advantage Gold 0	86052DC0440032	BlueChoice Advantage Gold 0	86052DC0440032	BlueChoice Advantage Gold 0	86052DC0440032	BlueChoice Advantage Gold 0 Ded
86052DC0460009	BlueChoice HMO Gold 1500	86052DC0460009	BlueChoice HMO Gold 1500	86052DC0460009	BlueChoice HMO Gold 1500	86052DC0460009	BlueChoice HMO Gold 1500 Ded
86052DC0460010	BlueChoice HMO Gold 500	86052DC0460010	BlueChoice HMO Gold 500	86052DC0460010	BlueChoice HMO Gold 800	86052DC0460010	BlueChoice HMO Gold 800 Ded
86052DC0460011	BlueChoice HMO Platinum 0	86052DC0460011	BlueChoice HMO Platinum 0	86052DC0460011	BlueChoice HMO Platinum 0	86052DC0460011	BlueChoice HMO Platinum 0 Ded
86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	86052DC0460012	BlueChoice HMO HSA/HRA Silver 1600	86052DC0460012	BlueChoice HMO HSA/HRA Silver 1800 Ded
86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2250 Ded
86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6100	86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6100	86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6100	86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6100 Ded
86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000 Ded
86052DC0460020	BlueChoice HMO Silver 1500	86052DC0460020	BlueChoice HMO Silver 1500	86052DC0460020	BlueChoice HMO Silver 1900	86052DC0460020	BlueChoice HMO Silver 1900 Ded
86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	86052DC0460021	BlueChoice HMO HSA/HRA Gold 1600 Ded
86052DC0460023	BlueChoice HMO Silver 5000	86052DC0460023	BlueChoice HMO Silver 5000	86052DC0460023	BlueChoice HMO Silver 6500	86052DC0460023	BlueChoice HMO Silver 6500 Ded
86052DC0460024	BlueChoice HMO Gold 3000	86052DC0460024	BlueChoice HMO Gold 3000	86052DC0460024	BlueChoice HMO Gold 3000 Virtual Connect	86052DC0460024	BlueChoice HMO Gold 3000 Ded Virtual Connect
86052DC0460025	BlueChoice HMO HSA/HRA Gold 1500 90	86052DC0460025	BlueChoice HMO HSA/HRA Gold 1500 90	86052DC0460025	BlueChoice HMO HSA/HRA Gold 1500 90	86052DC0460021	BlueChoice HMO HSA/HRA Gold 1600 Ded
86052DC0460026	BlueChoice HMO HSA/HRA Bronze 6500 90	86052DC0460026	BlueChoice HMO HSA/HRA Bronze 6500 90	86052DC0460026	BlueChoice HMO HSA/HRA Bronze 6500 90	86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6100 Ded
86052DC0460027	BlueChoice HMO HSA/HRA Silver 2100 70	86052DC0460027	BlueChoice HMO HSA/HRA Silver 2100 70	86052DC0460027	BlueChoice HMO HSA/HRA Silver 2400 70	86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000 Ded
86052DC0460028	BlueChoice HMO HSA/HRA Silver 3000 70	86052DC0460028	BlueChoice HMO HSA/HRA Silver 3000 70	86052DC0460028	BlueChoice HMO HSA/HRA Silver 3000 70	86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000 Ded
86052DC0460029	BlueChoice HMO Value Bronze 6000	86052DC0460029	BlueChoice HMO Value Bronze 6000	86052DC0460029	BlueChoice HMO Value Bronze 6000	86052DC0460029	BlueChoice HMO Bronze 6000 Ded
86052DC0480007	BlueChoice HMO Referral Platinum 0	86052DC0480007	BlueChoice HMO Referral Platinum 0	86052DC0480007	BlueChoice HMO Referral Platinum 0	86052DC0480007	BlueChoice HMO Referral Platinum 0 Ded
86052DC0480007	BlueChoice HMO Referral Gold 500	86052DC0480007	BlueChoice HMO Referral Gold 500	86052DC0480007	BlueChoice HMO Referral Gold 800	86052DC0480007	BlueChoice HMO Referral Gold 800 Ded
86052DC0480010	BlueChoice HMO Referral Gold 0	86052DC0480010	BlueChoice HMO Referral Gold 0	86052DC0480010	BlueChoice HMO Referral Gold 0	86052DC0480010	BlueChoice HMO Referral Gold 0 Ded
86052DC0480014	BlueChoice HMO Referral Silver 4000	86052DC0480014	BlueChoice HMO Referral Silver 4000	86052DC0480014	BlueChoice HMO Referral Silver 5350 Virtual Connect	86052DC0480014	BlueChoice HMO Referral Silver 5350 Ded Virtual Connec
86052DC0480015	BlueChoice HMO Referral Bronze 8250	86052DC0480014 86052DC0480015	BlueChoice HMO Referral Bronze 8250	86052DC0480014 86052DC0480015	BlueChoice HMO Referral Bronze 8250	86052DC0480015	BlueChoice HMO Referral Bronze 8500 Ded
86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	86052DC0500009	BlueChoice Plus HSA/HRA Silver 1600	86052DC0500009	BlueChoice Plus HSA/HRA Silver 1800 Ded
	·		·		·		·
86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000 Ded
86052DC0500012	HealthyBlue Plus Platinum 500	86052DC0500012	HealthyBlue Plus Platinum 500	86052DC0500012	HealthyBlue Plus Platinum 500	86052DC0500019	BlueChoice Plus Platinum 500 Ded
86052DC0500015	BlueChoice Plus Gold 1000	86052DC0500015	BlueChoice Plus Gold 1000	86052DC0500015	BlueChoice Plus Gold 1000	86052DC0500015	BlueChoice Plus Gold 1000 Ded
86052DC0500016	BlueChoice Plus Gold 500	86052DC0500016	BlueChoice Plus Gold 500	86052DC0500016	BlueChoice Plus Gold 800	86052DC0500016	BlueChoice Plus Gold 800 Ded
86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6100	86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6100	86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6100	86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6100 Ded
86052DC0500018	BlueChoice Plus HSA/HRA Silver 2500	86052DC0500018	BlueChoice Plus HSA/HRA Silver 2500	86052DC0500018	BlueChoice Plus HSA/HRA Silver 2500	86052DC0500018	BlueChoice Plus HSA/HRA Silver 2750 Ded
86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	86052DC0580001	BlueChoice Plus Opt-Out Platinum 0 Ded
				86052DC0460030	BlueChoice HMO HSA Standard Bronze \$6,350	86052DC0460030	BlueChoice HMO HSA Standard Bronze \$6,350 Ded
				86052DC0460031	BlueChoice HMO Standard Bronze \$7,500	86052DC0460031	BlueChoice HMO Standard Bronze \$7,500 Ded
				86052DC0460032	BlueChoice HMO Standard Gold \$500	86052DC0460032	BlueChoice HMO Standard Gold \$500 Ded
				86052DC0460033	BlueChoice HMO Standard Platinum \$0	86052DC0460033	BlueChoice HMO Standard Platinum \$0 Ded
				86052DC0460034	BlueChoice HMO Standard Silver \$4,850	86052DC0460034	BlueChoice HMO Standard Silver \$4,850 Ded

# Appendix - Annual Rate Change Based on Mapping

Bronze	Bronze Members/Avg Renewal	2,215	2,295	10.5%
Silver	Silver Members/Avg Renewal	11,431	11,895	9.8%
Gold	Gold Members/Avg Renewal	20,117	20,848	8.3%
Platinum	Platinum Members/Avg Renewal	13,855	14,474	6.8%
	All Members/Avg Renewal	47,618	49,512	8.1%
	Minimum Renewal			6.6%
	Maximum Renewal			12.8%

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	1Q2023 Base Rate	1Q2024 Base Rate	Annual Rate Change
86052DC0440010	BlueChoice Advantage Gold 1000	GOLD	On	86052DC0440010	BlueChoice Advantage Gold 1000 Ded	GOLD	On	4,207.00	4,349	\$596.36	\$648.37	8.7%
86052DC0440011	BlueChoice Advantage Gold 800	GOLD	On	86052DC0440011	BlueChoice Advantage Gold 800 Ded	GOLD	On	3,842.00	3,972	\$601.46	\$653.23	8.6%
86052DC0440012	BlueChoice Advantage Platinum 0	PLATINUM	On	86052DC0440012	BlueChoice Advantage Platinum 0 Ded	PLATINUM	On	5,130.00	5,406	\$720.48	\$770.46	6.9%
86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1600	SILVER	On	86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1800 Ded	SILVER	On	2,160.00	2,260	\$511.53	\$560.52	9.6%
86052DC0440015	HealthyBlue Advantage Platinum 500	PLATINUM	On	86052DC0440033	BlueChoice Advantage Platinum 500 Ded	PLATINUM	On	1,789.00	1,880	\$703.03	\$751.95	7.0%
86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6100	BRONZE	On	86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6100 Ded	BRONZE	On	675.00	698	\$417.51	\$459.72	10.1%
86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	SILVER	On	86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000 Ded	SILVER	On	741.00	772	\$484.32	\$534.14	10.3%
86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	GOLD	On	86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1600 Ded	GOLD	On	1,718.00	1,796	\$579.39	\$626.35	8.1%
86052DC0440022	BlueChoice Advantage Silver 5350 Virtual Connect	SILVER	On	86052DC0440022	BlueChoice Advantage Silver 5350 Ded Virtual Connect	SILVER	On	448.00	472	\$483.88	\$534.99	10.6%
86052DC0440023	BlueChoice Advantage Silver 1600 BlueFund HSA	SILVER	On	86052DC0440023	BlueChoice Advantage Silver 1800 Ded BlueFund HSA	SILVER	On	859.00	889	\$511.90	\$560.79	9.6%
86052DC0440025	BlueChoice Advantage Silver 6500	SILVER	On	86052DC0440025	BlueChoice Advantage Silver 6500 Ded	SILVER	On	247.00	262	\$485.74	\$536.03	10.4%
86052DC0440026	BlueChoice Advantage Gold 3000 Virtual Connect	GOLD	On	86052DC0440026	BlueChoice Advantage Gold 3000 Ded Virtual Connect	GOLD	On	809.00	850	\$570.58	\$615.96	8.0%
86052DC0440027	BlueChoice Advantage HSA/HRA Silver 2000	SILVER	On	86052DC0440027	BlueChoice Advantage HSA/HRA Silver 2250 Ded	SILVER	On	1,434.00	1,496	\$503.05	\$549.77	9.3%
86052DC0440028	BlueChoice Advantage HSA/HRA Gold 1500 90	GOLD	On	86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1600 Ded	GOLD	On	123.00	130	\$568.46	\$626.35	10.2%
86052DC0440029	BlueChoice Advantage HSA/HRA Silver 2400 70	SILVER	On	86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000 Ded	SILVER	On	23.00	23	\$473.37	\$534.14	12.8%
86052DC0440030	BlueChoice Advantage HSA/HRA Silver 3000 70	SILVER	On	86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000 Ded	SILVER	On	181.00	190	\$474.91	\$534.14	12.5%
86052DC0440031	BlueChoice Advantage Value Bronze 6000	BRONZE	On	86052DC0440031	BlueChoice Advantage Bronze 6000 Ded	BRONZE	On	311.00	326	\$414.49	\$461.02	11.2%
86052DC0440032	BlueChoice Advantage Gold 0	GOLD	On	86052DC0440032	BlueChoice Advantage Gold 0 Ded	GOLD	On	1,171.00	1,226	\$635.88	\$681.13	7.1%
86052DC0460009	BlueChoice HMO Gold 1500	GOLD	On	86052DC0460009	BlueChoice HMO Gold 1500 Ded	GOLD	On	944.00	973	\$518.84	\$557.45	7.4%
86052DC0460010	BlueChoice HMO Gold 800	GOLD	On	86052DC0460010	BlueChoice HMO Gold 800 Ded	GOLD	On	1,354.00	1,403	\$528.09	\$571.93	8.3%
86052DC0460011	BlueChoice HMO Platinum 0	PLATINUM	On	86052DC0460010	BlueChoice HMO Platinum 0 Ded	PLATINUM	On	1,484.00	1,544	\$637.19	\$679.15	6.6%
86052DC0460011	BlueChoice HMO HSA/HRA Silver 1600	SILVER	On	86052DC0460011	BlueChoice HMO HSA/HRA Silver 1800 Ded	SILVER	On	741.00	773	\$444.66	\$485.66	9.2%
						SILVER			736	·	\$475.30	9.0%
86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	SILVER	On	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2250 Ded		On	710.00		\$436.15		
86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6100	BRONZE	On	86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6100 Ded	BRONZE	On	294.00	303	\$355.62	\$390.81	9.9%
86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	SILVER	On	86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000 Ded	SILVER	On	322.00	334	\$417.35	\$459.41	10.1%
86052DC0460020	BlueChoice HMO Silver 1900	SILVER	On	86052DC0460020	BlueChoice HMO Silver 1900 Ded	SILVER	On	687.00	708	\$420.17	\$463.19	10.2%
86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	GOLD	On	86052DC0460021	BlueChoice HMO HSA/HRA Gold 1600 Ded	GOLD	On	347.00	363	\$504.54	\$543.78	7.8%
86052DC0460023	BlueChoice HMO Silver 6500	SILVER	On	86052DC0460023	BlueChoice HMO Silver 6500 Ded	SILVER	On	250.00	257	\$419.60	\$462.49	10.2%
86052DC0460024	BlueChoice HMO Gold 3000 Virtual Connect	GOLD	On	86052DC0460024	BlueChoice HMO Gold 3000 Ded Virtual Connect	GOLD	On	348.00	362	\$498.81	\$536.71	7.6%
86052DC0460025	BlueChoice HMO HSA/HRA Gold 1500 90	GOLD	On	86052DC0460021	BlueChoice HMO HSA/HRA Gold 1600 Ded	GOLD	On	87.00	88	\$494.06	\$543.78	10.1%
86052DC0460026	BlueChoice HMO HSA/HRA Bronze 6500 90	BRONZE	On	86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6100 Ded	BRONZE	On	31.00	31	\$355.30	\$390.81	10.0%
86052DC0460027	BlueChoice HMO HSA/HRA Silver 2400 70	SILVER	On	86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000 Ded	SILVER	On	19.00	19	\$408.05	\$459.41	12.6%
86052DC0460028	BlueChoice HMO HSA/HRA Silver 3000 70	SILVER	On	86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000 Ded	SILVER	On	92.00	94	\$408.39	\$459.41	12.5%
86052DC0460029	BlueChoice HMO Value Bronze 6000	BRONZE	On	86052DC0460029	BlueChoice HMO Bronze 6000 Ded	BRONZE	On	229.00	236	\$353.47	\$392.70	11.1%
86052DC0460030	BlueChoice HMO HSA Standard Bronze \$6,350	BRONZE	On	86052DC0460030	BlueChoice HMO HSA Standard Bronze \$6,350	BRONZE	On	14.00	15	\$357.04	\$393.57	10.2%
86052DC0460031	BlueChoice HMO Standard Bronze \$7,500	BRONZE	On	86052DC0460031	BlueChoice HMO Standard Bronze \$7,500	BRONZE	On	12.00	14	\$367.67	\$408.09	11.0%
86052DC0460032	BlueChoice HMO Standard Gold \$500	GOLD	On	86052DC0460032	BlueChoice HMO Standard Gold \$500	GOLD	On	40.00	43	\$546.13	\$598.85	9.7%
86052DC0460033	BlueChoice HMO Standard Platinum \$0	PLATINUM	On	86052DC0460033	BlueChoice HMO Standard Platinum \$0	PLATINUM	On	2.00	2	\$636.23	\$687.34	8.0%
86052DC0460034	BlueChoice HMO Standard Silver \$4,850	SILVER	On	86052DC0460034	BlueChoice HMO Standard Silver \$4,850	SILVER	On	23.00	24	\$422.55	\$467.61	10.7%
86052DC0480007	BlueChoice HMO Referral Platinum 0	PLATINUM	On	86052DC0480007	BlueChoice HMO Referral Platinum 0 Ded	PLATINUM	On	1,169.00	1,218	\$606.40	\$646.26	6.6%
86052DC0480008	BlueChoice HMO Referral Gold 800	GOLD	On	86052DC0480008	BlueChoice HMO Referral Gold 800 Ded	GOLD	On	1,130.00	1,166	\$500.96	\$542.64	8.3%
86052DC0480010	BlueChoice HMO Referral Gold 0	GOLD	On	86052DC0480010	BlueChoice HMO Referral Gold 0 Ded	GOLD	On	936.00	972	\$535.00	\$571.04	6.7%
86052DC0480014	lueChoice HMO Referral Silver 5350 Virtual Conne	SILVER	On	86052DC0480014	lueChoice HMO Referral Silver 5350 Ded Virtual Connec	SILVER	On	510.00	530	\$395.10	\$435.87	10.3%
86052DC0480015	BlueChoice HMO Referral Bronze 8250	BRONZE	On	86052DC0480015	BlueChoice HMO Referral Bronze 8500 Ded	BRONZE	On	342.00	353	\$313.49	\$348.08	11.0%
86052DC0500009	BlueChoice Plus HSA/HRA Silver 1600	SILVER	On	86052DC0500009	BlueChoice Plus HSA/HRA Silver 1800 Ded	SILVER	On	1,329.00	1,376	\$456.18	\$499.54	9.5%
86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	SILVER	On	86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000 Ded	SILVER	On	356.00	370	\$428.88	\$473.27	10.4%
86052DC0500012	HealthyBlue Plus Platinum 500	PLATINUM	On	86052DC0500019	BlueChoice Plus Platinum 500 Ded	PLATINUM	On	1,370.00	1,415	\$633.40	\$676.87	6.9%
86052DC0500015	BlueChoice Plus Gold 1000	GOLD	On	86052DC0500015	BlueChoice Plus Gold 1000 Ded	GOLD	On	1,408.00	1,457	\$535.78	\$582.15	8.7%
86052DC0500016	BlueChoice Plus Gold 800	GOLD	On	86052DC0500016	BlueChoice Plus Gold 800 Ded	GOLD	On	1,653.00	1,698	\$540.78	\$587.03	8.6%
86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6100	BRONZE	On	86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6100 Ded	BRONZE	On	307.00	319	\$366.25	\$403.54	10.2%
86052DC0500017	BlueChoice Plus HSA/HRA Silver 2500	SILVER	On	86052DC0500017	BlueChoice Plus HSA/HRA Silver 2750 Ded	SILVER	On	299.00	310	\$442.15	\$483.05	9.3%
0000220000010	Diacelloice Flas Hory Hith Silver 2500	SILVLIN	OII	00032000010	Diacondice Has Hory Hith Silver 2750 Dea	SILVLIN	OII -	255.00	310	7772.13	y-103.03	3.370

**Appendix - Quarterly Rate Change Adjustment Factors** 

	(1)	(2)	(3) = (1 + (1))*(1 + (2)) -1
Quarter	Market Adj.	Admin Load	Plan Adjusted Index
•	Index Rate	Factor	Rates
2Q24	1.6%	0.0%	1.6%
3Q24	1.6%	-0.1%	1.5%
4Q24	1.6%	-0.1%	1.6%

The changes above are relative to the preceding quarter and no other changes factor into the 2Q, 3Q and 4Q rates.

# **Appendix - Maximum Rate Renewal**

	2023	2024	% Change
Base Rate	\$473.37	\$534.14	12.8%
Age Factor	0.654	0.727	11.2%
Geographic Factor	1.000	1.000	0.0%
Tobacco Factor	1.000	1.000	0.0%
Total	\$309.58	\$388.32	25.4%

	BlueChoice	BlueChoice
	Advantage	Advantage
	HSA/HRA Silver	HSA/HRA Silver
Base Rate/Product(s)	2400 70	3000 Ded
Age Change	20	21
Geo Change*	N/A	N/A
Tobacco Change**	N/A	N/A

<sup>\*</sup>we did not geo rate

<sup>\*\*</sup>we did not tobacco rate

#### 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-133651468

#### **ON-Exchange**

#### **BlueChoice HMO Referral and Open Access**

DC/CFBC/SHOP/GC (R. 1/19)

DC/CFBC/SHOP/HMO POS/EOC (R. 1/23)

DC/CFBC/DOL APPEAL (R. 1/22)

DC/CFBC/SHOP/HMO DOCS (R. 1/23)

DC/CFBC/SG/HMO/BRZ 6000 Ded (1/24)

DC/CFBC/SG/HMO OA CDH/BRZ 6100 Ded (1/24)

DC/CFBC/SG/HMO OA CDH/GOLD 1600 Ded (1/24)

DC/CFBC/SG/HMO OA CDH/SIL 1800 Ded (1/24)

DC/CFBC/SG/HMO OA CDH/SIL 2250 Ded (1/24) DC/CFBC/SG/HMO OA CDH/SIL 3000 Ded (1/24)

DC/CFBC/SG/HMO OA/GOLD 800 Ded (1/24)

DC/CFBC/SG/HMO OA/GOLD 1500 Ded (1/24)

DC/CFBC/SG/HMO OA/PLAT 0 Ded (1/24)

DC/CFBC/SG/HMO OA/SIL 1900 Ded (1/24)

DC/CFBC/SG/HMO OA/SIL 6500 Ded (1/24)

DC/CFBC/SG/HMO OA VC/GOLD 3000 Ded (1/24)

DC/CFBC/SG/HMO REF/BRZ 8500 Ded (1/24)

DC/CFBC/SG/HMO REF/GOLD 0 Ded (1/24)

DC/CFBC/SG/HMO REF/GOLD 800 Ded (1/24)

DC/CFBC/SG/HMO REF/PLAT 0 Ded (1/24)

DC/CFBC/SG/HMO REF VC/SIL 5350 Ded (1/24)

DC/CFBC/SG/HMO HSA STD/BRZ 6350 (1/24)

DC/CFBC/SG/HMO STD/BRZ 7500 (1/24)

DC/CFBC/SG/HMO STD/GOLD 500 (1/24)

DC/CFBC/SG/HMO STD/PLAT 0 (1/24)

DC/CFBC/SG/HMO STD/SIL 4850 (1/24)

DC/CFBC/BLCRD (R. 6/18)

DC/CFBC/MEM/BLCRD (R. 6/18)

DC/CFBC/NO SURP ACT/AMEND (R. 1/23)

DC/CFBC/2024 GC AMEND (1/24)

DC/CFBC/SHOP/2024 AMEND (1/24)

DC/CFBC/SG/AUTH AMEND/HMO (R. 1/24)

DC/CFBC/PT PROTECT (9/10)

DC/CFBC/SG/INCENT (R. 1/23)

DC/CFBC/SHOP/ELIG (R. 1/21)

4/27/2023

#### **In-Network**

DC/CFBC/SHOP/GC (R 1/19)

DC/CFBC/SHOP/HMO POS/EOC (R. 1/23)

DC/CFBC/DOL APPEAL (R. 1/22)

DC/CFBC/SHOP/PLUS IN DOCS (R. 1/23)

DC/CFBC/SG/POS IN CDH/BRZ 6100 Ded (1/24)

DC/CFBC/SG/POS IN CDH/SIL 1800 Ded (1/24)

DC/CFBC/SG/POS IN CDH/SIL 2750 Ded (1/24)

DC/CFBC/SG/POS IN CDH/SIL 3000 Ded (1/24)

DC/CFBC/SG/POS IN/GOLD 800 Ded (1/24)

DC/CFBC/SG/POS IN/GOLD 1000 Ded (1/24)

DC/CFBC/SG/POS IN/PLAT 500 Ded (1/24)

DC/CFBC/BLCRD (R. 6/18)

DC/CFBC/MEM/BLCRD (R. 6/18)

DC/CFBC/NO SURP ACT/AMEND (R. 1/23)

DC/CFBC/2024 GC AMEND (1/24)

DC/CFBC/SHOP/2024 AMEND (1/24)

DC/CFBC/SG/AUTH AMEND/PLUS (R. 1/24)

DC/CFBC/PT PROTECT (9/10)

DC/CFBC/SG/INCENT (R. 1/23)

DC/CFBC/SHOP/ELIG (R. 1/21)

### **BlueChoice Plus (OOPOA)**

# **Out-of-Network**

DC/CF/SHOP/GC (R 1/19)

DC/CF/SHOP/POS OON/EOC (R. 1/23)

DC/GHMSI/DOL APPEAL (R. 1/22)

DC/CF/SHOP/POS OON/DOCS (R. 1/23)

DC/CF/SG/POS OON CDH/BRZ 6100 Ded (1/24)

DC/CF/SG/POS OON CDH/SIL 1800 Ded (1/24)

DC/CF/SG/POS OON CDH/SIL 2750 Ded (1/24)

DC/CF/SG/POS OON CDH/SIL 3000 Ded (1/24)

DC/CF/SG/POS OON/GOLD 800 Ded (1/24)

DC/CF/SG/POS OON/GOLD 1000 Ded (1/24)

DC/CF/SG/POS OON/PLAT 500 Ded (1/24)

DC/CF/BLCRD (R. 6/18)

DC/CF/MEM/BLCRD (R. 6/18)

DC/CF/ANCILLARY AMEND (10/12)

DC/CF/NO SURP ACT/AMEND (R. 1/23)

DC/CF/2024 GC AMEND (1/24)

DC/CF/SHOP/POS OON/2024 AMEND (1/24)

DC/CF/SG/AUTH AMEND/POS OON (R. 1/24)

DC/CF/PT PROTECT (9/10)

DC GHMSI – HEALTH GUARANTY 5/21

DC/CF/SHOP/ELIG (R. 1/21)

#### **BlueChoice Plus (OO-OA)**

DC/CFBC/SHOP/GC (R 1/19)

DC/CFBC/SHOP/HMO POS/EOC (R. 1/23)

DC/CFBC/DOL APPEAL (R. 1/22)

DC/CFBC/SHOP/BC+OOOA DOCS (R. 1/23)

DC/CFBC/SG/BC+ OO/PLAT 0 Ded (1/24)

DC/CFBC/BLCRD (R. 6/18)

DC/CFBC/MEM/BLCRD (R. 6/18)

DC/CFBC/2024 GC AMEND (1/24)

DC/CFBC/SHOP/2024 AMEND (1/24)

DC/CFBC/SG/AUTH AMEND/ BCOO (R. 1/24)

DC/CFBC/PT PROTECT (9/10)

DC/CFBC/SG/INCENT (R. 1/23)

DC/CFBC/SHOP/ELIG (R. 1/21)

#### **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/CD/HMO/INCENT (1/23)

DC/CFBC/PT PROTECT (9/10)

# BlueChoice Advantage

**Out-of-Network** 

DC/CF/SHOP/GC (R 1/19)

DC/CF/SHOP/POS OON/EOC (R. 1/23)

DC/GHMSI/DOL APPEAL (R. 1/22)

DC/CF/SHOP/POS OON/DOCS (R. 1/23)

DC/CF/SG/POS OON CDH/BRZ 6100 Ded (1/24)

DC/CF/SG/POS OON CDH/SIL 1800 Ded (1/24)

DC/CF/SG/POS OON CDH/SIL 2750 Ded (1/24) DC/CF/SG/POS OON CDH/SIL 3000 Ded (1/24)

DC/CF/SG/POS OON/GOLD 800 Ded (1/24) DC/CF/SG/POS OON/GOLD 1000 Ded (1/24)

DC/CF/SG/POS OON/PLAT 500 Ded (1/24) DC/CF/SG/BC ADV OON BF HSA/SIL 1800 Ded (1/24)

DC/CF/SG/POS OON CDH/GOLD 1600 Ded (1/24)

DC/CF/SG/POS OON /BRZ 6000 Ded (1/24) DC/CF/SG/POS OON CDH/SIL 2250 (1/24)

DC/CF/SG/POS OON/GOLD 0 Ded (1/24)

DC/CF/SG/POS OON/PLAT 0 Ded (1/24)

DC/CF/SG/POS OON/SIL 6500 Ded (1/24) DC/CF/SG/POS OON VC/GOLD 3000 Ded (1/24)

DC/CF/SG/POS OON VC/SIL 5350 Ded (1/24)

DC/CF/BLCRD (R. 6/18)

DC/CF/MEM/BLCRD (R. 6/18)

DC/CF/ANCILLARY AMEND (10/12)

DC/CF/NO SURP ACT/AMEND (R. 1/23)

DC/CF/2024 GC AMEND (1/24)

DC/CF/SHOP/POS OON/2024 AMEND (1/24)

DC/CF/SG/AUTH AMEND/POS OON (R. 1/24)

DC/CF/PT PROTECT (9/10)

DC GHMSI – HEALTH GUARANTY 5/21

DC/CF/SHOP/ELIG (R. 1/21)

DC/CFBC/SHOP/HMO POS/EOC (R. 1/23)

DC/CFBC/SHOP/ADV IN DOCS (R. 1/23)

DC/CFBC/SG/POS IN CDH/BRZ 6100 Ded (1/24)

DC/CFBC/SG/POS IN CDH/SIL 1800 Ded (1/24)

DC/CFBC/SG/POS IN CDH/SIL 2750 Ded (1/24)

DC/CFBC/SG/POS IN CDH/SIL 3000 Ded (1/24)

DC/CFBC/SG/BC ADV IN BF HSA/SIL 1800 Ded (1/24)

DC/CFBC/SG/POS IN CDH/GOLD 1600 Ded (1/24)

DC/CFBC/SG/POS IN CDH/SIL 2250 Ded (1/24)

DC/CFBC/SG/POS IN VC/GOLD 3000 Ded (1/24)

DC/CFBC/SG/POS IN VC/SIL 5350 Ded (1/24)

DC/CFBC/SG/POS IN/GOLD 800 Ded (1/24)

DC/CFBC/SG/POS IN/GOLD 1000 Ded (1/24)

DC/CFBC/SG/POS IN/PLAT 500 Ded (1/24)

DC/CFBC/SG/POS IN/BRZ 6000 Ded (1/24)

DC/CFBC/SG/POS IN/GOLD 0 Ded (1/24)

DC/CFBC/SG/POS IN/PLAT 0 Ded (1/24)

DC/CFBC/ADV/MEM/BLCRD (R. 6/18)

DC/CFBC/ANCILLARY AMEND (10/12)

DC/CFBC/NO SURP ACT/AMEND (R. 1/23)

DC/CFBC/SG/AUTH AMEND/ADV (R. 1/24)

DC/CFBC/ADV/BLCRD (R. 6/18)

DC/CFBC/2024 GC AMEND (1/24)

DC/CFBC/PT PROTECT (9/10)

DC/CFBC/SG/INCENT (R. 1/23)

DC/CFBC/SHOP/ELIG (R. 1/21)

DC/CFBC/SHOP/2024 AMEND (1/24)

DC/CFBC/SG/POS IN/SIL 6500 Ded (1/24)

DC/CFBC/DOL APPEAL (R. 1/22)

Month	Members	Service Category	<b>Ultimate Allowed</b>	Ultimate Incurred	Allowed	Incurred	<b>Drug Rebates</b>	<b>Utilization Unit</b>	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

Month	Members	Service Category	<b>Ultimate Allowed</b>	Ultimate Incurred	Allowed	Incurred	Drug Rebates	<b>Utilization Unit</b>	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

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Allowed	Incurred	Drug Rebates	<b>Utilization Unit</b>	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

Month	Members	Service Category	<b>Ultimate Allowed</b>	Ultimate Incurred	Allowed	Incurred	Drug Rebates	<b>Utilization Unit</b>	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	<b>Utilization Unit</b>	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	<b>Ultimate Allowed</b>	Ultimate Incurred	Allowed	Incurred	Drug Rebates	<b>Utilization Unit</b>	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 ColumbiaHIOS Issuer ID: 86052
- Market: Small Groups (On Exchange)
- Effective Date: 1/1/2024 and quarterly incremental "trend" increases effective 4/1/2024, 7/1/2024 and 10/1/2024.
- Company Filing Number: 2705
- **SERFF Filing Number**: CFAP-133618363

#### **Company Contact Information:**

- Primary Contact Name: Mr. Gregory Sucher, FSA, MAAA
- Primary Contact Telephone Number: 410-998-5988
- Primary Contact E-Mail Address: Gregory.Sucher@CareFirst.com

#### 4.3 Proposed Rate Changes (Small Group market)

Base rates are changing 8.1% on average for 1Q24. The range is 6.6% to 12.8%. The estimated average base rate changes for 2Q24, 3Q24, and 4Q24 are 8.6%, 9.0% and 9.5%, respectively. 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 30,324.

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

The main drivers supporting the rate change are 1) an increase in the base period claims experience of the combined pool, 2) an increase in trend, and 3) lower projected changes in pool morbidity.

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 1/1/2022 through 12/31/2022, as required.

Paid Through Date: 2/28/2023 Current Date: 2/28/2023

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 1.0.
- 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. The Unified Rate Review Template (URRT) forces the use of a projection period ending twelve months after the effective date. This presumes all rates change on the effective date. This is inconsistent with our understanding of the DC small group market post-1/1/14. In this filling, we are using a projection period ending with 3/31/2025 for our first quarter 2024 Index Rate Projection since business may be sold with this rate through 3/31/2024 and a one-year rate guarantee applies. The trends used in the URRT therefore will not produce the correct projected allowed amount PMPM. As such, we have assigned this projected amount a credibility factor of 0% and

have entered the projected amounts corresponding to those in our rate filing using the Manual Rate section.

#### 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.

#### **Small Group Quarterly Rate Filings**

This filing is an annual submission and includes scheduled quarterly trend increases.

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

The Market-wide Adjusted Index Rate for the Small Group market is \$601.52 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 21.1% which reflects an estimate of an average 13.4% increase in 2023 and 6.8% increase in 2024. We have assumed that our CFI Small Group market share will increase from 79.7% in 2022 to 80.0% in 2024. We have assumed that our CFI Small Group PLRS ratio to the state will remain the same from 1.014 in 2022 to 1.014 in 2024. The resultant estimate of risk adjustment is that the BlueChoice payable transfer PMPM for the Small Group market will increase from -\$19.40 in 2022 to -\$19.57 in 2024. Combined with the -\$19.57 is a projected HCRP net PMPM payable of -\$0.71, which results in a total projected risk adjustment payable of -\$20.29.

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 Small Group BlueChoice is estimated to be 11.5%.

#### **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**: There are 5 types of network factors: Lock In/Referral, Open Access, Open Access Opt-Out, Open Access Plus, and Open Access Advantage.
- **Benefits in addition to EHBs**: There is an adjustment to account for abortion coverage (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. Contribution to Reserve (Post-Tax)
  - 4. State Premium Tax
  - 5. Federal Income Tax (FIT)
  - 6. Risk Adjustment User Fee
  - 7. Patient-Centered Outcomes Research Institute Fee (PCORI)
  - 8. Exchange Assessment Fee

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 in 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 83.0% for the Small Group 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 2/28/2023 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.

Also, Section III on Worksheet 2 of the URRT is out of balance with worksheet 1. This is because Worksheet 1 is based on the combined Individual/Small Group experience per the DC HBX Carrier Manual, while Worksheet 2 includes only the Individual plans. Therefore, because of Small Group being included at the pool level but not on the plan level, there is a large difference between the 2 worksheets.

#### 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 # 2705
D.C. Small Group 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. Small Group Products Rate Filing Effective 1/1/2024 Actuarial Certification

I, Gregory Sucher, am a(n) 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.

Gregory Sucher Digitally signed by Gregory Sucher Date: 2023.05.01 10:36:38 -04'00'

Gregory Sucher, FSA, MAAA 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)	Risk Adjustment Program	1.0399	9
(16)	Federal Exchange User Fee	1.0000	
(17)	Market Adjusted Index Rate	\$ 601.52	
	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	lı	ncurred Allowed	Allo	owed PMPM	Utilization Description	Utilization per 1,000	Average ost/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
Total (EHB & Non-EHB)	\$	298,943,794	\$	507.34			
EHB Allowed	\$	298,852,925	\$	507.18			
Non-EHB Allowed	\$	90,869	\$	0.15			
Incurred Net	\$	260,145,938	\$	441.49			
Net/Allowed		87.0%					
<b>Experience Period Member Months</b>		589,241					
Experience Period Revenue	\$	299,556,877					

Exhibit 3 - Non-EHB Adjustment

		2024 (	On-Exchange	2024 O		
(1)	Blended Index Rate	\$	593.81	\$	593.81	
(2)	Non-EHB PMPM	\$	0.11	\$	0.11	
(3)	Total	\$	593.92	\$	593.92	
(4)	Plan Level Adjustment		1.0002		1.0002	(3)/(1)

# 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	Ś	266.72	

# Current Year YTD

Existing							
Metal Level Member Months			022 Normalized Allowed PMPM	Morbidity Adjustment	N	23 Adjusted Iormalized owed 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			
Existing Cohort  Metal Level Member Months  Normalized Allowed Adjustment  PMPM						23 Adjusted lormalized owed 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			022 Normalized Allowed PMPM	Morbidity Adjustment	ľ	23 Adjusted Normalized owed 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			22 Normalized llowed PMPM	Morbidity Adjustment	N	23 Adjusted ormalized owed 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	Ś	268.21	1.000	Ś	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	Normalize	Adjusted ed Allowed IPM					
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	Normaliz	Adjusted ed Allowed MPM				
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 Allowe 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	Ś	268.45	

# Rating Year

Existing							
Metal Level	Metal Level Member Months		023 Normalized Illowed 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	١	24 Adjusted Normalized owed 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

			Transter				
•	Metal Level	Member Months	 023 Normalized Illowed PMPM	Morbidity Adjustment	2024 Adjusted Normalized Allowed PMPN		
	Catastrophic	130	\$ 163.71	1.000	\$	163.7	
	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	\$	315.33	
	Platinum	6,901	\$ 348.74	1.000	\$	348.74	
	Subtotal	24,994	\$ 313.25	1.000	\$	313.2	

Metal Level	Member Months	2023 Normalized Allowed PMPM		Morbidity Adjustment	١	24 Adjusted Normalized owed 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
	Catastrophic Bronze Silver Gold Platinum	Catastrophic       3,659         Bronze       43,208         Silver       157,906         Gold       267,813         Platinum       183,060	Metal Level         Member Months           Catastrophic         3,659           Bronze         43,208           Silver         157,906           Gold         267,813           Platinum         183,060	Metal Level         Member Months         Allowed PMPM           Catastrophic         3,659         \$ 193.15           Bronze         43,208         \$ 188.36           Silver         157,906         \$ 229.44           Gold         267,813         \$ 283.97           Platinum         183,060         \$ 308.15	Metal Level         Member Months         2023 Normalized Allowed PMPM         Morbidity Adjustment           Catastrophic         3,659         \$ 193.15         1.000           Bronze         43,208         \$ 188.36         1.000           Silver         157,906         \$ 229.44         1.000           Gold         267,813         \$ 283.97         1.000           Platinum         183,060         \$ 308.15         1.000	Metal Level         Member Months         2023 Normalized Allowed PMPM         Morbidity Adjustment         200 Normalized Allowed PMPM           Catastrophic         3,659         \$ 193.15         1.000         \$ 193.15           Bronze         43,208         \$ 188.36         1.000         \$ 193.15           Silver         157,906         \$ 229.44         1.000         \$ 193.15           Gold         267,813         \$ 283.97         1.000         \$ 193.15           Platinum         183,060         \$ 308.15         1.000         \$ 193.15

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) Adjustment*		0.9960	(2)/(1)

<sup>\*</sup>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)

<sup>\*</sup>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.

<sup>\*\*</sup>Average ages are member weighted

<sup>\*\*\*</sup>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	(1
Total	\$ 580.41	0.9966	

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

**Exhibit 8 - Annual Trend Assumptions** 

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

## Exhibit 9 - Risk Adjustment

#### Statewide 2022

Metallic Tier	Member Months	PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM	PMPM Statewide PMPM 2022	
Small Group	1,033,231	1.109	1.034	1.000	1.095	0.814	1.225	0.925			\$	479.69

### CFI & Competition 2022

Metallic Tier	Member Months	Distribution	PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM
CFI Non-Catastrophic	823,120	79.7%	1.125	1.038	1.000	1.093	0.810	1.241	0.923		
Competition Non-Catastrophic	210,112	20.3%	1.047	1.019	1.000	1.102	0.828	-	-		

#### 2022

Metallic Tier	Member Months	Distribution	PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM
Catastrophic											
Bronze	24,833	4.5%	0.539	1.037	1.000	1.000	0.600	0.539	0.622	-\$2,765,708	-\$111.37
Silver	132,573	24.2%	0.835	1.062	1.000	1.030	0.700	0.860	0.765	-\$7,963,900	-\$60.07
Gold	234,325	42.7%	1.008	1.023	1.000	1.080	0.800	1.088	0.884	-\$7,530,640	-\$32.14
Platinum	156,771	28.6%	1.354	1.046	1.000	1.150	0.900	1.557	1.083	\$7,619,155	\$48.60
Total	548,502	100.0%	1.044	1.040	1.000	1.084	0.795	1.142	0.900	-\$10,641,094	-\$19.40

#### Statewide 2024

Metallic Tier	Member Months	PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM	Statewide PMPN	VI 2024
Small Group	1,115,571	1.039	1.024	1.000	1.094	0.813	1.147	0.915			\$	580.96

#### CFI & Competition 2024

Metallic Tier	Member Months	Distribution	PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM
CFI Non-Catastrophic	892,457	80.0%	1.053	1.028	1.000	1.092	0.809	1.161	0.913		
Competition Non-Catastrophic	223,114	20.0%	0.980	1.009	1.000	1.102	0.828	-	-		

## 2024

Metallic Tier	Member Months	Distribution	PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM
Bronze	28,994	4.7%	0.528	1.026	1.000	1.000	0.600	0.528	0.615	-\$3,575,225	-\$123.31
Silver	149,617	24.0%	0.789	1.049	1.000	1.030	0.700	0.813	0.756	-\$10,217,994	-\$68.29
Gold	262,646	42.1%	0.947	1.014	1.000	1.080	0.800	1.022	0.876	-\$10,108,381	-\$38.49
Platinum	182,021	29.2%	1.276	1.034	1.000	1.150	0.900	1.467	1.070	\$11,702,423	\$64.29
Total	623,278	100.0%	0.986	1.029	1.000	1.085	0.796	1.079	0.892	-\$12,199,176	-\$19.57

## Adjustment Factor applied to Market Adjusted Index Rate

Projected Index Rate (Avg. 1Q-4Q)	Projected Transfer PMPM (Allowed basis)	Risk Adjustment User Fee (Allowed basis)	Adjustment Factor*
\$593.81	-\$23.45	\$0.24	1.0399

Estimated		HCRP Net
HCRP	Estimated	Charge
Receivable	HCRP Charge	PMPM
\$460,000	\$905,000	-\$0.71

<sup>\*</sup>Adjustment Factor = (\$593.81 - \$-23.45+ \$0.24) / \$593.81

**Exhibit 10A - Desired Incurred Claims Ratio** 

		10	2024	20	2024	30	2024	4Q	2024
	ı	PMPM	% of Revenue	PMPM	% of Revenue	PMPM	% of Revenue	PMPM	% of Revenue
Allowed Claims	\$	581.99		\$ 591.33		\$ 600.86		\$ 610.59	
Paid/Allowed Ratio		86.0%		86.0%		86.0%		86.0%	
Paid Claims & Capitations		500.43		\$ 508.47		\$		\$ 525.03	
Risk Adjustment Transfer & HCRP (Paid Basis)	\$	(20.29)		\$ (20.29)		\$ (20.29)		\$ (20.29)	
Paid Claims & Capitations (Post-3Rs)	\$	520.72	80.4%	\$ 528.75	80.4%	\$ 536.95	80.5%	\$ 545.32	80.5%
Administrative Expense		\$57.63	8.9%	\$58.53	8.9%	\$59.20	8.9%	\$60.02	8.9%
Broker Commissions & Fee		\$24.23	3.7%	\$24.39	3.7%	\$24.50	3.7%	\$24.64	3.6%
Contribution to Reserve (Post-Tax)	\$	20.73	3.2%	\$ 21.04	3.2%	\$ 21.35	3.2%	\$ 21.67	3.2%
Investment Income Credit	\$	(0.65)	-0.1%	\$ (0.66)	-0.1%	\$ (0.67)	-0.1%	\$ (0.68)	-0.1%
Risk Charge	\$	-	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
Non-ACA Taxes & Fees									
State Premium Tax	\$	12.96	2.0%	\$ 13.15	2.0%	\$ 13.34	2.0%	\$ 13.54	2.0%
State Assessment Fee	\$	0.65	0.1%	\$ 0.66	0.1%	\$ 0.67	0.1%	\$ 0.68	0.1%
Reinsurance Program Fee	\$	-	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
State Income Tax	\$	-	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
Federal Income Tax	\$	5.18	0.8%	\$ 5.26	0.8%	\$ 5.34	0.8%	\$ 5.42	0.8%
ACA Taxes & Fees									
Health Insurer Tax	\$	-	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
Risk Adjustment User Fee		0.21	0.0%	\$ 0.21	0.0%	\$ 0.21	0.0%	\$ 0.21	0.0%
Exchange Assessment Fee	\$	5.18	0.8%	\$ 5.26	0.8%	\$ 5.34	0.8%	\$ 5.42	0.8%
Federal Exchange User Fee		-	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
PCORI Tax	\$	0.28	0.0%	\$ 0.28	0.0%	\$ 0.28	0.0%	\$ 0.29	0.0%
BlueRewards/Incentive Program	\$	0.68	0.1%	\$ 0.68	0.1%	\$ 0.68	0.1%	\$ 0.68	0.1%
Total Revenue	\$	647.80	100.0%	\$ 657.55	100.0%	\$ 667.18	100.0%	\$ 677.20	100.0%
Plan Level Admin Load Adjustment		1.2435		1.2431		1.2421		1.2414	
Projected Member Months		163,656		96,433		118,716		244,473	
Average Members		13,638		8,036		9,893		20,373	
% Total 2024		26.3%		15.5%		19.0%		39.2%	

### Exhibit 10B - Federal MLR

	To	otal 2024
	PΝ	ЛРМ / %
<b>Traditional MLR Development</b>		
Paid Claims & Capitations (Post-3Rs)	\$	534.70
Total Revenue	\$	664.53
Traditional MLR (i.e. DICR)		80.5%
Federal MLR Development		
Numerator Adjustments		
BlueRewards/Incentive Program	\$	0.68
<b>Quality Improvement Expenses</b>	\$	2.17
Removal of non-care costs under MLR guidelines	\$	(6.54)
Denominator Adjustments		
Non-ACA Taxes & Fees	\$	19.27
ACA Taxes & Fees	\$	5.81
Federal MLR Numerator	\$	531.01
Federal MLR Denominator	\$	639.45
Federal MLR		83.0%
<b>Projected Member Months</b>		623,278

