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**State:** District of Columbia **Filing Company:** Group Hospitalization and Medical Services, Inc.  
**TOI/Sub-TOI:** H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)  
**Product Name:** 2768 - DC ACA Individual GHMSI  
**Project Name/Number:** 2768 - DC PPO IND64- ACA ON-EXCHANGE/2768

## Filing at a Glance

Company: Group Hospitalization and Medical Services, Inc.  
Product Name: 2768 - DC ACA Individual GHMSI  
State: District of Columbia  
TOI: H16I Individual Health - Major Medical  
Sub-TOI: H16I.005A Individual - Preferred Provider (PPO)  
Filing Type: Rate  
Date Submitted: 05/01/2024  
SERFF Tr Num: CFAP-134065040  
SERFF Status: Submitted to State  
State Tr Num:  
State Status:  
Co Tr Num: 2768  
  
Effective 01/01/2025  
Date Requested:  
Author(s): Shane Kontir, Cory Bream, Gregory Sucher, Avraham Golish, Christopher Lane, Callista Fuhrmann  
  
Reviewer(s):  
Disposition Date:  
Disposition Status:  
Effective Date:  
  
State Filing Description:

State: District of Columbia

Filing Company: Group Hospitalization and Medical Services, Inc.

TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)

Product Name: 2768 - DC ACA Individual GHMSI

Project Name/Number: 2768 - DC PPO IND64- ACA ON-EXCHANGE/2768

General Information

Project Name: 2768 - DC PPO IND64- ACA ON-EXCHANGE

Status of Filing in Domicile:

Project Number: 2768

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type: Individual

Overall Rate Impact: 3.6%

Filing Status Changed: 05/01/2024

Deemer Date:

State Status Changed:

Submitted By: Shane Kontir

Created By: Shane Kontir

Corresponding Filing Tracking Number:

PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null

Include Exchange Intentions:

No

Filing Description:

This filing contains the rate proposal for the portfolio of benefits to be offered by Group Hospitalization & Medical Services, Inc. to Individuals Under 65 on the D.C. Exchange. We are submitting 6 benefit plans on the D.C. Exchange.

Company and Contact

Filing Contact Information

Shane Kontir, Senior Actuarial Analyst

shane.kontir@carefirst.com

10455 Mill Run Circle

410-998-4440 [Phone]

Owings Mills, MD 21117

410-998-7704 [FAX]

Filing Company Information

Group Hospitalization and Medical Services, Inc.

CoCode: 53007

State of Domicile: District of Columbia

840 First Street NE

Group Code:

Company Type: Hospital,

Washington, DC 20065

Group Name:

Medical & Dental Service or

(410) 581-3000 ext. [Phone]

FEIN Number: 53-0078070

Indemnity

State ID Number:

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**State:** District of Columbia **Filing Company:** Group Hospitalization and Medical Services, Inc.  
**TOI/Sub-TOI:** H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)  
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## Filing Fees

### State Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Group Hospitalization and Medical Services, Inc.
<b>TOI/Sub-TOI:</b>	H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)		
<b>Product Name:</b>	2768 - DC ACA Individual GHMSI		
<b>Project Name/Number:</b>	2768 - DC PPO IND64- ACA ON-EXCHANGE/2768		

## Correspondence Summary

### Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Rate	2768 - DC GHMSI - Ind - Rate Sheets - 5-1	Shane Kontir	05/01/2024	05/01/2024
Supporting Document	Actuarial Justification	Shane Kontir	05/01/2024	05/01/2024
Supporting Document	Certificate of Authority to File	Shane Kontir	05/01/2024	05/01/2024
Supporting Document	Cover Letter	Shane Kontir	05/01/2024	05/01/2024
Supporting Document	DISB Actuarial Memorandum Dataset	Shane Kontir	05/01/2024	05/01/2024
Supporting Document	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)	Shane Kontir	05/01/2024	05/01/2024
Supporting Document	District of Columbia and Countrywide Loss Ratio Analysis (P&C)	Shane Kontir	05/01/2024	05/01/2024
Supporting Document	District of Columbia Plain Language Summary	Shane Kontir	05/01/2024	05/01/2024
Supporting Document	URRT	Shane Kontir	05/01/2024	05/01/2024
Supporting Document	RATE-E	Shane Kontir	05/01/2024	05/01/2024
URRT	Actuarial Memorandum	Shane Kontir	05/01/2024	05/01/2024
URRT	Actuarial Memorandum - Redacted	Shane Kontir	05/01/2024	05/01/2024