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

	T	otal 2024
	Pľ	MPM / %
<b>Traditional MLR Development</b>		
Paid Claims & Capitations (Post-3Rs)	\$	533.68
Total Revenue	\$	661.33
Traditional MLR (i.e. DICR)		80.7%
Federal MLR Development		
Numerator Adjustments		
BlueRewards/Incentive Program	\$	0.66
Quality Improvement Expenses	\$	2.14
Removal of non-care costs under MLR guidelines	\$	(6.30)
Denominator Adjustments		
Non-ACA Taxes & Fees	\$	19.06
ACA Taxes & Fees	\$	5.78
Federal MLR Numerator	\$	530.18
Federal MLR Denominator	\$	636.49
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	Capped Dependents	Admin	Plan Adjusted Index Rate
86052DC0440010	BlueChoice Advantage Gold 1000 Ded	POS	GOLD	On	Open Access Advantage	\$601.52	0.8649	1.0593	0.9983	1.0002	1.0000	1.2435	\$684.28
86052DC0440011	BlueChoice Advantage Gold 800 Ded	POS	GOLD	On	Open Access Advantage	\$601.52	0.8714	1.0593	0.9983	1.0002	1.0000	1.2435	\$689.42
86052DC0440012	BlueChoice Advantage Platinum 0 Ded	POS	PLATINUM	On	Open Access Advantage	\$601.52	0.9652	1.0593	1.0630	1.0002	1.0000	1.2435	\$813.13
86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1800 Ded	POS	SILVER	On	Open Access Advantage	\$601.52	0.7840	1.0593	0.9521	1.0002	1.0000	1.2435	\$591.57
86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6100 Ded	POS	BRONZE	On	Open Access Advantage	\$601.52	0.6623	1.0593	0.9243	1.0002	1.0000	1.2435	\$485.18
86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000 Ded	POS	SILVER	On	Open Access Advantage	\$601.52	0.7471	1.0593	0.9521	1.0002	1.0000	1.2435	\$563.73
86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1600 Ded	POS	GOLD	On	Open Access Advantage	\$601.52	0.8355	1.0593	0.9983	1.0002	1.0000	1.2435	\$661.05
86052DC0440022	BlueChoice Advantage Silver 5350 Ded Virtual Connect	POS	SILVER	On	Open Access Advantage	\$601.52	0.7483	1.0593	0.9521	1.0002	1.0000	1.2435	\$564.63
86052DC0440023	BlueChoice Advantage Silver 1800 Ded BlueFund HSA	POS	SILVER	On	Open Access Advantage	\$601.52	0.7844	1.0593	0.9521	1.0002	1.0000	1.2435	\$591.85
86052DC0440025	BlueChoice Advantage Silver 6500 Ded	POS	SILVER	On	Open Access Advantage	\$601.52	0.7498	1.0593	0.9521	1.0002	1.0000	1.2435	\$565.72
86052DC0440026	BlueChoice Advantage Gold 3000 Ded Virtual Connect	POS	GOLD	On	Open Access Advantage	\$601.52	0.8217	1.0593	0.9983	1.0002	1.0000	1.2435	\$650.08
86052DC0440027	BlueChoice Advantage HSA/HRA Silver 2250 Ded	POS	SILVER	On	Open Access Advantage	\$601.52	0.7690	1.0593	0.9521	1.0002	1.0000	1.2435	\$580.22
86052DC0440031	BlueChoice Advantage Bronze 6000 Ded	POS	BRONZE	On	Open Access Advantage	\$601.52	0.6642	1.0593	0.9243	1.0002	1.0000	1.2435	\$486.56
86052DC0440032	BlueChoice Advantage Gold 0 Ded	POS	GOLD	On	Open Access Advantage	\$601.52	0.9086	1.0593	0.9983	1.0002	1.0000	1.2435	\$718.85
86052DC0440033	BlueChoice Advantage Platinum 500 Ded	POS	PLATINUM	On	Open Access Advantage	\$601.52	0.9420	1.0593	1.0630	1.0002	1.0000	1.2435	\$793.60
86052DC0460009	BlueChoice HMO Gold 1500 Ded	НМО	GOLD	On	Open Access	\$601.52	0.8416	0.9359	0.9983	1.0002	1.0000	1.2435	\$588.33
86052DC0460010	BlueChoice HMO Gold 800 Ded	НМО	GOLD	On	Open Access	\$601.52	0.8635	0.9359	0.9983	1.0002	1.0000	1.2435	\$603.61
86052DC0460011	BlueChoice HMO Platinum 0 Ded	НМО	PLATINUM	On	Open Access	\$601.52	0.9630	0.9359	1.0630	1.0002	1.0000	1.2435	\$716.77
86052DC0460012	BlueChoice HMO HSA/HRA Silver 1800 Ded	НМО	SILVER	On	Open Access	\$601.52	0.7689	0.9359	0.9521	1.0002	1.0000	1.2435	\$512.56
86052DC0460013	BlueChoice HMO HSA/HRA Silver 2250 Ded	НМО	SILVER	On	Open Access	\$601.52	0.7524	0.9359	0.9521	1.0002	1.0000	1.2435	\$501.63
86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6100 Ded	НМО	BRONZE	On	Open Access	\$601.52	0.6373	0.9359	0.9243	1.0002	1.0000	1.2435	\$412.46
86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000 Ded	НМО	SILVER	On	Open Access	\$601.52	0.7273	0.9359	0.9521	1.0002	1.0000	1.2435	\$484.86
86052DC0460020	BlueChoice HMO Silver 1900 Ded	НМО	SILVER	On	Open Access	\$601.52	0.7333	0.9359	0.9521	1.0002	1.0000	1.2435	\$488.85
86052DC0460021	BlueChoice HMO HSA/HRA Gold 1600 Ded	НМО	GOLD	On	Open Access	\$601.52	0.8210	0.9359	0.9983	1.0002	1.0000	1.2435	\$573.90
86052DC0460023	BlueChoice HMO Silver 6500 Ded	НМО	SILVER	On	Open Access	\$601.52	0.7322	0.9359	0.9521	1.0002	1.0000	1.2435	\$488.11
86052DC0460024	BlueChoice HMO Gold 3000 Ded Virtual Connect	НМО	GOLD	On	Open Access	\$601.52	0.8103	0.9359	0.9983	1.0002	1.0000	1.2435	\$566.44
86052DC0460029	BlueChoice HMO Bronze 6000 Ded	НМО	BRONZE	On	Open Access	\$601.52	0.6403	0.9359	0.9243	1.0002	1.0000	1.2435	\$414.45
86052DC0460030	BlueChoice HMO HSA Standard Bronze \$6,350	НМО	BRONZE	On	Open Access	\$601.52	0.6417	0.9359	0.9243	1.0002	1.0000	1.2435	\$415.37
86052DC0460031	BlueChoice HMO Standard Bronze \$7,500	НМО	BRONZE	On	Open Access	\$601.52	0.6654	0.9359	0.9243	1.0002	1.0000	1.2435	\$430.69
86052DC0460032	BlueChoice HMO Standard Gold \$500	НМО	GOLD	On	Open Access	\$601.52	0.9041	0.9359	0.9983	1.0002	1.0000	1.2435	\$632.02
86052DC0460033	BlueChoice HMO Standard Platinum \$0	НМО	PLATINUM	On	Open Access	\$601.52	0.9746	0.9359	1.0630	1.0002	1.0000	1.2435	\$725.41
86052DC0460034	BlueChoice HMO Standard Silver \$4,850	НМО	SILVER	On	Open Access	\$601.52	0.7403	0.9359	0.9521	1.0002	1.0000	1.2435	\$493.51
86052DC0480007	BlueChoice HMO Referral Platinum 0 Ded	НМО	PLATINUM	On	Lock In / Referral	\$601.52	0.9621	0.8914	1.0630	1.0002	1.0000	1.2435	\$682.05
86052DC0480008	BlueChoice HMO Referral Gold 800 Ded	НМО	GOLD	On	Lock In / Referral	\$601.52	0.8602	0.8914	0.9983	1.0002	1.0000	1.2435	\$572.69
86052DC0480010	BlueChoice HMO Referral Gold 0 Ded	НМО	GOLD	On	Lock In / Referral	\$601.52	0.9053	0.8914	0.9983	1.0002	1.0000	1.2435	\$602.67
86052DC0480014	BlueChoice HMO Referral Silver 5350 Ded Virtual Connect	НМО	SILVER	On	Lock In / Referral	\$601.52	0.7245	0.8914	0.9521	1.0002	1.0000	1.2435	\$460.01
86052DC0480015	BlueChoice HMO Referral Bronze 8500 Ded	НМО	BRONZE	On	Lock In / Referral	\$601.52	0.5959	0.8914	0.9243	1.0002	1.0000	1.2435	\$367.36
86052DC0500009	BlueChoice Plus HSA/HRA Silver 1800 Ded	POS	SILVER	On	Open Access Plus	\$601.52	0.7719	0.9589	0.9521	1.0002	1.0000	1.2435	\$527.20
86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000 Ded	POS	SILVER	On	Open Access Plus	\$601.52	0.7313	0.9589	0.9521	1.0002	1.0000	1.2435	\$499.49
86052DC0500015	BlueChoice Plus Gold 1000 Ded	POS	GOLD	On	Open Access Plus	\$601.52	0.8579	0.9589	0.9983	1.0002	1.0000	1.2435	\$614.40
86052DC0500016	BlueChoice Plus Gold 800 Ded	POS	GOLD	On	Open Access Plus	\$601.52	0.8651	0.9589	0.9983	1.0002	1.0000	1.2435	\$619.54
86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6100 Ded	POS	BRONZE	On	Open Access Plus	\$601.52	0.6423	0.9589	0.9243	1.0002	1.0000	1.2435	
86052DC0500018	BlueChoice Plus HSA/HRA Silver 2750 Ded	POS	SILVER	On	Open Access Plus	\$601.52	0.7464	0.9589	0.9521	1.0002	1.0000	1.2435	\$509.81
86052DC0500019	BlueChoice Plus Platinum 500 Ded	POS	PLATINUM	On	Open Access Plus	\$601.52	0.9368	0.9589	1.0630	1.0002	1.0000	1.2435	\$714.37
86052DC0580001	BlueChoice Plus Opt-Out Platinum 0 Ded	POS	PLATINUM	On	Open Access Opt-Out	\$601.52	0.9632	0.9474	1.0630	1.0002	1.0000	1.2435	\$725.71

**Exhibit 12 - AV Values** 

86052DC0440010 86052DC0440011 BlueChoice Advantage Gold 1000 Ded 86052DC0440013 BlueChoice Advantage Platinum 0 Ded 86052DC0440013 BlueChoice Advantage HSA/HRA Silver 1800 Ded 86052DC0440018 BlueChoice Advantage HSA/HRA Fronze 6100 Ded 86052DC0440019 BlueChoice Advantage HSA/HRA Silver 3000 Ded 86052DC0440021 BlueChoice Advantage HSA/HRA Gold 1600 Ded 86052DC0440022 BlueChoice Advantage Silver 5350 Ded Virtual Conne 86052DC0440023 BlueChoice Advantage Silver 1800 Ded BlueFund HS. 86052DC0440025 BlueChoice Advantage Silver 5350 Ded Virtual Conne 86052DC0440026 BlueChoice Advantage Silver 6500 Ded 86052DC0440027 BlueChoice Advantage Gold 3000 Ded Virtual Conne 86052DC0440027 BlueChoice Advantage HSA/HRA Silver 2250 Ded 86052DC0440031 BlueChoice Advantage Bronze 6000 Ded 86052DC0440032 BlueChoice Advantage Platinum 500 Ded 86052DC0460033 BlueChoice Advantage Platinum 500 Ded 86052DC0460009 BlueChoice HMO Gold 1500 Ded 86052DC0460010 BlueChoice HMO HSA/HRA Silver 1800 Ded 86052DC0460011 BlueChoice HMO HSA/HRA Silver 1800 Ded 86052DC0460012 BlueChoice HMO HSA/HRA Silver 1800 Ded 86052DC0460014 BlueChoice HMO HSA/HRA Silver 1800 Ded 86052DC0460015 BlueChoice HMO HSA/HRA Fornze 6100 Ded 86052DC0460016 BlueChoice HMO HSA/HRA Gold 1600 Ded 86052DC0460017 BlueChoice HMO HSA/HRA Gold 1600 Ded 86052DC0460021 BlueChoice HMO HSA/HRA Gold 1600 Ded 86052DC0460021 BlueChoice HMO Bronze 6000 Ded 86052DC0460021 BlueChoice HMO Bronze 6000 Ded 86052DC0460031 BlueChoice HMO Standard Bronze \$7,500 86052DC0460031 BlueChoice HMO Standard Bronze \$7,500 86052DC0460031 BlueChoice HMO Standard Bronze \$7,500 86052DC0460033 BlueChoice HMO Standard Bronze \$7,500 86052DC0460031 BlueChoice HMO Referral Gold 800 Ded 86052DC0460033 BlueChoice HMO Referral Gold 800 Ded 86052DC0460031 BlueChoice HMO Referral Gold 800 Ded 86052DC0460031 BlueChoice HMO Referral Bronze \$7,500 BlueChoice HMO Referral Gold 0 Ded 86052DC0480001 BlueChoice HMO Referral Bronze \$7,500 BlueChoice HMO Referral Gold 9 Ded 86052DC0480015 BlueChoice HMO Referral Bronze \$8,350 De	HHS AV
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BlueChoice HMO HSA/HRA Silver 2250 Ded  86052DC0460014 BlueChoice HMO HSA/HRA Bronze 6100 Ded  86052DC0460019 BlueChoice HMO HSA/HRA Silver 3000 Ded  86052DC0460020 BlueChoice HMO Silver 1900 Ded  86052DC0460021 BlueChoice HMO HSA/HRA Gold 1600 Ded  86052DC0460023 BlueChoice HMO Silver 6500 Ded  86052DC0460024 BlueChoice HMO Gold 3000 Ded Virtual Connect  86052DC0460029 BlueChoice HMO Bronze 6000 Ded  86052DC0460030 BlueChoice HMO Standard Bronze \$6,350  86052DC0460031 BlueChoice HMO Standard Gold \$500  86052DC0460032 BlueChoice HMO Standard Platinum \$0  86052DC0460033 BlueChoice HMO Standard Silver \$4,850  86052DC0460034 BlueChoice HMO Referral Platinum 0 Ded  86052DC0480007 BlueChoice HMO Referral Gold 800 Ded  86052DC0480010 BlueChoice HMO Referral Bronze 8500 Ded  86052DC0480015 BlueChoice Plus HSA/HRA Silver 1800 Ded  86052DC0500015 BlueChoice Plus HSA/HRA Silver 3000 Ded  86052DC0500015 BlueChoice Plus Gold 1000 Ded	0.717
BlueChoice HMO HSA/HRA Bronze 6100 Ded B6052DC0460019 BlueChoice HMO HSA/HRA Silver 3000 Ded B6052DC0460020 BlueChoice HMO HSA/HRA Gold 1600 Ded B6052DC0460021 BlueChoice HMO HSA/HRA Gold 1600 Ded B6052DC0460023 BlueChoice HMO Silver 6500 Ded B6052DC0460024 BlueChoice HMO Gold 3000 Ded Virtual Connect B6052DC0460029 BlueChoice HMO Bronze 6000 Ded B6052DC0460030 BlueChoice HMO HSA Standard Bronze \$6,350 B6052DC0460031 BlueChoice HMO Standard Bronze \$7,500 B6052DC0460032 BlueChoice HMO Standard Gold \$500 B6052DC0460033 BlueChoice HMO Standard Platinum \$0 B6052DC0460034 BlueChoice HMO Referral Platinum 0 Ded B6052DC0480007 BlueChoice HMO Referral Gold 800 Ded B6052DC0480010 BlueChoice HMO Referral Bronze 8500 Ded B6052DC0480015 BlueChoice HMO Referral Bronze 8500 Ded B6052DC0500009 BlueChoice Plus HSA/HRA Silver 1800 Ded B6052DC0500015 BlueChoice Plus Gold 1000 Ded B6052DC0500016 BlueChoice Plus Gold 800 Ded	0.720
BlueChoice HMO HSA/HRA Silver 3000 Ded B6052DC0460020 BlueChoice HMO Silver 1900 Ded B6052DC0460021 BlueChoice HMO HSA/HRA Gold 1600 Ded B6052DC0460023 BlueChoice HMO Silver 6500 Ded B6052DC0460024 BlueChoice HMO Gold 3000 Ded Virtual Connect B6052DC0460029 BlueChoice HMO Bronze 6000 Ded B6052DC0460030 BlueChoice HMO HSA Standard Bronze \$6,350 B6052DC0460031 BlueChoice HMO Standard Bronze \$7,500 B6052DC0460032 BlueChoice HMO Standard Gold \$500 BlueChoice HMO Standard Platinum \$0 BlueChoice HMO Standard Silver \$4,850 BlueChoice HMO Referral Platinum 0 Ded B6052DC0460034 BlueChoice HMO Referral Gold 800 Ded B6052DC0480007 BlueChoice HMO Referral Gold 0 Ded B6052DC0480010 BlueChoice HMO Referral Bronze 8500 Ded B6052DC0480015 BlueChoice Plus HSA/HRA Silver 1800 Ded B6052DC0500000 BlueChoice Plus HSA/HRA Silver 3000 Ded B6052DC0500015 BlueChoice Plus Gold 1000 Ded B6052DC0500016 BlueChoice Plus Gold 800 Ded	0.645
BlueChoice HMO Silver 1900 Ded B6052DC0460021 BlueChoice HMO HSA/HRA Gold 1600 Ded B6052DC0460023 BlueChoice HMO Silver 6500 Ded B6052DC0460024 BlueChoice HMO Gold 3000 Ded Virtual Connect B6052DC0460029 BlueChoice HMO Bronze 6000 Ded B6052DC0460030 BlueChoice HMO HSA Standard Bronze \$6,350 B6052DC0460031 BlueChoice HMO Standard Bronze \$7,500 B6052DC0460032 BlueChoice HMO Standard Gold \$500 B6052DC0460033 BlueChoice HMO Standard Platinum \$0 B6052DC0460034 BlueChoice HMO Standard Silver \$4,850 B6052DC0480007 BlueChoice HMO Referral Platinum 0 Ded B6052DC0480008 BlueChoice HMO Referral Gold 800 Ded B6052DC0480010 BlueChoice HMO Referral Bronze 8500 Ded B6052DC0480015 BlueChoice HMO Referral Bronze 8500 Ded B6052DC0500009 BlueChoice Plus HSA/HRA Silver 1800 Ded B6052DC0500010 BlueChoice Plus Gold 1000 Ded B6052DC0500015 BlueChoice Plus Gold 800 Ded	0.719
BlueChoice HMO HSA/HRA Gold 1600 Ded B6052DC0460023 BlueChoice HMO Silver 6500 Ded B6052DC0460024 BlueChoice HMO Gold 3000 Ded Virtual Connect B6052DC0460029 BlueChoice HMO Bronze 6000 Ded B6052DC0460030 BlueChoice HMO HSA Standard Bronze \$6,350 B6052DC0460031 BlueChoice HMO Standard Bronze \$7,500 B6052DC0460032 BlueChoice HMO Standard Gold \$500 B6052DC0460033 BlueChoice HMO Standard Platinum \$0 B6052DC0460034 BlueChoice HMO Standard Silver \$4,850 B6052DC0480007 BlueChoice HMO Referral Platinum 0 Ded B6052DC0480008 BlueChoice HMO Referral Gold 800 Ded B6052DC0480010 BlueChoice HMO Referral Gold 0 Ded B6052DC0480014 JeChoice HMO Referral Bronze 8500 Ded B6052DC0480015 BlueChoice Plus HSA/HRA Silver 1800 Ded B6052DC0500010 BlueChoice Plus HSA/HRA Silver 3000 Ded B6052DC0500015 BlueChoice Plus Gold 1000 Ded B6052DC0500016 BlueChoice Plus Gold 800 Ded	0.718
BlueChoice HMO Silver 6500 Ded  86052DC0460024 BlueChoice HMO Gold 3000 Ded Virtual Connect  86052DC0460029 BlueChoice HMO Bronze 6000 Ded  86052DC0460030 BlueChoice HMO HSA Standard Bronze \$6,350  86052DC0460031 BlueChoice HMO Standard Bronze \$7,500  86052DC0460032 BlueChoice HMO Standard Gold \$500  86052DC0460033 BlueChoice HMO Standard Platinum \$0  86052DC0460034 BlueChoice HMO Standard Silver \$4,850  86052DC0480007 BlueChoice HMO Referral Platinum 0 Ded  86052DC0480008 BlueChoice HMO Referral Gold 800 Ded  86052DC0480010 BlueChoice HMO Referral Gold 0 Ded  86052DC0480014 JeChoice HMO Referral Silver 5350 Ded Virtual Conn  86052DC0480015 BlueChoice Plus HSA/HRA Silver 1800 Ded  86052DC05000010 BlueChoice Plus HSA/HRA Silver 3000 Ded  86052DC0500015 BlueChoice Plus Gold 1000 Ded  86052DC0500016 BlueChoice Plus Gold 800 Ded	0.814
BlueChoice HMO Gold 3000 Ded Virtual Connect B6052DC0460029 BlueChoice HMO Bronze 6000 Ded B6052DC0460030 BlueChoice HMO HSA Standard Bronze \$6,350 B6052DC0460031 BlueChoice HMO Standard Bronze \$7,500 B6052DC0460032 BlueChoice HMO Standard Gold \$500 B6052DC0460033 BlueChoice HMO Standard Platinum \$0 B6052DC0460034 BlueChoice HMO Standard Silver \$4,850 B6052DC0480007 BlueChoice HMO Referral Platinum 0 Ded B6052DC0480008 BlueChoice HMO Referral Gold 800 Ded B6052DC0480010 BlueChoice HMO Referral Silver 5350 Ded Virtual Conn B6052DC0480015 BlueChoice HMO Referral Bronze 8500 Ded B6052DC0500009 BlueChoice Plus HSA/HRA Silver 1800 Ded B6052DC0500010 BlueChoice Plus HSA/HRA Silver 3000 Ded B6052DC0500015 BlueChoice Plus Gold 1000 Ded B6052DC0500016 BlueChoice Plus Gold 800 Ded	0.715
BlueChoice HMO Bronze 6000 Ded  86052DC0460030 BlueChoice HMO HSA Standard Bronze \$6,350  86052DC0460031 BlueChoice HMO Standard Bronze \$7,500  86052DC0460032 BlueChoice HMO Standard Gold \$500  86052DC0460033 BlueChoice HMO Standard Platinum \$0  86052DC0460034 BlueChoice HMO Standard Silver \$4,850  86052DC0480007 BlueChoice HMO Referral Platinum 0 Ded  86052DC0480008 BlueChoice HMO Referral Gold 800 Ded  86052DC0480010 BlueChoice HMO Referral Gold 0 Ded  86052DC0480014 JeChoice HMO Referral Silver 5350 Ded Virtual Conn  86052DC0480015 BlueChoice HMO Referral Bronze 8500 Ded  86052DC0500009 BlueChoice Plus HSA/HRA Silver 1800 Ded  86052DC0500010 BlueChoice Plus HSA/HRA Silver 3000 Ded  86052DC0500015 BlueChoice Plus Gold 1000 Ded	0.787
86052DC0460030 BlueChoice HMO HSA Standard Bronze \$6,350 86052DC0460031 BlueChoice HMO Standard Bronze \$7,500 86052DC0460032 BlueChoice HMO Standard Gold \$500 86052DC0460033 BlueChoice HMO Standard Platinum \$0 86052DC0460034 BlueChoice HMO Standard Silver \$4,850 86052DC0480007 BlueChoice HMO Referral Platinum 0 Ded 86052DC0480008 BlueChoice HMO Referral Gold 800 Ded 86052DC0480010 BlueChoice HMO Referral Gold 0 Ded 86052DC0480014 JeChoice HMO Referral Silver 5350 Ded Virtual Conn 86052DC0480015 BlueChoice HMO Referral Bronze 8500 Ded 86052DC0500009 BlueChoice Plus HSA/HRA Silver 1800 Ded 86052DC0500010 BlueChoice Plus Gold 1000 Ded 86052DC0500016 BlueChoice Plus Gold 800 Ded	0.649
BlueChoice HMO Standard Bronze \$7,500  86052DC0460032 BlueChoice HMO Standard Gold \$500  86052DC0460033 BlueChoice HMO Standard Platinum \$0  86052DC0460034 BlueChoice HMO Standard Silver \$4,850  86052DC0480007 BlueChoice HMO Referral Platinum 0 Ded  86052DC0480008 BlueChoice HMO Referral Gold 800 Ded  86052DC0480010 BlueChoice HMO Referral Gold 0 Ded  86052DC0480014 JeChoice HMO Referral Silver 5350 Ded Virtual Conn  86052DC0480015 BlueChoice HMO Referral Bronze 8500 Ded  86052DC0500009 BlueChoice Plus HSA/HRA Silver 1800 Ded  86052DC0500010 BlueChoice Plus HSA/HRA Silver 3000 Ded  86052DC0500015 BlueChoice Plus Gold 1000 Ded  86052DC0500016 BlueChoice Plus Gold 800 Ded	0.649
BlueChoice HMO Standard Gold \$500  86052DC0460033 BlueChoice HMO Standard Platinum \$0  86052DC0460034 BlueChoice HMO Standard Silver \$4,850  86052DC0480007 BlueChoice HMO Referral Platinum 0 Ded  86052DC0480008 BlueChoice HMO Referral Gold 800 Ded  86052DC0480010 BlueChoice HMO Referral Gold 0 Ded  86052DC0480014 JeChoice HMO Referral Silver 5350 Ded Virtual Conn  86052DC0480015 BlueChoice HMO Referral Bronze 8500 Ded  86052DC0500009 BlueChoice Plus HSA/HRA Silver 1800 Ded  86052DC0500010 BlueChoice Plus Gold 1000 Ded  86052DC0500016 BlueChoice Plus Gold 800 Ded	0.645
86052DC0460033 BlueChoice HMO Standard Platinum \$0 86052DC0460034 BlueChoice HMO Standard Silver \$4,850 86052DC0480007 BlueChoice HMO Referral Platinum 0 Ded 86052DC0480008 BlueChoice HMO Referral Gold 800 Ded 86052DC0480010 BlueChoice HMO Referral Gold 0 Ded 86052DC0480014 JeChoice HMO Referral Silver 5350 Ded Virtual Conn 86052DC0480015 BlueChoice HMO Referral Bronze 8500 Ded 86052DC0500009 BlueChoice Plus HSA/HRA Silver 1800 Ded 86052DC0500010 BlueChoice Plus HSA/HRA Silver 3000 Ded 86052DC0500015 BlueChoice Plus Gold 1000 Ded 86052DC0500016 BlueChoice Plus Gold 800 Ded	0.819
86052DC0460034 BlueChoice HMO Standard Silver \$4,850 86052DC0480007 BlueChoice HMO Referral Platinum 0 Ded 86052DC0480008 BlueChoice HMO Referral Gold 800 Ded 86052DC0480010 BlueChoice HMO Referral Gold 0 Ded 86052DC0480014 JeChoice HMO Referral Silver 5350 Ded Virtual Conn 86052DC0480015 BlueChoice HMO Referral Bronze 8500 Ded 86052DC0500009 BlueChoice Plus HSA/HRA Silver 1800 Ded 86052DC0500010 BlueChoice Plus HSA/HRA Silver 3000 Ded 86052DC0500015 BlueChoice Plus Gold 1000 Ded	0.904
86052DC0480007 BlueChoice HMO Referral Platinum 0 Ded 86052DC0480008 BlueChoice HMO Referral Gold 800 Ded 86052DC0480010 BlueChoice HMO Referral Gold 0 Ded 86052DC0480014 JeChoice HMO Referral Silver 5350 Ded Virtual Conn 86052DC0480015 BlueChoice HMO Referral Bronze 8500 Ded 86052DC0500009 BlueChoice Plus HSA/HRA Silver 1800 Ded 86052DC0500010 BlueChoice Plus HSA/HRA Silver 3000 Ded 86052DC0500015 BlueChoice Plus Gold 1000 Ded 86052DC0500016 BlueChoice Plus Gold 800 Ded	0.702
BlueChoice HMO Referral Gold 800 Ded  86052DC0480010 BlueChoice HMO Referral Gold 0 Ded  86052DC0480014 JeChoice HMO Referral Silver 5350 Ded Virtual Conn  86052DC0480015 BlueChoice HMO Referral Bronze 8500 Ded  86052DC0500009 BlueChoice Plus HSA/HRA Silver 1800 Ded  86052DC0500010 BlueChoice Plus HSA/HRA Silver 3000 Ded  86052DC0500015 BlueChoice Plus Gold 1000 Ded  86052DC0500016 BlueChoice Plus Gold 800 Ded	0.910
86052DC0480010 BlueChoice HMO Referral Gold 0 Ded 86052DC0480014 JeChoice HMO Referral Silver 5350 Ded Virtual Conn 86052DC0480015 BlueChoice HMO Referral Bronze 8500 Ded 86052DC0500009 BlueChoice Plus HSA/HRA Silver 1800 Ded 86052DC0500010 BlueChoice Plus HSA/HRA Silver 3000 Ded 86052DC0500015 BlueChoice Plus Gold 1000 Ded 86052DC0500016 BlueChoice Plus Gold 800 Ded	0.808
86052DC0480014 JeChoice HMO Referral Silver 5350 Ded Virtual Conn 86052DC0480015 BlueChoice HMO Referral Bronze 8500 Ded 86052DC0500009 BlueChoice Plus HSA/HRA Silver 1800 Ded 86052DC0500010 BlueChoice Plus HSA/HRA Silver 3000 Ded 86052DC0500015 BlueChoice Plus Gold 1000 Ded 86052DC0500016 BlueChoice Plus Gold 800 Ded	0.814
86052DC0480015 BlueChoice HMO Referral Bronze 8500 Ded 86052DC0500009 BlueChoice Plus HSA/HRA Silver 1800 Ded 86052DC0500010 BlueChoice Plus HSA/HRA Silver 3000 Ded 86052DC0500015 BlueChoice Plus Gold 1000 Ded 86052DC0500016 BlueChoice Plus Gold 800 Ded	
86052DC0500009         BlueChoice Plus HSA/HRA Silver 1800 Ded           86052DC0500010         BlueChoice Plus HSA/HRA Silver 3000 Ded           86052DC0500015         BlueChoice Plus Gold 1000 Ded           86052DC0500016         BlueChoice Plus Gold 800 Ded	0.619
86052DC0500010         BlueChoice Plus HSA/HRA Silver 3000 Ded           86052DC0500015         BlueChoice Plus Gold 1000 Ded           86052DC0500016         BlueChoice Plus Gold 800 Ded	0.717
86052DC0500015 BlueChoice Plus Gold 1000 Ded 86052DC0500016 BlueChoice Plus Gold 800 Ded	0.717
86052DC0500016 BlueChoice Plus Gold 800 Ded	0.719
	0.808
ADUS A JULISHILLA KINGLINNICO VINCHSA JARA KINDA KINDA NA	0.645
86052DC0500017 BlueChoice Plus HSA/HRA Bronze 6100 Ded 86052DC0500018 BlueChoice Plus HSA/HRA Silver 2750 Ded	0.720
86052DC0500019 BlueChoice Plus Platinum 500 Ded 86052DC0580001 BlueChoice Plus Opt-Out Platinum 0 Ded	0.905 0.910

**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 Advantage Gold 1000 Ded	
(5)	Plan Adjusted Index Rate	\$682.73	
(6)	Calibration	0.9977	(4)
(7)	Calibrated Rate	\$681.18	(5)*(6)
(8)	Age 40 Factor/Rounded Avg Age Factor = (0.975/1.053)	0.9259	
(9)	Age 40 Premium Rate	\$630.73	(7)*(8)

<sup>\*</sup>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.

<sup>\*\*</sup>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.

<sup>\*\*\*</sup>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
	1.377
49	
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** 

	<b>Projected Membe</b>	r	
CDH/Non-CDH	Months	Relative to HSA/HRA	Relative to Average*
HSA/HRA	179,043	1.0000	1.0000
Non-CDH	476,603	1.0000	1.0000
	655,646	1.0000	
	Projected Membe	r	
Metal Level	Months	Relative to Bronze	Relative to Average*
Catastrophic	3,659	1.0000	0.9243
Bronze	43,208	1.0000	0.9243
Silver	157,461	1.0300	0.9521
Gold	267,813	1.0800	0.9983
Platinum	183,505	1.1500	1.0630
Total	655,646	1.0819	

<sup>\*</sup>Factors are applied as plan level adjustments

### **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	<b>Projected Member Months</b>	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
Total	655,646	1.1219	

<sup>\*</sup>Factors are applied as plan level adjustments

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

Exp. Period					Current Period	Rating Period		
2021 Base HIOS Plan I	D 2021 HIOS Plan Name	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	
86052DC0440010	BlueChoice Advantage Gold 1000	86052DC0440010	BlueChoice Advantage Gold 1000	86052DC0440010	BlueChoice Advantage Gold 1000	86052DC0440010	BlueChoice Advantage Gold 1000 Ded	
86052DC0440011	BlueChoice Advantage Gold 500	86052DC0440011	BlueChoice Advantage Gold 500	86052DC0440011	BlueChoice Advantage Gold 800	86052DC0440011	BlueChoice Advantage Gold 800 Ded	
86052DC0440012	BlueChoice Advantage Platinum 0	86052DC0440012	BlueChoice Advantage Platinum 0	86052DC0440012	BlueChoice Advantage Platinum 0	86052DC0440012	BlueChoice Advantage Platinum 0 Ded	
86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1600	86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1800 Ded	
86052DC0440015	HealthyBlue Advantage Platinum 500	86052DC0440015	HealthyBlue Advantage Platinum 500	86052DC0440015	HealthyBlue Advantage Platinum 500	86052DC0440033	BlueChoice Advantage Platinum 500 Ded	
86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6100	86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6100	86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6100	86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6100 Ded	
86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000 Ded	
86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1600 Ded	
86052DC0440022	BlueChoice Advantage Silver 4000	86052DC0440022	BlueChoice Advantage Silver 4000	86052DC0440022	BlueChoice Advantage Silver 5350 Virtual Connect	86052DC0440022	BlueChoice Advantage Silver 5350 Ded Virtual Connect	
86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA	86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA	86052DC0440023	BlueChoice Advantage Silver 1600 BlueFund HSA	86052DC0440023	BlueChoice Advantage Silver 1800 Ded BlueFund HSA	
86052DC0440025	BlueChoice Advantage Silver 5000	86052DC0440025	BlueChoice Advantage Silver 5000	86052DC0440025	BlueChoice Advantage Silver 6500	86052DC0440025	BlueChoice Advantage Silver 6500 Ded	
86052DC0440026	BlueChoice Advantage Gold 3000	86052DC0440026	BlueChoice Advantage Gold 3000	86052DC0440026	BlueChoice Advantage Gold 3000 Virtual Connect	86052DC0440026	BlueChoice Advantage Gold 3000 Ded Virtual Connect	
86052DC0440027	BlueChoice Advantage HSA/HRA Silver 2000	86052DC0440027	BlueChoice Advantage HSA/HRA Silver 2000	86052DC0440027	BlueChoice Advantage HSA/HRA Silver 2000	86052DC0440027	BlueChoice Advantage HSA/HRA Silver 2250 Ded	
86052DC0440028	BlueChoice Advantage HSA/HRA Gold 1500 90	86052DC0440028	BlueChoice Advantage HSA/HRA Gold 1500 90	86052DC0440028	BlueChoice Advantage HSA/HRA Gold 1500 90	86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1600 Ded	
86052DC0440029	BlueChoice Advantage HSA/HRA Silver 2100 70	86052DC0440029	BlueChoice Advantage HSA/HRA Silver 2100 70	86052DC0440029	BlueChoice Advantage HSA/HRA Silver 2400 70	86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000 Ded	
86052DC0440030	BlueChoice Advantage HSA/HRA Silver 3000 70	86052DC0440030	BlueChoice Advantage HSA/HRA Silver 3000 70	86052DC0440030	BlueChoice Advantage HSA/HRA Silver 3000 70	86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000 Ded	
86052DC0440031	BlueChoice Advantage Value Bronze 6000	86052DC0440031	BlueChoice Advantage Value Bronze 6000	86052DC0440031	BlueChoice Advantage Value Bronze 6000	86052DC0440031	BlueChoice Advantage Bronze 6000 Ded	
86052DC0440032	BlueChoice Advantage Gold 0	86052DC0440032	BlueChoice Advantage Gold 0	86052DC0440032	BlueChoice Advantage Gold 0	86052DC0440032	BlueChoice Advantage Gold 0 Ded	
86052DC0460009	BlueChoice HMO Gold 1500	86052DC0460009	BlueChoice HMO Gold 1500	86052DC0460009	BlueChoice HMO Gold 1500	86052DC0460009	BlueChoice HMO Gold 1500 Ded	
86052DC0460010	BlueChoice HMO Gold 500	86052DC0460010	BlueChoice HMO Gold 500	86052DC0460010	BlueChoice HMO Gold 800	86052DC0460010	BlueChoice HMO Gold 800 Ded	
86052DC0460011	BlueChoice HMO Platinum 0	86052DC0460011	BlueChoice HMO Platinum 0	86052DC0460011	BlueChoice HMO Platinum 0	86052DC0460011	BlueChoice HMO Platinum 0 Ded	
86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	86052DC0460012	BlueChoice HMO HSA/HRA Silver 1600	86052DC0460012	BlueChoice HMO HSA/HRA Silver 1800 Ded	
86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2250 Ded	
86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6100	86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6100	86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6100	86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6100 Ded	
86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000 Ded	
86052DC0460020	BlueChoice HMO Silver 1500	86052DC0460020	BlueChoice HMO Silver 1500	86052DC0460020	BlueChoice HMO Silver 1900	86052DC0460020	BlueChoice HMO Silver 1900 Ded	
86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	86052DC0460021	BlueChoice HMO HSA/HRA Gold 1600 Ded	
86052DC0460023	BlueChoice HMO Silver 5000	86052DC0460023	BlueChoice HMO Silver 5000	86052DC0460023	BlueChoice HMO Silver 6500	86052DC0460023	BlueChoice HMO Silver 6500 Ded	
86052DC0460024	BlueChoice HMO Gold 3000	86052DC0460024	BlueChoice HMO Gold 3000	86052DC0460024	BlueChoice HMO Gold 3000 Virtual Connect	86052DC0460024	BlueChoice HMO Gold 3000 Ded Virtual Connect	
86052DC0460025	BlueChoice HMO HSA/HRA Gold 1500 90	86052DC0460025	BlueChoice HMO HSA/HRA Gold 1500 90	86052DC0460025	BlueChoice HMO HSA/HRA Gold 1500 90	86052DC0460021	BlueChoice HMO HSA/HRA Gold 1600 Ded	
86052DC0460026	BlueChoice HMO HSA/HRA Bronze 6500 90	86052DC0460026	BlueChoice HMO HSA/HRA Bronze 6500 90	86052DC0460026	BlueChoice HMO HSA/HRA Bronze 6500 90	86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6100 Ded	
86052DC0460027	BlueChoice HMO HSA/HRA Silver 2100 70	86052DC0460027	BlueChoice HMO HSA/HRA Silver 2100 70	86052DC0460027	BlueChoice HMO HSA/HRA Silver 2400 70	86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000 Ded	
86052DC0460028	BlueChoice HMO HSA/HRA Silver 3000 70	86052DC0460028	BlueChoice HMO HSA/HRA Silver 3000 70	86052DC0460028	BlueChoice HMO HSA/HRA Silver 3000 70	86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000 Ded	
86052DC0460029	BlueChoice HMO Value Bronze 6000	86052DC0460029	BlueChoice HMO Value Bronze 6000	86052DC0460029	BlueChoice HMO Value Bronze 6000	86052DC0460029	BlueChoice HMO Bronze 6000 Ded	
86052DC0480007	BlueChoice HMO Referral Platinum 0	86052DC0480007	BlueChoice HMO Referral Platinum 0	86052DC0480007	BlueChoice HMO Referral Platinum 0	86052DC0480007	BlueChoice HMO Referral Platinum 0 Ded	
86052DC0480007	BlueChoice HMO Referral Gold 500	86052DC0480007	BlueChoice HMO Referral Gold 500	86052DC0480007	BlueChoice HMO Referral Gold 800	86052DC0480007	BlueChoice HMO Referral Gold 800 Ded	
86052DC0480010	BlueChoice HMO Referral Gold 0	86052DC0480010	BlueChoice HMO Referral Gold 0	86052DC0480010	BlueChoice HMO Referral Gold 0	86052DC0480010	BlueChoice HMO Referral Gold 0 Ded	
86052DC0480014	BlueChoice HMO Referral Silver 4000	86052DC0480014	BlueChoice HMO Referral Silver 4000	86052DC0480014	BlueChoice HMO Referral Silver 5350 Virtual Connect	86052DC0480014	BlueChoice HMO Referral Silver 5350 Ded Virtual Connec	
86052DC0480015	BlueChoice HMO Referral Bronze 8250	86052DC0480014 86052DC0480015	BlueChoice HMO Referral Bronze 8250	86052DC0480014 86052DC0480015	BlueChoice HMO Referral Bronze 8250	86052DC0480015	BlueChoice HMO Referral Bronze 8500 Ded	
86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	86052DC0500009	BlueChoice Plus HSA/HRA Silver 1600	86052DC0500009	BlueChoice Plus HSA/HRA Silver 1800 Ded	
	·		·		·		·	
86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000 Ded	
86052DC0500012	HealthyBlue Plus Platinum 500	86052DC0500012	HealthyBlue Plus Platinum 500	86052DC0500012	HealthyBlue Plus Platinum 500	86052DC0500019	BlueChoice Plus Platinum 500 Ded	
86052DC0500015	BlueChoice Plus Gold 1000	86052DC0500015	BlueChoice Plus Gold 1000	86052DC0500015	BlueChoice Plus Gold 1000	86052DC0500015	BlueChoice Plus Gold 1000 Ded	
86052DC0500016	BlueChoice Plus Gold 500	86052DC0500016	BlueChoice Plus Gold 500	86052DC0500016	BlueChoice Plus Gold 800	86052DC0500016	BlueChoice Plus Gold 800 Ded	
86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6100	86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6100	86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6100	86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6100 Ded	
86052DC0500018	BlueChoice Plus HSA/HRA Silver 2500	86052DC0500018	BlueChoice Plus HSA/HRA Silver 2500	86052DC0500018	BlueChoice Plus HSA/HRA Silver 2500	86052DC0500018	BlueChoice Plus HSA/HRA Silver 2750 Ded	
86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	86052DC0580001	BlueChoice Plus Opt-Out Platinum 0 Ded	
				86052DC0460030	BlueChoice HMO HSA Standard Bronze \$6,350	86052DC0460030	BlueChoice HMO HSA Standard Bronze \$6,350 Ded	
				86052DC0460031	BlueChoice HMO Standard Bronze \$7,500	86052DC0460031	BlueChoice HMO Standard Bronze \$7,500 Ded	
				86052DC0460032	BlueChoice HMO Standard Gold \$500	86052DC0460032	BlueChoice HMO Standard Gold \$500 Ded	
				86052DC0460033	BlueChoice HMO Standard Platinum \$0	86052DC0460033	BlueChoice HMO Standard Platinum \$0 Ded	
				86052DC0460034	BlueChoice HMO Standard Silver \$4,850	86052DC0460034	BlueChoice HMO Standard Silver \$4,850 Ded	

## Appendix - Annual Rate Change Based on Mapping

Bronze	Bronze Members/Avg Renewal	2,215	2,295	10.5%
Silver	Silver Members/Avg Renewal	11,431	11,895	9.8%
Gold	Gold Members/Avg Renewal	20,117	20,848	8.3%
Platinum	Platinum Members/Avg Renewal	13,855	14,474	6.8%
	All Members/Avg Renewal	47,618	49,512	8.1%
	Minimum Renewal			6.6%
	Maximum Renewal			12.8%

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	1Q2023 Base Rate	1Q2024 Base Rate	Annual Rate Change
86052DC0440010	BlueChoice Advantage Gold 1000	GOLD	On	86052DC0440010	BlueChoice Advantage Gold 1000 Ded	GOLD	On	4,207.00	4,349	\$596.36	\$648.37	8.7%
86052DC0440011	BlueChoice Advantage Gold 800	GOLD	On	86052DC0440011	BlueChoice Advantage Gold 800 Ded	GOLD	On	3,842.00	3,972	\$601.46	\$653.23	8.6%
86052DC0440012	BlueChoice Advantage Platinum 0	PLATINUM	On	86052DC0440012	BlueChoice Advantage Platinum 0 Ded	PLATINUM	On	5,130.00	5,406	\$720.48	\$770.46	6.9%
86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1600	SILVER	On	86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1800 Ded	SILVER	On	2,160.00	2,260	\$511.53	\$560.52	9.6%
86052DC0440015	HealthyBlue Advantage Platinum 500	PLATINUM	On	86052DC0440033	BlueChoice Advantage Platinum 500 Ded	PLATINUM	On	1,789.00	1,880	\$703.03	\$751.95	7.0%
86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6100	BRONZE	On	86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6100 Ded	BRONZE	On	675.00	698	\$417.51	\$459.72	10.1%
86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	SILVER	On	86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000 Ded	SILVER	On	741.00	772	\$484.32	\$534.14	10.3%
86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	GOLD	On	86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1600 Ded	GOLD	On	1,718.00	1,796	\$579.39	\$626.35	8.1%
86052DC0440022	BlueChoice Advantage Silver 5350 Virtual Connect	SILVER	On	86052DC0440022	BlueChoice Advantage Silver 5350 Ded Virtual Connect	SILVER	On	448.00	472	\$483.88	\$534.99	10.6%
86052DC0440023	BlueChoice Advantage Silver 1600 BlueFund HSA	SILVER	On	86052DC0440023	BlueChoice Advantage Silver 1800 Ded BlueFund HSA	SILVER	On	859.00	889	\$511.90	\$560.79	9.6%
86052DC0440025	BlueChoice Advantage Silver 6500	SILVER	On	86052DC0440025	BlueChoice Advantage Silver 6500 Ded	SILVER	On	247.00	262	\$485.74	\$536.03	10.4%
86052DC0440026	BlueChoice Advantage Gold 3000 Virtual Connect	GOLD	On	86052DC0440026	BlueChoice Advantage Gold 3000 Ded Virtual Connect	GOLD	On	809.00	850	\$570.58	\$615.96	8.0%
86052DC0440027	BlueChoice Advantage HSA/HRA Silver 2000	SILVER	On	86052DC0440027	BlueChoice Advantage HSA/HRA Silver 2250 Ded	SILVER	On	1,434.00	1,496	\$503.05	\$549.77	9.3%
86052DC0440028	BlueChoice Advantage HSA/HRA Gold 1500 90	GOLD	On	86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1600 Ded	GOLD	On	123.00	130	\$568.46	\$626.35	10.2%
86052DC0440029	BlueChoice Advantage HSA/HRA Silver 2400 70	SILVER	On	86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000 Ded	SILVER	On	23.00	23	\$473.37	\$534.14	12.8%
86052DC0440030	BlueChoice Advantage HSA/HRA Silver 3000 70	SILVER	On	86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000 Ded	SILVER	On	181.00	190	\$474.91	\$534.14	12.5%
86052DC0440031	BlueChoice Advantage Value Bronze 6000	BRONZE	On	86052DC0440031	BlueChoice Advantage Bronze 6000 Ded	BRONZE	On	311.00	326	\$414.49	\$461.02	11.2%
86052DC0440032	BlueChoice Advantage Gold 0	GOLD	On	86052DC0440032	BlueChoice Advantage Gold 0 Ded	GOLD	On	1,171.00	1,226	\$635.88	\$681.13	7.1%
86052DC0460009	BlueChoice HMO Gold 1500	GOLD	On	86052DC0460009	BlueChoice HMO Gold 1500 Ded	GOLD	On	944.00	973	\$518.84	\$557.45	7.4%
86052DC0460010	BlueChoice HMO Gold 800	GOLD	On	86052DC0460010	BlueChoice HMO Gold 800 Ded	GOLD	On	1,354.00	1,403	\$528.09	\$571.93	8.3%
86052DC0460011	BlueChoice HMO Platinum 0	PLATINUM	On	86052DC0460010	BlueChoice HMO Platinum 0 Ded	PLATINUM	On	1,484.00	1,544	\$637.19	\$679.15	6.6%
86052DC0460011	BlueChoice HMO HSA/HRA Silver 1600	SILVER	On	86052DC0460011	BlueChoice HMO HSA/HRA Silver 1800 Ded	SILVER	On	741.00	773	\$444.66	\$485.66	9.2%
						SILVER			736	·	\$475.30	9.0%
86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	SILVER	On	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2250 Ded		On	710.00		\$436.15		
86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6100	BRONZE	On	86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6100 Ded	BRONZE	On	294.00	303	\$355.62	\$390.81	9.9%
86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	SILVER	On	86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000 Ded	SILVER	On	322.00	334	\$417.35	\$459.41	10.1%
86052DC0460020	BlueChoice HMO Silver 1900	SILVER	On	86052DC0460020	BlueChoice HMO Silver 1900 Ded	SILVER	On	687.00	708	\$420.17	\$463.19	10.2%
86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	GOLD	On	86052DC0460021	BlueChoice HMO HSA/HRA Gold 1600 Ded	GOLD	On	347.00	363	\$504.54	\$543.78	7.8%
86052DC0460023	BlueChoice HMO Silver 6500	SILVER	On	86052DC0460023	BlueChoice HMO Silver 6500 Ded	SILVER	On	250.00	257	\$419.60	\$462.49	10.2%
86052DC0460024	BlueChoice HMO Gold 3000 Virtual Connect	GOLD	On	86052DC0460024	BlueChoice HMO Gold 3000 Ded Virtual Connect	GOLD	On	348.00	362	\$498.81	\$536.71	7.6%
86052DC0460025	BlueChoice HMO HSA/HRA Gold 1500 90	GOLD	On	86052DC0460021	BlueChoice HMO HSA/HRA Gold 1600 Ded	GOLD	On	87.00	88	\$494.06	\$543.78	10.1%
86052DC0460026	BlueChoice HMO HSA/HRA Bronze 6500 90	BRONZE	On	86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6100 Ded	BRONZE	On	31.00	31	\$355.30	\$390.81	10.0%
86052DC0460027	BlueChoice HMO HSA/HRA Silver 2400 70	SILVER	On	86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000 Ded	SILVER	On	19.00	19	\$408.05	\$459.41	12.6%
86052DC0460028	BlueChoice HMO HSA/HRA Silver 3000 70	SILVER	On	86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000 Ded	SILVER	On	92.00	94	\$408.39	\$459.41	12.5%
86052DC0460029	BlueChoice HMO Value Bronze 6000	BRONZE	On	86052DC0460029	BlueChoice HMO Bronze 6000 Ded	BRONZE	On	229.00	236	\$353.47	\$392.70	11.1%
86052DC0460030	BlueChoice HMO HSA Standard Bronze \$6,350	BRONZE	On	86052DC0460030	BlueChoice HMO HSA Standard Bronze \$6,350	BRONZE	On	14.00	15	\$357.04	\$393.57	10.2%
86052DC0460031	BlueChoice HMO Standard Bronze \$7,500	BRONZE	On	86052DC0460031	BlueChoice HMO Standard Bronze \$7,500	BRONZE	On	12.00	14	\$367.67	\$408.09	11.0%
86052DC0460032	BlueChoice HMO Standard Gold \$500	GOLD	On	86052DC0460032	BlueChoice HMO Standard Gold \$500	GOLD	On	40.00	43	\$546.13	\$598.85	9.7%
86052DC0460033	BlueChoice HMO Standard Platinum \$0	PLATINUM	On	86052DC0460033	BlueChoice HMO Standard Platinum \$0	PLATINUM	On	2.00	2	\$636.23	\$687.34	8.0%
86052DC0460034	BlueChoice HMO Standard Silver \$4,850	SILVER	On	86052DC0460034	BlueChoice HMO Standard Silver \$4,850	SILVER	On	23.00	24	\$422.55	\$467.61	10.7%
86052DC0480007	BlueChoice HMO Referral Platinum 0	PLATINUM	On	86052DC0480007	BlueChoice HMO Referral Platinum 0 Ded	PLATINUM	On	1,169.00	1,218	\$606.40	\$646.26	6.6%
86052DC0480008	BlueChoice HMO Referral Gold 800	GOLD	On	86052DC0480008	BlueChoice HMO Referral Gold 800 Ded	GOLD	On	1,130.00	1,166	\$500.96	\$542.64	8.3%
86052DC0480010	BlueChoice HMO Referral Gold 0	GOLD	On	86052DC0480010	BlueChoice HMO Referral Gold 0 Ded	GOLD	On	936.00	972	\$535.00	\$571.04	6.7%
86052DC0480014	lueChoice HMO Referral Silver 5350 Virtual Conne	SILVER	On	86052DC0480014	lueChoice HMO Referral Silver 5350 Ded Virtual Connec	SILVER	On	510.00	530	\$395.10	\$435.87	10.3%
86052DC0480015	BlueChoice HMO Referral Bronze 8250	BRONZE	On	86052DC0480015	BlueChoice HMO Referral Bronze 8500 Ded	BRONZE	On	342.00	353	\$313.49	\$348.08	11.0%
86052DC0500009	BlueChoice Plus HSA/HRA Silver 1600	SILVER	On	86052DC0500009	BlueChoice Plus HSA/HRA Silver 1800 Ded	SILVER	On	1,329.00	1,376	\$456.18	\$499.54	9.5%
86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	SILVER	On	86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000 Ded	SILVER	On	356.00	370	\$428.88	\$473.27	10.4%
86052DC0500012	HealthyBlue Plus Platinum 500	PLATINUM	On	86052DC0500019	BlueChoice Plus Platinum 500 Ded	PLATINUM	On	1,370.00	1,415	\$633.40	\$676.87	6.9%
86052DC0500015	BlueChoice Plus Gold 1000	GOLD	On	86052DC0500015	BlueChoice Plus Gold 1000 Ded	GOLD	On	1,408.00	1,457	\$535.78	\$582.15	8.7%
86052DC0500016	BlueChoice Plus Gold 800	GOLD	On	86052DC0500016	BlueChoice Plus Gold 800 Ded	GOLD	On	1,653.00	1,698	\$540.78	\$587.03	8.6%
86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6100	BRONZE	On	86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6100 Ded	BRONZE	On	307.00	319	\$366.25	\$403.54	10.2%
86052DC0500017	BlueChoice Plus HSA/HRA Silver 2500	SILVER	On	86052DC0500017	BlueChoice Plus HSA/HRA Silver 2750 Ded	SILVER	On	299.00	310	\$442.15	\$483.05	9.3%
0000220000010	Diacelloice Flas Hory Hith Silver 2500	SILVLIN	OII	00032000010	Diacondice Has Hory Hith Silver 2750 Dea	SILVLIN	OII -	255.00	310	7772.13	y-103.03	3.370

**Appendix - Quarterly Rate Change Adjustment Factors** 

	(1)	(2)	(3) = (1 + (1))*(1 + (2)) -1
Quarter	Market Adj.	Admin Load	Plan Adjusted Index
•	Index Rate	Factor	Rates
2Q24	1.6%	0.0%	1.6%
3Q24	1.6%	-0.1%	1.5%
4Q24	1.6%	-0.1%	1.6%

The changes above are relative to the preceding quarter and no other changes factor into the 2Q, 3Q and 4Q rates.

### **Appendix - Maximum Rate Renewal**

	2023	2024	% Change
Base Rate	\$473.37	\$534.14	12.8%
Age Factor	0.654	0.727	11.2%
Geographic Factor	1.000	1.000	0.0%
Tobacco Factor	1.000	1.000	0.0%
Total	\$309.58	\$388.32	25.4%

	BlueChoice	BlueChoice
	Advantage	Advantage
	HSA/HRA Silver	HSA/HRA Silver
Base Rate/Product(s)	2400 70	3000 Ded
Age Change	20	21
Geo Change*	N/A	N/A
Tobacco Change**	N/A	N/A

<sup>\*</sup>we did not geo rate

<sup>\*\*</sup>we did not tobacco rate

#### 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-133651468

#### **ON-Exchange**

#### **BlueChoice HMO Referral and Open Access**

DC/CFBC/SHOP/GC (R. 1/19)

DC/CFBC/SHOP/HMO POS/EOC (R. 1/23)

DC/CFBC/DOL APPEAL (R. 1/22)

DC/CFBC/SHOP/HMO DOCS (R. 1/23)

DC/CFBC/SG/HMO/BRZ 6000 Ded (1/24)

DC/CFBC/SG/HMO OA CDH/BRZ 6100 Ded (1/24)

DC/CFBC/SG/HMO OA CDH/GOLD 1600 Ded (1/24)

DC/CFBC/SG/HMO OA CDH/SIL 1800 Ded (1/24)

DC/CFBC/SG/HMO OA CDH/SIL 2250 Ded (1/24) DC/CFBC/SG/HMO OA CDH/SIL 3000 Ded (1/24)

DC/CFBC/SG/HMO OA/GOLD 800 Ded (1/24)

DC/CFBC/SG/HMO OA/GOLD 1500 Ded (1/24)

DC/CFBC/SG/HMO OA/PLAT 0 Ded (1/24)

DC/CFBC/SG/HMO OA/SIL 1900 Ded (1/24)

DC/CFBC/SG/HMO OA/SIL 6500 Ded (1/24)

DC/CFBC/SG/HMO OA VC/GOLD 3000 Ded (1/24)

DC/CFBC/SG/HMO REF/BRZ 8500 Ded (1/24)

DC/CFBC/SG/HMO REF/GOLD 0 Ded (1/24)

DC/CFBC/SG/HMO REF/GOLD 800 Ded (1/24)

DC/CFBC/SG/HMO REF/PLAT 0 Ded (1/24)

DC/CFBC/SG/HMO REF VC/SIL 5350 Ded (1/24)

DC/CFBC/SG/HMO HSA STD/BRZ 6350 (1/24)

DC/CFBC/SG/HMO STD/BRZ 7500 (1/24)

DC/CFBC/SG/HMO STD/GOLD 500 (1/24)

DC/CFBC/SG/HMO STD/PLAT 0 (1/24)

DC/CFBC/SG/HMO STD/SIL 4850 (1/24)

DC/CFBC/BLCRD (R. 6/18)

DC/CFBC/MEM/BLCRD (R. 6/18)

DC/CFBC/NO SURP ACT/AMEND (R. 1/23)

DC/CFBC/2024 GC AMEND (1/24)

DC/CFBC/SHOP/2024 AMEND (1/24)

DC/CFBC/SG/AUTH AMEND/HMO (R. 1/24)

DC/CFBC/PT PROTECT (9/10)

DC/CFBC/SG/INCENT (R. 1/23)

DC/CFBC/SHOP/ELIG (R. 1/21)

4/27/2023

#### **In-Network**

DC/CFBC/SHOP/GC (R 1/19)

DC/CFBC/SHOP/HMO POS/EOC (R. 1/23)

DC/CFBC/DOL APPEAL (R. 1/22)

DC/CFBC/SHOP/PLUS IN DOCS (R. 1/23)

DC/CFBC/SG/POS IN CDH/BRZ 6100 Ded (1/24)

DC/CFBC/SG/POS IN CDH/SIL 1800 Ded (1/24)

DC/CFBC/SG/POS IN CDH/SIL 2750 Ded (1/24)

DC/CFBC/SG/POS IN CDH/SIL 3000 Ded (1/24)

DC/CFBC/SG/POS IN/GOLD 800 Ded (1/24)

DC/CFBC/SG/POS IN/GOLD 1000 Ded (1/24)

DC/CFBC/SG/POS IN/PLAT 500 Ded (1/24)

DC/CFBC/BLCRD (R. 6/18)

DC/CFBC/MEM/BLCRD (R. 6/18)

DC/CFBC/NO SURP ACT/AMEND (R. 1/23)

DC/CFBC/2024 GC AMEND (1/24)

DC/CFBC/SHOP/2024 AMEND (1/24)

DC/CFBC/SG/AUTH AMEND/PLUS (R. 1/24)

DC/CFBC/PT PROTECT (9/10)

DC/CFBC/SG/INCENT (R. 1/23)

DC/CFBC/SHOP/ELIG (R. 1/21)

#### **BlueChoice Plus (OOPOA)**

#### **Out-of-Network**

DC/CF/SHOP/GC (R 1/19)

DC/CF/SHOP/POS OON/EOC (R. 1/23)

DC/GHMSI/DOL APPEAL (R. 1/22)

DC/CF/SHOP/POS OON/DOCS (R. 1/23) DC/CF/SG/POS OON CDH/BRZ 6100 Ded (1/24)

DC/CF/SG/POS OON CDH/SIL 1800 Ded (1/24)

DC/CF/SG/POS OON CDH/SIL 2750 Ded (1/24)

DC/CF/SG/POS OON CDH/SIL 3000 Ded (1/24)

DC/CF/SG/POS OON/GOLD 800 Ded (1/24)

DC/CF/SG/POS OON/GOLD 1000 Ded (1/24)

DC/CF/SG/POS OON/PLAT 500 Ded (1/24)

DC/CF/BLCRD (R. 6/18)

DC/CF/MEM/BLCRD (R. 6/18)

DC/CF/ANCILLARY AMEND (10/12)

DC/CF/NO SURP ACT/AMEND (R. 1/23)

DC/CF/2024 GC AMEND (1/24)

DC/CF/SHOP/POS OON/2024 AMEND (1/24)

DC/CF/SG/AUTH AMEND/POS OON (R. 1/24)

DC/CF/PT PROTECT (9/10)

DC GHMSI – HEALTH GUARANTY 5/21

DC/CF/SHOP/ELIG (R. 1/21)

#### **BlueChoice Plus (OO-OA)**

DC/CFBC/SHOP/GC (R 1/19)

DC/CFBC/SHOP/HMO POS/EOC (R. 1/23)

DC/CFBC/DOL APPEAL (R. 1/22)

DC/CFBC/SHOP/BC+OOOA DOCS (R. 1/23)

DC/CFBC/SG/BC+ OO/PLAT 0 Ded (1/24)

DC/CFBC/BLCRD (R. 6/18)

DC/CFBC/MEM/BLCRD (R. 6/18)

DC/CFBC/2024 GC AMEND (1/24)

DC/CFBC/SHOP/2024 AMEND (1/24)

DC/CFBC/SG/AUTH AMEND/ BCOO (R. 1/24)

DC/CFBC/PT PROTECT (9/10)

DC/CFBC/SG/INCENT (R. 1/23)

DC/CFBC/SHOP/ELIG (R. 1/21)

#### **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/CD/HMO/INCENT (1/23)

DC/CFBC/PT PROTECT (9/10)

## BlueChoice Advantage

**Out-of-Network** 

DC/CF/SHOP/GC (R 1/19)

DC/CF/SHOP/POS OON/EOC (R. 1/23)

DC/GHMSI/DOL APPEAL (R. 1/22)

DC/CF/SHOP/POS OON/DOCS (R. 1/23)

DC/CF/SG/POS OON CDH/BRZ 6100 Ded (1/24)

DC/CF/SG/POS OON CDH/SIL 1800 Ded (1/24)

DC/CF/SG/POS OON CDH/SIL 2750 Ded (1/24) DC/CF/SG/POS OON CDH/SIL 3000 Ded (1/24)

DC/CF/SG/POS OON/GOLD 800 Ded (1/24) DC/CF/SG/POS OON/GOLD 1000 Ded (1/24)

DC/CF/SG/POS OON/PLAT 500 Ded (1/24) DC/CF/SG/BC ADV OON BF HSA/SIL 1800 Ded (1/24)

DC/CF/SG/POS OON CDH/GOLD 1600 Ded (1/24)

DC/CF/SG/POS OON /BRZ 6000 Ded (1/24) DC/CF/SG/POS OON CDH/SIL 2250 (1/24)

DC/CF/SG/POS OON/GOLD 0 Ded (1/24)

DC/CF/SG/POS OON/PLAT 0 Ded (1/24)

DC/CF/SG/POS OON/SIL 6500 Ded (1/24) DC/CF/SG/POS OON VC/GOLD 3000 Ded (1/24)

DC/CF/SG/POS OON VC/SIL 5350 Ded (1/24)

DC/CF/BLCRD (R. 6/18)

DC/CF/MEM/BLCRD (R. 6/18)

DC/CF/ANCILLARY AMEND (10/12)

DC/CF/NO SURP ACT/AMEND (R. 1/23)

DC/CF/2024 GC AMEND (1/24)

DC/CF/SHOP/POS OON/2024 AMEND (1/24)

DC/CF/SG/AUTH AMEND/POS OON (R. 1/24)

DC/CF/PT PROTECT (9/10)

DC GHMSI – HEALTH GUARANTY 5/21

DC/CF/SHOP/ELIG (R. 1/21)

DC/CFBC/SHOP/HMO POS/EOC (R. 1/23)

DC/CFBC/SHOP/ADV IN DOCS (R. 1/23)

DC/CFBC/SG/POS IN CDH/BRZ 6100 Ded (1/24)

DC/CFBC/SG/POS IN CDH/SIL 1800 Ded (1/24)

DC/CFBC/SG/POS IN CDH/SIL 2750 Ded (1/24)

DC/CFBC/SG/POS IN CDH/SIL 3000 Ded (1/24)

DC/CFBC/SG/BC ADV IN BF HSA/SIL 1800 Ded (1/24)

DC/CFBC/SG/POS IN CDH/GOLD 1600 Ded (1/24)

DC/CFBC/SG/POS IN CDH/SIL 2250 Ded (1/24)

DC/CFBC/SG/POS IN VC/GOLD 3000 Ded (1/24)

DC/CFBC/SG/POS IN VC/SIL 5350 Ded (1/24)

DC/CFBC/SG/POS IN/GOLD 800 Ded (1/24)

DC/CFBC/SG/POS IN/GOLD 1000 Ded (1/24)

DC/CFBC/SG/POS IN/PLAT 500 Ded (1/24)

DC/CFBC/SG/POS IN/BRZ 6000 Ded (1/24)

DC/CFBC/SG/POS IN/GOLD 0 Ded (1/24)

DC/CFBC/SG/POS IN/PLAT 0 Ded (1/24)

DC/CFBC/ADV/MEM/BLCRD (R. 6/18)

DC/CFBC/ANCILLARY AMEND (10/12)

DC/CFBC/NO SURP ACT/AMEND (R. 1/23)

DC/CFBC/SG/AUTH AMEND/ADV (R. 1/24)

DC/CFBC/ADV/BLCRD (R. 6/18)

DC/CFBC/2024 GC AMEND (1/24)

DC/CFBC/PT PROTECT (9/10)

DC/CFBC/SG/INCENT (R. 1/23)

DC/CFBC/SHOP/ELIG (R. 1/21)

DC/CFBC/SHOP/2024 AMEND (1/24)

DC/CFBC/SG/POS IN/SIL 6500 Ded (1/24)

DC/CFBC/DOL APPEAL (R. 1/22)

In-Network

Month	Members	Service Category	<b>Ultimate Allowed</b>	Ultimate Incurred	Allowed	Incurred	<b>Drug Rebates</b>	<b>Utilization Unit</b>	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

Month	Members	Service Category	<b>Ultimate Allowed</b>	Ultimate Incurred	Allowed	Incurred	Drug Rebates	<b>Utilization Unit</b>	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

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Allowed	Incurred	<b>Drug Rebates</b>	<b>Utilization Unit</b>	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

Month	Members	Service Category	<b>Ultimate Allowed</b>	Ultimate Incurred	Allowed	Incurred	<b>Drug Rebates</b>	<b>Utilization Unit</b>	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	<b>Utilization Unit</b>	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	<b>Ultimate Allowed</b>	Ultimate Incurred	Allowed	Incurred	Drug Rebates	<b>Utilization Unit</b>	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%

SERFF Tracking #: CFAP-133618363 State Tracking #: Company Tracking #: 2705

State: District of Columbia Filing Company: CareFirst BlueChoice, Inc.

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

Product Name:2705 - DC ACA Small Group BlueChoiceProject Name/Number:2705 - DC BC SG ACA ON-EXCHANGE/2705

# **Supporting Document Schedules**

Satisfied - Item:	Actuarial Justification
Comments:	
Attachment(s):	2705 - DC BlueChoice - SG - Rate Sheets.xlsx 2705 BC SG - DISB rate filing checklist - 2024.pdf 2705_SG_DC_BlueChoice_1.1.24_Actuarial_Memorandum_SERFF.xlsx Appendix K DC Carrier Template - BlueChoice.xlsx 2024 AV Screenshots for Complaince DC BC.pdf 2705_SmallGroup_DC_BlueChoice_1.1.24_ActuarialMemorandum.pdf 2705 - DC SG 2024 - BlueChoice - Index & Plan Comparison.pdf
Item Status:	
Status Date:	
Bypassed - Item:	Certificate of Authority to File
Bypass Reason:	NA
Attachment(s):	
Item Status:	
Status Date:	
Satisfied - Item:	Cover Letter
Comments:	
Attachment(s):	2705 ACA_Cover Letter_SG_DC_BlueChoice.pdf
Item Status:	
Status Date:	
Bypassed - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
Bypass Reason:	NA NA
Attachment(s):	
Item Status:	
Status Date:	
Bypassed - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
Bypass Reason:	NA NA
Attachment(s):	
Item Status:	
Status Date:	

SERFF Tracking #: CFAP-133618363 State Tracking #: Company Tracking #: 2705 District of Columbia Filing Company: CareFirst BlueChoice, Inc. State: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other TOI/Sub-TOI: 2705 - DC ACA Small Group BlueChoice Product Name: 2705 - DC BC SG ACA ON-EXCHANGE/2705 Project Name/Number: Satisfied - Item: District of Columbia Plain Language Summary Comments: Attachment(s): 2705 - DC SG - BlueChoice - PartII Rate Justification - 5-1.pdf **Item Status:** Status Date: Satisfied - Item: **DISB Actuarial Memorandum Dataset** Comments: 2704-2705 - DC BC Trend Analysis.xlsx Attachment(s): 2705 - DC BC SG (2024) - Dataset.xlsm **Item Status:** Status Date: Satisfied - Item: URRT Comments: 2705 DC BC SG URRT - SERFF.pdf 2705 DC BC SG URRT - SERFF.xlsm Attachment(s): Item Status: **Status Date:** Satisfied - Item: RATE-E Comments: Attachment(s): SG BlueChoice - 86052.RATEE.D20230425T164754.L.xlsx **Item Status:** 

Status Date:

SERFF Tracking #: CFAP-133618363 State Tracking #: Company Tracking #: 2705

State: District of Columbia Filing Company: CareFirst BlueChoice, Inc.

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

Product Name:2705 - DC ACA Small Group BlueChoiceProject Name/Number:2705 - DC BC SG ACA ON-EXCHANGE/2705

Attachment 2705 - DC BlueChoice - SG - Rate Sheets.xlsx is not a PDF document and cannot be reproduced here.

Attachment 2705\_SG\_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 2705 - DC BC SG (2024) - Dataset.xlsm is not a PDF document and cannot be reproduced here.

Attachment 2705 DC BC SG URRT - SERFF.xlsm is not a PDF document and cannot be reproduced here.

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

# 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			
				<b>Location of the Data</b>		
			Included?	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_SG		
3	HIOS Product ID	The HIOS product ID should be listed in the actuarial memorandum.	Yes	Exhibit 11 - Plan Adjusted_SG		
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_SG		
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_SG		
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. In the small group market, please also provide weighted average rate increase requested for 2024Q1 over 2023Q1; etc.	Yes	Appendix - Rate Change_SG		
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_SG		

Number	Data Element	Requirement Description	Individual and Small Group			
			Has the Data Element Been	Location of the		
			Included?	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_SG		
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 - Rate Change_SG		
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_SG		
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_SG		
14	Exposure	Current number of policies, certificates and covered lives.	Yes	Appendix - Rate Change_SG		
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_SG		
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		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	Location of the		
			Included?	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	Yes	Exhibit 8 - Trend		
		unit cost, utilization, and in total. Provide the development of the				
20	C + C1 : C1	trend assumptions.				
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	NT.	Martin Parkla		
		how the experience has been adjusted for cost-sharing changes in the	No	Not applicable		
		rate development. Provide support for the estimated cost impact of				
21	D C' + - C'	the cost-sharing changes.				
21	Benefit Changes	Disclose any changes in covered benefits for the plans between the				
		base experience period for rating and the requested effective date.	V	Exhibit 7 - Other		
		Show how the experience has been adjusted for changes in covered	Yes	Adjustments		
		benefits in the rate development. Provide support for the estimated				
22	Plan Relativities	cost impact of the benefit changes.				
22	Pian 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		4 12 D		
		design. Disclose the minimum, maximum, and average impact of the	Yes	Appendix - Rate Change_SG		
		changes on policyholders.		Change_50		
		For initial filings, provide the derivation of any new plan factors.				
23	Rating Factors	Provide the age and other rating factors used. Disclose any changes				
		to rating factors, and the minimum, maximum, and average impact	Yes	Exhibit 14 - Age Slope		
		on policyholders. Provide support for any changes.				
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	Anticipated distribution of rate increases due to changes in base		A		
	Increases	rates, plan relativities, and rating factors. This need not include	Yes	Appendix - Rate Change_SG		
		changes in demographics of the individual or group.		Change_50		
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	Yes	Appendix - Total		
		paid-through date of the paid claims, and provide a basic description	1 52	Experience		
		of the reserving methodology for claims reserves and contract				
		reserves, if any. Provide margins used, if any.				

<sup>&</sup>lt;sup>1</sup>42 U.S. Code § 300gg–4(j)

Number	Data Element	Requirement Description	Individual and Sr	nall 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 SG and Exhibit 10B - Fed MLR_SG
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 SG and Exhibit 10B - Fed MLR_SG
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 SG 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 _SG
30	Past and Prospective Loss Experience Within and Outside the	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	Location of the		
			Included?	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	Exhibit 10A - DICR SG and Exhibit 10B - Fed MLR_SG		
32	Past and Prospective Expenses	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.  Provide the assumed administrative costs in the following categories:  • Salaries, wages, employment taxes, and other employee benefits  • Commissions  • Taxes, licenses, and other regulatory fees  • Cost containment programs / quality improvement activities  • All other administrative expenses  • Total	Yes	Exhibit10A - DICR SG and Exhibit 10B - Fed MLR_SG		
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		

Number	Data Element	Requirement Description	Individual and Small Group			
			Has the Data Element Been	Location of the		
			Included?	Data Element		
35	Actuarial Certification	Signed and dated certification by a qualified actuary that the				
		anticipated loss ratio meets the minimum requirement, the rates are		A - 4 1 C 4 : C 4 : : -		
		reasonable in relation to benefits, the filing complies with the laws	Yes	Actuarial Certification is included in the Actuarial		
		and regulations of the District of Columbia and all applicable	103	Memorandum		
		Actuarial Standards of Practice, including ASOP No. 8, and that the				
		rates are not unfairly discriminatory.				
36	Part I Preliminary	Rate Summary Worksheet Provide this document with all		TOTAL STATE OF THE		
	Justification	Grandfathered plan filings. Provide in Excel and PDF format.	No	This is not a Grandfathered Filing, so a		
	(Grandfathered Plan		110	PRJ is not provided		
	Filings)			True is not provided		
36.1	Unified Rate Review	Unified Rate Review Template as specified in the proposed Federal		See the URRT included as		
	Template (Non-	Rate Review regulation. Provide this document with all Non-	Yes	a separate document in		
	Grandfathered Filings)	Grandfathered plan filings. Provide in Excel and PDF format.		SERFF		
37	Part II Preliminary	Written description justifying the rate increase as specified by 45		G 4 D (H; 1 1 1		
	Justification	CFR § 154.215(f). Provide for <i>all</i> individual and small employer	Yes	See the Part II included a a separate document in SERFF		
		group filings (whether or not they are "subject to review" as defined	105			
		by HHS).		~		
38	DISB Actuarial	Summarizes data elements contained in Actuarial Memorandum.		See the Dataset included		
	Memorandum Dataset	Provide this document with all Non- Grandfathered plan filings.	Yes	as a separate document in		
		Provide in Excel format only.		SERFF		
39	District of Columbia	Similar to the Part II Preliminary Justification, this is a written				
	Plain Language	description of the rate increase as specified by 45 CFR § 154.215,		See the Part II included as		
	Summary	but as a simple and brief narrative describing the data and	Yes	a separate document in		
		assumptions that were used to develop the proposed rates. Provide		SERFF		
		this document for all individual and small employer group filings.				
40	Summary of	DISB will require that issuers provide a chart listing a) any and all				
	Components for	components of requested rate changes from the prior year;		See the file "Index & Plan		
	Requested Rate Change	b) a quick summary/explanation of the change; and c) the actual	Yes	Comparison" included as a		
		percentage impact of the change for each component, such that the	103	separate document in		
		total for all components listed equals the total percentage change		SERFF		
		requested for the plan year.				

Number	Data Element	Requirement Description	Individual and Si	mall Group
			Has the Data Element Been Included?	Location of the Data Element
41	CCIIO Risk Adjustment Transfer Elements Extract	Received directly from CCIIO; 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	<ul> <li>Provide the following for stand-alone dental plan filings:</li> <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 i	n the above checklist have been included in the filing
	Gregory Sucher Digitally signed by Gregory Sucher Date: 2023.04.28 16:56:13 -04'00'
Gregory Sucher	Date. 2023.04.20 10.30.13 -04 00
(Print Name)	(Signature)

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

Rate Filing # 2705
DC Small Group On/Off Exchange Products
Rate Filing Effective 1/1/2024

**Actuarial Value Calculations** 

#### CareFirst BlueCross BlueShield (BlueChoice) DC Small Group

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6	Platinum - \$0/\$0 Ded, \$2300 OOP, \$10/\$30 - Freestanding
7	Platinum - \$500/\$0 Ded, \$1800 OOP, \$0/\$40 - Hospital
8	Platinum - \$500/\$0 Ded, \$1800 OOP, \$0/\$40 - Freestanding
9	Gold - \$0/\$0 Ded, \$8900 OOP, \$30/\$60 - Hospital
10	Gold - \$0/\$0 Ded, \$8900 OOP, \$30/\$60 - Freestanding
11	Gold - Advantage \$0/\$0 Ded, \$8900 OOP, \$30/\$60 - Hospital
12	Gold - Advantage \$0/\$0 Ded, \$8900 OOP, \$30/\$60 - Freestanding
13	Gold - \$800/\$250 Ded, \$8850 OOP, \$15/\$40 - Hospital
14	Gold - \$800/\$250 Ded, \$8850 OOP, \$15/\$40 - Freestanding
15	Gold - \$1000/\$250 Ded, \$7500 OOP, \$15/\$40 - Hospital
16	Gold - \$1000/\$250 Ded, \$7500 OOP, \$15/\$40 - Freestanding
17	Gold - \$1500/\$250 Ded, \$6200 OOP, \$15/\$40 - Hospital
18	Gold - \$1500/\$250 Ded, \$6200 OOP, \$15/\$40 - Freestanding
19	Gold - \$1600 Ded, \$4200 OOP, \$10/\$30 - Hospital
20	Gold - \$1600 Ded, \$4200 OOP, \$10/\$30 - Freestanding
21	Gold - \$3000/\$250 Ded, \$7300 OOP, \$15/\$40 - Hospital
22	Gold - \$3000/\$250 Ded, \$7300 OOP, \$15/\$40 - Freestanding
23	Silver - \$1900/\$250 Ded, \$8800 OOP, \$40/\$100 - Hospital
24	Silver - \$1900/\$250 Ded, \$8800 OOP, \$40/\$100 - Freestanding
25	Silver - \$1800 Ded, \$8000 OOP, \$25/\$50 - Hospital
26	Silver - \$1800 Ded, \$8000 OOP, \$25/\$50 - Freestanding
27	Silver - \$2250 Ded, \$8000 OOP, \$25/\$50 - Hospital
28	Silver - \$2250 Ded, \$8000 OOP, \$25/\$50 - Freestanding
29	Silver - \$2750 Ded, \$7950 OOP, \$20/\$40 - Hospital
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31	Silver - \$3000 Ded, \$6100 OOP, \$25/\$50 - Hospital
32	Silver - \$3000 Ded, \$6100 OOP, \$25/\$50 - Freestanding
33	Silver - \$5350/\$450 Ded, \$8800 OOP, \$25/\$60 - Hospital
34	Silver - \$5350/\$450 Ded, \$8800 OOP, \$25/\$60 - Freestanding
35	Silver - \$6500/\$450 Ded, \$8800 OOP, \$0/\$60 - Hospital
36	Silver - \$6500/\$450 Ded, \$8800 OOP, \$0/\$60 - Freestanding
37	Bronze - \$6100 Ded, \$7400 OOP, \$50/\$100 - Hospital
38	Bronze - \$6100 Ded, \$7400 OOP, \$50/\$100 - Freestanding
39	Bronze - \$6000 Ded, \$8800 OOP, \$40/\$60 - Hospital
40	Bronze - \$6000 Ded, \$8800 OOP, \$40/\$60 - Freestanding
41	Bronze - BlueChoice HMO Referral Bronze \$8500
42	Silver - BlueFund HSA \$1800 Ded, \$8000 OOP, \$25/\$50 - Hospital
43	Silver - BlueFund HSA \$1800 Ded, \$8000 OOP, \$25/\$50 - Freestanding
44	BlueChoice HMO HSA Standard Bronze \$6,350
45	BlueChoice HMO Standard Bronze \$7,500
46	BlueChoice HMO Standard Silver \$4,850
47	BlueChoice HMO Standard Gold \$500
48	BlueChoice HMO Standard Platinum \$0

4/29/2023 2 BCTOC

#### CareFirst BlueCross BlueShield (BlueChoice) **DC Small Group**

<u>Plan Name*</u>	Metal Level	Actuarial Value	Page #'s of AV Screenshot**	<u>Unique</u> <u>Plan</u>
BlueChoice HMO Platinum 0 Ded	Platinum	90.99%	5, 6	Yes
BlueChoice HMO Gold 800 Ded	Gold	80.84%	13, 14	Yes
BlueChoice HMO Silver 1900 Ded	Silver	71.84%	23, 24	Yes
BlueChoice HMO Gold 1500 Ded	Gold	80.91%	17, 18	Yes
BlueChoice HMO Gold 3000 Ded Virtual Connect	Gold	78.69%	21, 22	Yes
BlueChoice HMO Silver 6500 Ded	Silver	71.52%	35, 36	Yes
BlueChoice HMO HSA/HRA Silver 1800 Ded	Silver	71.69%	25, 26	Yes
BlueChoice HMO HSA/HRA Gold 1600 Ded	Gold	81.40%	19, 20	Yes
BlueChoice HMO HSA/HRA Silver 2250 Ded	Silver	71.96%	27, 28	Yes
BlueChoice Plus HSA/HRA Silver 2750 Ded	Silver	71.98%	29, 30	Yes
BlueChoice HMO HSA/HRA Silver 3000 Ded	Silver	71.92% 64.49%	31, 32	Yes
BlueChoice HMO HSA/HRA Bronze 6100 Ded BlueChoice HMO Referral Platinum 0 Ded	Bronze Platinum	90.99%	37, 38	Yes Yes
BlueChoice HMO Referral Gold 0 Ded	Gold	81.35%	5, 6 9, 10	Yes
BlueChoice HMO Referral Gold 800 Ded	Gold	80.84%	9, 10 13, 14	Yes
BlueChoice HMO Referral Glob 300 Bed  BlueChoice HMO Referral Silver 5350 Ded Virtual Connect	Silver	71.42%	33, 34	Yes
BlueChoice HMO Bronze 6000 Ded	Bronze	64.89%	39, 40	Yes
BlueChoice HMO Referral Bronze 8500 Ded	Bronze	61.94%	41	Yes
BlueChoice Plus Gold 800 Ded	Gold	80.84%	13, 14	Yes
BlueChoice Plus Gold 1000 Ded	Gold	80.85%	15, 16	Yes
BlueChoice Plus HSA/HRA Silver 1800 Ded	Silver	71.69%	25, 26	Yes
BlueChoice Plus HSA/HRA Silver 3000 Ded	Silver	71.92%	31, 32	Yes
BlueChoice Plus HSA/HRA Bronze 6100 Ded	Bronze	64.49%	37, 38	Yes
BlueChoice Plus Opt-Out Platinum 0 Ded	Platinum	90.99%	5, 6	Yes
BlueChoice Advantage Platinum 0 Ded	Platinum	90.99%	5, 6	Yes
BlueChoice Advantage Gold 800 Ded	Gold	80.84%	13, 14	Yes
BlueChoice Advantage Gold 1000 Ded	Gold	80.85%	15, 16	Yes
BlueChoice Advantage Gold 3000 Ded Virtual Connect	Gold	78.69%	21, 22	Yes
BlueChoice Advantage Silver 5350 Ded Virtual Connect	Silver	71.42%	33, 34	Yes
BlueChoice Advantage Silver 6500 Ded	Silver	71.52%	35, 36	Yes
BlueChoice Advantage Bronze 6000 Ded	Bronze	64.89%	39, 40	Yes
BlueChoice Advantage HSA/HRA Gold 1600 Ded	Gold	81.40%	19, 20	Yes
BlueChoice Advantage HSA/HRA Silver 1800 Ded	Silver	71.69%	25, 26	Yes
BlueChoice Advantage HSA/HRA Silver 3000 Ded	Silver	71.92%	31, 32	Yes
BlueChoice Advantage HSA/HRA Bronze 6100 Ded	Bronze	64.49%	37, 38	Yes
BlueChoice Advantage HSA/HRA Silver 2250 Ded	Silver	71.96%	27, 28	Yes
BlueChoice Advantage Gold 0 Ded	Gold	81.35%	11, 12	Yes
BlueChoice Advantage Platinum 500 Ded	Platinum	90.73%	7, 8	Yes
BlueChoice Plus Platinum 500 Ded	Platinum	90.73%	7, 8	Yes
BlueChoice Advantage Silver 1800 Ded BlueFund HSA	Silver	71.86%	42,43	Yes
BlueChoice HMO HSA Standard Bronze \$6,350	Bronze	64.92%	44	Yes
BlueChoice HMO Standard Bronze \$7,500 BlueChoice HMO Standard Silver \$4,850	Bronze Silver	64.64% 70.40%	45 46	Yes Yes
BlueChoice HMO Standard Silver \$4,850  BlueChoice HMO Standard Gold \$500	Gold	70.40% 81.82%	46 47	Yes Yes
·	Platinum	91.68%	47	Yes
BlueChoice HMO Standard Platinum \$0	riatiliuiii	91.00%	40	162

<sup>\*</sup>Plan Names that are bolded are SHOP plans.

\*\*For plans with two pages listed, the final blended AV will be located on the Hospital Inputs page.

#### CareFirst BlueCross BlueShield (BlueChoice) DC Small Group

#### SOB Document Name

			SOB Document Name	
Plan Name*	HIOS Plan ID	<u>In-Network</u>	<u>Out-of-Network</u>	Page #'s of AV Screenshot**
BlueChoice HMO Platinum 0 Ded	86052DC0460011	DC/CFBC/SG/HMO OA/PLAT 0 Ded (1/24)	n/a	5, 6
BlueChoice HMO Gold 800 Ded	86052DC0460010	DC/CFBC/SG/HMO OA/GOLD 800 Ded (1/24)	n/a	13, 14
BlueChoice HMO Silver 1900 Ded	86052DC0460020	DC/CFBC/SG/HMO OA/SIL 1900 Ded (1/24)	n/a	23, 24
BlueChoice HMO Gold 1500 Ded	86052DC0460009	DC/CFBC/SG/HMO OA/GOLD 1500 Ded (1/24)	n/a	17, 18
BlueChoice HMO Gold 3000 Ded Virtual Connect	86052DC0460024	DC/CFBC/SG/HMO OA VC/GOLD 3000 Ded (1/24)	n/a	21, 22
BlueChoice HMO Silver 6500 Ded	86052DC0460023	DC/CFBC/SG/HMO OA/SIL 6500 Ded (1/24)	n/a	35, 36
BlueChoice HMO HSA/HRA Silver 1800 Ded	86052DC0460012	DC/CFBC/SG/HMO OA CDH/SIL 1800 Ded (1/24)	n/a	25, 26
BlueChoice HMO HSA/HRA Gold 1600 Ded	86052DC0460021	DC/CFBC/SG/HMO OA CDH/GOLD 1600 Ded (1/24)	n/a	19, 20
BlueChoice HMO HSA/HRA Silver 2250 Ded	86052DC0460013	DC/CFBC/SG/HMO OA CDH/SIL 2250 Ded (1/24)	n/a	27, 28
BlueChoice HMO HSA/HRA Silver 3000 Ded	86052DC0460019	DC/CFBC/SG/HMO OA CDH/SIL 3000 Ded (1/24)	n/a	31, 32
BlueChoice HMO HSA/HRA Bronze 6100 Ded	86052DC0460014	DC/CFBC/SG/HMO OA CDH/BRZ 6100 Ded (1/24)	n/a	37, 38
BlueChoice HMO Referral Platinum 0 Ded	86052DC0480007	DC/CFBC/SG/HMO REF/PLAT 0 Ded (1/24)	n/a	5, 6
BlueChoice HMO Referral Gold 0 Ded	86052DC0480010	DC/CFBC/SG/HMO REF/GOLD 0 Ded (1/24)	n/a	9, 10
BlueChoice HMO Referral Gold 800 Ded	86052DC0480008	DC/CFBC/SG/HMO REF/GOLD 800 Ded (1/24)	n/a	13, 14
BlueChoice HMO Referral Silver 5350 Ded Virtual Connect	86052DC0480014	DC/CFBC/SG/HMO REF VC/SIL 5350 Ded (1/24)	n/a	33, 34
BlueChoice HMO Bronze 6000 Ded	86052DC0460029	DC/CFBC/SG/HMO/BRZ 6000 Ded (1/24)	n/a	39, 40
BlueChoice HMO Referral Bronze 8500 Ded	86052DC0480015	DC/CFBC/SG/HMO REF/BRZ 8500 Ded (1/24)	n/a	41
BlueChoice Plus Opt-Out Platinum 0 Ded	86052DC0580001	DC/CFBC/SG/BC+ OO/PLAT 0 Ded (1/24)	DC/CFBC/SG/BC+ OO/PLAT 0 Ded (1/24)	5, 6
BlueChoice Plus Gold 800 Ded	86052DC0500016	DC/CFBC/SG/POS IN/GOLD 800 Ded (1/24)	DC/CF/SG/POS OON/GOLD 800 Ded (1/24)	13, 14
BlueChoice Plus Gold 1000 Ded	86052DC0500015	DC/CFBC/SG/POS IN/GOLD 1000 Ded (1/24)	DC/CF/SG/POS OON/GOLD 1000 Ded (1/24)	15, 16
BlueChoice Plus HSA/HRA Silver 1800 Ded	86052DC0500009	DC/CFBC/SG/POS IN CDH/SIL 1800 Ded (1/24)	DC/CF/SG/POS OON CDH/SIL 1800 Ded (1/24)	25, 26
BlueChoice Plus HSA/HRA Silver 2750 Ded	86052DC0500018	DC/CFBC/SG/POS IN CDH/SIL 2750 Ded (1/24)	DC/CF/SG/POS OON CDH/SIL 2750 Ded (1/24)	29, 30
BlueChoice Plus HSA/HRA Silver 3000 Ded	86052DC0500010	DC/CFBC/SG/POS IN CDH/SIL 3000 Ded (1/24)	DC/CF/SG/POS OON CDH/SIL 3000 Ded (1/24)	31, 32
BlueChoice Plus HSA/HRA Bronze 6100 Ded	86052DC0500017	DC/CFBC/SG/POS IN CDH/BRZ 6100 Ded (1/24)	DC/CF/SG/POS OON CDH/BRZ 6100 Ded (1/24)	37, 38
BlueChoice Advantage Platinum 0 Ded	86052DC0440012	DC/CFBC/SG/POS IN/PLAT 0 Ded (1/24)	DC/CF/SG/POS OON/PLAT 0 Ded (1/24)	5, 6
BlueChoice Advantage Gold 800 Ded	86052DC0440011	DC/CFBC/SG/POS IN/GOLD 800 Ded (1/24)	DC/CF/SG/POS OON/GOLD 800 Ded (1/24)	13, 14
BlueChoice Advantage Gold 1000 Ded	86052DC0440010	DC/CFBC/SG/POS IN/GOLD 1000 Ded (1/24)	DC/CF/SG/POS OON/GOLD 1000 Ded (1/24)	15, 16
BlueChoice Advantage Gold 3000 Ded Virtual Connect	86052DC0440026	DC/CFBC/SG/POS IN CDH/SIL 3000 Ded (1/24)	DC/CF/SG/POS OON VC/GOLD 3000 Ded (1/24)	21, 22
BlueChoice Advantage Silver 5350 Ded Virtual Connect	86052DC0440022	DC/CFBC/SG/POS IN VC/SIL 5350 Ded (1/24)	DC/CF/SG/POS OON VC/SIL 5350 Ded (1/24)	33, 34
BlueChoice Advantage Silver 6500 Ded	86052DC0440025	DC/CFBC/SG/POS IN/SIL 6500 Ded (1/24)	DC/CF/SG/POS OON/SIL 6500 Ded (1/24)	35, 36
BlueChoice Advantage Bronze 6000 Ded	86052DC0440031	DC/CFBC/SG/POS IN/BRZ 6000 Ded (1/24)	DC/CF/SG/POS OON /BRZ 6000 Ded (1/24)	39, 40
BlueChoice Advantage HSA/HRA Gold 1600 Ded	86052DC0440021	DC/CFBC/SG/POS IN CDH/GOLD 1600 Ded (1/24)	DC/CF/SG/POS OON CDH/GOLD 1600 Ded (1/24)	19, 20
BlueChoice Advantage HSA/HRA Silver 1800 Ded	86052DC0440013	DC/CFBC/SG/POS IN CDH/SIL 1800 Ded (1/24)	DC/CF/SG/BC ADV OON BF HSA/SIL 1800 Ded (1/24)	25, 26
BlueChoice Advantage HSA/HRA Silver 3000 Ded	86052DC0440019	DC/CFBC/SG/POS IN CDH/SIL 3000 Ded (1/24)	DC/CF/SG/POS OON VC/GOLD 3000 Ded (1/24)	31, 32
BlueChoice Advantage HSA/HRA Bronze 6100 Ded	86052DC0440018	DC/CFBC/SG/POS IN CDH/BRZ 6100 Ded (1/24)	DC/CF/SG/POS OON CDH/BRZ 6100 Ded (1/24)	37, 38
BlueChoice Advantage Platinum 500 Ded	86052DC0440033	DC/CFBC/SG/POS IN/PLAT 500 Ded (1/24)	DC/CF/SG/POS OON/PLAT 500 Ded (1/24)	7, 8
BlueChoice Plus Platinum 500 Ded	86052DC0500019	DC/CFBC/SG/POS IN/PLAT 500 Ded (1/24)	DC/CF/SG/POS OON/PLAT 500 Ded (1/24)	7, 8
BlueChoice Advantage Gold 0 Ded	86052DC0440032	DC/CFBC/SG/POS IN/GOLD 0 Ded (1/24)	DC/CF/SG/POS OON/GOLD 0 Ded (1/24)	11, 12
BlueChoice Advantage HSA/HRA Silver 2250 Ded	86052DC0440027	DC/CFBC/SG/POS IN CDH/SIL 2250 Ded (1/24)	DC/CF/SG/POS OON CDH/SIL 2250 (1/24)	27, 28
BlueChoice Advantage Silver 1800 Ded BlueFund HSA	86052DC0440023	DC/CFBC/SG/BC ADV IN BF HSA/SIL 1800 Ded (1/24)	DC/CF/SG/BC ADV OON BF HSA/SIL 1800 Ded (1/24)	42, 43
BlueChoice HMO HSA Standard Bronze \$6,350	86052DC0460030	DC/CFBC/SG/HMO HSA STD/BRZ 6350 (1/24)	n/a	44
BlueChoice HMO Standard Bronze \$7,500	86052DC0460031	DC/CFBC/SG/HMO STD/BRZ 7500 (1/24)	n/a	45
BlueChoice HMO Standard Silver \$4,850	86052DC0460034	DC/CFBC/SG/HMO STD/SIL 4850 (1/24)	n/a	46
BlueChoice HMO Standard Gold \$500	86052DC0460032	DC/CFBC/SG/HMO STD/GOLD 500 (1/24)	n/a	47
BlueChoice HMO Standard Platinum \$0	86052DC0460033	DC/CFBC/SG/HMO STD/PLAT 0 (1/24)	n/a	48
Bloom of the control				

Plan names that are bolded are SHOP plans.

\*\*For plans with two pages listed, the final blended AV will be located on the Hospital Inputs page.

### AV Calculator - BlueChoice Platinum 0 Ded (Products: HMO, HMO Referral, Plus Opt-Out, Advantage) 86052DC0460011, 86052DC0480007, 86052DC0580001, 86052DC0440012 Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?
Apply Inpatient Copay per Day?
Apply Skilled Hursing 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 HSA/HRA Options
HSA/HRA Employer Contribution?

Annual Contribution Amount: Tiered Network Option Tier 1 Plan Benefit Design Tier 2 Plan Benefit Design
cal Drug Combined Medical Drug \$0.00 100.00% Medical Deductible (\$ Coinsurance (%, Insurer's Cost Share MOOP (\$ MOOP if Separate (\$) Tier 2
Subject to Coinsurance, if Copay, if Coinsurance? different separate Tier 1
o Coinsurance, if different Tier 1 Tier 2
Copay applies only after Copay, if separate Subject to Deductible? Type of Benefit Medical
Emergency Room Services
All Inpatient Hospital Services (inc. MH/SUD)
Primary Care Visit to Treat an injury or illness (exc. Preventive, and
X-CRS) SEV VISIT
Secretary Services
Services
Services
Services
Services \$200.00 \$200.00 \$10.00 \$30.00 \$10.00 Services Imaging (CT/PET Scans, MRIs) \$200.00 \$30.00 Speech Therapy П П \$30.00 П Occupational and Physical Therapy
Preventive Care/Screening/Immunization
Laboratory Outpatient and Professional Services
X-rays and Diagnostic Imaging
Skilled Nursing Facility \$0.00 \$10.00 \$30.00 \$200.00 \$0.00 lutpatient Facility Fee (e.g., Ambulatory Surgery Center) \$64.29 \_\_\_AI Outpatient Surgery Physician/Surgical Services

Drugs \$30.00 Generics
Preferred Brand Drugs
Non-Preferred Brand Drugs \$10.00 \$45.00 \$65.00 Specialry Drugs (I.e. high-cost)

Options for Additional Benefit Design Limits:

Set a Maximum on Specialry Rx Coinsurance Payments? 

Specialry Rx Coinsurance Maximum: S

Set a Maximum Number of Days for Changing an IP Copay? Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2024\_1e 102.17 # Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Output Calculate
Status/Error Messages: Calculation Successful.
90.92%
Platinum
NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s). Actuarial Value: Metal Tier:

Hospita

Freesta

17.17% 91.35% 90.99%

Additional Notes:

0.2734 seconds

5 4/29/2023 Platinum 0 (HOSP)

# AV Calculator - BlueChoice Platinum 0 Ded (Products: HMO, HMO Referral, Plus Opt-Out, Advantage) 86052DC0460011, 86052DC0480007, 86052DC0580001, 86052DC0440012 Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?		HSA/HRA Options	Tiered Network Option
Apply Inpatient Copay per Day?		HSA/HRA Employer Contribution?	Tiered Network Plan?
Apply Skilled Nursing Facility Copay per Day?		Annual Contribution Amount:	1st Tier Utilization:
Use Separate MOOP for Medical and Drug Spending?		Annual Contribution Amount.	2nd Tier Utilization:
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?			
Desired Metal Tier	Platinum 🔻		
	Tier	r 1 Plan Benefit Design	Tier 2 Plan Benefit Design

Deductible (\$) \$0.00
Coinsurance (%, Insurer's Cost Share) 100.009
MOOP (\$)
MOOP if Separate (\$)

Click Here for Important Instructions	Tier1				Tier 2				Tier 1	Tier 2
Type of Benefit			Subject to Subject to Coinsurance, if Copay, if Deductible? Coinsurance? different separate				Copay applies only after deductible?			
Medical	☐ All	☐ All			✓ All	✓ All			☐ All	All
Emergency Room Services				\$200.00	~	<b>V</b>				
All Inpatient Hospital Services (inc. MH/SUD)				\$200.00	~	✓				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$10.00	V					
Specialist Visit				\$30.00	V	✓				
Mental/Behavioral Health and Substance Use Disorder Outpatient Services				\$10.00	V					
Imaging (CT/PET Scans, MRIs)				\$50.00	V	<b>V</b>				
Speech Therapy				\$30.00	V	✓				
Occupational and Physical Therapy				\$30.00	∨	V				
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services				\$10.00	V	∨				
X-rays and Diagnostic Imaging				\$30.00	~	✓				
Skilled Nursing Facility				\$200.00	~	~				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)				\$50.00	✓	✓				
Outpatient Surgery Physician/Surgical Services				\$30.00	V	<b>V</b>				
Drugs	□ All	☐ All			✓ All	✓ All			☐ All	All
Generics				\$10.00	V	<b>V</b>				
Preferred Brand Drugs				\$45.00	V	V				
Non-Preferred Brand Drugs				\$65.00	V					
Specialty Drugs (i.e. high-cost)		✓	50%		V	✓				

Diptions for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

Set a Maximum Number of Days for Charging an IP Copay?

Begin Primary Care Cost-Sharing After a Set Number of Visits?

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays (2-10)

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays (2-10)

(Copays) (1-10): Plan Description:
Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2024\_1e

Calculate
Status/Error Messages:
Actuarial Value:
Metal Tier:

Calculation Successful.
91.39%
Platinum
NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time: Final 2024 AV Calculator

0.2422 seconds

4/29/2023

### AV Calculator -BlueChoice Platinum 500 Ded (Advantage, Plus) 86052DC0500019, 86052DC0440033 Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?

Apply Inputent Copay per Day?

Apply Skilled Mursing Facility Copay per Day?

Use Separate MOOF for Medical and Drug Spending?

Indicate If Plan Meets CSR or Expanded Broat A Visandard?

Desired Metal Tire | Platinum | Tier 1 Plan Benefit Design | Medical | Drug | Cor |
| \$500.00 | \$0.00 | |
| 100.00% | 100.00% | Tier 2 Plan Benefit Design
Medical Drug Com Deductible (\$) \$500.0
Coinsurance (%, Insurer's Cost Share) 100.00
MOOP (\$)
MOOP if Separate (\$) Subject to Subject to Coinsurance, if Copay, if Deductible? Coinsurance? different separate Tier 2
Subject to Subject to Coinsurance, if Copay, if Deductible? Coinsurance? different separate Type of Benefit Medical \$300.00 \$500.00 nergency Room Services | Inpatient Hospital Services (inc. MH/SUD) imary Care Visit to Treat an Injury or Illness (exc. Preventive, an ¥ \$0.00 ays) ecialist Visit -ntal/Behavioral Health and Substance Use Disorder Outpatier \$40.00 \$0.00 rvices laging (CT/PET Scans, MRIs) eech Therapy V \$200.00 \$40.00 V Occupational and Physical Therapy Preventive Care/Screening/Immunization Laboratory Outpatient and Professional Services X-rays and Diagnostic Imaging Skilled Nursing Facility \$40.00 \$0.00 \$15.00 \$30.00 \$500.00 \ \ \ stpatient Facility Fee (e.g., Ambulatory Surgery Center) • **V** □ AI Generics
Gen \$65.

50%

Plan Description:
Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2024\_1e 200 50 71.44 102.17 102.17 # Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of
Copays? Calculate
Status/Error Messages:
Actuarial Value:
Metal Tier: # Copays (1-10): Calculation Successful.

90.29%
Plathnum
NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s). Hospita

0.2734 seconds

Freesta

17.17% 92.90% 90.73%

# AV Calculator -BlueChoice Platinum 500 Ded (Advantage, Plus) 86052DC0500019, 86052DC0440033 Inputs for Freestanding Site-of-Service

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 MoDP for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier Tiered Network Option HSA/HRA Options Tier 2 Plan Benefit Design
Medical Drug Combined Deductible (\$) S
Coinsurance (%, Insurer's Cost Share) 1
MOOP (\$)
MOOP if Separate (\$)

Click Here for Important Instructions	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit			Subject to Subject to Coinsurance, if Copay, if Deductible? Coinsurance? different separate			Copay applies only after deductible?				
Medical	□ All	☐ All			✓ All	✓ All			□ All	☐ All
Emergency Room Services				\$300.00	K	V				
All Inpatient Hospital Services (inc. MH/SUD)	Ŋ			\$500.00	✓	~			>	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$0.00	✓					
Specialist Visit				\$40.00	✓	<b>V</b>				
Mental/Behavioral Health and Substance Use Disorder Outpatient Services				\$0.00	✓					
Imaging (CT/PET Scans, MRIs)				\$100.00	V	<b>V</b>				
Speech Therapy				\$40.00	V	V				
Occupational and Physical Therapy				\$40.00	✓	✓				
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services				\$0.00	<b>V</b>	<b>V</b>				
X-rays and Diagnostic Imaging				\$0.00	✓	~				
Skilled Nursing Facility	>			\$500.00	V	<b>V</b>			>	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)				\$100.00	<b>V</b>	✓				
Outpatient Surgery Physician/Surgical Services				\$40.00	☑	V				
Drugs	□ All	☐ All			✓ All	✓ All			□ All	□ All
Generics				\$0.00	V	<b>V</b>				
Preferred Brand Drugs				\$45.00	⊽	V				
Non-Preferred Brand Drugs				\$65.00	V					
Specialty Drugs (i.e. high-cost)		V	50%		<b>V</b>	V				

Options for Additional Benefit Design Limits:	Plan Description:
Set a Maximum on Specialty Rx Coinsurance Payments?	Name:
Specialty Rx Coinsurance Maximum: \$ 102.	17 Plan HIOS ID:
Set a Maximum Number of Days for Charging an IP Copay?	Issuer HIOS ID:
# Days (1-10):	AVC Version: 2024_1e
Begin Primary Care Cost-Sharing After a Set Number of Visits?	
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of	
Copays?	
# Copays (1-10):	
Output	<del>-</del>

Error: Result is outside of [-2, +2] percent de minimis variation. 92.90%

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

Calculation Time: Final 2024 AV Calculator 0.8125 seconds

4/29/2023

### AV Calculator - BlueChoice HMO Referral Gold 0 Ded 86052DC0480010 Inputs for Hospital Site-of-Service

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 MODP for Medical and Drug Spending?
Indicate if Plan Meets CSR or Expanded Bronze AV Sandard?

Desired Metal Tier HSA/HRA Options
ISA/HRA Employer Contribution? Tiered Network Option
Tiered Network Plan?

1st Tier Utilization:
2nd Tier Utilization:

Desired Metal Hel	GOIG -				
	Tier 1 Plan Benefit Design				
	Medical	Drug	Combined		
Deductible (\$)	\$0.00	\$0.00			
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%			
MOOP (\$)	\$8,90	00.00			
MOOP if Separate (\$)					

Tier 2 Plan Benefit Design								
Medical	Drug	Combined						

	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applies	only after
Medical	V All		unierent	separate		Coinsurance?	different	separate	deducti	ible?
		☐ All			✓ All	✓ All			<b>✓</b> All	All
Emergency Room Services	~			\$350.00	~	V			v	
All Inpatient Hospital Services (inc. MH/SUD)	~			\$500.00	~	~			~	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	✓			\$30.00					✓	
Specialist Visit	V			\$60.00	V	~			V	
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	₹			\$30.00	V				V	
Imaging (CT/PET Scans, MRIs)	~			\$400.00	V	~			~	
Speech Therapy	<b>V</b>			\$60.00	✓	✓			<b>V</b>	
Occupational and Physical Therapy	V			\$60.00	✓				V	
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	~			\$80.00	✓	~			~	i
X-rays and Diagnostic Imaging	V			\$100.00	V	~			v	
Skilled Nursing Facility	<b>V</b>			\$500.00	~	~			~	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	~			\$85.74	~				✓	
Outpatient Surgery Physician/Surgical Services	V			\$60.00	<b>&gt;</b>	~			V	
Drugs	☐ All	☐ All			✓ All	✓ All			□ All	□ All
Generics				\$10.00	~	~				
Preferred Brand Drugs				\$45.00	V	~				
Non-Preferred Brand Drugs				\$65.00	VV	V				
Specialty Drugs (i.e. high-cost)		V	50%		>	V				

	Copays	Weighting
OP Surgical	300	14.29%
OP Clinic	50	85.71%
	85.74	
Specialty I Coins Max		Weighting
Tier 4	100	95.661%
Tier 5	150	4.339%
	102.17	

Options for Additional Benefit Design Limits:		
Set a Maximum on Specialty Rx Coinsurance Payments?	K	
Specialty Rx Coinsurance Maximum:	\$	102.17
Set a Maximum Number of Days for Charging an IP Copay?		
# Days (1-10):		
Begin Primary Care Cost-Sharing After a Set Number of Visits?		
# Visits (1-10):		
Begin Primary Care Deductible/Coinsurance After a Set Number of		
Copays?		
# Copays (1-10):		

Calculate
Status/Error Messages:
Actuarial Value:
Metal Tier:

Calculation Successful.
81.449;
Gold

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

Additional Notes:

Calculation Time: Final 2024 AV Calculator 0.2148 seconds Hospita 82.83% 81.44% Freesta 17.17% 80.92% 81.35%

9 4/29/2023 BC HMO Gold 0 (HOSP)

# AV Calculator - BlueChoice HMO Referral Gold 0 Ded 86052DC0480010 Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?

Apply Skilled Mursing Fadility Copay per Day?

Use Separate MOOP for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution?	Tiered Network Plan?
A 1 6	1st Tier Utilization:
Annual Contribution Amount:	2nd Tier Utilization:

Tier 1 Plan Benefit Design

Drug Combined Drug \$0.00 100.00% Deductible (\$)
Coinsurance (%, Insurer's Cost Share)
MOOP (\$)
MOOP if Separate (\$)

Tier	Design					
Medical	dical Drug Combi					

Click Here for important instructions		IIE	rı				erz		Her 1	iier z
Type of Benefit	Deductible? Coinsurance? different separate De			Subject to Subject to Coinsurance, if Copay, if Deductible? Coinsurance? different separate			Copay applie deduct	ible?		
Medical	<b>✓</b> All	□ All			✓ All	✓ All			All V	All
Emergency Room Services	V			\$350.00	V	V			Y	
All Inpatient Hospital Services (inc. MH/SUD)	V			\$500.00	~	~			>	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	V			\$30.00	V	<b>V</b>			V	
Specialist Visit	<b>V</b>			\$60.00	V	<b>V</b>			✓	
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	v			\$30.00	v	V			V	
Imaging (CT/PET Scans, MRIs)	V			\$200.00	V	~			•	
Speech Therapy	v			\$60.00	V	V			>	
Occupational and Physical Therapy	✓			\$60.00	V	V			V	
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	V			\$30.00	~	~			V	
X-rays and Diagnostic Imaging	V			\$40.00	~				V	
Skilled Nursing Facility	V			\$500.00	V	<b>V</b>			V	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	v			\$200.00	✓	✓			V	
Outpatient Surgery Physician/Surgical Services	V			\$60.00	V	V			V	
Drugs	All	All			✓ All	✓ All			☐ All	All
Generics				\$10.00	V	V				
Preferred Brand Drugs				\$45.00	V	V				
Non-Preferred Brand Drugs				\$65.00	V	V				
Specialty Drugs (i.e. high-cost)		~	50%		~	~				

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

Calculate

Status/Error Messages:
Actuarial Value:
Metal Tier:

Calculation Successful.

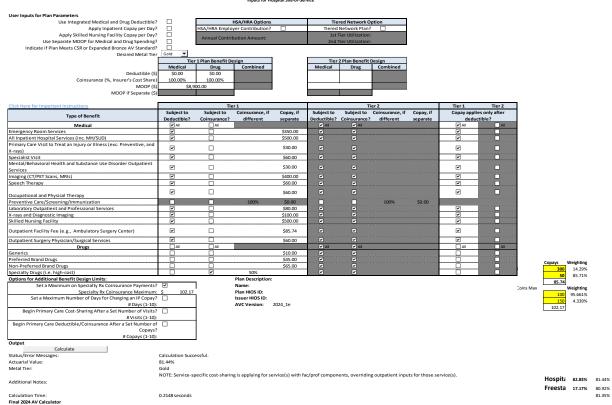
80.92%
Gold

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

0.3242 seconds

Calculation Time: Final 2024 AV Calculator

#### AV Calculator - BlueChoice Advantage Gold 0 Ded 86052DC0440032 Inputs for Hospital Site-of-Service



Tier 1

#### AV Calculator - BlueChoice Advantage Gold 0 Ded 86052DC0440032 Inputs for Freestanding Site-of-Service User Inputs for Plan Parameters Use Integrated Medical and Drug Deductible? Apply Skilled plpyl Inpatient Copay per Day? Apply Skilled Mursing Fadlity Copay per Day? Use Separate MOOP for Medical and Drug Spending? Indicate if Plan Meets CSR or Expanded Bronze AV Standard? Desired Metal Tier Tiered Network Option HSA/HRA Options HSA/HRA Employer Contribution? Annual Contribution Amount: | Drug | Combined | \$0.00 | 100.00% | Medical \$0.00 100.00% | Medica | M Click Here for Important Instructions

					ne. z					
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if	Copay applie	
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Deductible?	Coinsurance?	different	separate	Deductible?		different	separate	deduct	
Medical	<b>☑</b> All	☐ All			✓ All	✓ All			<b>✓</b> All	☐ All
Emergency Room Services	✓			\$350.00	✓	<b>V</b>			✓	
All Inpatient Hospital Services (inc. MH/SUD)	V			\$500.00	V	~			•	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	✓			\$30.00	<b>V</b>				<b>v</b>	
X-rays)				230.00		Ľ				
Specialist Visit	V			\$60.00	V	V			~	
Mental/Behavioral Health and Substance Use Disorder Outpatient	✓			\$30.00	<b>V</b>	✓			<b>v</b>	
Services	⊻			\$30.00	V	v			v	
Imaging (CT/PET Scans, MRIs)	V			\$200.00	~	~			~	
Speech Therapy	V			\$60.00	V	<b>▽</b>			V	
	☑			\$60.00	✓	✓			✓	
Occupational and Physical Therapy				700.00						
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	V			\$30.00	V	V			~	
X-rays and Diagnostic Imaging	V			\$40.00	✓	~			>	
Skilled Nursing Facility	V			\$500.00	V	V			V	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓			\$200.00	✓	~			₹.	
Outpatient Surgery Physician/Surgical Services	$\overline{\mathbf{v}}$			\$60.00	v	V			~	
Drugs	☐ All	☐ All			✓ All	✓ All			☐ AI	All
Generics				\$10.00	~	~				
Preferred Brand Drugs				\$45.00	V	V				
Non-Preferred Brand Drugs				\$65.00	V	V				
Specialty Drugs (i.e. high-cost)		V	50%		<b>&gt;</b>	V				
Options for Additional Benefit Design Limits:		_	Plan Description:							
Cot - Marrian Consists Dr. Colors	-	1	Manage.							

ptions for Additional Benefit Design Limits:		
Set a Maximum on Specialty Rx Coinsurance Payments?	<	
Specialty Rx Coinsurance Maximum:	\$	102.17
Set a Maximum Number of Days for Charging an IP Copay?		
# Days (1-10):		
Begin Primary Care Cost-Sharing After a Set Number of Visits?		
# Visits (1-10):		
Begin Primary Care Deductible/Coinsurance After a Set Number of		
Copays?		
#Copays (1-10):		

Calculate
Status/Error Messages:
Actuarial Value:
Metal Tier:

Calculation Successful.
80.92%
Gold
NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time: Final 2024 AV Calculator 0.3242 seconds

4/29/2023

### AV Calculator - BlueChoice Gold 800 Ded (Products: HMO, HMO Referral, Plus, Advantage) 86052DC0460010, 86052DC0480008, 86052DC0500016, 86052DC0440011 Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters HSA/HRA Options Tiered Network Option
Tiered Network Plan? Use integrated wedition and originate of the 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 Tier 1 Plan Benefit Design
Drug Combined Tier 2 Plan Benefit Design
Medical Drug Combined Medical \$800.00 100.00% Drug \$250.00 100.00% Deductible (\$) \$800.00
Coinsurance (%, Insurer's Cost Share) 100.009
MOOP (\$)
MOOP if Separate (\$) Tier 1
to Coinsurance, if nce? different Subject to Subject to Coinsurance, if Copay, if Deductible? Coinsurance? different separate Tier 1 Tier 2
Copay applies only after deductible? Subject to Subject to Consurance? Copay, if separate Type of Benefit Emergency Room Services
All Inpatient Hospital Services (inc. MH/SUD)
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, an \$15.00 r-rays)
secialist Visit
dental/Behavioral Health and Substance Use Disorder Outpatient \$40.00 \$15.00 rvices aging (CT/PET Scans, MRIs) \$400.00 \$40.00 <u>v</u> \$40.00 ccupational and Physical Therapy eventive Care/Screening/Immunization boratory Outpatient and Professional Services rays and Diagnostic Imaging illed Nursing Facility \$0.00 \$30.00 \$60.00 \$400.00 | | \ | \ | \ > > > stpatient Facility Fee (e.g., Ambulatory Surgery Center) ✓ \$85.74 V tpatient Surgery Physician/Surgical Services \$10.00 \$45.00 \$65.00 Plan Description: Name: Plan HIOS ID: Issuer HIOS ID: AVC Version: Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? set a Maximum on Specialty Rx Coinsurance Payments? 
Specialty Rx Coinsurance Maximum: 
Specialty Rx Coinsurance Maximum: 
Sot a Maximum Number of Days for Changing an IP Copay?

B Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? . 2024\_1e # Visits (1-10): Begin Primary Care Deductible/Coinsurance After a Set Number of

عاس.....ce کانید. Status/Error Messages: Actuarial Value: Metal Tier:

Calculation Successful.
80.97%
Gold

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

Freesta 17.17% 80.18% 80.84% Calculation Time: Final 2024 AV Calculator 0.2617 seconds

Hospita 82.83% 80.97%

13 4/29/2023 Gold 800 (HOSP)

# AV Calculator - BlueChoice Gold 800 Ded (Products: HMO, HMO Referral, Plus, Advantage) 86052DC0460010, 86052DC0480008, 86052DC0500016, 86052DC0440011 Inputs for Freestanding Site-of-Service

#### User Inputs for Plan Parameters Use Integrated Medical and Drug Deductible? Apply Skilled Poly Inpatient Copay per Day? Apply Skilled Nursing Facility Copay per Day? Use Separate MODP for Medical and Drug Spending? Indicate if Plan Meets CSR or Expanded Pronze AV Standard? Desired Metal Tier HSA/HRA Options HSA/HRA Employer Contribution? Tiered Network Option Tiered Network Plan? 1st Tier Utilization: 2nd Tier Utilization: \$) \$800.00 e) 100.00% Tier 1 Plan Benefit Design | Drug | Combined | | \$250.00 | | 100.00% | | \$8.850.00 | Tier 2 Plan Benefit Design Medical Drug Comb Deductible (\$) \$800: Coinsurance (%, Insurer's Cost Share) 100.00 MOOP (\$) MOOP if Separate (\$)

Click Here for Important Instructions			Ti	er 2		Tier 1	Tier 2			
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different			Subject to	Subject to Coinsurance, if Copay, coinsurance? different separa			
Medical	☐ All	□ All			✓ All	✓ All			□ All	☐ All
Emergency Room Services	V			\$350.00	V	V			>	
All Inpatient Hospital Services (inc. MH/SUD)	V			\$400.00	V	V			>	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$15.00	V	V				
Specialist Visit	П	П		\$40.00	V	✓			П	
Mental/Behavioral Health and Substance Use Disorder Outpatient Services				\$15.00	<b>V</b>	✓				
Imaging (CT/PET Scans, MRIs)				\$200.00	V	~				
Speech Therapy				\$40.00	V	V				
Occupational and Physical Therapy				\$40.00	V	V				
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services				\$15.00	V	~				
X-rays and Diagnostic Imaging				\$30.00	V	~				
Skilled Nursing Facility	V			\$400.00	V	<b>V</b>			V	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)				\$200.00	✓	✓				
Outpatient Surgery Physician/Surgical Services				\$40.00	V	V				
Drugs	All	All			✓ All	✓ All			☐ All	All
Generics				\$10.00	~	<b>V</b>				
Preferred Brand Drugs	V			\$45.00	V	V			V	
Non-Preferred Brand Drugs	V			\$65.00	V	V			Ŋ	
Specialty Drugs (i.e. high-cost)	V	V	50%		~	~				

Options for Additional Benefit Design Limits:		
Set a Maximum on Specialty Rx Coinsurance Payments?	~	
Specialty Rx Coinsurance Maximum:	\$	102.17
Set a Maximum Number of Days for Charging an IP Copay?		
# Days (1-10):		
Begin Primary Care Cost-Sharing After a Set Number of Visits?		
# Visits (1-10):		
Begin Primary Care Deductible/Coinsurance After a Set Number of		
Copays?		
# Copays (1-10):		
Output		

50%
Plan Description:
Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2024\_1e

Calculate
Status/Error Messages:
Actuarial Value:
Metal Tier:

Calculation Successful.

80.18%
Gold
NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s). Additional Notes:

Calculation Time: Final 2024 AV Calculator 0.2422 seconds

Gold 800 (FS)

#### AV Calculator - BlueChoice Gold 1000 Ded (Products: Plus, Advantage) 86052DC0440010, 86052DC0500015 Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters nputs 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

Annual Contribution Amount: Tier 1 Plan Benefit Design Tier 2 Plan Benefit Desig Medical \$1,000.00 100.00% Deductible (\$)
Coinsurance (%, Insurer's Cost Share)
MOOP (\$)
MOOP if Separate (\$) Tier 1
Subject to Coinsurance, if Copay, if Coinsurance? different separate Tier 2
Subject to Subject to Coinsurance, if Copay, if Deductible? Coinsurance? different separate Tier 1 Tier 2 Copay applies only after Medical Medical
nergency Room Services
Inpatient Hospital Services (inc. MH/SUD)
imary Care Visit to Treat an Injury or Illness (exc. Preventive, and \$350.00 \$400.00 \$15.00 \$40.00 Specialist Visit Mental/Behavioral Health and Substance Use Disorder Outpatient \$15.00 rvices aging (CT/PET Scans, MRIs) eech Therapy **V** \$400.00 \$40.00 V ccupational and Physical Therapy eventive Care/Screening/Immunization boratory Outpatient and Professional Services rays and Diagnostic Imaging illed Nursing Facility \$40.00 \$0.00 100% \$0.00 \$30.00 \$30.00 \$60.00 \$400.00 utpatient Facility Fee (e.g., Ambulatory Surgery Center) • • Outpatient Surgery Physician/Surgical Services

Drugs V A \$40.00 **V** \$10.00 \$45.00 \$65.00 Generics Preferred Brand Drugs S65.

50%

Plan Description:
Name:
Plan HIOS ID:
Issuer HIOS ID:
AVC Version: 2024\_1e 102.17 Copays? # Copays (1-10): Calculate
Status/Error Messages: Calculation Successful. 80.91% Actuarial Value: Metal Tier: Gold NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s). Hospita 82.83% 80.91% Freesta 17.17% 80.56% 80.85% Calculation Time: Final 2024 AV Calculator 0.3438 seconds

4/29/2023 15 Gold 1000 (HOSP)

#### AV Calculator - BlueChoice Gold 1000 Ded (Products: Plus, Advantage) 86052DC0440010, 86052DC0500015 Inputs for Freestanding Site-of-Service

#### 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 HSA/HRA Options Tiered Network Option Tiered Network Plan? 1st Tier Utilization: 2nd Tier Utilization: Tier 1 Plan Benefit Design Drug \$250.00 100.00% Deductible (\$) Coinsurance (%, Insurer's Cost Share) MOOP (\$) MOOP if Separate (\$) \$1,000.00 100.00% Tier 2 o Coinsurance, if ce? different Tier 1 co Coinsurance, if Tier 1 Copay a Tier 2 Copay, if Copay, if Type of Benefit Coinsurance? different Medical Emergency Room Services All Inpatient Hospital Services (inc. MH/SUD) Primary Care Vita to Treat an Injury or Illness (exc. Preventive, and X-rays) \$350.00 \$400.00 \$15.00 X-rays) Specialist Visit Mental/Behavioral Health and Substance Use Disorder Outpat \$40.00 \$15.00 Services Imaging (CT/PET Scans, MRIs) \$200.00 Speech Therapy \$40.00 \$40.00 Occupational and Physical Therapy \$0.00 Preventive Care/Screening/Immunization Laboratory Outpatient and Professional Services X-rays and Diagnostic Imaging Skilled Nursing Facility \$15.00 \$30.00 \$400.00 Outpatient Facility Fee (e.g., Ambulatory Surgery Center) \$200.00 Outpatient Surgery Physician/Surgical Services Drugs \$40.00 Generics \$10.00 \$45.00 \$65.00 Generics Preferred Brand Drugs Non-Preferred Brand Drugs Specialty Drugs (i.e. high-cost) Options for Additional Benefit Design Limits: Name: Plan HIOS ID: Issuer HIOS ID: AVC Version: Set a Maximum on Speciatry Mc Consurance Maximum: \$ Set a Maximum Number of Days for Charging an IP Copay? | # Days (1-10): Begin Primary Care Cost-Sharing After a Set Number of Visits? | 2024\_1e # Visits (1-10): Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10): Calculate Status/Error Messages: Calculation Successful. 80.56% Actuarial Value: Metal Tier: $\label{lem:control_gradient} \textbf{NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).}$

0.4023 seconds

Additional Notes:

Calculation Time:
Final 2024 AV Calculator

4/29/2023 16 Gold 1000 [FS]

### AV Calculator - BlueChoice HMO Gold 1500 Ded 86052DC0460009 Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copary per Day?

Apply Skilled Nursing Facility Copary per Day?

Use Separate MOOP for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier

Deductible (5)

5.5.00.00

Coinsurance (%, Insurer's Cost Sharo)

MOOP (5)

MOOP (5)

5.6.200 Tier 2 Plan Benefit Design
Medical Drug Combined

Click Here for Important Instructions		Tie	r1		Tier 2				Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	oinsurance, if Copay, if Subject to Subject to Coinsurance, if Copay, if			es only after			
туре от венени	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	dedu	tible?
Medical	□ All	☐ All			✓ All	✓ All			□ All	☐ All
Emergency Room Services	>			\$350.00	NN	<b>V</b>			V	
All Inpatient Hospital Services (inc. MH/SUD)	v			\$400.00	~				v	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$15.00	V					
X-rays)		ш		\$15.00		_				
Specialist Visit				\$40.00	~	~				
Mental/Behavioral Health and Substance Use Disorder Outpatient										
Services		ш			✓	✓				
Imaging (CT/PET Scans, MRIs)	~			\$400.00	v	<u>~</u>			~	
Speech Therapy		П		\$40.00	~	<b>V</b>			П	П
				*	⊽	<u>~</u>				
Occupational and Physical Therapy	Ш			\$40.00	<u> </u>	<u> </u>				
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	•			\$30.00	N N N	<u>~</u>			~	
X-rays and Diagnostic Imaging	•			\$60.00	✓	✓			~	
Skilled Nursing Facility	~			\$400.00	~	✓			~	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓	ш		\$85.74	~	✓			✓	
Outpatient Surgery Physician/Surgical Services	V			\$40.00	✓	✓			V	
Drugs	☐ All	□ All			✓ All	✓ All			□ All	All
Generics				\$10.00	V	V				
Preferred Brand Drugs	V			\$45.00	N N	v			V	
Non-Preferred Brand Drugs	~			\$65.00	~	<u>~</u>			~	
Specialty Drugs (i.e. high-cost)	~	~	50%		V	~				
Options for Additional Benefit Design Limits:			Plan Description:							

Set a Maximum on Specialty Rx Coinsurance Payments?	K	
Specialty Rx Coinsurance Maximum:	\$	102.17
Set a Maximum Number of Days for Charging an IP Copay?		
# Days (1-10):		
Begin Primary Care Cost-Sharing After a Set Number of Visits?		
# Visits (1-10):		
Begin Primary Care Deductible/Coinsurance After a Set Number of		
Copays?		
# Copays (1-10):		

Calculate
Status/Error Messages:
Actuarial Value:
Metal Tier:

Calculation Successful.
80.76%
Gold
NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with factors components, overriding outpatient inputs for those service(s).

Hospita 82.83% 80.76% Freesta 17.17% 81.61% 80.91% Calculation Time: Final 2024 AV Calculator

# AV Calculator - BlueChoice HMO Gold 1500 Ded 86052DC0460009 Inputs for Freestanding Site-of-Service

Inputs for Freestanding Site-of-Service								
		HSA/HRA Options		Tier	otion			
	HSA/HRA Employ	er Contribution?		Tiered I				
	Annual Cantail			1st T	ier Utilization:			
	Annual Contrib	ution Amount.		2nd T				
Gold ▼								
Tier 1 Plan Benefit Design		1 Plan Benefit Design		Tier 2 Plan Benefit De		Design		
Medical	Drug	Combined		Medical	Drug	Combined		
\$1,500.00	\$250.00							
100.00%	100.00%							
\$6,2	00.00							
		ļ.						
	Gold Tier  Medical \$1,500.00 100.00% \$6,2	HSA/HRA Employ   Annual Contrib	HSA/HRA Options HSA/HRA Employer Contribution? Annual Contribution Amount:  Cold Tier 1 Plan Benefit Design Medical Drug Combined \$1,500.00 \$250.00 100.00% S\$200.00	HSA/HRA Options HSA/HRA Employer Contribution?  Annual Contribution Amount:  Cold Tier 1 Plan Benefit Design Medical Drug Combined \$1,500.00 \$250.00 100.00% \$00.00%	HSA/HRA Options   Tier	HSA/HRA Options Tiered Network Options HSA/HRA Employer Contribution? Tiered Network Plan?  Annual Contribution Amount: Ist Tier Utilization: 2nd Tier I Plan Benefit Utilization: 2nd Tier Utiliza		

Click Here for Important Instructions		Tie	r1		Tier 2				Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay appli	es only after
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	deduc	tible?
Medical	☐ All	□ All			✓ All	✓ All			☐ All	☐ All
Emergency Room Services	N			\$350.00	<b>V</b>	<b>V</b>			>	
All Inpatient Hospital Services (inc. MH/SUD)	>			\$400.00	~	~			V	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$15.00	V				]	П
X-rays)		ш		\$15.00		<u>~</u>			Ш	
Specialist Visit				\$40.00	V	V				
Mental/Behavioral Health and Substance Use Disorder Outpatient					V	▽				П
Services		Ш			~	~			П	
Imaging (CT/PET Scans, MRIs)				\$200.00	V	<b>V</b>				
Speech Therapy				\$40.00	V	V				
				\$40.00	✓					
Occupational and Physical Therapy				340.00						
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services				\$15.00	V	~				
X-rays and Diagnostic Imaging				\$30.00	~	~				
Skilled Nursing Facility	V			\$400.00	V	V			V	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)				\$200.00	V	✓			П	
					- P					
Outpatient Surgery Physician/Surgical Services				\$40.00					Ш	
Drugs	□ All	□AI			✓ All	✓ All			☐ All	All
Generics				\$10.00	<u> </u>	~				
Preferred Brand Drugs	>			\$45.00	V	V			V	
Non-Preferred Brand Drugs	>			\$65.00	V	V			V	
Specialty Drugs (i.e. high-cost)	>	>	50%		>	~				

Options for Additional Benefit Design Limits:			Plan Description	ı:
Set a Maximum on Specialty Rx Coinsurance Payments?	~		Name:	
Specialty Rx Coinsurance Maximum:	\$ 102	2.17	Plan HIOS ID:	
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	
# Days (1-10):			AVC Version:	2024_1e
Begin Primary Care Cost-Sharing After a Set Number of Visits?				
#Visits (1-10):				
Begin Primary Care Deductible/Coinsurance After a Set Number of				
Copays?				
#Copays (1-10):				
Output				

Calculate
Status/Error Messages:
Actuarial Value:
Metal Tier:

Calculation Successful.
81.61%
Gold
NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time: Final 2024 AV Calculator 0.3359 seconds

4/29/2023 Gold 1500 (FS)

AV Calculator - BlueChoice HSA/HRA Gold 1600 Ded (Products: HMO, Advantage) 86052DC0460021, 86052DC0440021 Inputs for Hospital Site-of-Service User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Mursing Facility Copay per Day?

Use Separate MOOP for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tire

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

Click Here for Important Instructions		Tie	r1			Tie	er 2		Tier 1	Tier 2
Type of Benefit	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 applied	
Medical	All	☐ All			✓ All	✓ All			<b>✓</b> All	□ All
Emergency Room Services	~			\$250.00	V	~			V	
All Inpatient Hospital Services (inc. MH/SUD)	V			\$200.00	V				V	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	Y			\$10.00	✓				V	
Specialist Visit	~			\$30.00	~	<u>~</u>			V	
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	V			\$10.00	V				V	
Imaging (CT/PET Scans, MRIs)	~			\$100.00	~	✓			V	
Speech Therapy	<b>V</b>	П		\$30.00		✓			<b>V</b>	П
Occupational and Physical Therapy	V			\$30.00	✓				v	
Preventive Care/Screening/Immunization	_ >		100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	~			\$20.00		V			V	
X-rays and Diagnostic Imaging	>			\$40.00	~	~			v	
Skilled Nursing Facility	•			\$200.00	<b>V</b>	~			>	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•			\$57.15	✓	✓			✓	
Outpatient Surgery Physician/Surgical Services	Y			\$30.00	~	~			V	
Drugs	☐ All	☐ All			✓ All	✓ All			All V	☐ All
Generics	V			\$10.00	V	V			S	
Preferred Brand Drugs	v			\$45.00	<b>y</b> y y y				V	
Non-Preferred Brand Drugs	V			\$65.00	~	~			V	
Specialty Drugs (i.e. high-cost)	>	V	50%		V	~				
Options for Additional Benefit Design Limits:			Plan Description:							

Set a Maximum on Specialty Rx Coinsurance Payments:	₹	Name:	
Specialty Rx Coinsurance Maximum	\$ 102.17	Plan HIOS ID:	
Set a Maximum Number of Days for Charging an IP Copay?		Issuer HIOS ID:	
# Days (1-10):		AVC Version:	2024_1e
Begin Primary Care Cost-Sharing After a Set Number of Visits?			
# Visits (1-10):			
Begin Primary Care Deductible/Coinsurance After a Set Number of			
Copays?			
# Copays (1-10):			
Output			
Calculate			
Status/Error Messages:	Calculation Success	sful.	
Actuarial Value:	81.29%		
Metal Tier:	Gold		
	NOTE: Service-spec	cific cost-sharing is applying for s	service(s) with fac/prof components, overriding outpatient inputs for those service(s).
Additional Notes:			
Calculation Time:	0.3047 seconds		
Final 2024 AV Calculator			

19 BC HSA\_HRA Gold 1600 (HOSP) 4/29/2023

Hospita 82.83% 81.29% Freesta 17.17% 81.93% 81.40%

# AV Calculator - BlueChoice HSA/HRA Gold 1600 Ded (Products: HMO, Advantage) 86052DC0460021, 86052DC0440021 Inputs for Freestanding Site-of-Service

~	HSA/HRA Options			Tiered Network Option		
	HSA/HRA Employ	er Contribution?		Tiered Network Plan?		
	Annual Cantain			1st Ti	er Utilization	
	Annual Contrib	ution Amount.	2nd Tier Ut			:
Gold ▼						
Tie	r 1 Plan Benefit De	sign		Tier 2	Plan Benefit	Design
Medical	Drug	Combined		Medical	Drug	Combined
		\$1,600.00				
		100.00%				
		\$4,200.00				
	Gold Tie	Gold Tier 1 Plan Benefit De Medical Drug	HSA/HRA Employer Contribution?  Annual Contribution Amount:  Tier 1 Plan Benefit Design  Medical Drug Combined  \$1,600.00  100.00%	HSA/HRA Employer Contribution?  Annual Contribution Amount:  Gold Tier 1 Plan Benefit Design  Medical Drug Combined  \$1,600.00  100.00%  \$4,200.00	HSA/HRA Employer Contribution?	HSA/HRA Employer Contribution? Tiered Network Plan Annual Contribution Amount:  St Tier Utilization 2nd Tier Utilization Tier 1 Plan Benefit Design Medical Drug Combined S1,600.00 100.00% S4,200.00

Click Here for Important Instructions	Tier1				Tier 2				Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if		es only after
**	Deductible?	Coinsurance?	different	separate	Deductible?		different	separate	deduc	
Medical	☐ All	☐ All			✓ All	✓ All			<b>✓</b> All	All
Emergency Room Services	V			\$250.00	V	V			V	
All Inpatient Hospital Services (inc. MH/SUD)	V			\$200.00	~	<b>V</b>			V	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	✓			\$10.00	V	V			굣	
X-rays)				\$10.00						
Specialist Visit	V			\$30.00	<b>V</b>	V			✓	
Mental/Behavioral Health and Substance Use Disorder Outpatient	1			\$10.00		_				
Services	~			\$10.00	~	✓			V	
Imaging (CT/PET Scans, MRIs)	>			\$50.00	V	V			V	
Speech Therapy	~			\$30.00	V	V			<b>V</b>	
	V			\$30.00	V	✓			V	
Occupational and Physical Therapy	•			\$30.00	V.	V			•	
Preventive Care/Screening/Immunization	П		100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	~			\$10.00	V	<b>V</b>			<b>V</b>	
X-rays and Diagnostic Imaging	<b>V</b>			\$20.00	<b>V</b>	<b>V</b>			<b>V</b>	
Skilled Nursing Facility	<b>V</b>			\$200.00	V	<b>V</b>			<b>V</b>	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓	ш		\$50.00	~	~			V	
Outpatient Surgery Physician/Surgical Services	V			\$30.00	V	V			$\overline{\mathbf{v}}$	
Drugs	☐ All	□ AI			✓ All	✓ All			✓ All	All
Generics	>			\$10.00	~	<b>V</b>			✓	
Preferred Brand Drugs	<u> </u>			\$45.00	V	V			<b>V</b>	
Non-Preferred Brand Drugs	<u> </u>			\$65.00	V	V			<u> </u>	
Specialty Drugs (i.e. high-cost)	<u> </u>	<u> </u>	50%			V				H
Options for Additional Benefit Design Limits:		_	Plan Description:							

specialty blugs (i.e. lligh-cost)	· ·	·	30%	
Options for Additional Benefit Design Limits:			Plan Description	1:
Set a Maximum on Specialty Rx Coinsurance Payments?	` \		Name:	
Specialty Rx Coinsurance Maximum:	\$ 102.17		Plan HIOS ID:	
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	
# Days (1-10):			AVC Version:	2024_1e
Begin Primary Care Cost-Sharing After a Set Number of Visits?				
#Visits (1-10):				
Begin Primary Care Deductible/Coinsurance After a Set Number of				
Copays?				
# Copays (1-10):				
Output		-		
Calculate				

Status/Error Messages: Actuarial Value: Metal Tier:

Calculation Successful.
81.93%
Gold
NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time: Final 2024 AV Calculator 0.3438 seconds

4/29/2023 BC HSA\_HRA Gold 1600 (FS)

OP Surgical OP Clinic

Hospita 82.83% 78.23% Freesta 17.17% 80.89% 78.69%

AV Calculator - BlueChoice Gold 3000 Ded Virtual Connect (Products: HMO, Advantage) 86052DC0460024, 86052DC0440026 Inputs for Hospital Site-of-Service User Inputs for Plan Parameters
Use Integrated Medical and Drug Deductible?
Apply Inpatient Copay per Day?
Apply Skilled Mursing Facility Copay per Day?
Use Separate MOOF for Medical and Drug Spending?
Indicate if Plan Meets CSR or Expanded Bross A V Standard?
Desired Metal Ter
Gold Tier 2 Plan Benefit Design
Medical Drug Combined Subject to Subject to Coinsurance, if Copay, if Deductible? Coinsurance? different separate Tier 2
Subject to Subject to Coinsurance, if Copay, if Deductible? Coinsurance? different separate Type of Benefit Medical Medical
Emergency Room Services
All Inpatient Hospital Services (inc. MH/SUD)
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and
X-rays) \$14.23 ays) ccialist Visit ntal/Behavioral Health and Substance Use Disorder Outpatien \$40.00 \$0.00 Services Imaging (CT/PET Scans, MRIs) Speech Therapy \$200.00 \$40.00 \$40.00 **▽** <u>v</u> Occupational and Physical Therapy
Preventive Care/Screening/Immunization
Laboratory Outpatient and Professional Services
X-rays and Diagnostic Imaging
Skilled Nursing Facility utpatient Facility Fee (e.g., Ambulatory Surgery Center) V V All

Non-Freierred Brand Drugs				370.00	· · · · · · · · · · · · · · · · · · ·				
Specialty Drugs (i.e. high-cost)	>			\$102.17	~	<b>V</b>		V	
Options for Additional Benefit Design Limits:		_	Plan Description	1:					
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:						
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:						
# Days (1-10):		l	AVC Version:	2024_1e					
Begin Primary Care Cost-Sharing After a Set Number of Visits?									
# Visits (1-10):									
Begin Primary Care Deductible/Coinsurance After a Set Number of									
Copays?									
# Copays (1-10):		l							
Output									
Calculate									
Status/Error Messages:	Calculation Succe	essful.							
Actuarial Value:	78.23%								
Metal Tier:	Gold								
	NOTE: Service-sp	ecific cost-sha	ring is applying for s	service(s) with fa	c/prof compone	nts, overriding ou	tpatient inputs for those s	ervice(s).	
Additional Notes:									
Calculation Time:	0.2812 seconds								
Final 2024 AV Calculator									

21 4/29/2023 BC Gold 3000 (HOSP)

# AV Calculator - BlueChoice Gold 3000 Ded Virtual Connect (Products: HMO, Advantage) 86052DC0460024, 86052DC0440026 Inputs for Freestanding Site-of-Service

Tiered Network Option
Tiered Network Plan?

1st Tier Utilization:
2nd Tier Utilization: HSA/HRA Options
HSA/HRA Employer Contribution?
Annual Contribution Amount:

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?

Apply Skilled Mursing 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 Tier 2 Plan Benefit Design
Medical Drug Combin Deductible (\$) 53
Coinsurance (%, Insurer's Cost Share) 11
MOOP (\$)
MOOP if Separate (\$)

Click Here for Important Instructions	Tier 1 Tier 2					Tier 1 Tier 2				
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate		es only after ctible?
Medical	□ All	□ All			✓ All	✓ All			☐ All	All
Emergency Room Services	N			\$250.00	V	V			V	
All Inpatient Hospital Services (inc. MH/SUD)	Ŋ			\$200.00	~	~			V	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$14.23	V	✓				
X-rays)				\$14.23		<u>~</u>				
Specialist Visit				\$40.00	<b>V</b>	<b>V</b>				
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$0.00		_				
Services				\$0.00	~	~				
Imaging (CT/PET Scans, MRIs)				\$100.00	V	V				
Speech Therapy				\$40.00	V	V				
				\$40.00	<b>V</b>	✓				
Occupational and Physical Therapy										
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	Ш			\$15.00	V	~			Ш	
X-rays and Diagnostic Imaging				\$30.00	~	~				
Skilled Nursing Facility	V			\$200.00	V	V			V	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)				\$100.00	<b>V</b>	✓				
Outpatient Surgery Physician/Surgical Services				\$40.00	V	V				
Drugs	☐ All	□ All			✓ All	✓ All			☐ All	☐ All
Generics				\$10.00	~	<b>V</b>				
Preferred Brand Drugs	~			\$40.00	V	✓			<b>V</b>	
Non-Preferred Brand Drugs	V			\$70.00	V	<b>V</b>			V	
Specialty Drugs (i.e. high-cost)	V			\$102.17	V	<b>V</b>			V	
Options for Additional Benefit Design Limits:	•		Plan Description:							

Specialty Drugs (i.e. nign-cost)			\$102
Options for Additional Benefit Design Limits:	_	Plan Description	1:
Set a Maximum on Specialty Rx Coinsurance Payments?	1	Name:	
Specialty Rx Coinsurance Maximum:	-	Plan HIOS ID:	
Set a Maximum Number of Days for Charging an IP Copay?	1	Issuer HIOS ID:	
# Days (1-10):		AVC Version:	2024_1e
Begin Primary Care Cost-Sharing After a Set Number of Visits?	1		
#Visits (1-10):			
Begin Primary Care Deductible/Coinsurance After a Set Number of	1		
Copays?			
# Copays (1-10):			
Output			

Calculation Successful.

80.89%
Gold

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

Calculation Time: Final 2024 AV Calculator 0.3047 seconds

4/29/2023

### AV Calculator - BlueChoice HMO Silver 1900 Ded 86052DC0460020 Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copary per Day?

Apply Skilled Nursing Facility Copary per Day?

Use Separate MODP for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expande Bronze AV Standard?

Desired Metal Tier

Deductible (5)

5.00.00

Coinsurance (%, Insurer's Cost Share)

MODP (5)

MODP (5)

S.8.00

Tier 1 Plan Benefit Design

I Drug Combined

0 \$250.00

100.00%

Tier 2	Plan Benefit	Design
Medical	Drug	Combined

Click Here for Important Instructions		Tie	r1			Ti	ier 2		Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applie deduc	tible?
Medical	All V	□ All			✓ All	✓ All			<b>₽</b> All	All
Emergency Room Services	V			\$400.00	V	V			V	
All Inpatient Hospital Services (inc. MH/SUD)	~			\$500.00	☑	~			V	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$40.00	✓	~				
X-rays) Specialist Visit	ল			\$100.00	<b>V</b>	(Cal				
				\$100.00		V				
Mental/Behavioral Health and Substance Use Disorder Outpatient Services				\$40.00	✓					
Imaging (CT/PET Scans, MRIs)	~			\$550.00	✓	~			V	
Speech Therapy	₹			\$100.00	<b>V</b>	~			<b>V</b>	
Occupational and Physical Therapy	V			\$100.00	v				¥	
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	~			\$100.00		~			V	
X-rays and Diagnostic Imaging	✓			\$150.00	✓	~			✓	
Skilled Nursing Facility	V			\$500.00	N N	V			V	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓			\$114.33	✓				✓	
Outpatient Surgery Physician/Surgical Services	~			\$100.00	~	~			V	
Drugs	<b>✓</b> All	☐ All			✓ All	✓ All			<b>✓</b> Al	All
Generics				\$15.00	S	V				
Preferred Brand Drugs	~			\$50.00	~	~			V	
Non-Preferred Brand Drugs	~			\$75.00	<b>V</b>	~			V	
Specialty Drugs (i.e. high-cost)	V	7	50%		V	V				
Options for Additional Benefit Design Limits:			Plan Description:							

Specialty (170gs (1.e. riight-cus)

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

Set a Maximum Number of Days for Charging an IP Copay?

Begin Primary Care Cost-Sharing After a Set Number of Visits?

Begin Primary Care Deductible/Coinsurance After a Set Number of Copay?

## Copays (1-10):

Calculate
Status/Error Messages:
Actuarial Value:
Metal Tier: Calculation Successful.
71.81%
Silver
NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time: Final 2024 AV Calculator 0.1328 seconds Hospita 82.83% 71.81% Freesta 17.17% 72.01% 71.84%

23 4/29/2023 BC Silver 1900 (HOSP)

# AV Calculator - BlueChoice HMO Silver 1900 Ded 86052DC0460020 Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?
Apply Inpatient Copay per Day?

Apply Skilled Nursing Fadility Copay per Day?
Use Separate MOOP for Medical and Drug Spending?
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
Desired Metal Tiler Tiered Network Option
Tiered Network Plan?

1st Tier Utilization:
2nd Tier Utilization: HSA/HRA Options
HSA/HRA Employer Contribution?

Desired Metal Tier	Silver					
	Tier	1 Plan Benefit De	sign	Tier	2 Plan Benefit D	Design
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$1,900.00	\$250.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
MOOP (\$)	\$8,80	00.00				
MOOP if Separate (\$)						

Type of Benefit			er 1				er 2		Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applied deduction	tible?
Medical	V All	All			✓ All	✓ All			V All	All
nergency Room Services	<u> </u>			\$400.00						
I Inpatient Hospital Services (inc. MH/SUD)	₹	Ш		\$500.00	V	<u>~</u>			V	
imary Care Visit to Treat an Injury or Illness (exc. Preventive, an	d 🗆			\$40.00	V	<b>V</b>				
rays)				\$40.00						
ecialist Visit				\$100.00	9	~			•	
ental/Behavioral Health and Substance Use Disorder Outpatient				\$40.00	V	<b>V</b>				
rvices				\$40.00						
aging (CT/PET Scans, MRIs)				\$250.00						
eech Therapy	V			\$100.00	V	V			V	
	✓			\$100.00	~	<b>V</b>			V	
cupational and Physical Therapy				\$100.00						
eventive Care/Screening/Immunization	<u> </u>		100%	\$0.00			100%	\$0.00		
boratory Outpatient and Professional Services	7			\$25.00					<u> </u>	
rays and Diagnostic Imaging				\$50.00	· · · · · ·					
illed Nursing Facility	~	Ш		\$500.00	<u> </u>	~			<u> </u>	
utpatient Facility Fee (e.g., Ambulatory Surgery Center)	V			\$300.00	V	✓			Y	
stpatient Surgery Physician/Surgical Services				\$100.00	· •	✓				
Drugs	✓ All	□ All		Ģ100.00	✓ All	✓ All			✓ All	All
enerics				\$15.00	~					
eferred Brand Drugs	<u> </u>			\$50.00	<b>v</b>	✓			<u> </u>	
on-Preferred Brand Drugs				\$75.00	<b>v</b>	· ·				
ecialty Drugs (i.e. high-cost)		<u>~</u>	50%	Ţ. J. 00	V	✓				
otions for Additional Benefit Design Limits:			Plan Description:							

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

Specialty Rx Coinsurance Maximum:

Specialty Rx Coinsurance Maximum:

Stet a Maximum Number of Days for Charging an IP Copay?

Begin Primary Care Cost-Sharing After a Set Number of Usits?

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?

# Copays (1-10): Outpu\* Calculate

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

Error: Result is outside of [-2, +2] percent de minimis variation. 72.01% Status/Error Messages: Actuarial Value: Metal Tier:

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

Calculation Time: Final 2024 AV Calculator 0.1523 seconds

4/29/2023

### AV Calculator - BlueChoice HSA/HRA Silver 1800 Ded (Products: HMO, Plus, Advantage) 86052DC0460012, 86052DC0440013, 86052DC0500009 Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Stilled Mursing Facility Copay per Day?

Use Separate MOOP for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tire

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

Click Here for Important Instructions		Tie	r1			Ti	ier 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay appli	es only after
	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate		ctible?
Medical	<b>✓</b> All	☐ All			✓ All	<b>✓</b> All			<b>✓</b> All	☐ All
Emergency Room Services	<b>&gt;</b>			\$350.00	V	~			>	
All Inpatient Hospital Services (inc. MH/SUD)	V			\$500.00	V	v			V	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	<b>V</b>			\$25.00	✓	✓			V	П
X-rays)	_	ш		\$25.00						
Specialist Visit	V			\$50.00	✓	~			V	
Mental/Behavioral Health and Substance Use Disorder Outpatient	<b>V</b>			\$25.00	✓	V			•	
Services		ш		\$25.00		<u>~</u>				Ш
Imaging (CT/PET Scans, MRIs)	V			\$500.00	V	~			V	
Speech Therapy	V			\$50.00	~	~			>	
	V	П		\$50.00	✓	V			v	П
Occupational and Physical Therapy	•			\$50.00					•	ш
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	V			\$150.00	~	~			V	
X-rays and Diagnostic Imaging	V			\$200.00	V	~			V	
Skilled Nursing Facility	>	0		\$500.00	~	~			>	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓			\$157.18	✓	✓			✓	
Outpatient Surgery Physician/Surgical Services	~			\$50.00	✓	~			V	
Drugs	<b>✓</b> All	□ All			✓ All	✓ All			<b>✓</b> All	□ All
Generics	V			\$15.00	8 8 8	V			v	
Preferred Brand Drugs	V			\$45.00	~				V	
Non-Preferred Brand Drugs	V			\$65.00	~	~			V	
Specialty Drugs (i.e. high-cost)	V	✓	50%		V	~				
Options for Additional Benefit Design Limits:		_	Plan Description:	•				•		•
Set a Maximum on Specialty Rx Coinsurance Payments?	~	l	Name:							

set a Maximum on Specialty RX Coinsurance Payments:		Name:			
Specialty Rx Coinsurance Maximum:	\$102.17	Plan HIOS ID:			
Set a Maximum Number of Days for Charging an IP Copay?		Issuer HIOS ID:			
# Days (1-10):		AVC Version:	2024_1e		
Begin Primary Care Cost-Sharing After a Set Number of Visits?		T			
# Visits (1-10):					
Begin Primary Care Deductible/Coinsurance After a Set Number of					
Copays?					
# Copays (1-10):					
Output		<del>-</del>			
Calculate					
Status/Error Messages:	Calculation Succe	essful.			
Actuarial Value:	71.48%				
Metal Tier:	Silver				
· · · · · · · · · · · · · · · · · · ·	NOTE: Service-sp	pecific cost-sharing is applying for	service(s) with fac/prof comp	ponents, overriding outpatient in	outs for those service(s).
Additional Notes:					

0.3555 seconds

Calculation Time: Final 2024 AV Calculator

Hospita 82.83% 71.48% Freesta 17.17% 72.69% 71.69%

#### AV Cakulator - BlueChoice HSA/HRA Silver 1800 Ded (Products: HMO, Plus, Advantage) 86052DC0460012, 86052DC0440013, 86052DC0500009 Inputs for Freestanding Site-of-Service

# 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 Tier 1 Plan Benefit Design Medical Drug Combined Medical Drug Combined Medical Drug Combined

	Tier	1 Plan Benefit De	sign	I	Tier	2 Plan Benefit D	esign
	Medical	Drug	Combined		Medical	Drug	Combined
Deductible (\$)			\$1,800.00				
Coinsurance (%, Insurer's Cost Share)			100.00%				
MOOP (\$)			\$8,000.00	Ī			
MOOP if Separate (\$)							
,			*				

Click Here for Important Instructions		Tie	er 1	Tier 2			Tier 1	Tier 2		
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to		Copay, if	Copay applie	
**	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	deduc	tible?
Medical	V				V //					
Emergency Room Services				\$350.00						
All Inpatient Hospital Services (inc. MH/SUD)	_			\$500.00		V			¥	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	✓			\$25.00	~	~			✓	
X-rays)				\$25.00						
Specialist Visit	Ľ			\$50.00		•			ď	
Mental/Behavioral Health and Substance Use Disorder Outpatient	✓			\$25.00	~	~			<b>&gt;</b>	
Services										
Imaging (CT/PET Scans, MRIs)	_			\$250.00						H
Speech Therapy	~	Ш		\$50.00	- ✓	~			~	
	~			\$50.00	~	~			<b>V</b>	
Occupational and Physical Therapy				\$50.00						
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	V			\$25.00	V				V V	
X-rays and Diagnostic Imaging				\$50.00		- Z			<u> </u>	
Skilled Nursing Facility	~			\$500.00	~	~				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V			\$300.00	V	V			V	
Outpatient Surgery Physician/Surgical Services				\$50.00	- ⊻	_				<u>-</u>
Drugs	✓ All			700.00	✓ All	✓ All			<b>▽</b> All	All
Generics				\$15.00	$\overline{}$					
Preferred Brand Drugs				\$45.00						
Non-Preferred Brand Drugs				\$65.00	+ ⊻				⊵	
Specialty Drugs (i.e. high-cost)	~		50%		- ✓	······				
Options for Additional Benefit Design Limits:			Plan Description:							
Set a Maximum on Specialty Rx Coinsurance Payments?	_	1	Name:							
Specialty Rx Coinsurance Maximum:		1	Plan HIOS ID:							
Set a Maximum Number of Days for Charging an IP Copay?		1	Issuer HIOS ID:							
# Days (1-10):		1	AVC Version:	2024 1e						
Regin Primary Care Cost-Sharing After a Set Number of Visits?		1		- '						

ptions for Additional Benefit Design Limits:	
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:\$102	.17
Set a Maximum Number of Days for Charging an IP Copay?	
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of	
Copays?	
# Copays (1-10):	
utpu* Calculate	

Error: Result is outside of [-2, +2] percent de minimis variation. 72.69%

Status/Error Messages: Error Actuarial Value: 72.1 Metal Tier:

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

Calculation Time: 0.1406 seconds
Final 2024 AV Calculator

4/29/2023 26 BC HSA\_HRA Silver 1800 (FS)

AV Calculator - BlueChoice HSA/HRA Silver 2250 Ded (Products: HMO, Advantage) 86052DC0460013, 86052DC0440027 Inputs for Hospital Site-of-Service User inputs for Plan Parameters

Use Integrated Medical and Drug Deductible 2

Apply Impatient Copay per Drugy

Apply Stilled Nursing Facility Copay per Drugy

Use Separate MODO For Medical and Drug Spending?

Indicate If Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier

Silver

Me Tier 2 Plan Benefit Design
Medical Drug Combined Deductible (\$)
Coinsurance (%, Insurer's Cost Share)
MOOP (\$)
MOOP if Separate (\$) Copay applies only after deductible? Type of Benefit Medical Medical

Emergency Room Services
All Inpatient Hospital Services (inc. MH/SUD)

Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)
Specialist Visit \$250.00 \$500.00 V V • \$25.00 X-rays)
Specialist Visit
Mental/Dehavioral Health and Substance Use Disorder Outpatient
Services
Services
Services
Specech Therapy
Speech Therapy V \$50.00 • \$25.00 • \$500.00 \$50.00 \$50.00 V V ₹ ~ Occupational and Physical Therapy
Preventive Care/Screening/Immunization
Laboratory Outpatient and Professional Services
X-rays and Diagnostic Imaging
Skilled Nursing Facility \$0.00 \$50.00 \$100.00 \$500.00 Outpatient Facility Fee (e.g., Ambulatory Surgery Center) **V** \$100.03 V

7

V			\$45.00	✓			<b>V</b>	
~			\$65.00	~	✓		~	
~	~	50%		✓	✓			
		Plan Description	n:					
? 🔽		Name:						
n: \$102.17		Plan HIOS ID:						
? 🗸	1	Issuer HIOS ID:						
): 3		AVC Version:	2024_1e					
? 🗌								
):								
of 🗌								
?								
):								
	-							
Error: Result is	outside of [-2, +2]	percent de minir	mis variation.					
72.04%								
NOTE: Service-	specific cost-shar	ing is applying for	service(s) with fa	c/prof compo	nents, overriding outpatier	it inputs for those sen	vice(s).	
0.1311 cocondo								
0.1211 Seconds								
			Plan Description Plan Description Plan Description Plan Description Name: Substitute State	S45.00  S56.00  Plan Description: Name: Plan HOS ID: Issuer HOS ID	S45.00    Solution   Section   Secti	S45.00   D   D	Plan Description: Name: Plan Description: Name: Plan Description: Name: Plan HOS ID: 12	S45.00 Plan Description: Name: Plan Description: Name: Name: Name: Plan HIOS ID: Issuer HIOS I

Hospita 82.83% 72.04% Freesta 17.17% 71.59% 71.96%

4/29/2023 27 BC HSA\_HRA Silver 2250 (HOSP)

# AV Calculator - BlueChoice HSA/HRA Silver 2250 Ded (Products: HMO, Advantage) 86052DC0460013, 86052DC0440027 Inputs for Freestanding Site-of-Service

		ıııp	uts for Freestanui	ing Site-Oi-Servic	c	
<b>✓</b>		HSA/HRA Options		Tier	ed Network O	ption
✓	HSA/HRA Employ	yer Contribution?		Tiered I	Network Plan?	
~	Annual Cantail			1st T	ier Utilization:	
	Allitual Collette	dution Amount.		2nd T	ier Utilization:	
Silver 🔻						
Tier	1 Plan Benefit De	sign		Tier 2	Plan Benefit [	Design
Medical	Drug	Combined		Medical	Drug	Combined
		\$2,250.00				
		100.00%				
		\$8,000.00				
	Silver Tier	HSA/HRA Emploi Annual Contril Silver Tier 1 Plan Benefit De Medical Drug	HSA/HRA Options HSA/HRA Employer Contribution?  Annual Contribution Amount:  Tier 1 Plan Benefit Design  Medical Drug S2,250.00 100.00% \$5,000.00	HSA/HRA Options HSA/HRA Employer Contribution? Annual Contribution Amount:  Silver Tier 1 Plan Benefit Design Medical Drug Combined 52,250.00 100.00% S8.000.00	HSA/HRA Options Tier HSA/HRA Employer Contribution? Tiered i HSA/HRA Employer Contribution? Ist To and To an	HSA/HRA Employer Contribution? Tiered Network Plan?  Annual Contribution Amount: Stat Tier Utilization: 2nd Ti

Click Here for Important Instructions		Tie	r1			Ti	er 2		Tier 1	Tier 2
Type of Benefit	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 applie deduc	
Medical	<b>✓</b> All	□ All			✓ All	✓ All			<b>✓</b> All	All
Emergency Room Services	N			\$250.00	V	V			>	
All Inpatient Hospital Services (inc. MH/SUD)	V			\$500.00	V	V			V	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	V			\$25.00	V	✓			V	
Specialist Visit	<b>&gt;</b>			\$50.00	V	V			V	
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	V			\$25.00	V	V			V	
Imaging (CT/PET Scans, MRIs)	~			\$250.00	V	V			V	
Speech Therapy	>			\$50.00	V	V			>	
Occupational and Physical Therapy	V			\$50.00	<b>V</b>	✓			V	
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	N			\$25.00	V	V			V	
X-rays and Diagnostic Imaging	N			\$50.00	V	V			N	
Skilled Nursing Facility	V			\$500.00	V	V			V	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•			\$300.00	~	~			✓	
Outpatient Surgery Physician/Surgical Services	V			\$50.00	v	V			V	
Drugs	<b>▼</b> All	□ All			✓ All	✓ All			All V	All
Generics	~			\$10.00	~	<b>V</b>			~	
Preferred Brand Drugs	~			\$45.00	V	V			>	
Non-Preferred Brand Drugs	>			\$65.00	V	V			>	
Specialty Drugs (i.e. high-cost)	V	V	50%		V	V				

Options for Additional Benefit Design Limits:			Plan Description	1:
Set a Maximum on Specialty Rx Coinsurance Payments?	~		Name:	
Specialty Rx Coinsurance Maximum:	\$102.17		Plan HIOS ID:	
Set a Maximum Number of Days for Charging an IP Copay?	<b>&gt;</b>		Issuer HIOS ID:	
# Days (1-10):	3		AVC Version:	2024_1e
Begin Primary Care Cost-Sharing After a Set Number of Visits?				
#Visits (1-10):				
Begin Primary Care Deductible/Coinsurance After a Set Number of				
Copays?				
#Copays (1-10):				
Output		•		

Calculate
Status/Error Messages:
Actuarial Value:
Metal Tier:

Calculation Successful.
71.59%
Silver
NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time: Final 2024 AV Calculator 0.3281 seconds

### AV Calculator - BlueChoice HSA/HRA Silver 2750 Ded (Products: Plus) 86052DC0500018 Inputs for Hospital Site-of-Service

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 MODO For Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier	Silver						
	Tier 1 Plan Benefit Design			I	Tier 2	esign	
	Medical	Drug	Combined	I	Medical	Drug	Combined
Deductible (\$)			\$2,750.00	Ī			
Coinsurance (%, Insurer's Cost Share)			100.00%				
MOOP (\$)			\$7,950.00	Ī			
MOOP if Separate (\$)							
			-				

Click Here for Important Instructions		Tie	r1			Ti	er 2		Tier 1	Tier 2
Type of Benefit	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 applie deduc	
Medical	<b>✓</b> All	☐ All			✓ All	✓ All			<b>✓</b> All	□ All
Emergency Room Services	~			\$350.00	<b>&gt;</b>	V			V	
All Inpatient Hospital Services (inc. MH/SUD)	V			\$500.00	V	v			V	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	~			\$20.00	✓				V	
Specialist Visit	✓			\$40.00	V	~			~	
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	~			\$20.00	V				V	
Imaging (CT/PET Scans, MRIs)	~			\$500.00	V	~			V	
Speech Therapy	₹			\$40.00	V	~			٧	
Occupational and Physical Therapy	V			\$40.00	✓				S	
Preventive Care/Screening/Immunization	<u> </u>		100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services				\$50.00	~	~			V	
X-rays and Diagnostic Imaging	<b>V</b>			\$100.00	V	~			~	
Skilled Nursing Facility	✓			\$500.00	~	~			>	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	₩			\$78.59	✓	~			•	
Outpatient Surgery Physician/Surgical Services	<b>V</b>			\$40.00	~	~			v	
Drugs	<b>✓</b> All	☐ All			✓ All	✓ All			<b>V</b> Al	☐ All
Generics	V			\$10.00	V	V			V	
Preferred Brand Drugs	V			\$45.00	V	v			v	
Non-Preferred Brand Drugs	~			\$65.00	3 3 3 3	~			•	
Specialty Drugs (i.e. high-cost)	✓	V	50%		V	V				
Options for Additional Benefit Design Limits:			Plan Description:							

Options for Additional Benefit Design Limits:	
Set a Maximum on Specialty Rx Coinsurance Payments?	Y
Specialty Rx Coinsurance Maximum:	\$102.17
Set a Maximum Number of Days for Charging an IP Copay?	
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of	
Copays?	
# Copays (1-10):	

Calculate
Status/Error Messages:
Actuarial Value:
Metal Tier: Calculation Successful.
71.36%
Silver
NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time: Final 2024 AV Calculator 0.125 seconds Hospita 82.83% 71.36% Freesta 17.17% 74.96% 71.98%

# AV Calculator - BlueChoice HSA/HRA Silver 2750 Ded (Products: Plus) 86052DC0500018 Inputs for Freestanding Site-of-Service

r inputs for Plan Parameters								
Use Integrated Medical and Drug Deductible?	~		ISA/HRA Options		Tiered Network Option			
Apply Inpatient Copay per Day?		HSA/HRA Employ	er Contribution?		Tiered N			
Apply Skilled Nursing Facility Copay per Day?		Annual Contrib			1st Ti	er Utilization:		
Use Separate MOOP for Medical and Drug Spending?		2nd Tier Utilizati				er Utilization:		
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?								
Desired Metal Tier	Silver ▼							
	Tier 1 Plan Benefit		enefit Design		Tier 2	Plan Benefit D	Design	
	Medical	Drug	Combined		Medical	Drug	Combined	
Deductible (\$)			\$2,750.00					
Coinsurance (%, Insurer's Cost Share)			100.00%					
MOOP (\$)			\$7,950.00					
MOOP if Separate (\$)								

Click Here for Important Instructions		Tie	r1			Ti	er 2		Tier 1	Tier 2
Type of Benefit	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 applie deduc	
Medical	<b>✓</b> All	□ All			✓ All	✓ All			<b>✓</b> All	All
Emergency Room Services	N			\$350.00	V	V			>	
All Inpatient Hospital Services (inc. MH/SUD)	V			\$500.00	V	V			V	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	V			\$20.00	V	✓			V	
Specialist Visit	<b>&gt;</b>			\$40.00	V	V			V	
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	V			\$20.00	V	V			V	
Imaging (CT/PET Scans, MRIs)	~			\$250.00	V	V			V	
Speech Therapy	>			\$40.00	V	V			>	
Occupational and Physical Therapy	V			\$40.00	<b>V</b>	✓			V	
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	N			\$0.00	V	V			V	
X-rays and Diagnostic Imaging	V			\$0.00	V	V			V	
Skilled Nursing Facility	V			\$500.00	V	V			Y	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V			\$0.00	✓	<b>V</b>			V	
Outpatient Surgery Physician/Surgical Services	V			\$40.00	v	V			V	
Drugs	<b>▼</b> All	□ All			✓ All	✓ All			All V	All
Generics	~			\$10.00	~	<b>V</b>			~	
Preferred Brand Drugs	~			\$45.00	V	V			>	
Non-Preferred Brand Drugs	>			\$65.00	V	V			>	
Specialty Drugs (i.e. high-cost)	V	V	50%		V	V				

Non-Preferred Brand Drugs	•			\$05.UU	ı V	
Specialty Drugs (i.e. high-cost)	<b>V</b>	~	50%		~	✓
Options for Additional Benefit Design Limits:			Plan Description	n:		
Set a Maximum on Specialty Rx Coinsurance Payments?		1	Name:			
Specialty Rx Coinsurance Maximum:	\$102.17		Plan HIOS ID:			
Set a Maximum Number of Days for Charging an IP Copay?		1	Issuer HIOS ID:			
# Days (1-10):			AVC Version:	2024_1e		
Begin Primary Care Cost-Sharing After a Set Number of Visits?		1				
#Visits (1-10):						
Begin Primary Care Deductible/Coinsurance After a Set Number of						
Copays?						
# Copays (1-10):						
Output						
Calculate						
Status/Error Messages:	Error: Result is or	utside of [-2, +2	2] percent de minin	nis variation.		
Actuarial Value:	74.96%					
Metal Tier:						
	NOTE: Service-sr	perific cost-sha	ring is anniving for	service(s) with fa	·/nrof compone	nts overriding outpatient inputs for those si

0.3086 seconds

Calculation Time: Final 2024 AV Calculator

### AV Calculator - BlueChoice HSA/HRA Silver 3000 Ded (Products: HMO, Plus, Advantage) 86052DC0460019, 86052DC0440019, 86052DC0500010 Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Stilled Nursing Facility Copay per Day?

Use Separate MOD For Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard? HSA/HRA Options Tered Network Option
HSA/HRA Employer Contribution? Tered Network Plan? 
Annual Contribution Amount: 3st Tier Utilization: 2nd Tere Utilization:

Desired Metal Tier	Silver						
	Tier 1 Plan Benefit Design			I	Tier 2	Design	
	Medical	Drug	Combined	I	Medical	Drug	Combined
Deductible (\$)			\$3,000.00	Ī			
Coinsurance (%, Insurer's Cost Share)			100.00%				
MOOP (\$)			\$6,100.00	Ī			
MOOP if Separate (\$)							
			-				

Click Here for Important Instructions		Tie	r1			Ti	ier 2		Tier 1	Tier 2
Type of Benefit	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 applie deduc	
Medical	<b>✓</b> All	☐ All			✓ All	✓ All			<b>✓</b> All	All
Emergency Room Services	V			\$250.00	V	V			V	
All Inpatient Hospital Services (inc. MH/SUD)	v			\$500.00	✓				V	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$25.00	⊽	_				
X-rays)	₹	Ш		\$25.00	_	~			✓	
Specialist Visit	•			\$50.00	✓	~			~	
Mental/Behavioral Health and Substance Use Disorder Outpatient				*						
Services	~	Ш		\$25.00	✓	✓			✓	
Imaging (CT/PET Scans, MRIs)	•			\$500.00	✓	✓			✓	
Speech Therapy	7	П		\$50.00	⊽	✓			V	
	7				✓	V			⊌	
Occupational and Physical Therapy	•	ш		\$50.00	₩.					
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	7			\$50.00	7	V			<b>V</b>	
X-rays and Diagnostic Imaging	7			\$100.00	<b>V</b>	~			✓	
Skilled Nursing Facility	7			\$500.00	N	V			V	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓			\$100.03	✓	✓			✓	
Outpatient Surgery Physician/Surgical Services	•			\$50.00	<b>V</b>	~			<b>V</b>	
Drugs	<b>✓</b> All	☐ All			✓ All	✓ All			<b>✓</b> Al	All
Generics	V			\$10.00	V	V			~	
Preferred Brand Drugs	<u> </u>			\$45.00	8 8 8	v			<b>V</b>	
Non-Preferred Brand Drugs	7			\$65.00	V	V			✓	
Specialty Drugs (i.e. high-cost)	7	<b>V</b>	50%		V	~				
Options for Additional Benefit Design Limits:	_		Plan Description:							

Options for Additional Benefit Design Limits:	
Set a Maximum on Specialty Rx Coinsurance Payments?	V
Specialty Rx Coinsurance Maximum:	\$102.17
Set a Maximum Number of Days for Charging an IP Copay?	~
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of	
Copays?	
# Copays (1-10):	

Calculate
Status/Error Messages:
Actuarial Value:
Metal Tier: Calculation Successful.
71.91%
Silver
NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time: Final 2024 AV Calculator 0.1562 seconds Hospita 82.83% 71.91% Freesta 17.17% 72.00% 71.92%

31 BC HSA\_HRA Silver 3000 (HOSP) 4/29/2023

# AV Calculator - BlueChoice HSA/HRA Silver 3000 Ded (Products: HMO, Plus, Advantage) 86052DC0460019, 86052DC0440019, 86052DC0500010 Inputs for Freestanding Site-of-Service

#### User Inputs for Plan Parameters Use Integrated Medical and Drug Deductible? Apply Skilled Mursing Facility Copay per Day? Use Separate MODP for Medical and Drug Spending? Indicate if Plan Meets CSR or Expande Bronze AV Standard? Desired Metal Tier HSA/HRA Options HSA/HRA Employer Contribution? Annual Contribution Amount: Tiered Network Option Tiered Network Plan? 1st Tier Utilization: 2nd Tier Utilization: Tier 2 Plan Benefit Design Medical Drug Combined Deductible (\$) Coinsurance (%, Insurer's Cost Share) MOOP (\$) MOOP if Separate (\$)

Click Here for Important Instructions		Tie	r1			Т	ier 2		Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?		Coinsurance, if different	Copay, if separate	Copay appli dedu	es only after tible?
Medical	✓ All	□ All			✓ All	✓ All			<b>✓</b> All	All
Emergency Room Services	N			\$250.00	V	~			V	
All Inpatient Hospital Services (inc. MH/SUD)	N			\$500.00	V	~			>	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	V			\$25.00	<b>V</b>	V			V	
Specialist Visit	<b>&gt;</b>			\$50.00	V	<b>V</b>			✓	
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	V			\$25.00	V	V			V	
Imaging (CT/PET Scans, MRIs)	<b>V</b>			\$250.00	V	✓			<b>V</b>	
Speech Therapy	>			\$50.00	V	V			>	
Occupational and Physical Therapy	V			\$50.00	✓	V			∨	
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	V			\$25.00	V	~			V	
X-rays and Diagnostic Imaging	N			\$50.00	V	~			V	
Skilled Nursing Facility	V			\$500.00	V	V			Y	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V			\$300.00	✓	V			V	
Outpatient Surgery Physician/Surgical Services	V			\$50.00	v	V			V	
Drugs	<b>✓</b> All	□ All			✓ All	✓ All			<b>▼</b> All	☐ All
Generics	V		•	\$10.00	V	<u>~</u>			V	
Preferred Brand Drugs	V			\$45.00	V	V			>	
Non-Preferred Brand Drugs	>			\$65.00	V	V			>	
Specialty Drugs (i.e. high-cost)	V	~	50%		~	~				

Specialty Drugs (i.e. nign-cost)		~	~	50%	
Options for Additional Benefit Design Limits:				Plan Description	1:
Set a Maximum on Specialty Rx Coinsurance Payments?	~			Name:	
Specialty Rx Coinsurance Maximum:	_	\$102.17		Plan HIOS ID:	
Set a Maximum Number of Days for Charging an IP Copay?	V			Issuer HIOS ID:	
# Days (1-10):		5		AVC Version:	2024_1e
Begin Primary Care Cost-Sharing After a Set Number of Visits?	$\neg$				
#Visits (1-10):					
Begin Primary Care Deductible/Coinsurance After a Set Number of					
Copays?					
# Copays (1-10):					
Output					

Calculation Successful.
72.00%
Silver
NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time: Final 2024 AV Calculator 0.3008 seconds

4/29/2023

### AV Calculator - BlueChoice Silver 5350 Ded Virtual Connect (Products: HMO Referral, Advantage) 86052DC0480014, 86052DC0440022 Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

Use integrated Medical and Drug Deductible?

Apply skilled Nursing Facility Copary per Day?

Use Separate MODP for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze Spending?

Desired Metal Tier

Deductible (5)

Coinsurance (%, Insurer's Cost Sharp)

MODP (5)

MODP (5)

\$8.80

Click Here for Important Instructions		T1.				-	3		Tier 1	Tier 2
Click here for important instructions	Tier 1			Tier 2 Subject to Subject to Coinsurance, if Copay, if						
Type of Benefit	Subject to Deductible?	Subject to	Coinsurance, if different	Copay, if	Subject to Deductible?		different	Copay, if	Copay applie deduct	
Medical	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	☐ AI	IDIE?
	<b>₽</b>	U AI		\$350.00						All
Emergency Room Services					<u> </u>				<u> </u>	<u>H</u>
All Inpatient Hospital Services (inc. MH/SUD)	V			\$500.00	V	<u>~</u>			V	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$23.72	V	V				
X-rays)				J2J.72	_	•				
Specialist Visit				\$60.00	V	~				
Mental/Behavioral Health and Substance Use Disorder Outpatient					_	_				_
Services				\$19.44	✓	✓				
Imaging (CT/PET Scans, MRIs)	•			\$500.00	~	~			V	
Speech Therapy				\$60.00	<b>V</b>	~				
	П	П		\$60.00	V	✓			П	
Occupational and Physical Therapy				200.00						
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	>			\$50.00	3 3 3	~			v	
X-rays and Diagnostic Imaging	~			\$100.00	✓	~			~	
Skilled Nursing Facility	V			\$500.00	✓	~			V	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•			\$100.03	✓	✓			V	
Outpatient Surgery Physician/Surgical Services	<b>V</b>			\$60.00	✓	~			V	
Drugs	<b>✓</b> All	☐ All			✓ All	✓ All			□ Al	☐ All
Generics				\$15.00	8 8 8	V				
Preferred Brand Drugs	v			\$45.00	✓				v	
Non-Preferred Brand Drugs	V			\$75.00	~	~			~	
Specialty Drugs (i.e. high-cost)	V	<b>V</b>	50%		V	~				
Options for Additional Benefit Design Limits:			Plan Description:							

Options for Additional Benefit Design Limits:	
Set a Maximum on Specialty Rx Coinsurance Payments?	Y
Specialty Rx Coinsurance Maximum:	\$102.17
Set a Maximum Number of Days for Charging an IP Copay?	Y
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of	
Copays?	
# Copays (1-10):	

Calculate
Status/Error Messages:
Actuarial Value:
Metal Tier: Calculation Successful.
70.90%
Silver
NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time: Final 2024 AV Calculator 0.1523 seconds Hospita 82.83% 70.90% Freesta 17.17% 73.90% 71.42%

33 4/29/2023 BC Silver 5350 (HOSP)

# AV Calculator - BlueChoice Silver 5350 Ded Virtual Connect (Products: HMO Referral, Advantage) 86052DC0480014, 86052DC0440022 Inputs for Freestanding Site-of-Service

			inp	uts for Freestandi	ng Site-ot-Servic	e	
Jser Inputs for Plan Parameters							
Use Integrated Medical and Drug Deductible?			HSA/HRA Options		Tier	ed Network O	ption
Apply Inpatient Copay per Day?	~	HSA/HRA Emplo	yer Contribution?		Tiered N	Network Plan?	
Apply Skilled Nursing Facility Copay per Day?	✓	Annual Contril	oution Amount:		1st T	ier Utilization:	
Use Separate MOOP for Medical and Drug Spending?		Aillidai Colletti	dition Amount.		2nd Ti	ier Utilization:	
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?							
Desired Metal Tier	Silver ▼						
	Tier	1 Plan Benefit De	sign		Tier 2	Plan Benefit [	Design
	Medical	Drug	Combined		Medical	Drug	Combined
Deductible (\$)	\$5,350.00	\$450.00					
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%					
MOOP (\$)	\$8,8	00.00					
MOOP if Separate (\$)			<u> </u>				

Click Here for Important Instructions		Tie	er 1			Т	ier 2		Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?			Copay, if separate	Copay applie deduc	tible?
Medical	All	□ All			✓ All	✓ All			□ All	All
Emergency Room Services	~			\$350.00	V	V			V	
All Inpatient Hospital Services (inc. MH/SUD)	N			\$500.00	~	~			V	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	0			\$23.72						
X-rays)				\$23.72	~	✓			Ш	
Specialist Visit				\$60.00	V	<b>V</b>				
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$19.44	V					
Services				\$19.44	$\sim$	✓			Ш	
Imaging (CT/PET Scans, MRIs)				\$250.00	V	~				
Speech Therapy				\$60.00	V	✓				
		П		\$60.00	V	V			П	
Occupational and Physical Therapy				300.00						
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services				\$25.00	<b>V</b>	~				
X-rays and Diagnostic Imaging				\$50.00	~	~				
Skilled Nursing Facility	V			\$500.00	V	~			V	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)				\$300.00	V	V				
Outpatient Surgery Physician/Surgical Services				\$60.00	V	<b>V</b>				
Drugs	✓ All	□ All			✓ All	✓ All			☐ All	☐ All
Generics				\$15.00	> >	V				
Preferred Brand Drugs	~			\$45.00	✓	<b>V</b>			V	
Non-Preferred Brand Drugs	V			\$75.00	V	~			V	
Specialty Drugs (i.e. high-cost)	\ \	✓	50%		V	~				
Options for Additional Benefit Design Limits:			Plan Description:							

Options for Additional Benefit Design Limits:			_	Plan Description	:
Set a Maximum on Specialty Rx Coinsurance Paym	nents?		1	Name:	
Specialty Rx Coinsurance Maxi	imum:	\$102.17		Plan HIOS ID:	
Set a Maximum Number of Days for Charging an IP C	opay?		Ī	Issuer HIOS ID:	
# Days	(1-10):	5		AVC Version:	2024_1e
Begin Primary Care Cost-Sharing After a Set Number of N	visits?		1		
#Visits	(1-10):				
Begin Primary Care Deductible/Coinsurance After a Set Num	ber of 🔲		1		
Co	pays?				
#Copays	(1-10):				
Output					
Calculate					
Status/Error Messages:	Error	: Result is ou	utside of [-2, +2]	percent de minim	is variatio
Actuarial Value:	73.90	196			
Metal Tier:					
	NOTI	E: Service-sp	ecific cost-shari	ng is applying for s	ervice(s)

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

0.3477 seconds

Calculation Time: Final 2024 AV Calculator

4/29/2023 BC Silver 5350 (FS)

# AV Calculator - BlueChoice Silver 6500 Ded (Products: HMO, Advantage) 86052DC0460023, 86052DC0440025 Inputs for Hospital Site-of-Service

Use Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?
Apply Silled Mursing 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

Tier 1 Plan Benefit Design

Medical Drug Gombined

Medical Drug Gombined

Medical Drug Gombined

SS, 500.000 \$55.00.00

MOOP (S Sparate (S) MOOP if Separate (S) MOOP if Separate (S) Tier 1 Tier 2 Plan Benefit Design
Medical Drug Com

Click Here for Important Instructions		Tie	r1			т	ier 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applie	es only after
A	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	deduc	
Medical	□ All	☐ All			✓ All	✓ All			☐ All	☐ All
Emergency Room Services	~			\$350.00	V	~			✓	
All Inpatient Hospital Services (inc. MH/SUD)	v			\$500.00	v	v			V	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$0.00	V					
X-rays)		Ш				<u>v</u>				
Specialist Visit				\$60.00	V	~				
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$0.00	V					
Services		Ш		\$0.00		<u>v</u>				
Imaging (CT/PET Scans, MRIs)	v			\$500.00	~	~			>	
Speech Therapy				\$60.00	V	V				
		П		\$60.00	<b>V</b>	◡				
Occupational and Physical Therapy				\$60.00	٠	Ŀ				
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	V			\$50.00		~			~	
X-rays and Diagnostic Imaging	N			\$100.00	V	~			~	
Skilled Nursing Facility	V			\$500.00	V	~			V	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•	П		\$100.03	✓				✓	
				7100.03						
Outpatient Surgery Physician/Surgical Services	Y			\$60.00	~	~			V	
Drugs	<b>✓</b> All	☐ All			✓ All	✓ All			☐ All	All
Generics				\$15.00	v	~				
Preferred Brand Drugs	Y			\$45.00	N N N	V			<b>V</b>	
Non-Preferred Brand Drugs	>			\$75.00	~	~			V	
Specialty Drugs (i.e. high-cost)	V		<u> </u>	\$102.17	V	V			V	
Options for Additional Benefit Design Limits:		_	Plan Description:							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:							

Specialty Rx Coinsurance Maximur	1:	Plan HIOS ID:		
Set a Maximum Number of Days for Charging an IP Copa	? 🗌	Issuer HIOS ID:		
# Days (1-10	):	AVC Version:	2024_1e	
Begin Primary Care Cost-Sharing After a Set Number of Visits	? 🗆	I		
# Visits (1-10	):	1		
Begin Primary Care Deductible/Coinsurance After a Set Number	of 🗆	I		
Copay:	?			
# Copays (1-10	):	1		
Output				
Calculate				
Status/Error Messages:	Calculation Succ	essful.		
Actuarial Value:	70.90%			
Metal Tier:	Silver			
	NOTE: Service-sp	ecific cost-sharing is applying for	service(s) with fac/prof components, overriding or	itpatient inputs for those service(s).
Additional Notes:				

0.3125 seconds

Calculation Time: Final 2024 AV Calculator

Hospita 82.83% 70.90% Freesta 17.17% 74.52% 71.52%

35 BC Silver 6500 (HOSP) 4/29/2023

#### AV Calculator - BlueChoice Silver 6500 Ded (Products: HMO, Advantage) 86052DC0460023, 86052DC0440025 Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?
Apply Inputs int 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

| Modelial | Drug | Deductible (%, Insurer's Cost Share) | Deductible (%) | S\$,500.00 | S450.00 | S8,00.00 | S8,0

Click Here for Important Instructions		Tie	r1			Ti	er 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay appli	es only after
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	deduc	tible?
Medical	All	□ All			✓ All	✓ All			☐ All	☐ All
Emergency Room Services	V			\$350.00	<b>V</b>	<b>V</b>			>	
All Inpatient Hospital Services (inc. MH/SUD)	>			\$500.00	~	~			V	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$0.00	V					
X-rays)				20.00		•				ш
Specialist Visit				\$60.00	V	V				
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$0.00	V	✓				
Services									Ц	
Imaging (CT/PET Scans, MRIs)				\$250.00	V	V				
Speech Therapy				\$60.00	V	<b>V</b>				
				\$60.00	V	✓				
Occupational and Physical Therapy										
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services				\$25.00	~	<b>V</b>				
X-rays and Diagnostic Imaging				\$50.00	~	~				
Skilled Nursing Facility	Y			\$500.00	V	V			V	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)				\$300.00	<b>V</b>	✓				
Outpatient Surgery Physician/Surgical Services				\$60.00	V	V				
Drugs	☐ All	□ All			✓ All	✓ All			☐ All	☐ All
Generics				\$15.00	<b>V</b>	<b>V</b>				
Preferred Brand Drugs	v			\$45.00	V	V			V	
Non-Preferred Brand Drugs	V			\$75.00	V	V			V	
Specialty Drugs (i.e. high-cost)	>			\$102.17	V	<b>V</b>			V	

deficits				\$1J.00			
Preferred Brand Drugs	V			\$45.00	V	✓	~
Non-Preferred Brand Drugs	V			\$75.00		V	V
Specialty Drugs (i.e. high-cost)	<b>&gt;</b>			\$102.17	<b>V</b>	✓	V
Options for Additional Benefit Design Limits:			Plan Description	1:			
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:				
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:				
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:				
# Days (1-10):			AVC Version:	2024_1e			
Begin Primary Care Cost-Sharing After a Set Number of Visits?							
# Visits (1-10):							
Begin Primary Care Deductible/Coinsurance After a Set Number of							
Copays?							
#Copays (1-10):							
Output							
Calculate							
Status/Error Messages:	Error: Result is ou	utside of [-2, +2] p	ercent de minim	nis variation.			
Actuarial Value:	74.52%						
Metal Tier:							
	NOTE: Service-sp	ecific cost-sharing	g is applying for:	service(s) with far	/prof components	, overriding outpatient inputs for tho	se service(s).
Additional Notes:							
Calculation Time:	0.3398 seconds						
Final 2024 AV Calculator							

4/29/2023 36 BC Silver 6500 (FS)

# AV Calculator - BlueChoice HSA/HRA Bronze 6100 Ded (Products: HMO, Plus, Advantage) 86052DC0460014, 86052DC0500017, 86052DC0440018 Inputs for Hospital Site-of-Service

#### 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? Tiered Network Option Indicate if Plan Meets CSR or Expanded Bronze AV Standard? Desired Metal Tier Tier 1 Plan Benefit Design 2al Drug Combined 55,100.00 100.00% 57,400.00 Tier 2 Plan Benefit Design Medical Drug Combined Deductible (\$) Coinsurance (%, Insurer's Cost Share) MOOP (\$) MOOP if Separate (\$) Tier 1 Subject to Coinsurance, if Coinsurance? different Type of Benefit Medical Medical Emergency Room Services All Inpatient Mospital Services (Inc. MH/SUD) Primary Care Visit to Treat an Injury or Illness (exc. Preventive, an X-rays) Specialist Visit Mental/Behavioral Health and Substance Use Disorder Outpatient Seances V V • \$50.00 • v \$100.00 V \$50.00 • Services Imaging (CT/PET Scans, MRIs) Speech Therapy > > V Occupational and Physical Therapy Preventive Care/Screening/Immunization Laboratory Outpatient and Professional Services X-rays and Diagnostic Imaging Skilled Nursing Facility \$100.00 V ~ V Outpatient Facility Fee (e.g., Ambulatory Surgery Center) \$107.18 Outpatient Surgery Physician/Surgical Services Drugs Generics Preferred Brand Drugs Non-Preferred Brand Drugs Specialty Drugs (i.e. high-cost \$15.00 \$45.00 \$75.00 Plan Description Name: Plan HIOS ID: Issuer HIOS ID: P Surgical P Clinic Options for Additional Benefit Design Limits: Set a Maximum on Specialty Rx Coinsurance Payr Specialty Rx Coinsurance Maximum: \$ Specialty Rx Coinsurance Maximum: \$ Set a Maximum Number of Days for Charging an IP Copay? 102.17 Set a Maximum Number of Days for Changing air ir coper; Begin Primary Care Cost-Sharing After a Set Number of Visits? Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? AVC Version: 2024\_1e # Copays (1-10): Calculate Status/Error Mes Actuarial Value: Metal Tier: Expanded Bronze Standard (58% to 65%), Calculation Successful. 64.9% Bronze NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Hospita

Freesta

17.17% 64.49% 64.49%

Additional Notes:

0.2539 seconds

#### AV Calculator - BlueChoice HSA/HRA Bronze 6100 Ded (Products: HMO, Plus, Advantage)

			86052DC0460014	, 86052DC05000	17, 86052DC044	0018	,,	-8-7		
					r Freestanding S					
User Inputs for Plan Parameters					_					
Use Integrated Medical and Drug Deductible?	✓		HSA/HRA Options		Tie	red Network Op	ption			
Apply Inpatient Copay per Day?		HSA/HRA Employ	yer Contribution?		Tiered	Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		A married Comballs	oution Amount:		1st	Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		Annual Contrib	oution Amount:		2nd	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	✓									
Desired Metal Tier	Bronze 🔻									
	Tie	r 1 Plan Benefit De	esign		Tier	2 Plan Benefit D	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$6,100.00							
Coinsurance (%, Insurer's Cost Share)			100.00%							
MOOP (\$)			\$7,400.00							
MOOP if Separate (\$)										
Click Here for Important Instructions		Tie				TI.	er 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if	Copay applie	
Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate	deduc	
Medical	<b>V</b> All	□ Al			✓ All	✓ All			▼ All	All
Emergency Room Services	V			\$350.00	V	7			V	- i
All Inpatient Hospital Services (inc. MH/SUD)	V			\$500.00					Ž	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and										
X-rays)	~			\$50.00	✓				✓	
Specialist Visit	~			\$100.00	<b>V</b>	<b>✓</b>			<b>7</b>	
Mental/Behavioral Health and Substance Use Disorder Outpatient										
Services	~			\$50.00	✓	✓			~	
Imaging (CT/PET Scans, MRIs)	~			\$250.00		<b>V</b>			<b>V</b>	
Speech Therapy	⊽	П		\$100.00		V			<b>V</b>	
	✓			4.00.00	✓	<u> </u>			v	
Occupational and Physical Therapy	•			\$100.00	_	<u>•</u>			•	
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	~			\$50.00	~	~			~	
X-rays and Diagnostic Imaging	~			\$75.00	V	V			~	
Skilled Nursing Facility	~			\$500.00	✓				~	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V			\$300.00	V	✓			V	
	_				_					
Outpatient Surgery Physician/Surgical Services	V			\$100.00	V	V			V	
Drugs	□ All	□ All			✓ AI	✓ All			<b>✓</b> All	All
Generics	<u> </u>			\$15.00					<u> </u>	
Preferred Brand Drugs	v			\$45.00		<u> </u>			V	<u>_</u>
Non-Preferred Brand Drugs	V			\$75.00	<u> </u>	<u> </u>			V	
Specialty Drugs (i.e. high-cost)	V	~	50%		~	<b>V</b>				
Options for Additional Benefit Design Limits:		-	Plan Description:							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:							
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:							
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:							
# Days (1-10):			AVC Version:	2024_1e						
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):		J								
Output Calculate										
Status/Error Messages:	Evenneded B	o Standard (ECC) **	SERVI Calculation	Successful						
Status/Error Messages: Actuarial Value:	64,49%	e Standard (58% to	اہروں ر	i auccessiui.						
Actuarial value: Metal Tier:	Bronze									
wetar ner:		pecific cost-sharin	a is applying for	anden(e) with f-	s /prof com	ontr overdala	outpationt '	te for those	nuico(s)	
6 ddfalaard Massa	NOTE: Service-S	pecific cost-snarin	g is applying for se	ervice(s) with ta	c, proi compon	ients, overriding	5 outpatient inpu	re ioi mose se	ivice(5).	
Additional Notes:										

Calculation Time: Final 2024 AV Calculator 0.2578 seconds

# AV Calculator - BlueChoice Bronze 6000 Ded (Products: HMO, Advantage)

				86052DC04600	29. 86052DC044	10031						
				Inputs for Hosp	ital Site-of-Servi	ice User						
User Inputs for Plan Parameters												
Use Integrated Medical and Drug Deductible?	✓		HSA/HRA Options		Tie	ered Network Opt	tion					
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?		Tiered	Network Plan?						
Apply Skilled Nursing Facility Copay per Day?		Annual Cantal	oution Amount:		1st	Tier Utilization:						
Use Separate MOOP for Medical and Drug Spending?		Annual Contri	oution Amount:		2nd	Tier Utilization:						
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	~											
Desired Metal Tier	Bronze 🔻											
	Tie	r 1 Plan Benefit D	esign		Tier	2 Plan Benefit De	sign					
	Medical	Drug	Combined		Medical	Drug	Combined					
Deductible (\$)			\$6,000.00									
Coinsurance (%, Insurer's Cost Share)			60.00%									
MOOP (\$)			\$8,800.00									
MOOP if Separate (\$)												
Click Here for Important Instructions		Tie	×1			Tier	. 2		Tier 1	Tier 2		
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		coinsurance, if	Copay, if		es only after		
Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate		tible?		
Medical	<b>✓</b> All	□ All			✓ All	✓ All			Al	□ All		
Emergency Room Services	~	~			✓	<u> </u>						
All Inpatient Hospital Services (inc. MH/SUD)	V	✓			✓	y y						
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$40.00	⊽	◡						
X-rays)					_							
Specialist Visit	V			\$60.00	✓	~			V			
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$40.00	V	✓						
Services	_				_							
Imaging (CT/PET Scans, MRIs)	~			\$500.00	✓	✓			~			
Speech Therapy	~			\$60.00	✓	✓			~			
Occupational and Physical Therapy	✓			\$60.00	✓				~			
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00				
Laboratory Outpatient and Professional Services	7		100/0	\$90.00		. ∀		50.00	~			
X-rays and Diagnostic Imaging	V	Ä		\$130.00	V	<u> </u>			V			
Skilled Nursing Facility	<u> </u>	7			V	<u> </u>						
					⊽							
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V			\$150.03	_				✓			
Outpatient Surgery Physician/Surgical Services	V			\$60.00	<u> </u>	<u> </u>			V			
Drugs	_ All	All			✓ All	✓ AI			<b>V</b> Al	All		
Generics	N			\$20.00	] [				V			
Preferred Brand Drugs Non-Preferred Brand Drugs	7	<del></del>		\$50.00 \$70.00	V	Ö						
Non-Preferred Brand Drugs Specialty Drugs (i.e. high-cost)	<b>V</b>	H		\$102.17	7	Ö			<u> </u>			Copays Weighting
Options for Additional Benefit Design Limits:	₾		Plan Description:	\$102.17	V	v			Ľ		OP Surgical	450 14.29%
Set a Maximum on Specialty Rx Coinsurance Payments?		7	Name:								OP Clinic	100 85.71%
Specialty Rx Coinsurance Maximum:		,	Plan HIOS ID:								Or Cilline	150.03
Set a Maximum Number of Days for Charging an IP Copay?	П	1	Issuer HIOS ID:								Specialty I Coins Max	Weighting
# Days (1-10):	_	1		2024 1e							Tier 4	100 95.661%
Begin Primary Care Cost-Sharing After a Set Number of Visits?	П	1									Tier 5	150 4.339%
#Visits (1-10):	_											102.17
Begin Primary Care Deductible/Coinsurance After a Set Number of	П	1										
Copays?	_											
# Copays (1-10):		1										

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

64.88%
Bronze

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

Hospita 82.83% Freesta 17.17%

64.96% 64.89%

Calculate
Status/Error Messages:
Actuarial Value:
Metal Tier:

6.8867 seconds

Additional Notes:

Calculation Time: Final 2024 AV Calculator

4/29/2023 39 BC Bronze 6000 (HOSP)

# AV Calculator - BlueChoice Bronze 6000 Ded (Products: HMO, Advantage) 86052DC0460029, 86052DC0440031 Inputs for Freestanding Site-of-Service User

User Input

Inputs for Plan Parameters			
Use Integrated Medical and Drug Deductible?	~	HSA/HRA Options	Tiered Network Option
Apply Inpatient Copay per Day?		HSA/HRA Employer Contribution?	Tiered Network Plan?
Apply Skilled Nursing Facility Copay per Day?		Annual Contribution Amount:	1st Tier Utilization:
Use Separate MOOP for Medical and Drug Spending?		Annual Contribution Amount.	2nd Tier Utilization:
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	~	·	
Desired Metal Time	Property -		

Bronze ▼						
Tier	1 Plan Benefit De	sign	I	Tier	2 Plan Benefit D	Design
Medical	Drug	Combined		Medical	Drug	Combined
		\$6,000.00				
		60.00%				
		\$8,800.00				
			-			
	Tier Medical	Tier 1 Plan Benefit De Medical Drug	Tier 1 Plan Benefit Design   Medical   Drug   Combined   \$6,000.00   60.00%   \$8,800.00	Tier 1 Plan Benefit Design	Tier 1 Plan Benefit Design   Tier	Tier 1 Plan Benefit Design   Tier 2 Plan Benefit Design   Tier 2 Plan Benefit Design   Tier 2 Plan Benefit Design   Medical   Drug   S6,000.00   G0,000%   S8,800.00   S8,800.00

Click Here for Important Instructions		Tie	er 1			T	ier 2		Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?		Coinsurance, if different	Copay, if separate		es only after ctible?
Medical	<b>✓</b> All	☐ All			✓ All	✓ All			☐ All	☐ All
Emergency Room Services	N	×			V	V				
All Inpatient Hospital Services (inc. MH/SUD)	>	~			~	~				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	П			\$40.00	V	✓			П	
X-rays)				340.00						
Specialist Visit	V			\$60.00	V	V			V	
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$40.00	<b>V</b>	V				
Services	_			340.00		<u>~</u>				
Imaging (CT/PET Scans, MRIs)	V			\$250.00	<b>V</b>	~			V	
Speech Therapy	<u> </u>			\$60.00	V	V			✓	
Occupational and Physical Therapy	✓			\$60.00	~	₩			✓	
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	V			\$25.00	V	V			V	
X-rays and Diagnostic Imaging	N			\$55.00	V V				V	
Skilled Nursing Facility	>	<b>V</b>			V	V				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V			\$300.00	✓	✓			$\checkmark$	
Outpatient Surgery Physician/Surgical Services	V			\$60.00	V	~			☑	
Drugs	☐ All	☐ All			✓ All	✓ All			<b>✓</b> All	All
Generics	N			\$20.00	V	V			V	
Preferred Brand Drugs	V			\$50.00	V	V			V	
Non-Preferred Brand Drugs	N			\$70.00	✓				V	
Specialty Drugs (i.e. high-cost)	>			\$ 102.17	V	V			V	
Options for Additional Benefit Design Limits:		_	Plan Description:							
Set a Maximum on Specialty Rx Coinsurance Payments?		l	Name:							
Specialty Rx Coinsurance Maximum:		-	Plan HIOS ID:							
Set a Maximum Number of Days for Charging an IP Copay?		l	Issuer HIOS ID:							
# Days (1-10):		1	AVC Version:	2024_1e						
Begin Primary Care Cost-Sharing After a Set Number of Visits?		I								

Options for Additional Benefit Design Limits:	
Set a Maximum on Specialty Rx Coinsurance Payments?	
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	
#Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of	
Copays?	
# Copays (1-10):	

Calculate
Status/Error Messages:
Actuarial Value:
Metal Tier: Expanded Bronze Standard (S8% to 65%), Calculation Successful.
64.96%
Bronze
NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time: Final 2024 AV Calculator 0.1836 seconds

4/29/2023 40 BC Bronze 6000 (FS)

#### AV Calculator - BlueChoice HMO Referral Bronze 8500 Ded

			860521	DC0480015						
User Inputs for Plan Parameters  Use Integrated Medical and Drug Deductible			HSA/HRA Options		T = 1	red Network O				
Apply Inpatient Copay per Day			yer Contribution?			Network Plan?				
Apply Skilled Nursing Facility Copay per Day						ier Utilization:				
Use Separate MOOP for Medical and Drug Spending		Annual Contri	bution Amount:			lier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard										
Desired Metal Tie										
	Tier	1 Plan Benefit D	esign		Tier	2 Plan Benefit I	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$	)		\$8,500.00							
Coinsurance (%, Insurer's Cost Share	)		100.00%							
MOOP (\$	)		\$8,500.00							
MOOP if Separate (\$			Į.				Į.			
					,					
Click Here for Important Instructions			r1				er 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if	Copay applie	
Medical	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	deduct	ible?
Emergency Room Services	V				V Au	V MII				Au
All Inpatient Hospital Services (inc. MH/SUD)	V				- 5	<u> </u>				<u></u>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and										
X-rays)	ightharpoons				✓					
Specialist Visit	<b>V</b>				V	~				
Mental/Behavioral Health and Substance Use Disorder Outpatient										
Services	$\mathbf{Z}$				✓					
Imaging (CT/PET Scans, MRIs)	V				V	V				
Speech Therapy	✓				✓					
	✓				▽	V				
Occupational and Physical Therapy					_					
Preventive Care/Screening/Immunization			100%				100%	\$0.00		
Laboratory Outpatient and Professional Services	<u> </u>				V	V				
X-rays and Diagnostic Imaging	7					<b>▽</b>				
Skilled Nursing Facility										Н
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓				✓					
Outpatient Surgery Physician/Surgical Services					✓	<b>V</b>				
Drugs	☐ All	□ All			✓ All	✓ All			□ All	All
Generics	~				~	~				
Preferred Brand Drugs	<b>V</b>				V	y V				
Non-Preferred Brand Drugs	V				V	V				
Specialty Drugs (i.e. high-cost)	~				V	V				
Options for Additional Benefit Design Limits:			Plan Description:							
Set a Maximum on Specialty Rx Coinsurance Payments			Name:							
Specialty Rx Coinsurance Maximum			Plan HIOS ID:							
Set a Maximum Number of Days for Charging an IP Copay			Issuer HIOS ID:							
# Days (1-10)			AVC Version:	2024_1e						
Begin Primary Care Cost-Sharing After a Set Number of Visits' # Visits (1-10)										
# Visits (1-10)  Begin Primary Care Deductible/Coinsurance After a Set Number o										
Copays'										
# Copays (1-10)										
Output										
Calculate										
Status/Error Messages:	Calculation Succe	ssful.								
Actuarial Value:	61.94%									
Metal Tier:	Bronze									
									overed at 100% by	
Additional Notes:	deductible range.	NOTE: Service-	specific cost-sharir	ng is applying fo	or service(s) wit	h fac/prof com	ponents, overridi	ng outpatient	inputs for those se	rvice(s).

4.6602 seconds

Calculation Time: Final 2024 AV Calculator

61.94%

4/29/2023 41 BC Ref Bronze 8500

#### AV Calculator - BlueChoice HMO Silver 1800 BlueFund HSA 86052DC0440023 Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

puts for Plan Parameters			
Use Integrated Medical and Drug Deductible?	✓	HSA/HRA Options	Tiered Network Option
Apply Inpatient Copay per Day?		HSA/HRA Employer Contribution?	Tiered Network Plan?
Apply Skilled Nursing Facility Copay per Day?		Annual Contribution Amount:	1st Tier Utilization:
Use Separate MOOP for Medical and Drug Spending?		Allidai Contribution Allibunt.	2nd Tier Utilization:
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?			

Desired Metal Tier	Silver 🔻						
	Tie	r 1 Plan Benefit De	sign	Ī	Tier 2	Plan Benefit D	Design
	Medical	Drug	Combined	I	Medical	Drug	Combined
Deductible (\$)			\$1,800.00	Ī			
Coinsurance (%, Insurer's Cost Share)			100.00%				1
MOOP (\$)			\$7,800.00	Ī			
MOOP if Separate (\$)							j

Click Here for Important Instructions		Tie	r1			Ti	er 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applie	s only after
Type of Belletit	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate	deduc	
Medical	<b>✓</b> All	☐ All			✓ All	✓ All			<b>₽</b> All	☐ All
Emergency Room Services	~			\$350.00	~	~			₹	
All Inpatient Hospital Services (inc. MH/SUD)	V			\$500.00	V	V			V	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$25.00		v			⊽	
X-rays)	✓	ш		\$25.00	✓					
Specialist Visit	V			\$50.00	~	~			V	
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$25.00						П
Services	~			\$25.00	✓	~			✓	
Imaging (CT/PET Scans, MRIs)	V			\$500.00	V				V	
Speech Therapy	<b>V</b>			\$50.00	V	✓			V	
	✓	П		\$50.00	✓	✓			<b>V</b>	
Occupational and Physical Therapy	•			\$50.00	<u> </u>				Ŀ	
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	V			\$150.00	V				V	
X-rays and Diagnostic Imaging	V			\$200.00	~	~			~	
Skilled Nursing Facility	V			\$500.00	V	~			7	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑			\$157.18	<b>v</b>	V			☑	П
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)				\$157.18	L	<u>v</u>				
Outpatient Surgery Physician/Surgical Services	V			\$50.00	~	V			ì	
Drugs	✓ All	☐ All			✓ All	✓ All			<b>✓</b> All	☐ All
Generics	K			\$15.00	V	V			K	
Preferred Brand Drugs	V			\$45.00	V	V			V	
Non-Preferred Brand Drugs	V			\$65.00	V				V	
Specialty Drugs (i.e. high-cost)	V	V	50%		✓	V				
Options for Additional Benefit Design Limits:			Plan Description:							

Status/Error Messages:
Actuarid Value:
71.66%
Metal Tier:
Slow NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Note:

Calculation Time:
61.02340 Actualistor
61.03281 seconds
62.03281 seconds
63.03281 seconds

82.83% 71.66% 17.17% 72.86% 71.86%

4/29/2023 8C HSA\_HRA Silver BF 1800 (HOSP

# AV Calculator - BlueChoice HMO Silver 1800 BlueFund HSA 86052DC0440023 Inputs for Freestanding Site-of-Service

~		HSA/HRA Options		Tier	ed Network O	otion
	HSA/HRA Employ	er Contribution?		Tiered I	Network Plan?	
	Annual Cantail			1st T	ier Utilization:	
	Annual Contrib	ution Amount.		2nd T	ier Utilization:	
Silver 🔻						
Tier	1 Plan Benefit De	sign		Tier 2	Plan Benefit D	Design
Medical	Drug	Combined		Medical	Drug	Combined
		\$1,800.00				
		100.00%				
		\$7,800.00				
	Silver Tier Medical	HSA/HRA Employ Annual Contrib  Silver Tier 1 Plan Benefit De  Medical Drug	HSA/HRA Options HSA/HRA Employer Contribution? Annual Contribution Amount:  Tier 1 Plan Benefit Design Medical Drug Combined 51,800.00 100.00% 57,800.00	HSA/HRA Options HSA/HRA Employer Contribution?  Annual Contribution Amount:  Silver Tier 1 Plan Benefit Design Medical Drug Combined 51,800.00 100.00% 57,800.00	HSA/HRA Options Tier HSA/HRA Employer Contribution? Tiered i Annual Contribution Amount: 1st T 2nd T  Tier 1 Plan Benefit Design Tier 1 Plan Benefit Design Medical Slave Slave Slave Medical Slave	HSA/HRA Employer Contribution? Tiered Network Plan?  Annual Contribution Amount: 1st Tier Of Network Plan?  Tier 1 Plan Benefit Design Tier 2 Plan Benefit Design Medical Drug S1,800.00  100,000 Medical Drug S1,800.00  100,000 Medical Drug

Click Here for Important Instructions		Tie	r1			Ti	er 2		Tier 1	Tier 2
Type of Benefit	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 applie deduc	
Medical	<b>✓</b> All	□ All			✓ All	✓ All			<b>✓</b> All	All
Emergency Room Services	N			\$350.00	V	V			>	
All Inpatient Hospital Services (inc. MH/SUD)	V			\$500.00	V	V			V	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	V			\$25.00	V	✓			V	
Specialist Visit	<b>&gt;</b>			\$50.00	V	V			V	
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	V			\$25.00	V	V			V	
Imaging (CT/PET Scans, MRIs)	~			\$250.00	V	V			V	
Speech Therapy	>			\$50.00	V	V			>	
Occupational and Physical Therapy	V			\$50.00	<b>V</b>	✓			V	
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	N			\$25.00	V	V			V	
X-rays and Diagnostic Imaging	N			\$50.00	V	V			Y	
Skilled Nursing Facility	V			\$500.00	V	V			V	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•			\$300.00	~	~			✓	
Outpatient Surgery Physician/Surgical Services	V			\$50.00	v	V			V	
Drugs	<b>▼</b> All	□ All			✓ All	✓ All			All V	All
Generics	~			\$15.00	~	<b>V</b>			~	
Preferred Brand Drugs	~			\$45.00	V	V			>	
Non-Preferred Brand Drugs	>			\$65.00	V	V			>	
Specialty Drugs (i.e. high-cost)	V	V	50%		V	V				

Specialty Drugs (i.e. high-cost)	~	~	50%		~	✓	
Options for Additional Benefit Design Limits:		_	Plan Description:				
Set a Maximum on Specialty Rx Coinsurance Paymen	ts? 🗸		Name:				
Specialty Rx Coinsurance Maximu	m: \$102.17		Plan HIOS ID:				
Set a Maximum Number of Days for Charging an IP Copa	ıy? 🗆		Issuer HIOS ID:				
# Days (1-1	0):		AVC Version:	2024_1e			
Begin Primary Care Cost-Sharing After a Set Number of Vision	ts?						
#Visits (1-1	0):	]					
Begin Primary Care Deductible/Coinsurance After a Set Number	of						
Copay	/s?						
#Copays (1-1	0):	J					
Output							
Calculate							
Status/Error Messages:	Error: Result is o	utside of [-2,	+2] percent de minimis	variation.			
Actuarial Value:	72.86%						
Metal Tier:							
	NOTE: Service-sp	ecific cost-sl	naring is applying for se	rvice(s) with fac	/prof component	s, overriding outpatient inputs for those	e service(s).

Calculation Time: Final 2024 AV Calculator 0.3125 seconds

Additional Notes:

# AV Calculator - BlueChoice HMO HSA Std Bronze 6350 86052DC0400010

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 MODO For Medical and Drug Spending?

Indicate If Plan Meets CSR or Expanded Bronze AV Standard? HSA/HRA Options Tiered Network Option

Desired Metal Tier	Bronze 🔻			_			
	Tier	1 Plan Benefit De	sign	Ī	Tier 2	Plan Benefit I	Design
	Medical	Drug	Combined	Ī	Medical	Drug	Combined
Deductible (\$)			\$6,350.00	Ī			
Coinsurance (%, Insurer's Cost Share)			80.00%				
MOOP (\$)			\$7,200.00	I			
MOOP if Separate (\$)							

Click Here for Important Instructions		Tie	er 1			т	ier 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if	Copay applies	
**	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	deduct	
Medical	<b>✓</b> All	<b>✓</b> All			✓ All	✓ All			□ All	☐ All
Emergency Room Services	>	~			~	~				
All Inpatient Hospital Services (inc. MH/SUD)	>	~			✓	~				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	<b>&gt;</b>	<b>V</b>			✓					П
X-rays)	_				_	<u> </u>				
Specialist Visit	Y	~			✓	V				
Mental/Behavioral Health and Substance Use Disorder Outpatient		<b>V</b>								П
Services	~	$\mathbf{r}$			✓	~				
Imaging (CT/PET Scans, MRIs)	V	✓			✓	~				
Speech Therapy	Y	✓			◡	✓				
	<b>&gt;</b>	✓			✓	□			п	
Occupational and Physical Therapy	-					Ŀ				
Preventive Care/Screening/Immunization			100%				100%	\$0.00		
Laboratory Outpatient and Professional Services	V	✓			~	V				
X-rays and Diagnostic Imaging	Y	~			~	~				
Skilled Nursing Facility	V	✓			~	V				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓	~			✓	✓				
Outpatient Surgery Physician/Surgical Services	<b>V</b>	✓			V	~				
Drugs	□ All	□ All			✓ All	✓ All			□ All	□ All
Generics	Y	~			~	~				
Preferred Brand Drugs	V	V			<b>V</b>	~				
Non-Preferred Brand Drugs	<u> </u>	$\overline{\mathbf{v}}$			✓	V				
Specialty Drugs (i.e. high-cost)	<b>V</b>	~			~	~				

specially brugs (i.e. nign-cost)	V	
Options for Additional Benefit Design Limits:		
Set a Maximum on Specialty Rx Coinsurance Payments?	<	
Specialty Rx Coinsurance Maximum:	\$	150.00
Set a Maximum Number of Days for Charging an IP Copay?		
# Days (1-10):		
Begin Primary Care Cost-Sharing After a Set Number of Visits?		
# Visits (1-10):		
Begin Primary Care Deductible/Coinsurance After a Set Number of		
Copays?		
# Copays (1-10):		

Plan Description: Name: Plan HIOS ID: Issuer HIOS ID: AVC Version:

Calculate
Status/Error Messages:
Actuarial Value:
Metal Tier:

Expanded Bronze Standard (58% to 65%), Calculation Successful.
64.92%
Bronze
NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range.

Additional Notes:

0.293 seconds

Calculation Time: Final 2024 AV Calculator

64.92%

64.92%

4/29/2023 44 BC HMO HSA Std Bronze 6350

#### AV Calculator - BlueChoice HMO Std Bronze 7500 86052DC0400007

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Options		Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?		Tiered	Network Plan?	Ţ			
Apply Skilled Nursing Facility Copay per Day?					1st 7	Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		Annual Contri	bution Amount:		2nd 1	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?					•					
Desired Metal Tier										
		1 Plan Benefit D	esign		Tier	2 Plan Benefit I	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	\$7,500.00	\$850.00	Combined		ivicuicai	Diug	Combined			
	60.00%	100.00%								
Coinsurance (%, Insurer's Cost Share)		50.00								
MOOP (\$)		50.00								
MOOP if Separate (\$)			ı							
		_								
Click Here for Important Instructions			r1				ier 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if	Copay applie	
**	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate	deduc	
Medical	☐ All	☐ All			✓ All	✓ All			All	All
mergency Room Services	K	>			V	Y				
II Inpatient Hospital Services (inc. MH/SUD)	~	~			✓					
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$44.19						
(-rays)				\$44.19	✓					
Specialist Visit				\$104.00	V	~				
Mental/Behavioral Health and Substance Use Disorder Outpatient										
Services				\$39.29	✓	✓				
maging (CT/PET Scans, MRIs)	☑			\$500.00	✓	V			✓	
speech Therapy	V			\$50.00	V				<u> </u>	
speech inerapy				\$30.00		✓				
	✓			\$50.00	✓	✓			✓	
Occupational and Physical Therapy										
reventive Care/Screening/Immunization			100%				100%	\$0.00		
aboratory Outpatient and Professional Services	V			\$54.75	V	_			<u> </u>	
-rays and Diagnostic Imaging	>			\$80.00	V	V			V	
killed Nursing Facility	>	✓			~	~				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓	•			✓	✓				
Outpatient Surgery Physician/Surgical Services		<b>V</b>	60.16%			V				
Drugs	□ All	□ All	00.1070		✓ All	✓ All			☐ All	□ All
Senerics				\$24.12	7	V				
referred Brand Drugs	V	<u>L</u>		\$75.00	Ö	Ö			V	
	Ž				1 5	Ş				R
Ion-Preferred Brand Drugs				\$100.00						<del></del>
pecialty Drugs (i.e. high-cost)			a. a. i.:	\$150.00	✓	V			>	
Options for Additional Benefit Design Limits:	_	7	Plan Description:							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:							
Specialty Rx Coinsurance Maximum:		-	Plan HIOS ID:							
Set a Maximum Number of Days for Charging an IP Copay?		1	Issuer HIOS ID:							
# Days (1-10):		1	AVC Version:	2024_1e						
Begin Primary Care Cost-Sharing After a Set Number of Visits?		1								
#Visits (1-10):		1								
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?		1								
# Copays (1-10):										
Output		•								
Calculate										
tatus/Error Messages:	Evnanded Bronz	e Standard (58% t	o 65%), Calculation	Successful						
ctuarial Value:	64.64%		, curculation							
	Bronze									
			ot subject to the de							
Additional Notes:	deductible range	e. NOTE: Service-	specific cost-sharir	ig is applying f	or service(s) wit	h tac/prof com	ponents, overrid	ing outpatient i	nputs for those se	ervice(s).
Calculation Time:	0.1133 seconds									
Final 2024 AV Calculator										

64.64%

4/29/2023 45 BCHMO Std Bronze 7500

# AV Calculator - BlueChoice HMO Std Silver 4850 86052DC0400001

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Options		Tie	red Network Op	otion			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?		Tiered	Network Plan?				
Apply Skilled Nursing Facility Copay per Day?					1st "	Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		Annual Contri	bution Amount:			Fier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier										
Desired Metal Her		r 1 Plan Benefit D			Tier	2 Plan Benefit D	\I			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)		\$350.00								
Coinsurance (%, Insurer's Cost Share)	80.00%	100.00%								
MOOP (\$)	\$8,8	50.00								
MOOP if Separate (\$)			L							
Click Here for Important Instructions		Tie	er 1			Tie	er 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay appli	es only after
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	dedu	
Medical	☐ All	□ All			✓ All	✓ All			□ All	All
Emergency Room Services	V	ī		\$400.00	V	<u> </u>			V	- i
All Inpatient Hospital Services (Inc. MH/SUD)	Ž	V		,-100.00	Z	Ž				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and										
				\$39.28	✓	✓				
X-rays)				470.01						
Specialist Visit				\$79.24	V	V				
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$35.01	~	✓				
Services				733.01	_					
Imaging (CT/PET Scans, MRIs)				\$400.00	V	✓				
Speech Therapy		П		\$65.00	✓	✓				
Occupational and Physical Therapy				\$65.00	₩.					
Preventive Care/Screening/Immunization			100%				100%	\$0.00		
Laboratory Outpatient and Professional Services				\$59.73	- Z	7				
X-rays and Diagnostic Imaging		— H		\$80.00	V	V			H	
				\$80.00		∨ ∨			<del></del>	H
Skilled Nursing Facility		✓			<u> </u>				Ш	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓	✓			✓	✓				
Outpatient Surgery Physician/Surgical Services	V	V	80.21%		V	✓				
Drugs	All	☐ All			✓ All	✓ All			☐ All	All
Generics				\$19.32	~	~				
Preferred Brand Drugs	V			\$50.00	N	V			>	
Non-Preferred Brand Drugs	~			\$70.00					V	
Specialty Drugs (i.e. high-cost)	✓			\$150.00	<b>V</b>	✓			>	
Options for Additional Benefit Design Limits:			Plan Description:							
Set a Maximum on Specialty Rx Coinsurance Payments?		1	Name:							
Specialty Rx Coinsurance Maximum:		1	Plan HIOS ID:							
Set a Maximum Number of Days for Charging an IP Copay?		†	Issuer HIOS ID:							
# Days (1-10):		1	AVC Version:	2024 10						
Begin Primary Care Cost-Sharing After a Set Number of Visits?	П	†	A.C. VEISION.							
#Visits (1-10):										
# Visits (1-10): Begin Primary Care Deductible/Coinsurance After a Set Number of		+								
Copays?										
# Copays (1-10):		J								
Output										
Calculate										
Status/Error Messages:	Calculation Succ	essful.								
Actuarial Value:	70.40%									
Metal Tier:	Silver									
	NOTE: One or m	ore services are n	ot subject to the de	ductible and h	ave no copav.	Any service with	h this cost-sharir	ng structure is o	overed at 100% b	the plan in the
Additional Notes:			specific cost-sharin							
			.,	O		,		J	,	
Colordation Times	0.1563									
	0.1562 seconds									
Final 2024 AV Calculator										
70.	100/									
70.	4U/0									

4/29/2023

# AV Calculator - BlueChoice HMO Std Gold 500 86052DC0400002

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	_		HSA/HRA Options		Tie	red Network O	ption			
Apply Inpatient Copay per Day?	•	HSA/HRA Emplo	yer Contribution?		Tiered	Network Plan?				
Apply Skilled Nursing Facility Copay per Day?					1st	Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		Annual Contri	bution Amount:		2nd	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier										
		r 1 Plan Benefit D	esign	ī	Tier	2 Plan Benefit D	Design			
	Medical	Drug	Combined	i	Medical	Drug	Combined			
Deductible (\$)	\$500.00	\$0.00	combined	İ	IVIC GICGI	Diug	Combined			
Coinsurance (%, Insurer's Cost Share)		100.00%								
MOOP (\$)		300.00		1						
MOOP if Separate (\$)		20.00		ı						
WOOF II Separate (5)							ı			
Click Here for Important Instructions		71	er 1			71	er 2		Tier 1	Tier 2
Click Here for Important instructions	Cubic at to		Coinsurance, if	C 16	Subject to			C 16		
Type of Benefit	Subject to	Subject to		Copay, if			Coinsurance, if			ies only after
	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	dedu	ctible?
Medical	HAII			£200.00	✓ All	V All				
mergency Room Services				\$300.00	<u>~</u>	<u> </u>				
II Inpatient Hospital Services (inc. MH/SUD)	~			\$600.00					~	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$24.55	✓	✓				
(-rays)										_
Specialist Visit				\$49.52	V	V				
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$22.15	✓	✓				
Services					_					_
Imaging (CT/PET Scans, MRIs)				\$250.00	<b>V</b>	<u> </u>				
Speech Therapy				\$30.00	✓	✓				
				\$30.00	✓	✓				
Occupational and Physical Therapy				\$30.00	•					
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
aboratory Outpatient and Professional Services				\$29.87	✓	✓				
(-rays and Diagnostic Imaging				\$50.00	<b>V</b>	<b>~</b>				
killed Nursing Facility				\$300.00		<b>~</b>				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)				\$375.00	✓	✓				
Outpatient Surgery Physician/Surgical Services		П		\$123.46	<b>V</b>	<b>V</b>			П	
Drugs	□ All	□ All		<b>,</b>	✓ All	✓ All			□ All	□ All
Generics				\$14.52	7	V				
Preferred Brand Drugs	T T	— H		\$50.00		Ī			— H	
Non-Preferred Brand Drugs				\$70.00	V	7				
Specialty Drugs (i.e. high-cost)	H	H		\$150.00	Ö	7			– H	<del></del>
Options for Additional Benefit Design Limits:			Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?	П	7	Name:	•						
Specialty Rx Coinsurance Payments: Specialty Rx Coinsurance Maximum:			Plan HIOS ID:							
Set a Maximum Number of Days for Charging an IP Copay?		7	Issuer HIOS ID:							
# Days (1-10):				2024 1e						
Begin Primary Care Cost-Sharing After a Set Number of Visits?		1	ATC VEISION:	-0-4_1C						
#Visits (1-10):		1								
# Visits (1-10): Begin Primary Care Deductible/Coinsurance After a Set Number of		+								
		1								
Copays?										
# Copays (1-10):		1								
Output										
Calculate										
status/Error Messages:	Calculation Succ	essful.								
actuarial Value:	81.82%									
Metal Tier:	Gold									
	NOTE: Service-s	pecific cost-sharir	ng is applying for s	ervice(s) with fa	c/prof compon	ents, overriding	g outpatient inp	uts for those se	rvice(s).	
additional Notes:										
Calculation Time:	0.3867 seconds									
Final 2024 AV Calculator										
01.0	020/									

81.82%

47 4/29/2023

# AV Calculator - BlueChoice HMO Std Platinum 0 86052DC0400008

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			<b>HSA/HRA Options</b>		Tie	red Network Op	otion			
Apply Inpatient Copay per Day?	. ✓	HSA/HRA Emplo	yer Contribution?		Tiered	Network Plan?				
Apply Skilled Nursing Facility Copay per Day?	•				1st "	Fier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		Annual Contri	bution Amount:		2nd	Fier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier		401 0 (1.0								
		r 1 Plan Benefit D				2 Plan Benefit D				
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)		\$0.00								
Coinsurance (%, Insurer's Cost Share)		100.00%								
MOOP (\$)	\$2,0	00.00								
MOOP if Separate (\$)										
			-							
Click Here for Important Instructions		Tie	er 1			Tie	er 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if		es only after
Type of Benefit										
84-dii	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate		ctible?
Medical									1	
mergency Room Services				\$150.00	)[					<u>_</u>
Il Inpatient Hospital Services (inc. MH/SUD)				\$250.00	~					
rimary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$19.64						
-rays)				\$19.04	✓					
pecialist Visit				\$39.62	~	✓				
Mental/Behavioral Health and Substance Use Disorder Outpatient					~					•
Services				\$17.86	✓					
	<del>                                     </del>			4450.00		✓				
Imaging (CT/PET Scans, MRIs)				\$150.00						
peech Therapy				\$20.00	V	✓				
				\$20.00	✓	✓				
Occupational and Physical Therapy					_					
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
aboratory Outpatient and Professional Services				\$19.91	· •	✓				
-rays and Diagnostic Imaging				\$40.00	<b>V</b>	<u> </u>				
killed Nursing Facility				\$150.00		✓				H
skilled Natisting Facility										
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)				\$250.00	✓					
0	<del>                                     </del>	———		\$0.00		<b>V</b>				
Outpatient Surgery Physician/Surgical Services				\$0.00						
Drugs	☐ All	☐ All			✓ All	✓ All			☐ All	All
Generics				\$4.92	V	V				
Preferred Brand Drugs				\$15.00	V	V				
Non-Preferred Brand Drugs				\$25.00						
pecialty Drugs (i.e. high-cost)				\$100.00	~	~				
Options for Additional Benefit Design Limits:			Plan Description:							
Set a Maximum on Specialty Rx Coinsurance Payments?	> П	7	Name:							
Specialty Rx Coinsurance Maximum		•	Plan HIOS ID:							
Set a Maximum Number of Days for Charging an IP Copay?		7	Issuer HIOS ID:							
		1		2024 1-						
# Days (1-10)		4	AVC Version:	2024_16						
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
#Visits (1-10):		4								
Begin Primary Care Deductible/Coinsurance After a Set Number of		1								
Copays?										
# Copays (1-10):		1								
Output		-								
Calculate										
itatus/Error Messages:	Calculation Succ	occful								
ctuarial Value:	91.68%									
fetal Tier:	Platinum									
	NOTE: Service-s	pecific cost-sharir	ng is applying for se	ervice(s) with fa	ac/prof compon	ents, overriding	g outpatient inpu	its for those se	rvice(s).	
Additional Notes:										
Calculation Time:	0.0938 seconds									
Final 2024 AV Calculator	0.0330 secolids									
Inal 2024 AV Calculator										
01	68%									
91.	00/0									

# 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 ColumbiaHIOS Issuer ID: 86052
- Market: Small Groups (On Exchange)
- Effective Date: 1/1/2024 and quarterly incremental "trend" increases effective 4/1/2024, 7/1/2024 and 10/1/2024.
- Company Filing Number: 2705
- **SERFF Filing Number**: CFAP-133618363

#### **Company Contact Information:**

- Primary Contact Name: Mr. Gregory Sucher, FSA, MAAA
- Primary Contact Telephone Number: 410-998-5988
- Primary Contact E-Mail Address: Gregory.Sucher@CareFirst.com

#### 4.3 Proposed Rate Changes (Small Group market)

Base rates are changing 8.1% on average for 1Q24. The range is 6.6% to 12.8%. The estimated average base rate changes for 2Q24, 3Q24, and 4Q24 are 8.6%, 9.0% and 9.5%, respectively. 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 30,324.

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

The main drivers supporting the rate change are 1) an increase in the base period claims experience of the combined pool, 2) an increase in trend, and 3) lower projected changes in pool morbidity.

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 1/1/2022 through 12/31/2022, as required.

Paid Through Date: 2/28/2023 Current Date: 2/28/2023

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 1.0.
- 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. The Unified Rate Review Template (URRT) forces the use of a projection period ending twelve months after the effective date. This presumes all rates change on the effective date. This is inconsistent with our understanding of the DC small group market post-1/1/14. In this filling, we are using a projection period ending with 3/31/2025 for our first quarter 2024 Index Rate Projection since business may be sold with this rate through 3/31/2024 and a one-year rate guarantee applies. The trends used in the URRT therefore will not produce the correct projected allowed amount PMPM. As such, we have assigned this projected amount a credibility factor of 0% and

have entered the projected amounts corresponding to those in our rate filing using the Manual Rate section.

#### 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.

#### **Small Group Quarterly Rate Filings**

This filing is an annual submission and includes scheduled quarterly trend increases.

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

The Market-wide Adjusted Index Rate for the Small Group market is \$601.52 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 21.1% which reflects an estimate of an average 13.4% increase in 2023 and 6.8% increase in 2024. We have assumed that our CFI Small Group market share will increase from 79.7% in 2022 to 80.0% in 2024. We have assumed that our CFI Small Group PLRS ratio to the state will remain the same from 1.014 in 2022 to 1.014 in 2024. The resultant estimate of risk adjustment is that the BlueChoice payable transfer PMPM for the Small Group market will increase from -\$19.40 in 2022 to -\$19.57 in 2024. Combined with the -\$19.57 is a projected HCRP net PMPM payable of -\$0.71, which results in a total projected risk adjustment payable of -\$20.29.

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 Small Group BlueChoice is estimated to be 11.5%.

#### **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**: There are 5 types of network factors: Lock In/Referral, Open Access, Open Access Opt-Out, Open Access Plus, and Open Access Advantage.
- **Benefits in addition to EHBs**: There is an adjustment to account for abortion coverage (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. Contribution to Reserve (Post-Tax)
  - 4. State Premium Tax
  - 5. Federal Income Tax (FIT)
  - 6. Risk Adjustment User Fee
  - 7. Patient-Centered Outcomes Research Institute Fee (PCORI)
  - 8. Exchange Assessment Fee

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 in 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 83.0% for the Small Group 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 2/28/2023 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.

Also, Section III on Worksheet 2 of the URRT is out of balance with worksheet 1. This is because Worksheet 1 is based on the combined Individual/Small Group experience per the DC HBX Carrier Manual, while Worksheet 2 includes only the Individual plans. Therefore, because of Small Group being included at the pool level but not on the plan level, there is a large difference between the 2 worksheets.

#### 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 # 2705
D.C. Small Group 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. Small Group Products Rate Filing Effective 1/1/2024 Actuarial Certification

I, Gregory Sucher, am a(n) 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.

Gregory Sucher Digitally signed by Gregory Sucher Date: 2023.05.01 10:36:38 -04'00'

Gregory Sucher, FSA, MAAA 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)	Risk Adjustment Program	1.0399	9
(16)	Federal Exchange User Fee	1.0000	
(17)	Market Adjusted Index Rate	\$ 601.52	
	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	ı	Incurred Allowed	Allo	owed PMPM	Utilization Description	Utilization per 1,000	Average ost/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
Total (EHB & Non-EHB)	\$	298,943,794	\$	507.34			
EHB Allowed	\$	298,852,925	\$	507.18			
Non-EHB Allowed	\$	90,869	\$	0.15			
Incurred Net	\$	260,145,938	\$	441.49			
Net/Allowed		87.0%					
<b>Experience Period Member Months</b>		589,241					
Experience Period Revenue	\$	299,556,877					

Exhibit 3 - Non-EHB Adjustment

		2024 (	On-Exchange	2024 O	ff-Exchange	
(1)	Blended Index Rate	\$	593.81	\$	593.81	
(2)	Non-EHB PMPM	\$	0.11	\$	0.11	
(3)	Total	\$	593.92	\$	593.92	
(4)	Plan Level Adjustment		1.0002		1.0002	(3)/(1)

# Base Year

Metal Level	Member Months		Normalized wed 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	Ś	266.72

# Current Year YTD

Existing											
Metal Level	Member Months		022 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 rmalized 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		022 Normalized Allowed PMPM	Morbidity Adjustment	ľ	23 Adjusted Normalized owed 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	al Level Member Months		22 Normalized llowed 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	Ś	268.21	1.000	Ś	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	Normalize	Adjusted ed Allowed IPM			
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	Normaliz	Adjusted ed Allowed MPM			
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		023 Adjusted malized 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	Ś	268.45

# Rating Year

Existing							
Metal Level	vel Member Months		023 Normalized Illowed PMPM	Morbidity Adjustment	N	24 Adjusted Iormalized owed 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	١	24 Adjusted Normalized owed 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	

			Transter			
•	Metal Level	Member Months	 023 Normalized Illowed PMPM	Morbidity Adjustment	N	24 Adjusted ormalized owed PMPN
	Catastrophic	130	\$ 163.71	1.000	\$	163.7
	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	\$	315.33
	Platinum	6,901	\$ 348.74	1.000	\$	348.74
	Subtotal	24,994	\$ 313.25	1.000	\$	313.2

			Total			
Metal Level	Member Months			Morbidity Adjustment	١	24 Adjusted Normalized owed 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
	Catastrophic Bronze Silver Gold Platinum	Catastrophic       3,659         Bronze       43,208         Silver       157,906         Gold       267,813         Platinum       183,060	Metal Level         Member Months           Catastrophic         3,659           Bronze         43,208           Silver         157,906           Gold         267,813           Platinum         183,060	Metal Level         Member Months         2023 Normalized Allowed PMPM           Catastrophic         3,659         \$ 193.15           Bronze         43,208         \$ 188.36           Silver         157,906         \$ 229.44           Gold         267,813         \$ 283.97           Platinum         183,060         \$ 308.15	Metal Level         Member Months         2023 Normalized Allowed PMPM         Morbidity Adjustment           Catastrophic         3,659         \$ 193.15         1.000           Bronze         43,208         \$ 188.36         1.000           Silver         157,906         \$ 229.44         1.000           Gold         267,813         \$ 283.97         1.000           Platinum         183,060         \$ 308.15         1.000	Metal Level         Member Months         2023 Normalized Allowed PMPM         Morbidity Adjustment         200 Normalized Allowed PMPM           Catastrophic         3,659         \$ 193.15         1.000         \$ 193.15           Bronze         43,208         \$ 188.36         1.000         \$ 193.15           Silver         157,906         \$ 229.44         1.000         \$ 193.15           Gold         267,813         \$ 283.97         1.000         \$ 193.15           Platinum         183,060         \$ 308.15         1.000         \$ 193.15

Year	Normalized	ed I 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) Adjustment*		0.9960	(2)/(1)

<sup>\*</sup>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)

<sup>\*</sup>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.

<sup>\*\*</sup>Average ages are member weighted

<sup>\*\*\*</sup>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	(1
Total	\$ 580.41	0.9966	

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

**Exhibit 8 - Annual Trend Assumptions** 

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

# Exhibit 9 - Risk Adjustment

## Statewide 2022

Metallic Tier	Member Months	PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM	Statewide PMF	PM 2022
Small Group	1,033,231	1.109	1.034	1.000	1.095	0.814	1.225	0.925			\$	479.69

# CFI & Competition 2022

Metallic Tier	Member Months	Distribution	PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM
CFI Non-Catastrophic	823,120	79.7%	1.125	1.038	1.000	1.093	0.810	1.241	0.923		
Competition Non-Catastrophic	210,112	20.3%	1.047	1.019	1.000	1.102	0.828	-	-		

## 2022

Metallic Tier	Member Months	Distribution	PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM
Catastrophic											
Bronze	24,833	4.5%	0.539	1.037	1.000	1.000	0.600	0.539	0.622	-\$2,765,708	-\$111.37
Silver	132,573	24.2%	0.835	1.062	1.000	1.030	0.700	0.860	0.765	-\$7,963,900	-\$60.07
Gold	234,325	42.7%	1.008	1.023	1.000	1.080	0.800	1.088	0.884	-\$7,530,640	-\$32.14
Platinum	156,771	28.6%	1.354	1.046	1.000	1.150	0.900	1.557	1.083	\$7,619,155	\$48.60
Total	548,502	100.0%	1.044	1.040	1.000	1.084	0.795	1.142	0.900	-\$10,641,094	-\$19.40

## Statewide 2024

Metallic Tier	Member Months	PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM	Statewide PMPN	VI 2024
Small Group	1,115,571	1.039	1.024	1.000	1.094	0.813	1.147	0.915			\$	580.96

## CFI & Competition 2024

Metallic Tier	Member Months	Distribution	PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM
CFI Non-Catastrophic	892,457	80.0%	1.053	1.028	1.000	1.092	0.809	1.161	0.913		
Competition Non-Catastrophic	223,114	20.0%	0.980	1.009	1.000	1.102	0.828	-	-		

# 2024

Metallic Tier	Member Months	Distribution	PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM
Bronze	28,994	4.7%	0.528	1.026	1.000	1.000	0.600	0.528	0.615	-\$3,575,225	-\$123.31
Silver	149,617	24.0%	0.789	1.049	1.000	1.030	0.700	0.813	0.756	-\$10,217,994	-\$68.29
Gold	262,646	42.1%	0.947	1.014	1.000	1.080	0.800	1.022	0.876	-\$10,108,381	-\$38.49
Platinum	182,021	29.2%	1.276	1.034	1.000	1.150	0.900	1.467	1.070	\$11,702,423	\$64.29
Total	623,278	100.0%	0.986	1.029	1.000	1.085	0.796	1.079	0.892	-\$12,199,176	-\$19.57

# Adjustment Factor applied to Market Adjusted Index Rate

Projected Index Rate (Avg. 1Q-4Q)	Projected Transfer PMPM (Allowed basis)	Risk Adjustment User Fee (Allowed basis)	Adjustment Factor*
\$593.81	-\$23.45	\$0.24	1.0399

Estimated		HCRP Net
HCRP	Estimated	Charge
Receivable	HCRP Charge	PMPM
\$460,000	\$905,000	-\$0.71

<sup>\*</sup>Adjustment Factor = (\$593.81 - \$-23.45+ \$0.24) / \$593.81

**Exhibit 10A - Desired Incurred Claims Ratio** 

	1Q 2024			2Q 2024			3Q 2024			4Q 2024		
	١	PMPM	% of Revenue	PMPM	% of Revenue		PMPM	% of Revenue		PMPM	% of Revenue	
Allowed Claims	\$	581.99		\$ 591.33		\$	600.86		\$	610.59		
Paid/Allowed Ratio		86.0%		86.0%			86.0%			86.0%		
Paid Claims & Capitations		500.43		\$ 508.47		\$			\$	525.03		
Risk Adjustment Transfer & HCRP (Paid Basis)	\$	(20.29)		\$ (20.29)		\$	(20.29)		\$	(20.29)		
Paid Claims & Capitations (Post-3Rs)	\$	520.72	80.4%	\$ 528.75	80.4%	\$	536.95	80.5%	\$	545.32	80.5%	
Administrative Expense		\$57.63	8.9%	\$58.53	8.9%		\$59.20	8.9%		\$60.02	8.9%	
<b>Broker Commissions &amp; Fee</b>		\$24.23	3.7%	\$24.39	3.7%		\$24.50	3.7%		\$24.64	3.6%	
Contribution to Reserve (Post-Tax)	\$	20.73	3.2%	\$ 21.04	3.2%	\$	21.35	3.2%	\$	21.67	3.2%	
Investment Income Credit	\$	(0.65)	-0.1%	\$ (0.66)	-0.1%	\$	(0.67)	-0.1%	\$	(0.68)	-0.1%	
Risk Charge	\$	-	0.0%	\$ -	0.0%	\$	-	0.0%	\$	-	0.0%	
Non-ACA Taxes & Fees												
State Premium Tax	\$	12.96	2.0%	\$ 13.15	2.0%	\$	13.34	2.0%	\$	13.54	2.0%	
State Assessment Fee	\$	0.65	0.1%	\$ 0.66	0.1%	\$	0.67	0.1%	\$	0.68	0.1%	
Reinsurance Program Fee	\$	-	0.0%	\$ -	0.0%	\$	-	0.0%	\$	-	0.0%	
State Income Tax	\$	-	0.0%	\$ -	0.0%	\$	-	0.0%	\$	-	0.0%	
Federal Income Tax	\$	5.18	0.8%	\$ 5.26	0.8%	\$	5.34	0.8%	\$	5.42	0.8%	
ACA Taxes & Fees												
Health Insurer Tax	\$	-	0.0%	\$ -	0.0%	\$	-	0.0%	\$	-	0.0%	
Risk Adjustment User Fee		0.21	0.0%	\$ 0.21	0.0%	\$	0.21	0.0%	\$	0.21	0.0%	
Exchange Assessment Fee	\$	5.18	0.8%	\$ 5.26	0.8%	\$	5.34	0.8%	\$	5.42	0.8%	
Federal Exchange User Fee		-	0.0%	\$ -	0.0%	\$	-	0.0%	\$	-	0.0%	
PCORI Tax	\$	0.28	0.0%	\$ 0.28	0.0%	\$	0.28	0.0%	\$	0.29	0.0%	
BlueRewards/Incentive Program	\$	0.68	0.1%	\$ 0.68	0.1%	\$	0.68	0.1%	\$	0.68	0.1%	
Total Revenue	\$	647.80	100.0%	\$ 657.55	100.0%	\$	667.18	100.0%	\$	677.20	100.0%	
Plan Level Admin Load Adjustment		1.2435		1.2431			1.2421			1.2414		
Projected Member Months		163,656		96,433			118,716			244,473		
Average Members		13,638		8,036			9,893			20,373		
% Total 2024		26.3%		15.5%			19.0%			39.2%		

# Exhibit 10B - Federal MLR

	Total 2024		
	PMPM / %		
<b>Traditional MLR Development</b>			
Paid Claims & Capitations (Post-3Rs)	\$	534.70	
Total Revenue	\$	664.53	
Traditional MLR (i.e. DICR)		80.5%	
Federal MLR Development			
Numerator Adjustments			
BlueRewards/Incentive Program	\$	0.68	
<b>Quality Improvement Expenses</b>	\$	2.17	
Removal of non-care costs under MLR guidelines	\$	(6.54)	
Denominator Adjustments			
Non-ACA Taxes & Fees	\$	19.27	
ACA Taxes & Fees	\$	5.81	
Federal MLR Numerator	\$	531.01	
Federal MLR Denominator	\$	639.45	
Federal MLR		83.0%	
Projected Member Months		623,278	

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

	T	otal 2024
	Pľ	MPM / %
<b>Traditional MLR Development</b>		
Paid Claims & Capitations (Post-3Rs)	\$	533.68
Total Revenue	\$	661.33
Traditional MLR (i.e. DICR)		80.7%
Federal MLR Development		
Numerator Adjustments		
BlueRewards/Incentive Program	\$	0.66
Quality Improvement Expenses	\$	2.14
Removal of non-care costs under MLR guidelines	\$	(6.30)
Denominator Adjustments		
Non-ACA Taxes & Fees	\$	19.06
ACA Taxes & Fees	\$	5.78
Federal MLR Numerator	\$	530.18
Federal MLR Denominator	\$	636.49
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	Capped Dependents	Admin	Plan Adjusted Index Rate
86052DC0440010	BlueChoice Advantage Gold 1000 Ded	POS	GOLD	On	Open Access Advantage	\$601.52	0.8649	1.0593	0.9983	1.0002	1.0000	1.2435	\$684.28
86052DC0440011	BlueChoice Advantage Gold 800 Ded	POS	GOLD	On	Open Access Advantage	\$601.52	0.8714	1.0593	0.9983	1.0002	1.0000	1.2435	\$689.42
86052DC0440012	BlueChoice Advantage Platinum 0 Ded	POS	PLATINUM	On	Open Access Advantage	\$601.52	0.9652	1.0593	1.0630	1.0002	1.0000	1.2435	\$813.13
86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1800 Ded	POS	SILVER	On	Open Access Advantage	\$601.52	0.7840	1.0593	0.9521	1.0002	1.0000	1.2435	\$591.57
86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6100 Ded	POS	BRONZE	On	Open Access Advantage	\$601.52	0.6623	1.0593	0.9243	1.0002	1.0000	1.2435	\$485.18
86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000 Ded	POS	SILVER	On	Open Access Advantage	\$601.52	0.7471	1.0593	0.9521	1.0002	1.0000	1.2435	\$563.73
86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1600 Ded	POS	GOLD	On	Open Access Advantage	\$601.52	0.8355	1.0593	0.9983	1.0002	1.0000	1.2435	\$661.05
86052DC0440022	BlueChoice Advantage Silver 5350 Ded Virtual Connect	POS	SILVER	On	Open Access Advantage	\$601.52	0.7483	1.0593	0.9521	1.0002	1.0000	1.2435	\$564.63
86052DC0440023	BlueChoice Advantage Silver 1800 Ded BlueFund HSA	POS	SILVER	On	Open Access Advantage	\$601.52	0.7844	1.0593	0.9521	1.0002	1.0000	1.2435	\$591.85
86052DC0440025	BlueChoice Advantage Silver 6500 Ded	POS	SILVER	On	Open Access Advantage	\$601.52	0.7498	1.0593	0.9521	1.0002	1.0000	1.2435	\$565.72
86052DC0440026	BlueChoice Advantage Gold 3000 Ded Virtual Connect	POS	GOLD	On	Open Access Advantage	\$601.52	0.8217	1.0593	0.9983	1.0002	1.0000	1.2435	\$650.08
86052DC0440027	BlueChoice Advantage HSA/HRA Silver 2250 Ded	POS	SILVER	On	Open Access Advantage	\$601.52	0.7690	1.0593	0.9521	1.0002	1.0000	1.2435	\$580.22
86052DC0440031	BlueChoice Advantage Bronze 6000 Ded	POS	BRONZE	On	Open Access Advantage	\$601.52	0.6642	1.0593	0.9243	1.0002	1.0000	1.2435	\$486.56
86052DC0440032	BlueChoice Advantage Gold 0 Ded	POS	GOLD	On	Open Access Advantage	\$601.52	0.9086	1.0593	0.9983	1.0002	1.0000	1.2435	\$718.85
86052DC0440033	BlueChoice Advantage Platinum 500 Ded	POS	PLATINUM	On	Open Access Advantage	\$601.52	0.9420	1.0593	1.0630	1.0002	1.0000	1.2435	\$793.60
86052DC0460009	BlueChoice HMO Gold 1500 Ded	НМО	GOLD	On	Open Access	\$601.52	0.8416	0.9359	0.9983	1.0002	1.0000	1.2435	\$588.33
86052DC0460010	BlueChoice HMO Gold 800 Ded	НМО	GOLD	On	Open Access	\$601.52	0.8635	0.9359	0.9983	1.0002	1.0000	1.2435	\$603.61
86052DC0460011	BlueChoice HMO Platinum 0 Ded	НМО	PLATINUM	On	Open Access	\$601.52	0.9630	0.9359	1.0630	1.0002	1.0000	1.2435	\$716.77
86052DC0460012	BlueChoice HMO HSA/HRA Silver 1800 Ded	НМО	SILVER	On	Open Access	\$601.52	0.7689	0.9359	0.9521	1.0002	1.0000	1.2435	\$512.56
86052DC0460013	BlueChoice HMO HSA/HRA Silver 2250 Ded	НМО	SILVER	On	Open Access	\$601.52	0.7524	0.9359	0.9521	1.0002	1.0000	1.2435	\$501.63
86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6100 Ded	НМО	BRONZE	On	Open Access	\$601.52	0.6373	0.9359	0.9243	1.0002	1.0000	1.2435	\$412.46
86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000 Ded	НМО	SILVER	On	Open Access	\$601.52	0.7273	0.9359	0.9521	1.0002	1.0000	1.2435	\$484.86
86052DC0460020	BlueChoice HMO Silver 1900 Ded	НМО	SILVER	On	Open Access	\$601.52	0.7333	0.9359	0.9521	1.0002	1.0000	1.2435	\$488.85
86052DC0460021	BlueChoice HMO HSA/HRA Gold 1600 Ded	НМО	GOLD	On	Open Access	\$601.52	0.8210	0.9359	0.9983	1.0002	1.0000	1.2435	\$573.90
86052DC0460023	BlueChoice HMO Silver 6500 Ded	НМО	SILVER	On	Open Access	\$601.52	0.7322	0.9359	0.9521	1.0002	1.0000	1.2435	\$488.11
86052DC0460024	BlueChoice HMO Gold 3000 Ded Virtual Connect	НМО	GOLD	On	Open Access	\$601.52	0.8103	0.9359	0.9983	1.0002	1.0000	1.2435	\$566.44
86052DC0460029	BlueChoice HMO Bronze 6000 Ded	НМО	BRONZE	On	Open Access	\$601.52	0.6403	0.9359	0.9243	1.0002	1.0000	1.2435	\$414.45
86052DC0460030	BlueChoice HMO HSA Standard Bronze \$6,350	НМО	BRONZE	On	Open Access	\$601.52	0.6417	0.9359	0.9243	1.0002	1.0000	1.2435	\$415.37
86052DC0460031	BlueChoice HMO Standard Bronze \$7,500	НМО	BRONZE	On	Open Access	\$601.52	0.6654	0.9359	0.9243	1.0002	1.0000	1.2435	\$430.69
86052DC0460032	BlueChoice HMO Standard Gold \$500	НМО	GOLD	On	Open Access	\$601.52	0.9041	0.9359	0.9983	1.0002	1.0000	1.2435	\$632.02
86052DC0460033	BlueChoice HMO Standard Platinum \$0	НМО	PLATINUM	On	Open Access	\$601.52	0.9746	0.9359	1.0630	1.0002	1.0000	1.2435	\$725.41
86052DC0460034	BlueChoice HMO Standard Silver \$4,850	НМО	SILVER	On	Open Access	\$601.52	0.7403	0.9359	0.9521	1.0002	1.0000	1.2435	\$493.51
86052DC0480007	BlueChoice HMO Referral Platinum 0 Ded	НМО	PLATINUM	On	Lock In / Referral	\$601.52	0.9621	0.8914	1.0630	1.0002	1.0000	1.2435	\$682.05
86052DC0480008	BlueChoice HMO Referral Gold 800 Ded	НМО	GOLD	On	Lock In / Referral	\$601.52	0.8602	0.8914	0.9983	1.0002	1.0000	1.2435	\$572.69
86052DC0480010	BlueChoice HMO Referral Gold 0 Ded	НМО	GOLD	On	Lock In / Referral	\$601.52	0.9053	0.8914	0.9983	1.0002	1.0000	1.2435	\$602.67
86052DC0480014	BlueChoice HMO Referral Silver 5350 Ded Virtual Connect	НМО	SILVER	On	Lock In / Referral	\$601.52	0.7245	0.8914	0.9521	1.0002	1.0000	1.2435	\$460.01
86052DC0480015	BlueChoice HMO Referral Bronze 8500 Ded	НМО	BRONZE	On	Lock In / Referral	\$601.52	0.5959	0.8914	0.9243	1.0002	1.0000	1.2435	\$367.36
86052DC0500009	BlueChoice Plus HSA/HRA Silver 1800 Ded	POS	SILVER	On	Open Access Plus	\$601.52	0.7719	0.9589	0.9521	1.0002	1.0000	1.2435	\$527.20
86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000 Ded	POS	SILVER	On	Open Access Plus	\$601.52	0.7313	0.9589	0.9521	1.0002	1.0000	1.2435	\$499.49
86052DC0500015	BlueChoice Plus Gold 1000 Ded	POS	GOLD	On	Open Access Plus	\$601.52	0.8579	0.9589	0.9983	1.0002	1.0000	1.2435	\$614.40
86052DC0500016	BlueChoice Plus Gold 800 Ded	POS	GOLD	On	Open Access Plus	\$601.52	0.8651	0.9589	0.9983	1.0002	1.0000	1.2435	\$619.54
86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6100 Ded	POS	BRONZE	On	Open Access Plus	\$601.52	0.6423	0.9589	0.9243	1.0002	1.0000	1.2435	
86052DC0500018	BlueChoice Plus HSA/HRA Silver 2750 Ded	POS	SILVER	On	Open Access Plus	\$601.52	0.7464	0.9589	0.9521	1.0002	1.0000	1.2435	\$509.81
86052DC0500019	BlueChoice Plus Platinum 500 Ded	POS	PLATINUM	On	Open Access Plus	\$601.52	0.9368	0.9589	1.0630	1.0002	1.0000	1.2435	\$714.37
86052DC0580001	BlueChoice Plus Opt-Out Platinum 0 Ded	POS	PLATINUM	On	Open Access Opt-Out	\$601.52	0.9632	0.9474	1.0630	1.0002	1.0000	1.2435	\$725.71

**Exhibit 12 - AV Values** 

86052DC0440010 86052DC0440011 BlueChoice Advantage Gold 1000 Ded 86052DC0440013 BlueChoice Advantage Platinum 0 Ded 86052DC0440013 BlueChoice Advantage HSA/HRA Silver 1800 Ded 86052DC0440018 BlueChoice Advantage HSA/HRA Fronze 6100 Ded 86052DC0440019 BlueChoice Advantage HSA/HRA Silver 3000 Ded 86052DC0440021 BlueChoice Advantage HSA/HRA Gold 1600 Ded 86052DC0440022 BlueChoice Advantage Silver 5350 Ded Virtual Conne 86052DC0440023 BlueChoice Advantage Silver 1800 Ded BlueFund HS. 86052DC0440025 BlueChoice Advantage Silver 5350 Ded Virtual Conne 86052DC0440026 BlueChoice Advantage Silver 6500 Ded 86052DC0440027 BlueChoice Advantage Gold 3000 Ded Virtual Conne 86052DC0440027 BlueChoice Advantage HSA/HRA Silver 2250 Ded 86052DC0440031 BlueChoice Advantage Bronze 6000 Ded 86052DC0440032 BlueChoice Advantage Platinum 500 Ded 86052DC0440033 BlueChoice Advantage Platinum 500 Ded 86052DC0460009 BlueChoice HMO Gold 1500 Ded 86052DC0460010 BlueChoice HMO Platinum 0 Ded 86052DC0460011 BlueChoice HMO HSA/HRA Silver 1800 Ded 86052DC0460012 BlueChoice HMO HSA/HRA Silver 1800 Ded 86052DC0460014 BlueChoice HMO HSA/HRA Silver 1800 Ded 86052DC0460019 BlueChoice HMO HSA/HRA Fonze 6100 Ded 86052DC0460020 BlueChoice HMO HSA/HRA Gold 1600 Ded 86052DC0460021 BlueChoice HMO HSA/HRA Gold 1600 Ded 86052DC0460021 BlueChoice HMO Bronze 6000 Ded 86052DC0460021 BlueChoice HMO Standard Bronze \$6,350 BlueChoice HMO Standard Bronze \$6,350 BlueChoice HMO Standard Bronze \$7,500 BlueChoice HMO Standard Bronze \$7,500 BlueChoice HMO Standard Bronze \$7,500 BlueChoice HMO Referral Gold 800 Ded 86052DC0460033 BlueChoice HMO Referral Gold 800 Ded 86052DC0460031 BlueChoice HMO Referral Gold 800 Ded 86052DC0460033 BlueChoice HMO Referral Gold 800 Ded 86052DC0460031 BlueChoice HMO Referral Gold 0 Ded 86052DC0460034 BlueChoice HMO Referral Gold 0 Ded 86052DC0460031 BlueChoice HMO Referral Bronze \$7,500 BlueChoice HMO Referral Gold 0 Ded 86052DC0480014 BlueChoice HMO Referral Gold 0 Ded 86052DC0480015 BlueChoice HMO Referral Gold 0 Ded 86052DC0480016 BlueCh	HHS AV
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86052DC0440022         ilueChoice Advantage Silver \$350 Ded Virtual Connet           86052DC0440023         BlueChoice Advantage Silver 1800 Ded BlueFund HS.           86052DC0440026         BlueChoice Advantage Gold 3000 Ded Virtual Connet           86052DC0440027         BlueChoice Advantage Gold 3000 Ded Virtual Connet           86052DC0440031         BlueChoice Advantage Bronze 6000 Ded           86052DC0440032         BlueChoice Advantage Gold 0 Ded           86052DC0440033         BlueChoice Advantage Platinum 500 Ded           86052DC0460009         BlueChoice HMO Gold 1500 Ded           86052DC0460010         BlueChoice HMO Gold 800 Ded           86052DC0460011         BlueChoice HMO HSA/HRA Silver 1800 Ded           86052DC0460012         BlueChoice HMO HSA/HRA Silver 2250 Ded           86052DC0460013         BlueChoice HMO HSA/HRA Silver 3000 Ded           86052DC0460014         BlueChoice HMO HSA/HRA Silver 3000 Ded           86052DC0460020         BlueChoice HMO HSA/HRA Gold 1600 Ded           86052DC0460021         BlueChoice HMO Bronze 6000 Ded           86052DC0460022         BlueChoice HMO Bronze 6000 Ded           86052DC0460023         BlueChoice HMO HSA Standard Bronze \$6,350           86052DC0460031         BlueChoice HMO Standard Gold \$500           86052DC0460032         BlueChoice HMO Standard Platinum \$0 <t< td=""><td>0.719</td></t<>	0.719
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BlueChoice Advantage Silver 6500 Ded  86052DC0440026 BlueChoice Advantage Gold 3000 Ded Virtual Connet  86052DC0440027 BlueChoice Advantage HSA/HRA Silver 2250 Ded  86052DC0440031 BlueChoice Advantage Bronze 6000 Ded  86052DC0440032 BlueChoice Advantage Bronze 6000 Ded  86052DC0440033 BlueChoice Advantage Platinum 500 Ded  86052DC0460009 BlueChoice HMO Gold 1500 Ded  86052DC0460010 BlueChoice HMO Flatinum 0 Ded  86052DC0460011 BlueChoice HMO HSA/HRA Silver 1800 Ded  86052DC0460012 BlueChoice HMO HSA/HRA Silver 2250 Ded  86052DC0460013 BlueChoice HMO HSA/HRA Bronze 6100 Ded  86052DC0460014 BlueChoice HMO HSA/HRA Bronze 6100 Ded  86052DC0460019 BlueChoice HMO HSA/HRA Gold 1600 Ded  86052DC0460020 BlueChoice HMO Silver 6500 Ded  86052DC0460021 BlueChoice HMO Gold 3000 Ded Virtual Connect  86052DC0460024 BlueChoice HMO Bronze 6000 Ded  86052DC0460030 BlueChoice HMO Bronze 6000 Ded  86052DC0460031 BlueChoice HMO Standard Bronze \$6,350  86052DC0460031 BlueChoice HMO Standard Bronze \$7,500  86052DC0460031 BlueChoice HMO Standard Bronze \$7,500  86052DC0460032 BlueChoice HMO Standard Bronze \$7,500  86052DC0460034 BlueChoice HMO Standard Platinum \$0  86052DC0460034 BlueChoice HMO Referral Platinum \$0  86052DC0460034 BlueChoice HMO Referral Flatinum \$0  86052DC0480007 BlueChoice HMO Referral Gold 800 Ded  86052DC0480010 BlueChoice HMO Referral Bronze 8500 Ded  86052DC0480015 BlueChoice Plus HSA/HRA Silver 1800 Ded  86052DC05000009 BlueChoice Plus HSA/HRA Silver 1800 Ded  86052DC05000010 BlueChoice Plus HSA/HRA Silver 3000 Ded  86052DC05000015 BlueChoice Plus Gold 800 Ded	0.714
86052DC0440026         3lueChoice Advantage Gold 3000 Ded Virtual Connect           86052DC0440027         BlueChoice Advantage HSA/HRA Silver 2250 Ded           86052DC0440031         BlueChoice Advantage Bronze 6000 Ded           86052DC0440032         BlueChoice Advantage Platinum 500 Ded           86052DC0460009         BlueChoice HMO Gold 1500 Ded           86052DC0460010         BlueChoice HMO Platinum 0 Ded           86052DC0460011         BlueChoice HMO HSA/HRA Silver 1800 Ded           86052DC0460012         BlueChoice HMO HSA/HRA Silver 2250 Ded           86052DC0460013         BlueChoice HMO HSA/HRA Bronze 6100 Ded           86052DC0460014         BlueChoice HMO HSA/HRA Silver 3000 Ded           86052DC0460019         BlueChoice HMO HSA/HRA Gold 1600 Ded           86052DC0460020         BlueChoice HMO HSA/HRA Gold 1600 Ded           86052DC0460021         BlueChoice HMO Bronze 6000 Ded           86052DC0460023         BlueChoice HMO Bronze 6000 Ded           86052DC0460024         BlueChoice HMO HSA Standard Bronze \$6,350           86052DC0460030         BlueChoice HMO Standard Bronze \$7,500           86052DC0460031         BlueChoice HMO Standard Bronze \$7,500           86052DC0460032         BlueChoice HMO Standard Bronze \$4,850           86052DC0480003         BlueChoice HMO Referral Platinum \$0           86052DC0480004 <td>0.720</td>	0.720
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BlueChoice Advantage Platinum 500 Ded B6052DC0460009 BlueChoice HMO Gold 1500 Ded B6052DC0460010 BlueChoice HMO Platinum 0 Ded B6052DC0460011 BlueChoice HMO Platinum 0 Ded B6052DC0460012 BlueChoice HMO HSA/HRA Silver 1800 Ded B6052DC0460013 BlueChoice HMO HSA/HRA Silver 2250 Ded B6052DC0460014 BlueChoice HMO HSA/HRA Bronze 6100 Ded B6052DC0460019 BlueChoice HMO HSA/HRA Silver 3000 Ded B6052DC0460020 BlueChoice HMO HSA/HRA Gold 1600 Ded B6052DC0460021 BlueChoice HMO Gold 3000 Ded Virtual Connect B6052DC0460024 BlueChoice HMO Bronze 6000 Ded B6052DC0460029 BlueChoice HMO HSA Standard Bronze \$6,350 BlueChoice HMO Standard Bronze \$7,500 B6052DC0460031 BlueChoice HMO Standard Gold \$500 B6052DC0460032 BlueChoice HMO Standard Platinum \$0 B6052DC0460034 BlueChoice HMO Standard Silver \$4,850 BlueChoice HMO Referral Gold 800 Ded B6052DC0480007 BlueChoice HMO Referral Gold 800 Ded B6052DC0480014 BlueChoice HMO Referral Gold 800 Ded B6052DC0480015 BlueChoice HMO Referral Bronze 8500 Ded B6052DC0500009 BlueChoice Plus HSA/HRA Silver 3000 Ded B6052DC05000015 BlueChoice Plus HSA/HRA Silver 3000 Ded BlueChoice Plus Gold 800 Ded	0.649
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BlueChoice HMO Bronze 6000 Ded  86052DC0460030 BlueChoice HMO HSA Standard Bronze \$6,350  86052DC0460031 BlueChoice HMO Standard Bronze \$7,500  86052DC0460032 BlueChoice HMO Standard Gold \$500  86052DC0460033 BlueChoice HMO Standard Platinum \$0  86052DC0460034 BlueChoice HMO Standard Silver \$4,850  86052DC0480007 BlueChoice HMO Referral Platinum 0 Ded  86052DC0480008 BlueChoice HMO Referral Gold 800 Ded  86052DC0480010 BlueChoice HMO Referral Gold 0 Ded  86052DC0480014 JeChoice HMO Referral Silver 5350 Ded Virtual Conn  86052DC0480015 BlueChoice HMO Referral Bronze 8500 Ded  86052DC0500009 BlueChoice Plus HSA/HRA Silver 1800 Ded  86052DC0500010 BlueChoice Plus HSA/HRA Silver 3000 Ded  86052DC0500015 BlueChoice Plus Gold 1000 Ded	0.787
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86052DC0460033 BlueChoice HMO Standard Platinum \$0 86052DC0460034 BlueChoice HMO Standard Silver \$4,850 86052DC0480007 BlueChoice HMO Referral Platinum 0 Ded 86052DC0480008 BlueChoice HMO Referral Gold 800 Ded 86052DC0480010 BlueChoice HMO Referral Gold 0 Ded 86052DC0480014 JeChoice HMO Referral Silver 5350 Ded Virtual Conn 86052DC0480015 BlueChoice HMO Referral Bronze 8500 Ded 86052DC0500009 BlueChoice Plus HSA/HRA Silver 1800 Ded 86052DC0500010 BlueChoice Plus HSA/HRA Silver 3000 Ded 86052DC0500015 BlueChoice Plus Gold 1000 Ded 86052DC0500016 BlueChoice Plus Gold 800 Ded	0.819
86052DC0460034 BlueChoice HMO Standard Silver \$4,850 86052DC0480007 BlueChoice HMO Referral Platinum 0 Ded 86052DC0480008 BlueChoice HMO Referral Gold 800 Ded 86052DC0480010 BlueChoice HMO Referral Gold 0 Ded 86052DC0480014 JeChoice HMO Referral Silver 5350 Ded Virtual Conn 86052DC0480015 BlueChoice HMO Referral Bronze 8500 Ded 86052DC0500009 BlueChoice Plus HSA/HRA Silver 1800 Ded 86052DC0500010 BlueChoice Plus HSA/HRA Silver 3000 Ded 86052DC0500015 BlueChoice Plus Gold 1000 Ded	0.904
86052DC0480007 BlueChoice HMO Referral Platinum 0 Ded 86052DC0480008 BlueChoice HMO Referral Gold 800 Ded 86052DC0480010 BlueChoice HMO Referral Gold 0 Ded 86052DC0480014 JeChoice HMO Referral Silver 5350 Ded Virtual Conn 86052DC0480015 BlueChoice HMO Referral Bronze 8500 Ded 86052DC0500009 BlueChoice Plus HSA/HRA Silver 1800 Ded 86052DC0500010 BlueChoice Plus HSA/HRA Silver 3000 Ded 86052DC0500015 BlueChoice Plus Gold 1000 Ded 86052DC0500016 BlueChoice Plus Gold 800 Ded	0.702
BlueChoice HMO Referral Gold 800 Ded  86052DC0480010 BlueChoice HMO Referral Gold 0 Ded  86052DC0480014 JeChoice HMO Referral Silver 5350 Ded Virtual Conn  86052DC0480015 BlueChoice HMO Referral Bronze 8500 Ded  86052DC0500009 BlueChoice Plus HSA/HRA Silver 1800 Ded  86052DC0500010 BlueChoice Plus HSA/HRA Silver 3000 Ded  86052DC0500015 BlueChoice Plus Gold 1000 Ded  86052DC0500016 BlueChoice Plus Gold 800 Ded	0.910
86052DC0480010 BlueChoice HMO Referral Gold 0 Ded 86052DC0480014 JeChoice HMO Referral Silver 5350 Ded Virtual Conn 86052DC0480015 BlueChoice HMO Referral Bronze 8500 Ded 86052DC0500009 BlueChoice Plus HSA/HRA Silver 1800 Ded 86052DC0500010 BlueChoice Plus HSA/HRA Silver 3000 Ded 86052DC0500015 BlueChoice Plus Gold 1000 Ded 86052DC0500016 BlueChoice Plus Gold 800 Ded	0.808
86052DC0480014 JeChoice HMO Referral Silver 5350 Ded Virtual Conn 86052DC0480015 BlueChoice HMO Referral Bronze 8500 Ded 86052DC0500009 BlueChoice Plus HSA/HRA Silver 1800 Ded 86052DC0500010 BlueChoice Plus HSA/HRA Silver 3000 Ded 86052DC0500015 BlueChoice Plus Gold 1000 Ded 86052DC0500016 BlueChoice Plus Gold 800 Ded	0.814
86052DC0480015 BlueChoice HMO Referral Bronze 8500 Ded 86052DC0500009 BlueChoice Plus HSA/HRA Silver 1800 Ded 86052DC0500010 BlueChoice Plus HSA/HRA Silver 3000 Ded 86052DC0500015 BlueChoice Plus Gold 1000 Ded 86052DC0500016 BlueChoice Plus Gold 800 Ded	
86052DC0500009       BlueChoice Plus HSA/HRA Silver 1800 Ded         86052DC0500010       BlueChoice Plus HSA/HRA Silver 3000 Ded         86052DC0500015       BlueChoice Plus Gold 1000 Ded         86052DC0500016       BlueChoice Plus Gold 800 Ded	0.619
86052DC0500010         BlueChoice Plus HSA/HRA Silver 3000 Ded           86052DC0500015         BlueChoice Plus Gold 1000 Ded           86052DC0500016         BlueChoice Plus Gold 800 Ded	0.717
86052DC0500015 BlueChoice Plus Gold 1000 Ded 86052DC0500016 BlueChoice Plus Gold 800 Ded	0.717
86052DC0500016 BlueChoice Plus Gold 800 Ded	0.719
	0.808
ADUS A JULISHILLA KINGLINNICO VINCHSA JARA KINDA KINDA NA	0.645
86052DC0500017 BlueChoice Plus HSA/HRA Bronze 6100 Ded 86052DC0500018 BlueChoice Plus HSA/HRA Silver 2750 Ded	0.720
86052DC0500019 BlueChoice Plus Platinum 500 Ded 86052DC0580001 BlueChoice Plus Opt-Out Platinum 0 Ded	0.905 0.910

**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 Advantage Gold 1000 Ded						
(5)	Plan Adjusted Index Rate	\$682.73						
(6)	Calibration	0.9977	(4)					
(7)	Calibrated Rate	\$681.18	(5)*(6)					
(8)	Age 40 Factor/Rounded Avg Age Factor = (0.975/1.053)	0.9259						
(9)	Age 40 Premium Rate	\$630.73	(7)*(8)					

<sup>\*</sup>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.

<sup>\*\*</sup>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.

<sup>\*\*\*</sup>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
	1.377
49	
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** 

	<b>Projected Membe</b>	r	
CDH/Non-CDH	Months	Relative to HSA/HRA	Relative to Average*
HSA/HRA	179,043	1.0000	1.0000
Non-CDH	476,603	1.0000	1.0000
	655,646	1.0000	
	Projected Membe	r	
Metal Level	Months	Relative to Bronze	Relative to Average*
Catastrophic	3,659	1.0000	0.9243
Bronze	43,208	1.0000	0.9243
Silver	157,461	1.0300	0.9521
Gold	267,813	1.0800	0.9983
Platinum	183,505	1.1500	1.0630
Total	655,646	1.0819	

<sup>\*</sup>Factors are applied as plan level adjustments

### **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	<b>Projected Member Months</b>	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
Total	655,646	1.1219	

<sup>\*</sup>Factors are applied as plan level adjustments

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

Exp. Period				Current Period		Rating Period	
2021 Base HIOS Plan I	D 2021 HIOS Plan Name	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
86052DC0440010	BlueChoice Advantage Gold 1000	86052DC0440010	BlueChoice Advantage Gold 1000	86052DC0440010	BlueChoice Advantage Gold 1000	86052DC0440010	BlueChoice Advantage Gold 1000 Ded
86052DC0440011	BlueChoice Advantage Gold 500	86052DC0440011	BlueChoice Advantage Gold 500	86052DC0440011	BlueChoice Advantage Gold 800	86052DC0440011	BlueChoice Advantage Gold 800 Ded
86052DC0440012	BlueChoice Advantage Platinum 0	86052DC0440012	BlueChoice Advantage Platinum 0	86052DC0440012	BlueChoice Advantage Platinum 0	86052DC0440012	BlueChoice Advantage Platinum 0 Ded
86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1500	86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1600	86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1800 Ded
86052DC0440015	HealthyBlue Advantage Platinum 500	86052DC0440015	HealthyBlue Advantage Platinum 500	86052DC0440015	HealthyBlue Advantage Platinum 500	86052DC0440033	BlueChoice Advantage Platinum 500 Ded
86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6100	86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6100	86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6100	86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6100 Ded
86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000 Ded
86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1600 Ded
86052DC0440022	BlueChoice Advantage Silver 4000	86052DC0440022	BlueChoice Advantage Silver 4000	86052DC0440022	BlueChoice Advantage Silver 5350 Virtual Connect	86052DC0440022	BlueChoice Advantage Silver 5350 Ded Virtual Connect
86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA	86052DC0440023	BlueChoice Advantage Silver 1500 BlueFund HSA	86052DC0440023	BlueChoice Advantage Silver 1600 BlueFund HSA	86052DC0440023	BlueChoice Advantage Silver 1800 Ded BlueFund HSA
86052DC0440025	BlueChoice Advantage Silver 5000	86052DC0440025	BlueChoice Advantage Silver 5000	86052DC0440025	BlueChoice Advantage Silver 6500	86052DC0440025	BlueChoice Advantage Silver 6500 Ded
86052DC0440026	BlueChoice Advantage Gold 3000	86052DC0440026	BlueChoice Advantage Gold 3000	86052DC0440026	BlueChoice Advantage Gold 3000 Virtual Connect	86052DC0440026	BlueChoice Advantage Gold 3000 Ded Virtual Connect
86052DC0440027	BlueChoice Advantage HSA/HRA Silver 2000	86052DC0440027	BlueChoice Advantage HSA/HRA Silver 2000	86052DC0440027	BlueChoice Advantage HSA/HRA Silver 2000	86052DC0440027	BlueChoice Advantage HSA/HRA Silver 2250 Ded
86052DC0440028	BlueChoice Advantage HSA/HRA Gold 1500 90	86052DC0440028	BlueChoice Advantage HSA/HRA Gold 1500 90	86052DC0440028	BlueChoice Advantage HSA/HRA Gold 1500 90	86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1600 Ded
86052DC0440029	BlueChoice Advantage HSA/HRA Silver 2100 70	86052DC0440029	BlueChoice Advantage HSA/HRA Silver 2100 70	86052DC0440029	BlueChoice Advantage HSA/HRA Silver 2400 70	86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000 Ded
86052DC0440030	BlueChoice Advantage HSA/HRA Silver 3000 70	86052DC0440030	BlueChoice Advantage HSA/HRA Silver 3000 70	86052DC0440030	BlueChoice Advantage HSA/HRA Silver 3000 70	86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000 Ded
86052DC0440031	BlueChoice Advantage Value Bronze 6000	86052DC0440031	BlueChoice Advantage Value Bronze 6000	86052DC0440031	BlueChoice Advantage Value Bronze 6000	86052DC0440031	BlueChoice Advantage Bronze 6000 Ded
86052DC0440032	BlueChoice Advantage Gold 0	86052DC0440032	BlueChoice Advantage Gold 0	86052DC0440032	BlueChoice Advantage Gold 0	86052DC0440032	BlueChoice Advantage Gold 0 Ded
86052DC0460009	BlueChoice HMO Gold 1500	86052DC0460009	BlueChoice HMO Gold 1500	86052DC0460009	BlueChoice HMO Gold 1500	86052DC0460009	BlueChoice HMO Gold 1500 Ded
86052DC0460010	BlueChoice HMO Gold 500	86052DC0460010	BlueChoice HMO Gold 500	86052DC0460010	BlueChoice HMO Gold 800	86052DC0460010	BlueChoice HMO Gold 800 Ded
86052DC0460011	BlueChoice HMO Platinum 0	86052DC0460011	BlueChoice HMO Platinum 0	86052DC0460011	BlueChoice HMO Platinum 0	86052DC0460011	BlueChoice HMO Platinum 0 Ded
86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	86052DC0460012	BlueChoice HMO HSA/HRA Silver 1500	86052DC0460012	BlueChoice HMO HSA/HRA Silver 1600	86052DC0460012	BlueChoice HMO HSA/HRA Silver 1800 Ded
86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2250 Ded
86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6100	86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6100	86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6100	86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6100 Ded
86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000 Ded
86052DC0460020	BlueChoice HMO Silver 1500	86052DC0460020	BlueChoice HMO Silver 1500	86052DC0460020	BlueChoice HMO Silver 1900	86052DC0460020	BlueChoice HMO Silver 1900 Ded
86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	86052DC0460021	BlueChoice HMO HSA/HRA Gold 1600 Ded
86052DC0460023	BlueChoice HMO Silver 5000	86052DC0460023	BlueChoice HMO Silver 5000	86052DC0460023	BlueChoice HMO Silver 6500	86052DC0460023	BlueChoice HMO Silver 6500 Ded
86052DC0460024	BlueChoice HMO Gold 3000	86052DC0460024	BlueChoice HMO Gold 3000	86052DC0460024	BlueChoice HMO Gold 3000 Virtual Connect	86052DC0460024	BlueChoice HMO Gold 3000 Ded Virtual Connect
86052DC0460025	BlueChoice HMO HSA/HRA Gold 1500 90	86052DC0460025	BlueChoice HMO HSA/HRA Gold 1500 90	86052DC0460025	BlueChoice HMO HSA/HRA Gold 1500 90	86052DC0460021	BlueChoice HMO HSA/HRA Gold 1600 Ded
86052DC0460026	BlueChoice HMO HSA/HRA Bronze 6500 90	86052DC0460026	BlueChoice HMO HSA/HRA Bronze 6500 90	86052DC0460026	BlueChoice HMO HSA/HRA Bronze 6500 90	86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6100 Ded
86052DC0460027	BlueChoice HMO HSA/HRA Silver 2100 70	86052DC0460027	BlueChoice HMO HSA/HRA Silver 2100 70	86052DC0460027	BlueChoice HMO HSA/HRA Silver 2400 70	86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000 Ded
86052DC0460028	BlueChoice HMO HSA/HRA Silver 3000 70	86052DC0460028	BlueChoice HMO HSA/HRA Silver 3000 70	86052DC0460028	BlueChoice HMO HSA/HRA Silver 3000 70	86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000 Ded
86052DC0460029	BlueChoice HMO Value Bronze 6000	86052DC0460029	BlueChoice HMO Value Bronze 6000	86052DC0460029	BlueChoice HMO Value Bronze 6000	86052DC0460029	BlueChoice HMO Bronze 6000 Ded
86052DC0480007	BlueChoice HMO Referral Platinum 0	86052DC0480007	BlueChoice HMO Referral Platinum 0	86052DC0480007	BlueChoice HMO Referral Platinum 0	86052DC0480007	BlueChoice HMO Referral Platinum 0 Ded
86052DC0480007	BlueChoice HMO Referral Gold 500	86052DC0480007	BlueChoice HMO Referral Gold 500	86052DC0480007	BlueChoice HMO Referral Gold 800	86052DC0480007	BlueChoice HMO Referral Gold 800 Ded
86052DC0480010	BlueChoice HMO Referral Gold 0	86052DC0480010	BlueChoice HMO Referral Gold 0	86052DC0480010	BlueChoice HMO Referral Gold 0	86052DC0480010	BlueChoice HMO Referral Gold 0 Ded
86052DC0480014	BlueChoice HMO Referral Silver 4000	86052DC0480014	BlueChoice HMO Referral Silver 4000	86052DC0480014	BlueChoice HMO Referral Silver 5350 Virtual Connect	86052DC0480014	BlueChoice HMO Referral Silver 5350 Ded Virtual Connec
86052DC0480015	BlueChoice HMO Referral Bronze 8250	86052DC0480014 86052DC0480015	BlueChoice HMO Referral Bronze 8250	86052DC0480014 86052DC0480015	BlueChoice HMO Referral Bronze 8250	86052DC0480015	BlueChoice HMO Referral Bronze 8500 Ded
86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	86052DC0500009	BlueChoice Plus HSA/HRA Silver 1500	86052DC0500009	BlueChoice Plus HSA/HRA Silver 1600	86052DC0500009	BlueChoice Plus HSA/HRA Silver 1800 Ded
	·		·		·		·
86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000 Ded
86052DC0500012	HealthyBlue Plus Platinum 500	86052DC0500012	HealthyBlue Plus Platinum 500	86052DC0500012	HealthyBlue Plus Platinum 500	86052DC0500019	BlueChoice Plus Platinum 500 Ded
86052DC0500015	BlueChoice Plus Gold 1000	86052DC0500015	BlueChoice Plus Gold 1000	86052DC0500015	BlueChoice Plus Gold 1000	86052DC0500015	BlueChoice Plus Gold 1000 Ded
86052DC0500016	BlueChoice Plus Gold 500	86052DC0500016	BlueChoice Plus Gold 500	86052DC0500016	BlueChoice Plus Gold 800	86052DC0500016	BlueChoice Plus Gold 800 Ded
86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6100	86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6100	86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6100	86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6100 Ded
86052DC0500018	BlueChoice Plus HSA/HRA Silver 2500	86052DC0500018	BlueChoice Plus HSA/HRA Silver 2500	86052DC0500018	BlueChoice Plus HSA/HRA Silver 2500	86052DC0500018	BlueChoice Plus HSA/HRA Silver 2750 Ded
86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	86052DC0580001	BlueChoice Plus Opt-Out Platinum 0	86052DC0580001	BlueChoice Plus Opt-Out Platinum 0 Ded
				86052DC0460030	BlueChoice HMO HSA Standard Bronze \$6,350	86052DC0460030	BlueChoice HMO HSA Standard Bronze \$6,350 Ded
				86052DC0460031	BlueChoice HMO Standard Bronze \$7,500	86052DC0460031	BlueChoice HMO Standard Bronze \$7,500 Ded
				86052DC0460032	BlueChoice HMO Standard Gold \$500	86052DC0460032	BlueChoice HMO Standard Gold \$500 Ded
				86052DC0460033	BlueChoice HMO Standard Platinum \$0	86052DC0460033	BlueChoice HMO Standard Platinum \$0 Ded
				86052DC0460034	BlueChoice HMO Standard Silver \$4,850	86052DC0460034	BlueChoice HMO Standard Silver \$4,850 Ded

## Appendix - Annual Rate Change Based on Mapping

Bronze	Bronze Members/Avg Renewal	2,215	2,295	10.5%
Silver	Silver Members/Avg Renewal	11,431	11,895	9.8%
Gold	Gold Members/Avg Renewal	20,117	20,848	8.3%
Platinum	Platinum Members/Avg Renewal	13,855	14,474	6.8%
	All Members/Avg Renewal	47,618	49,512	8.1%
	Minimum Renewal			6.6%
	Maximum Renewal			12.8%

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	1Q2023 Base Rate	1Q2024 Base Rate	Annual Rate Change
86052DC0440010	BlueChoice Advantage Gold 1000	GOLD	On	86052DC0440010	BlueChoice Advantage Gold 1000 Ded	GOLD	On	4,207.00	4,349	\$596.36	\$648.37	8.7%
86052DC0440011	BlueChoice Advantage Gold 800	GOLD	On	86052DC0440011	BlueChoice Advantage Gold 800 Ded	GOLD	On	3,842.00	3,972	\$601.46	\$653.23	8.6%
86052DC0440012	BlueChoice Advantage Platinum 0	PLATINUM	On	86052DC0440012	BlueChoice Advantage Platinum 0 Ded	PLATINUM	On	5,130.00	5,406	\$720.48	\$770.46	6.9%
86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1600	SILVER	On	86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1800 Ded	SILVER	On	2,160.00	2,260	\$511.53	\$560.52	9.6%
86052DC0440015	HealthyBlue Advantage Platinum 500	PLATINUM	On	86052DC0440033	BlueChoice Advantage Platinum 500 Ded	PLATINUM	On	1,789.00	1,880	\$703.03	\$751.95	7.0%
86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6100	BRONZE	On	86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6100 Ded	BRONZE	On	675.00	698	\$417.51	\$459.72	10.1%
86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	SILVER	On	86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000 Ded	SILVER	On	741.00	772	\$484.32	\$534.14	10.3%
86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	GOLD	On	86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1600 Ded	GOLD	On	1,718.00	1,796	\$579.39	\$626.35	8.1%
86052DC0440022	BlueChoice Advantage Silver 5350 Virtual Connect	SILVER	On	86052DC0440022	BlueChoice Advantage Silver 5350 Ded Virtual Connect	SILVER	On	448.00	472	\$483.88	\$534.99	10.6%
86052DC0440023	BlueChoice Advantage Silver 1600 BlueFund HSA	SILVER	On	86052DC0440023	BlueChoice Advantage Silver 1800 Ded BlueFund HSA	SILVER	On	859.00	889	\$511.90	\$560.79	9.6%
86052DC0440025	BlueChoice Advantage Silver 6500	SILVER	On	86052DC0440025	BlueChoice Advantage Silver 6500 Ded	SILVER	On	247.00	262	\$485.74	\$536.03	10.4%
86052DC0440026	BlueChoice Advantage Gold 3000 Virtual Connect	GOLD	On	86052DC0440026	BlueChoice Advantage Gold 3000 Ded Virtual Connect	GOLD	On	809.00	850	\$570.58	\$615.96	8.0%
86052DC0440027	BlueChoice Advantage HSA/HRA Silver 2000	SILVER	On	86052DC0440027	BlueChoice Advantage HSA/HRA Silver 2250 Ded	SILVER	On	1,434.00	1,496	\$503.05	\$549.77	9.3%
86052DC0440028	BlueChoice Advantage HSA/HRA Gold 1500 90	GOLD	On	86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1600 Ded	GOLD	On	123.00	130	\$568.46	\$626.35	10.2%
86052DC0440029	BlueChoice Advantage HSA/HRA Silver 2400 70	SILVER	On	86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000 Ded	SILVER	On	23.00	23	\$473.37	\$534.14	12.8%
86052DC0440030	BlueChoice Advantage HSA/HRA Silver 3000 70	SILVER	On	86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000 Ded	SILVER	On	181.00	190	\$474.91	\$534.14	12.5%
86052DC0440031	BlueChoice Advantage Value Bronze 6000	BRONZE	On	86052DC0440031	BlueChoice Advantage Bronze 6000 Ded	BRONZE	On	311.00	326	\$414.49	\$461.02	11.2%
86052DC0440032	BlueChoice Advantage Gold 0	GOLD	On	86052DC0440032	BlueChoice Advantage Gold 0 Ded	GOLD	On	1,171.00	1,226	\$635.88	\$681.13	7.1%
86052DC0460009	BlueChoice HMO Gold 1500	GOLD	On	86052DC0460009	BlueChoice HMO Gold 1500 Ded	GOLD	On	944.00	973	\$518.84	\$557.45	7.4%
86052DC0460010	BlueChoice HMO Gold 800	GOLD	On	86052DC0460010	BlueChoice HMO Gold 800 Ded	GOLD	On	1,354.00	1,403	\$528.09	\$571.93	8.3%
86052DC0460011	BlueChoice HMO Platinum 0	PLATINUM	On	86052DC0460010	BlueChoice HMO Platinum 0 Ded	PLATINUM	On	1,484.00	1,544	\$637.19	\$679.15	6.6%
86052DC0460011	BlueChoice HMO HSA/HRA Silver 1600	SILVER	On	86052DC0460011	BlueChoice HMO HSA/HRA Silver 1800 Ded	SILVER	On	741.00	773	\$444.66	\$485.66	9.2%
						SILVER			736	·	\$475.30	9.0%
86052DC0460013	BlueChoice HMO HSA/HRA Silver 2000	SILVER	On	86052DC0460013	BlueChoice HMO HSA/HRA Silver 2250 Ded		On	710.00		\$436.15		
86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6100	BRONZE	On	86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6100 Ded	BRONZE	On	294.00	303	\$355.62	\$390.81	9.9%
86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	SILVER	On	86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000 Ded	SILVER	On	322.00	334	\$417.35	\$459.41	10.1%
86052DC0460020	BlueChoice HMO Silver 1900	SILVER	On	86052DC0460020	BlueChoice HMO Silver 1900 Ded	SILVER	On	687.00	708	\$420.17	\$463.19	10.2%
86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	GOLD	On	86052DC0460021	BlueChoice HMO HSA/HRA Gold 1600 Ded	GOLD	On	347.00	363	\$504.54	\$543.78	7.8%
86052DC0460023	BlueChoice HMO Silver 6500	SILVER	On	86052DC0460023	BlueChoice HMO Silver 6500 Ded	SILVER	On	250.00	257	\$419.60	\$462.49	10.2%
86052DC0460024	BlueChoice HMO Gold 3000 Virtual Connect	GOLD	On	86052DC0460024	BlueChoice HMO Gold 3000 Ded Virtual Connect	GOLD	On	348.00	362	\$498.81	\$536.71	7.6%
86052DC0460025	BlueChoice HMO HSA/HRA Gold 1500 90	GOLD	On	86052DC0460021	BlueChoice HMO HSA/HRA Gold 1600 Ded	GOLD	On	87.00	88	\$494.06	\$543.78	10.1%
86052DC0460026	BlueChoice HMO HSA/HRA Bronze 6500 90	BRONZE	On	86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6100 Ded	BRONZE	On	31.00	31	\$355.30	\$390.81	10.0%
86052DC0460027	BlueChoice HMO HSA/HRA Silver 2400 70	SILVER	On	86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000 Ded	SILVER	On	19.00	19	\$408.05	\$459.41	12.6%
86052DC0460028	BlueChoice HMO HSA/HRA Silver 3000 70	SILVER	On	86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000 Ded	SILVER	On	92.00	94	\$408.39	\$459.41	12.5%
86052DC0460029	BlueChoice HMO Value Bronze 6000	BRONZE	On	86052DC0460029	BlueChoice HMO Bronze 6000 Ded	BRONZE	On	229.00	236	\$353.47	\$392.70	11.1%
86052DC0460030	BlueChoice HMO HSA Standard Bronze \$6,350	BRONZE	On	86052DC0460030	BlueChoice HMO HSA Standard Bronze \$6,350	BRONZE	On	14.00	15	\$357.04	\$393.57	10.2%
86052DC0460031	BlueChoice HMO Standard Bronze \$7,500	BRONZE	On	86052DC0460031	BlueChoice HMO Standard Bronze \$7,500	BRONZE	On	12.00	14	\$367.67	\$408.09	11.0%
86052DC0460032	BlueChoice HMO Standard Gold \$500	GOLD	On	86052DC0460032	BlueChoice HMO Standard Gold \$500	GOLD	On	40.00	43	\$546.13	\$598.85	9.7%
86052DC0460033	BlueChoice HMO Standard Platinum \$0	PLATINUM	On	86052DC0460033	BlueChoice HMO Standard Platinum \$0	PLATINUM	On	2.00	2	\$636.23	\$687.34	8.0%
86052DC0460034	BlueChoice HMO Standard Silver \$4,850	SILVER	On	86052DC0460034	BlueChoice HMO Standard Silver \$4,850	SILVER	On	23.00	24	\$422.55	\$467.61	10.7%
86052DC0480007	BlueChoice HMO Referral Platinum 0	PLATINUM	On	86052DC0480007	BlueChoice HMO Referral Platinum 0 Ded	PLATINUM	On	1,169.00	1,218	\$606.40	\$646.26	6.6%
86052DC0480008	BlueChoice HMO Referral Gold 800	GOLD	On	86052DC0480008	BlueChoice HMO Referral Gold 800 Ded	GOLD	On	1,130.00	1,166	\$500.96	\$542.64	8.3%
86052DC0480010	BlueChoice HMO Referral Gold 0	GOLD	On	86052DC0480010	BlueChoice HMO Referral Gold 0 Ded	GOLD	On	936.00	972	\$535.00	\$571.04	6.7%
86052DC0480014	lueChoice HMO Referral Silver 5350 Virtual Conne	SILVER	On	86052DC0480014	lueChoice HMO Referral Silver 5350 Ded Virtual Connec	SILVER	On	510.00	530	\$395.10	\$435.87	10.3%
86052DC0480015	BlueChoice HMO Referral Bronze 8250	BRONZE	On	86052DC0480015	BlueChoice HMO Referral Bronze 8500 Ded	BRONZE	On	342.00	353	\$313.49	\$348.08	11.0%
86052DC0500009	BlueChoice Plus HSA/HRA Silver 1600	SILVER	On	86052DC0500009	BlueChoice Plus HSA/HRA Silver 1800 Ded	SILVER	On	1,329.00	1,376	\$456.18	\$499.54	9.5%
86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	SILVER	On	86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000 Ded	SILVER	On	356.00	370	\$428.88	\$473.27	10.4%
86052DC0500012	HealthyBlue Plus Platinum 500	PLATINUM	On	86052DC0500019	BlueChoice Plus Platinum 500 Ded	PLATINUM	On	1,370.00	1,415	\$633.40	\$676.87	6.9%
86052DC0500015	BlueChoice Plus Gold 1000	GOLD	On	86052DC0500015	BlueChoice Plus Gold 1000 Ded	GOLD	On	1,408.00	1,457	\$535.78	\$582.15	8.7%
86052DC0500016	BlueChoice Plus Gold 800	GOLD	On	86052DC0500016	BlueChoice Plus Gold 800 Ded	GOLD	On	1,653.00	1,698	\$540.78	\$587.03	8.6%
86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6100	BRONZE	On	86052DC0500017	BlueChoice Plus HSA/HRA Bronze 6100 Ded	BRONZE	On	307.00	319	\$366.25	\$403.54	10.2%
86052DC0500017	BlueChoice Plus HSA/HRA Silver 2500	SILVER	On	86052DC0500017	BlueChoice Plus HSA/HRA Silver 2750 Ded	SILVER	On	299.00	310	\$442.15	\$483.05	9.3%
0000220000010	Diacelloice Flas Hory Hith Silver 2500	SILVLIN	OII	00032000010	Diacondice Has Hory Hith Silver 2750 Dea	SILVLIN	OII -	255.00	310	7772.13	y-103.03	3.370

#### **Appendix - Quarterly Rate Change Adjustment Factors**

	(1)	(2)	(3) = (1 + (1))*(1 + (2)) -1
Quarter	Market Adj. Index Rate	Admin Load Factor	Plan Adjusted Index Rates
2Q24	1.6%	0.0%	1.6%
3Q24	1.6%	-0.1%	1.5%
4Q24	1.6%	-0.1%	1.6%

The changes above are relative to the preceding quarter and no other changes factor into the 2Q, 3Q and 4Q rates.

### **Appendix - Maximum Rate Renewal**

	2023	2024	% Change
Base Rate	\$473.37	\$534.14	12.8%
Age Factor	0.654	0.727	11.2%
Geographic Factor	1.000	1.000	0.0%
Tobacco Factor	1.000	1.000	0.0%
Total	\$309.58	\$388.32	25.4%

	BlueChoice	BlueChoice
	Advantage	Advantage
	HSA/HRA Silver	HSA/HRA Silver
Base Rate/Product(s)	2400 70	3000 Ded
Age Change	20	21
Geo Change*	N/A	N/A
Tobacco Change**	N/A	N/A

<sup>\*</sup>we did not geo rate

<sup>\*\*</sup>we did not tobacco rate

#### 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-133651468

#### **ON-Exchange**

#### **BlueChoice HMO Referral and Open Access**

DC/CFBC/SHOP/GC (R. 1/19)

DC/CFBC/SHOP/HMO POS/EOC (R. 1/23)

DC/CFBC/DOL APPEAL (R. 1/22)

DC/CFBC/SHOP/HMO DOCS (R. 1/23)

DC/CFBC/SG/HMO/BRZ 6000 Ded (1/24)

DC/CFBC/SG/HMO OA CDH/BRZ 6100 Ded (1/24)

DC/CFBC/SG/HMO OA CDH/GOLD 1600 Ded (1/24)

DC/CFBC/SG/HMO OA CDH/SIL 1800 Ded (1/24)

DC/CFBC/SG/HMO OA CDH/SIL 2250 Ded (1/24) DC/CFBC/SG/HMO OA CDH/SIL 3000 Ded (1/24)

DC/CFBC/SG/HMO OA/GOLD 800 Ded (1/24)

DC/CFBC/SG/HMO OA/GOLD 1500 Ded (1/24)

DC/CFBC/SG/HMO OA/PLAT 0 Ded (1/24)

DC/CFBC/SG/HMO OA/SIL 1900 Ded (1/24)

DC/CFBC/SG/HMO OA/SIL 6500 Ded (1/24)

DC/CFBC/SG/HMO OA VC/GOLD 3000 Ded (1/24)

DC/CFBC/SG/HMO REF/BRZ 8500 Ded (1/24)

DC/CFBC/SG/HMO REF/GOLD 0 Ded (1/24)

DC/CFBC/SG/HMO REF/GOLD 800 Ded (1/24)

DC/CFBC/SG/HMO REF/PLAT 0 Ded (1/24)

DC/CFBC/SG/HMO REF VC/SIL 5350 Ded (1/24)

DC/CFBC/SG/HMO HSA STD/BRZ 6350 (1/24)

DC/CFBC/SG/HMO STD/BRZ 7500 (1/24)

DC/CFBC/SG/HMO STD/GOLD 500 (1/24)

DC/CFBC/SG/HMO STD/PLAT 0 (1/24)

DC/CFBC/SG/HMO STD/SIL 4850 (1/24)

DC/CFBC/BLCRD (R. 6/18)

DC/CFBC/MEM/BLCRD (R. 6/18)

DC/CFBC/NO SURP ACT/AMEND (R. 1/23)

DC/CFBC/2024 GC AMEND (1/24)

DC/CFBC/SHOP/2024 AMEND (1/24)

DC/CFBC/SG/AUTH AMEND/HMO (R. 1/24)

DC/CFBC/PT PROTECT (9/10)

DC/CFBC/SG/INCENT (R. 1/23)

DC/CFBC/SHOP/ELIG (R. 1/21)

4/27/2023

#### **In-Network**

DC/CFBC/SHOP/GC (R 1/19)

DC/CFBC/SHOP/HMO POS/EOC (R. 1/23)

DC/CFBC/DOL APPEAL (R. 1/22)

DC/CFBC/SHOP/PLUS IN DOCS (R. 1/23)

DC/CFBC/SG/POS IN CDH/BRZ 6100 Ded (1/24)

DC/CFBC/SG/POS IN CDH/SIL 1800 Ded (1/24)

DC/CFBC/SG/POS IN CDH/SIL 2750 Ded (1/24)

DC/CFBC/SG/POS IN CDH/SIL 3000 Ded (1/24)

DC/CFBC/SG/POS IN/GOLD 800 Ded (1/24)

DC/CFBC/SG/POS IN/GOLD 1000 Ded (1/24)

DC/CFBC/SG/POS IN/PLAT 500 Ded (1/24)

DC/CFBC/BLCRD (R. 6/18)

DC/CFBC/MEM/BLCRD (R. 6/18)

DC/CFBC/NO SURP ACT/AMEND (R. 1/23)

DC/CFBC/2024 GC AMEND (1/24)

DC/CFBC/SHOP/2024 AMEND (1/24)

DC/CFBC/SG/AUTH AMEND/PLUS (R. 1/24)

DC/CFBC/PT PROTECT (9/10)

DC/CFBC/SG/INCENT (R. 1/23)

DC/CFBC/SHOP/ELIG (R. 1/21)

#### **BlueChoice Plus (OOPOA)**

#### **Out-of-Network**

DC/CF/SHOP/GC (R 1/19)

DC/CF/SHOP/POS OON/EOC (R. 1/23)

DC/GHMSI/DOL APPEAL (R. 1/22)

DC/CF/SHOP/POS OON/DOCS (R. 1/23)

DC/CF/SG/POS OON CDH/BRZ 6100 Ded (1/24)

DC/CF/SG/POS OON CDH/SIL 1800 Ded (1/24)

DC/CF/SG/POS OON CDH/SIL 2750 Ded (1/24)

DC/CF/SG/POS OON CDH/SIL 3000 Ded (1/24)

DC/CF/SG/POS OON/GOLD 800 Ded (1/24)

DC/CF/SG/POS OON/GOLD 1000 Ded (1/24)

DC/CF/SG/POS OON/PLAT 500 Ded (1/24)

DC/CF/BLCRD (R. 6/18)

DC/CF/MEM/BLCRD (R. 6/18)

DC/CF/ANCILLARY AMEND (10/12)

DC/CF/NO SURP ACT/AMEND (R. 1/23)

DC/CF/2024 GC AMEND (1/24)

DC/CF/SHOP/POS OON/2024 AMEND (1/24)

DC/CF/SG/AUTH AMEND/POS OON (R. 1/24)

DC/CF/PT PROTECT (9/10)

DC GHMSI – HEALTH GUARANTY 5/21

DC/CF/SHOP/ELIG (R. 1/21)

#### **BlueChoice Plus (OO-OA)**

DC/CFBC/SHOP/GC (R 1/19)

DC/CFBC/SHOP/HMO POS/EOC (R. 1/23)

DC/CFBC/DOL APPEAL (R. 1/22)

DC/CFBC/SHOP/BC+OOOA DOCS (R. 1/23)

DC/CFBC/SG/BC+ OO/PLAT 0 Ded (1/24)

DC/CFBC/BLCRD (R. 6/18)

DC/CFBC/MEM/BLCRD (R. 6/18)

DC/CFBC/2024 GC AMEND (1/24)

DC/CFBC/SHOP/2024 AMEND (1/24)

DC/CFBC/SG/AUTH AMEND/ BCOO (R. 1/24)

DC/CFBC/PT PROTECT (9/10)

DC/CFBC/SG/INCENT (R. 1/23)

DC/CFBC/SHOP/ELIG (R. 1/21)

#### **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/CD/HMO/INCENT (1/23)

DC/CFBC/PT PROTECT (9/10)

## BlueChoice Advantage

**Out-of-Network** 

DC/CF/SHOP/GC (R 1/19)

DC/CF/SHOP/POS OON/EOC (R. 1/23)

DC/GHMSI/DOL APPEAL (R. 1/22)

DC/CF/SHOP/POS OON/DOCS (R. 1/23)

DC/CF/SG/POS OON CDH/BRZ 6100 Ded (1/24)

DC/CF/SG/POS OON CDH/SIL 1800 Ded (1/24)

DC/CF/SG/POS OON CDH/SIL 2750 Ded (1/24) DC/CF/SG/POS OON CDH/SIL 3000 Ded (1/24)

DC/CF/SG/POS OON/GOLD 800 Ded (1/24) DC/CF/SG/POS OON/GOLD 1000 Ded (1/24)

DC/CF/SG/POS OON/PLAT 500 Ded (1/24) DC/CF/SG/BC ADV OON BF HSA/SIL 1800 Ded (1/24)

DC/CF/SG/POS OON CDH/GOLD 1600 Ded (1/24)

DC/CF/SG/POS OON /BRZ 6000 Ded (1/24) DC/CF/SG/POS OON CDH/SIL 2250 (1/24)

DC/CF/SG/POS OON/GOLD 0 Ded (1/24)

DC/CF/SG/POS OON/PLAT 0 Ded (1/24)

DC/CF/SG/POS OON/SIL 6500 Ded (1/24) DC/CF/SG/POS OON VC/GOLD 3000 Ded (1/24)

DC/CF/SG/POS OON VC/SIL 5350 Ded (1/24)

DC/CF/BLCRD (R. 6/18)

DC/CF/MEM/BLCRD (R. 6/18)

DC/CF/ANCILLARY AMEND (10/12)

DC/CF/NO SURP ACT/AMEND (R. 1/23)

DC/CF/2024 GC AMEND (1/24)

DC/CF/SHOP/POS OON/2024 AMEND (1/24)

DC/CF/SG/AUTH AMEND/POS OON (R. 1/24)

DC/CF/PT PROTECT (9/10)

DC GHMSI – HEALTH GUARANTY 5/21

DC/CF/SHOP/ELIG (R. 1/21)

DC/CFBC/SHOP/HMO POS/EOC (R. 1/23)

DC/CFBC/SHOP/ADV IN DOCS (R. 1/23)

DC/CFBC/SG/POS IN CDH/BRZ 6100 Ded (1/24)

DC/CFBC/SG/POS IN CDH/SIL 1800 Ded (1/24)

DC/CFBC/SG/POS IN CDH/SIL 2750 Ded (1/24)

DC/CFBC/SG/POS IN CDH/SIL 3000 Ded (1/24)

DC/CFBC/SG/BC ADV IN BF HSA/SIL 1800 Ded (1/24)

DC/CFBC/SG/POS IN CDH/GOLD 1600 Ded (1/24)

DC/CFBC/SG/POS IN CDH/SIL 2250 Ded (1/24)

DC/CFBC/SG/POS IN VC/GOLD 3000 Ded (1/24)

DC/CFBC/SG/POS IN VC/SIL 5350 Ded (1/24)

DC/CFBC/SG/POS IN/GOLD 800 Ded (1/24)

DC/CFBC/SG/POS IN/GOLD 1000 Ded (1/24)

DC/CFBC/SG/POS IN/PLAT 500 Ded (1/24)

DC/CFBC/SG/POS IN/BRZ 6000 Ded (1/24)

DC/CFBC/SG/POS IN/GOLD 0 Ded (1/24)

DC/CFBC/SG/POS IN/PLAT 0 Ded (1/24)

DC/CFBC/ADV/MEM/BLCRD (R. 6/18)

DC/CFBC/ANCILLARY AMEND (10/12)

DC/CFBC/NO SURP ACT/AMEND (R. 1/23)

DC/CFBC/SG/AUTH AMEND/ADV (R. 1/24)

DC/CFBC/ADV/BLCRD (R. 6/18)

DC/CFBC/2024 GC AMEND (1/24)

DC/CFBC/PT PROTECT (9/10)

DC/CFBC/SG/INCENT (R. 1/23)

DC/CFBC/SHOP/ELIG (R. 1/21)

DC/CFBC/SHOP/2024 AMEND (1/24)

DC/CFBC/SG/POS IN/SIL 6500 Ded (1/24)

DC/CFBC/DOL APPEAL (R. 1/22)

Month	Members	Service Category	<b>Ultimate Allowed</b>	Ultimate Incurred	Allowed	Incurred	<b>Drug Rebates</b>	<b>Utilization Unit</b>	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

Month	Members	Service Category	<b>Ultimate Allowed</b>	Ultimate Incurred	Allowed	Incurred	Drug Rebates	<b>Utilization Unit</b>	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

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Allowed	Incurred	<b>Drug Rebates</b>	<b>Utilization Unit</b>	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

Month	Members	Service Category	<b>Ultimate Allowed</b>	Ultimate Incurred	Allowed	Incurred	Drug Rebates	<b>Utilization Unit</b>	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	<b>Utilization Unit</b>	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	<b>Ultimate Allowed</b>	Ultimate Incurred	Allowed	Incurred	Drug Rebates	<b>Utilization Unit</b>	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 & Indvidual Combined (Small Group) Exhibit 1 - Market Adjusted Index Rate Summary

		2024	2023	%Change
(1)	Base Period Total Allowed	\$ 507.34	\$ 469.36	8.1%
(2)	Base Period Non-EHB PMPM	\$ 0.15	\$ 0.30	
(3)	Experience Period Index Rate	\$ 507.18	\$ 469.06	8.1%
(4)	Change in Morbidity	1.015	1.038	-2.2%
(5)	Additional Population Adjustment	1.000	1.000	0.0%
(6)	Induced Demand	0.996	0.996	0.0%
(7)	Projection Period Utilization and Network Adjustment	1.000	1.000	0.0%
(8)	Demographic Adjustment	0.999	0.997	0.1%
(9)	Area Adjustment	1.000	1.000	
(10)	Additional "Other" Adjustments	0.997	0.987	0.9%
(11)	Annualized Trend	6.5%	5.4%	
(12)	Months of Trend	24.0	24.0	
(13)	Unit cost & Utilization/1,000 Trend Factor	1.133	1.110	2.1%
(14)	Projection Period Index Rate	\$ 578.44	\$ 530.41	9.1%
(15)	Risk Adjustment Program	1.040	1.046	-0.6%
(16)	Federal Exchange User Fee	1.000	1.000	
(17)	Market Adjusted Index Rate	\$ 601.52	\$ 554.78	8.4%
	Without Risk Adjustment	\$ 578.44	\$ 530.41	
	Base Rate Change	8.1%	15.5%	

## 2024 DC Small Group BlueChoice Plan Adjusted Index Rate Changes

					Mar	et Adjusted Inc	dex Rate		Benefits			Network		Induced Utilization		HSA Factor			Non-EHB			Adm		Admin Age Calibrat		e Calibratio	oration Tota		tal Change		
				Dagarahan 1	222																										
				December 2 Projecte	)23																										
Index 2023 HIOS Plan ID	2023 Plan Name	Type	Metallic Tier	On/Off Member	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 86052DC0440010	BlueChoice Advantage Gold 1000	POS		On 4,					0.849	1.86%	1.059	1.065	-0.49%	0.998	1.000	-0.20%	1.000	1.000	0.00%	1.0002	1.0002	0.00%	1.244	1.253	-0.74%	0.948	0.949	-0.15%	\$648.37	\$596.36	8.7%
2 86052DC0440011	BlueChoice Advantage Gold 800	POS	GOLD	On 3,	72 \$601				0.856	1.76%	1.059	1.065	-0.49%	0.998	1.000	-0.20%	1.000	1.000	0.00%	1.0002	1.0002	0.00%	1.244	1.253	-0.74%	0.948	0.949	-0.15%	\$653.23	\$601.46	8.6%
3 86052DC0440012	BlueChoice Advantage Platinum 0	POS	PLATINUM	On 5,	06 \$601	.52 \$554.	78 8.43%	0.965	0.963	0.19%	1.059	1.065	-0.49%	1.063	1.065	-0.20%	1.000	1.000	0.00%	1.0002	1.0002	0.00%	1.244	1.253	-0.74%	0.948	0.949	-0.15%	\$770.46	\$720.48	6.9%
4 86052DC0440013	BlueChoice Advantage HSA/HRA Silver 1600	POS	SILVER		60 \$601					2.67%	1.059	1.065	-0.49%	0.952	0.954	-0.20%	1.000	1.000	0.00%	1.000	1.0002	0.00%	1.244	1.253	-0.74%	0.948	0.949	-0.15%	\$560.52	\$511.53	9.6%
5 86052DC0440015	BlueChoice Advantage Platinum 500 Ded	POS			80 \$602					0.21%	1.059	1.065	-0.49%	1.063	1.065	-0.20%	1.000	1.000	0.00%	1.000	1.0002	0.00%	1.244	1.253	-0.74%	0.948	0.949	-0.15%	\$751.95	\$703.03	7.0%
6 86052DC0440018	BlueChoice Advantage HSA/HRA Bronze 6100	POS			98 \$601				0.642	3.17%	1.059	1.065	-0.49%	0.924	0.926	-0.20%	1.000	1.000	0.00%	1.000	1.0002	0.00%	1.244	1.253	-0.74%		0.949	-0.15%	\$459.72	\$417.51	10.1%
7 86052DC0440019	BlueChoice Advantage HSA/HRA Silver 3000	POS			72 \$601				0.723	3.33%	1.059	1.065	-0.49%	0.952	0.954	-0.20%	1.000	1.000	0.00%	1.000	1.0002	0.00%	1.244	1.253	-0.74%	0.948	0.949	-0.15%	\$534.14	\$484.32	10.3%
8 86052DC0440021	BlueChoice Advantage HSA/HRA Gold 1500	POS			96 \$602 72 \$602					1.29%	1.059	1.065	-0.49%	0.998	1.000	-0.20%	1.000	1.000	0.00%	1.000	1.0002	0.00%	1.244	1.253	-0.74% -0.74%	0.948	0.949	-0.15%	\$626.35 \$534.99	\$579.39 \$483.88	8.1%
9 86052DC0440022 10 86052DC0440023	BlueChoice Advantage Silver 5350 Virtual Connect BlueChoice Advantage Silver 1600 BlueFund HSA	POS POS		•	72 \$602 89 \$602					2.64%	1.059 1.059	1.065 1.065	-0.49% -0.49%	0.952 0.952	0.954 0.954	-0.20% -0.20%	1.000 1.000	1.000 1.000	0.00%	1.000 1.000	1.0002 1.0002	0.00%	1.244 1.244	1.253 1.253	-0.74%	0.948 0.948	0.949 0.949	-0.15% -0.15%	\$534.99 \$560.79	\$511.90	10.6% 9.6%
11 86052DC0440025	BlueChoice Advantage Silver 6500	POS			62 \$602					3 39%	1.059	1.065	-0.49%	0.952	0.954	-0.20%	1.000	1.000	0.00%	1.000	1.0002	0.00%	1.244	1.253	-0.74%	0.948	0.949	-0.15%	\$536.03	\$485.74	10.4%
12 86052DC0440026	BlueChoice Advantage Gold 3000 Virtual Connect	POS			50 \$602					1.15%	1.059	1.065	-0.49%	0.998	1.000	-0.20%	1.000	1.000	0.00%	1.000	1.0002	0.00%	1.244	1.253	-0.74%		0.949	-0.15%	\$615.96	\$570.58	8.0%
13 86052DC0440027	BlueChoice Advantage HSA/HRA Silver 2000	POS			96 \$602					2.39%	1.059	1.065	-0.49%	0.952	0.954	-0.20%	1.000	1.000	0.00%	1.000	1.0002	0.00%	1.244	1.253	-0.74%	0.948	0.949	-0.15%	\$549.77	\$503.05	9.3%
14 86052DC0440028	BlueChoice Advantage HSA/HRA Gold 1500 90	POS		On	30 \$602					3.24%	1.059	1.065	-0.49%	0.998	1.000	-0.20%	1.000	1.000	0.00%	1.000	1.0002	0.00%	1.244	1.253	-0.74%	0.948	0.949	-0.15%	\$626.35	\$568.46	10.2%
15 86052DC0440029	BlueChoice Advantage HSA/HRA Silver 2400 70	POS		On	23 \$602				0.707	5.72%	1.059	1.065	-0.49%	0.952	0.954	-0.20%	1.000	1.000	0.00%	1.000	1.0002	0.00%	1.244	1.253	-0.74%	0.948	0.949	-0.15%	\$534.14	\$473.37	12.8%
16 86052DC0440030	BlueChoice Advantage HSA/HRA Silver 3000 70	POS	SILVER	On	90 \$601	.52 \$554.	78 8.43%	0.747	0.709	5.38%	1.059	1.065	-0.49%	0.952	0.954	-0.20%	1.000	1.000	0.00%	1.000	1.0002	0.00%	1.244	1.253	-0.74%	0.948	0.949	-0.15%	\$534.14	\$474.91	12.5%
17 86052DC0440031	BlueChoice Advantage Value Bronze 6000	POS	BRONZE	On	26 \$601					4.21%	1.059	1.065	-0.49%	0.924	0.926	-0.20%	1.000	1.000	0.00%	1.000	1.0002	0.00%	1.244	1.253	-0.74%	0.948	0.949	-0.15%	\$461.02	\$414.49	11.2%
18 86052DC0440032	BlueChoice Advantage Gold 0	POS			26 \$601				0.905	0.36%	1.059	1.065	-0.49%	0.998	1.000	-0.20%	1.000	1.000	0.00%	1.000	1.0002	0.00%	1.244	1.253	-0.74%		0.949	-0.15%	\$681.13	\$635.88	7.1%
19 86052DC0460009	BlueChoice HMO Gold 1500	HMO			73 \$601				0.834	0.97%	0.936	0.943	-0.79%	0.998	1.000	-0.20%	1.000	1.000	0.00%	1.000	1.0002	0.00%	1.244	1.253	-0.74%	0.948	0.949	-0.15%	\$557.45	\$518.84	7.4%
20 86052DC0460010	BlueChoice HMO Gold 800	HMO			03 \$601				0.848	1.77%	0.936	0.943	-0.79%	0.998	1.000	-0.20%	1.000	1.000	0.00%	1.000	1.0002	0.00%	1.244	1.253	-0.74%	0.948	0.949	-0.15%	\$571.93	\$528.09	8.3%
21 86052DC0460011	BlueChoice HMO Platinum 0	HMO	PLATINUM		44 \$602				0.961	0.16%	0.936	0.943	-0.79%	1.063	1.065	-0.20%	1.000	1.000	0.00%	1.000	1.0002	0.00%	1.244	1.253	-0.74%		0.949	-0.15%	\$679.15	\$637.19	6.6%
22 86052DC0460012 23 86052DC0460013	BlueChoice HMO HSA/HRA Silver 1600 BlueChoice HMO HSA/HRA Silver 2000	HMO		On On	73 \$602 36 \$602					2.64%	0.936	0.943 0.943	-0.79% -0.79%	0.952 0.952	0.954 0.954	-0.20% -0.20%	1.000 1.000	1.000 1.000	0.00%	1.000 1.000	1.0002 1.0002	0.00%	1.244 1.244	1.253	-0.74% -0.74%	0.948 0.948	0.949 0.949	-0.15% -0.15%	\$485.66 \$475.30	\$444.66 \$436.15	9.2%
24 86052DC0460014	BlueChoice HMO HSA/HRA Bronze 6100	HMO HMO			03 \$601					3.27%	0.936	0.943	-0.79%	0.932	0.934	-0.20%	1.000	1.000	0.00%	1.000	1.0002	0.00%	1.244	1.253 1.253	-0.74%		0.949	-0.15%	\$390.81	\$355.62	9.9%
25 86052DC0460019	BlueChoice HMO HSA/HRA Silver 3000	HMO	SILVER	On	34 \$602				0.703	3.44%	0.936	0.943	-0.79%	0.952	0.954	-0.20%	1.000	1.000	0.00%	1.000	1.0002	0.00%	1.244	1.253	-0.74%	0.948	0.949	-0.15%	\$459.41	\$417.35	10.1%
26 86052DC0460020	BlueChoice HMO Silver 1900	НМО	SILVER	On	08 \$60	52 \$554	78 8.43%	6 0.733	0.708	3.59%	0.936	0.943	-0.79%	0.952	0.954	-0.20%	1.000	1.000	0.00%	1.000	1.0002	0.00%	1.244	1.253	-0.74%	0.948	0.949	-0.15%	\$463.19	\$420.17	10.2%
27 86052DC0460021	BlueChoice HMO HSA/HRA Gold 1500	НМО	GOLD	On	63 \$602		78 8.43%	6 0.821	0.811	1.28%	0.936	0.943	-0.79%	0.998	1.000	-0.20%	1.000	1.000	0.00%	1.000	1.0002	0.00%	1.244	1.253	-0.74%		0.949	-0.15%	\$543.78	\$504.54	7.8%
28 86052DC0460023	BlueChoice HMO Silver 6500	НМО	SILVER	On	57 \$601			0.732	0.707	3.58%	0.936	0.943	-0.79%	0.952	0.954	-0.20%	1.000	1.000	0.00%	1.000	1.0002	0.00%	1.244	1.253	-0.74%	0.948	0.949	-0.15%	\$462.49	\$419.60	10.2%
29 86052DC0460024	BlueChoice HMO Gold 3000 Virtual Connect	НМО	GOLD	On	62 \$602	.52 \$554.	78 8.43%	0.810	0.801	1.11%	0.936	0.943	-0.79%	0.998	1.000	-0.20%	1.000	1.000	0.00%	1.000	1.0002	0.00%	1.244	1.253	-0.74%	0.948	0.949	-0.15%	\$536.71	\$498.81	7.6%
30 86052DC0460025	BlueChoice HMO HSA/HRA Gold 1500 90	НМО	GOLD	On	88 \$601	.52 \$554.	78 8.43%	0.821	0.794	3.43%	0.936	0.943	-0.79%	0.998	1.000	-0.20%	1.000	1.000	0.00%	1.000	1.0002	0.00%	1.244	1.253	-0.74%	0.948	0.949	-0.15%	\$543.78	\$494.06	10.1%
31 86052DC0460026	BlueChoice HMO HSA/HRA Bronze 6500 90	НМО	BRONZE	On	31 \$601	•				3.37%	0.936	0.943	-0.79%	0.924	0.926	-0.20%	1.000	1.000	0.00%	1.000	1.0002	0.00%	1.244	1.253	-0.74%		0.949	-0.15%	\$390.81	\$355.30	10.0%
32 86052DC0460027	BlueChoice HMO HSA/HRA Silver 2400 70	HMO	SILVER	On	19 \$601					5.80%	0.936	0.943	-0.79%	0.952	0.954	-0.20%	1.000	1.000	0.00%	1.000	1.0002	0.00%	1.244	1.253	-0.74%	0.948	0.949	-0.15%	\$459.41	\$408.05	12.6%
33 86052DC0460028	BlueChoice HMO HSA/HRA Silver 3000 70	HMO		On	94 \$601					5.71%	0.936	0.943	-0.79%	0.952	0.954	-0.20%	1.000	1.000	0.00%	1.000	1.0002	0.00%	1.244	1.253	-0.74%		0.949	-0.15%	\$459.41	\$408.39	12.5%
34 86052DC0460029	BlueChoice HMO Value Bronze 6000	HMO	BRONZE	On On	36 \$600	•				4.40%	0.936	0.943	-0.79%	0.924	0.926	-0.20%	1.000	1.000	0.00%	1.000	1.0002	0.00%	1.244	1.253	-0.74%		0.949	-0.15%	\$392.70	\$353.47	11.1%
35 86052DC0460030 36 86052DC0460031	BlueChoice HMO HSA Standard Bronze \$6,350 BlueChoice HMO Standard Bronze \$7,500	HMO	BRONZE BRONZE	On On	15 \$601 14 \$601					3.59% 4.21%	0.936	0.943 0.943	-0.79% -0.79%	0.924 0.924	0.926 0.926	-0.20% -0.20%	1.000	1.000	0.00%	1.000	1.0002 1.0002	0.00%	1.244 1.244	1.253 1.253	-0.74% -0.74%	0.948 0.948	0.949	-0.15% -0.15%	\$393.57 \$408.09	\$357.04 \$367.67	10.2%
37 86052DC0460032	BlueChoice HMO Standard Gold \$500	HMO HMO		On	43 \$601					4.31% 3.04%	0.936 0.936	0.943	-0.79%	0.924	1.000	-0.20%	1.000 1.000	1.000 1.000	0.00%	1.000 1.000	1.0002	0.00%	1.244	1.253	-0.74%		0.949 0.949	-0.15%	\$598.85	\$546.13	11.0% 9.7%
38 86052DC0460033	BlueChoice HMO Standard Platinum \$0	HMO		On	2 \$602	•				1.52%	0.936	0.943	-0.79%	1.063	1.065	-0.20%	1.000	1.000	0.00%	1.000	1.0002	0.00%	1.244	1.253	-0.74%	0.948	0.949	-0.15%	\$687.34	\$636.23	8.0%
39 86052DC0460034	BlueChoice HMO Standard Silver \$4,850	НМО		On	24 \$602					3.99%	0.936	0.943	-0.79%	0.952	0.954	-0.20%	1.000	1.000	0.00%	1.000	1.0002	0.00%	1.244	1.253	-0.74%		0.949	-0.15%	\$467.61	\$422.55	10.7%
40 86052DC0480007	BlueChoice HMO Referral Platinum 0	НМО		On 1,	1	•				0.15%	0.891	0.898	-0.79%	1.063	1.065	-0.20%	1.000	1.000	0.00%	1.000	1.0002	0.00%	1.244	1.253	-0.74%		0.949	-0.15%	\$646.26	\$606.40	6.6%
41 86052DC0480008	BlueChoice HMO Referral Gold 800	НМО	GOLD	On 1,	66 \$602	.52 \$554.	78 8.43%	0.860	0.845	1.79%	0.891	0.898	-0.79%	0.998	1.000	-0.20%	1.000	1.000	0.00%	1.000	1.0002	0.00%	1.244	1.253	-0.74%	0.948	0.949	-0.15%	\$542.64	\$500.96	8.3%
42 86052DC0480010	BlueChoice HMO Referral Gold 0	НМО	GOLD	On	72 \$602	.52 \$554.	78 8.43%	0.905	0.903	0.30%	0.891	0.898	-0.79%	0.998	1.000	-0.20%	1.000	1.000	0.00%	1.000	1.0002	0.00%	1.244	1.253	-0.74%	0.948	0.949	-0.15%	\$571.04	\$535.00	6.7%
43 86052DC0480014	BlueChoice HMO Referral Silver 5350 Virtual Connect	НМО	SILVER	On	30 \$601	•		0.725	0.699	3.67%	0.891	0.898	-0.79%	0.952	0.954	-0.20%	1.000	1.000	0.00%	1.000	1.0002	0.00%	1.244	1.253	-0.74%	0.948	0.949	-0.15%	\$435.87	\$395.10	10.3%
44 86052DC0480015	BlueChoice HMO Referral Bronze 8250	НМО	BRONZE		53 \$601	•				4.34%	0.891	0.898	-0.79%	0.924	0.926	-0.20%	1.000	1.000	0.00%	1.000	1.0002	0.00%	1.244	1.253	-0.74%	0.948	0.949	-0.15%	\$348.08	\$313.49	11.0%
45 86052DC0500009	BlueChoice Plus HSA/HRA Silver 1600	POS			76 \$601	•				2.68%	0.959	0.964	-0.57%	0.952	0.954	-0.20%	1.000	1.000	0.00%	1.000	1.0002	0.00%	1.244	1.253	-0.74%		0.949	-0.15%	\$499.54	\$456.18	9.5%
46 86052DC0500010	BlueChoice Plus HSA/HRA Silver 3000	POS	0.212		70 \$600					3.47%	0.959	0.964	-0.57%	0.952	0.954	-0.20%	1.000	1.000	0.00%	1.000	1.0002	0.00%	1.244	1.253	-0.74%		0.949	-0.15%	\$473.27	\$428.88	10.4%
47 86052DC0500012	HealthyBlue Plus Platinum 500	POS			15 \$601 5601	•				0.20%	0.959	0.964	-0.57%	1.063	1.065	-0.20%	1.000	1.000	0.00%	1.000	1.0002	0.00%	1.244	1.253	-0.74%	0.948	0.949	-0.15%	\$676.87 \$593.15	\$633.40	6.9%
48 86052DC0500015	BlueChoice Plus Gold 1000	POS		On 1,		•				1.88%	0.959	0.964	-0.57%	0.998	1.000	-0.20%	1.000	1.000	0.00%	1.000	1.0002	0.00%	1.244	1.253	-0.74%		0.949	-0.15%	\$582.15 \$587.03	\$535.78	8.7%
49 86052DC0500016 50 86052DC0500017	BlueChoice Plus Gold 800 BlueChoice Plus HSA/HRA Bronze 6100	POS POS		On 1, On	98 \$601 19 \$601					1.78% 3.31%	0.959 0.959	0.964 0.964	-0.57% -0.57%	0.998 0.924	1.000 0.926	-0.20% -0.20%	1.000 1.000	1.000 1.000	0.00%	1.000 1.0002	1.0002 1.0002	0.00%	1.244 1.244	1.253 1.253	-0.74% -0.74%	0.948 0.948	0.949 0.949	-0.15% -0.15%	\$587.03 \$403.54	\$540.78 \$366.25	8.6% 10.2%
51 86052DC0500017	BlueChoice Plus HSA/HRA Silver 2500	POS		On	10 \$602					2.44%		0.964	-0.57%	0.924	0.926	-0.20%	1.000	1.000	0.00%	1.0002	1.0002	0.00%	1.244	1.253	-0.74%		0.949	-0.15%	\$403.34 \$483.05	\$442.15	9 3%
52 86052DC05800018	BlueChoice Plus Opt-Out Platinum 0	POS			09 \$602					0.17%		0.954	-0.57%	1.063	1.065	-0.20%		1.000	0.00%	1.0002	1.0002	0.00%		1.253	-0.74%		0.949	-0.15%	\$687.63	\$644.38	6.7%
	- pro	- <del>-</del>		<u> </u>	1 700.	, , , ,	17.37				- <del>- · ·</del>	1								<del>-</del>					.,,,				,	,	
				49,	12 \$603	.52 \$554.	78 8.43%	% 0.856	0.844	1.58%	1.003	1.009	-0.59%	1.003	1.005	-0.20%	1.000	1.000	0.00%	1.000	1.000	0.00%	1.244	1.253	-0.74%	0.948	0.949	-0.15%	\$613.21	\$567.06	8.1%

## Key Drivers:

- 1.) Increase in the base period experience of the combined pool
- Trend
- 3.) Lower projected changes in pool morbidity

CareFirst BlueCross BlueShield

840 First Street, NE Washington, DC 20065 www.carefirst.com

May 1, 2023

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



Re: CareFirst BlueChoice, Inc. Small Group 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: 2705

d. Date Submitted: 5/1/2023

e. Proposed Effective Date: 1/1/2024
f. Type of Product: HMO – On Exchange
g. Individual or Group: Small Group

- 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-133218058).
- 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 8.1%.
- I. Contact Information:
  - a. Name: Gregory Sucher, FSA, MAAAb. Telephone Number: 410-998-5988c. Email: <u>Gregory.Sucher@Carefirst.com</u>
  - 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,

Gregory Sucher Sucher Date: 2023.04.28 16:49:42 -04'00'

Gregory Sucher, FSA, MAAA 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-133618363						
Submission Date	5/1/2023						
Product Name	BlueChoice						
Market Type:	0	Individual	•	Small Group			
Rate Filing Type:	•	Rate Increase	0	New Filing			
Scope and Range of the Incre							
The	8.1	% increase is requested b	ecause:				
The main drivers supporting thanges in pool morbidity.	the rate change are a	n increase in the base perio	od claims e	xperience of the combined pool, an increase in trend, and lower	projected		
This filing will impact:							
# of policyholder's	30,324	# of covered lives	49,512				
The average, minimum and n	naximum rate change	es increases are:					
Average Rate Change: The average premium change, by percentage, across all policy holders if the filing is approved  8.1							
Minimum Rate Change: The smallest premium increase (or largest decrease), by percentage, that any one policy holder     6.6							

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**

if the filing is approved

The overall financial experience of the product includes:

would experience if the filing is approved

In 2022, a total of \$278.9 million in premium was collected and \$243.9 million in claims were paid out, along with \$10.6 million paid in risk adjustment, for a loss ratio of 91.3%. 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%.

25.4 %

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

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

• Maximum Rate Change: The largest premium increase, by percentage, that any one policy holder would experience

### **Components of Increase**

The request is made up of the following components:

Trend Increases –	6.5 % of the	8.1 % 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	8.1 % total filed increase.					
<ol> <li>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.</li> <li>This component is</li> <li>4.0 % of the</li> <li>8.1 % total filed increase.</li> </ol>							

Other Increases —	1.6 % of the	8.1 % total filed increase							
Medical Benefit Changes	Required by Law – Defined as any new ma	andated plan benefit changes, as mandated							
by either State or Federal I		<b>3</b> -3, 3-3							
•	0.0~% of the	8.1 % total filed increase.							
This component is	0.0 % of the	8.1 % total flied increase.	ļ						
2. Medical Benefit Changes	Not Required by Law – Defined as changes	es in plan benefit design made by the							
company, which are not re	equired by either State or Federal Regulati	ion.							
This component is	1.31 % of the	8.1 % total filed increase.							
·			ļ						
3. Changes to Administration	n Costs – Defined as increases in the costs	s of providing insurance coverage	ļ						
Examples include claims payment expenses, distribution costs, taxes, and general business expenses such as rent, salaries,									
and overhead.									
This component is	-1.4 % of the	8.1 % total filed increase.							
4. Changes to Profit Margin	<ul> <li>Defined as increases to company surplu</li> </ul>	us or changes as an additional margin to cover							
the risk of the company.	, ,								
	1.0 % of the	8.1 % total filed increase.							
This component is	70 Of the	8.1 % total med increase.							
5. Other – Defined as:									
Morbidity and Risk Adjsutmer	nt are lower than anticipated.								
This component is	0.7 % of the	8.1 % total filed increase.							
·									

В	С	D	Е	F		G	Н	l J	K L M N O P Q R S
Unified Rate Review v6.0									To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shij To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.
Company Legal Name:	CareFirst BlueChoice, Inc.								To validate, select the Validate button or Ctrl + Shift + I.
HIOS Issuer ID:	86052	State:	DC					•	To finalize, select the Finalize button or Ctrl + Shift + F.
Effective Date of Rate Change(s):	1/1/2024	Market:	Small Group						
Market Level Calculations (Same for	all Plans)								
Section I: Experience Period Data Experience Period:		1/1/20		12/31/2022					
			<u>Total</u>	<u>PMPM</u>					
Allowed Claims			\$298,943,794.3		\$548.09				
Reinsurance			\$0.0		\$0.00				
Incurred Claims in Experience Period			\$260,145,937.8		\$476.96				
Risk Adjustment			-\$15,829,918.8		-\$29.02				
Experience Period Premium			\$299,556,877.1		\$549.21				
Experience Period Member Months			545,42	9					
Section II: Projections									
<u> </u>		Yea	r 1 Trend	T	Year 2 Trend	I		1	
Panafit Catagory	Experience Period Index						Trended EHB Allowed Claims		
Benefit Category	Rate PMPM	Cost	Utilization	Cost		Utilization	PMPM		
Inpatient Hospital	\$77.1				0.994	1.030	\$80.82		
Outpatient Hospital	\$101.3				1.063	1.017	\$118.48		
Professional	\$181.1				1.032	1.012	\$197.57		
Other Medical	\$41.3 \$0.8				0.987 1.000	1.044	\$43.95	-	
Capitation Prescription Drug	\$105.3				1.088	1.000 1.032	\$0.81 \$132.87		
Total	\$507.2		1.03	2	1.000	1.032	\$132.87 \$574.49		
Total	<b>\$307.2</b>	<u> </u>					<del>\$374.43</del>	<b>1</b>	
Morbidity Adjustment					1.015				
Demographic Shift					0.999				
Plan Design Changes					0.996				
Other					0.997				
Adjusted Trended EHB Allowed Clain	ns PMPM for	1/1/20	24		\$578.45				
Manual EHB Allowed Claims PMPM				\$578.44					
Applied Credibility %					0.00%				
					Dro:	instad Pariod Totals			
Drojected Index Pote for		4 14 120	24			ected Period Totals			
Projected Index Rate for Reinsurance		1/1/20	<b>4</b>		<b>\$578.44</b> \$0.00	\$360,528,926.32 \$0.00			
Risk Adjustment Payment/Charge					-\$23.08	-\$14,385,256.24			
Exchange User Fees					0.00%	\$0.00			
Market Adjusted Index Rate					\$601.52	\$374,914,182.56			
				L	, , ,	, , , <u></u>			
,									
Projected Member Months					623,278				

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.

**Product-Plan Data Collection** 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. **86052** State: **DC** To finalize, select the Finalize button or Ctrl + Shift + F. Effective Date of Rate Change(s): 1/1/2024 Market: Small Group 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 eld # Section I: General Product and Plan Information 1.4 Plan ID (Standard Component ID) 1.9 Exchange Plan? 1.10 Effective Date of Proposed Rates 1.11 Cumulative Rate Change % (over 12 mos prior) 1.13 Submission Level Rate Increase % -\$15,829,919 2.7 Risk Adjustment Transfer Amount 2.9 Experience Period Member Months \$51.08 \ \$59.07 \ \$51.08 \ \$59.07 \ \$534.75 \ \$588.56 \ \$59.07 \ \$534.70 \ \$549.97 \ \$ 3.2 Market Adjusted Index Rate 3.3 AV and Cost Sharing Design of Plan 3.4 Provider Network Adjustment 3.5 Benefits in Addition to EHB 3.11 Age Calibration Factor 3.12 Geographic Calibration Factor 3.13 Total Carifornia T 4.6 Incurred Claims \$11,906,010 \$28,988,779 \$26,682,645 \$42,779,678 \$12,978,536 \$0 \$3,302,094 \$5,445,640 \$12,388,687 \$2,596,923 \$5,132,043 \$1,436,189 \$5,390,296 \$8,242,579 \$0 \$5,452,4716 \$4.7 Risk Adjustment Transfer Amount \$-\$12,644,176 \$-\$2,147,570 \$-\$1,961,955 \$4,325,441 \$-\$1,957,904 \$0 \$-\$1,091,527 \$-\$862,052 \$-\$950,028 \$-\$410,461 \$-\$773,790 \$-\$26,554 \$4.989,53 \$1,486,189 \$1,233,343 \$-\$670,761 \$-\$637,154 \$-\$523,502 \$-\$387,137 \$-\$615,761 \$-\$223,013 \$4.8 Premium \$4.9 Projected Member Months \$4.9 Projected Member Months \$4.9 Projected Member Months \$4.9 Projected Member Months \$4.0 Projec Per Member Per Month 4.11 Allowed Claims 4.12 Reinsurance 4.13 Member Cost Sharing

## **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