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Rate / rule schedule tab confidentiality	Note To Filer	Stephen Flick	05/02/2024	05/02/2024
Confidentiality	Note To Filer	Stephen Flick	05/02/2024	05/02/2024
Confidentiality Request	Note To Reviewer	Shane Kontir	05/01/2024	05/01/2024
Confidentiality request	Note To Filer	Stephen Flick	05/01/2024	05/01/2024

<b>SERFF Tracking #:</b>	CFAP-134065040	<b>State Tracking #:</b>		<b>Company Tracking #:</b>	2768
<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Group Hospitalization and Medical Services, Inc.		
<b>TOI/Sub-TOI:</b>	H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)				
<b>Product Name:</b>	2768 - DC ACA Individual GHMSI				
<b>Project Name/Number:</b>	2768 - DC PPO IND64- ACA ON-EXCHANGE/2768				

## Amendment Letter

Submitted Date: 05/01/2024

Comments:

All documents were re-loaded to this SERFF submission, so they are un-marked as Confidential.

Changed Items:

*No Form Schedule Items Changed.*

SERFF Tracking #:

CFAP-134065040

State Tracking #:

Company Tracking #:

2768

State: District of Columbia

Filing Company:

Group Hospitalization and Medical Services, Inc.

TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)

Product Name: 2768 - DC ACA Individual GHMSI

Project Name/Number: 2768 - DC PPO IND64- ACA ON-EXCHANGE/2768

## Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	2768 - DC GHMSI - Ind - Rate Sheets - 5-1	DC GHMSI – HEALTH GUARANTY 5/21, DC/CF/ANCILLARY AMEND (10/12), DC/CF/BP/EXC/DOCS (R. 1/23), DC/CF/CD/AUTH AMEND PPO (R. 1/24), DC/CF/CD/BP/INCENT (1/23), DC/CF/EXC/2024 AMEND (1/24), DC/CF/EXC/BP/IEA (R. 1/23), DC/CF/EXC/NATAME R (1/14), DC/CF/MEM/BLCRD (R. 6/18), DC/CF/NO SURP ACT/AMEND (R. 1/23), DC/CF/PT PROTECT (9/10), DC/GHMSI/DOL APPEAL (R. 1/22), DC/CF/EXC/2025 AMEND (1/25), DC/CF/EXC/BP HSA STD/BRZ 6350 (1/25), DC/CF/EXC/BP HSA/GOLD 1650 (1/25), DC/CF/EXC/BP STD/BRZ 7500 (1/25), DC/CF/EXC/BP STD/GOLD 500 (1/25), DC/CF/EXC/BP STD/NATAMER SOB (1/25), DC/CF/EXC/BP STD/PLAT 0 (1/25), DC/CF/EXC/BP STD/SIL 4850 (1/25),	Revised	Previous State Filing Number: CFAP-133624027 Percent Rate Change Request: 3.6	2768 - DC GHMSI - Ind - Rate Sheets - 5-1.pdf,	05/01/2024 By: Shane Kontir

State:	District of Columbia	Filing Company:	Group Hospitalization and Medical Services, Inc.
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)		
Product Name:	2768 - DC ACA Individual GHMSI		
Project Name/Number:	2768 - DC PPO IND64- ACA ON-EXCHANGE/2768		

Rate/Rule Schedule Item Changes						
		DC/CF/EXC/BP STD/SIL 4850 A (1/25), DC/CF/EXC/BP STD/SIL 4850 B (1/25), DC/CF/EXC/BP STD/SIL 4850 C (1/25)				
Previous Version						
1	2768 - DC GHMSI - Ind - Rate Sheets - 5-1	DC GHMSI – HEALTH GUARANTY 5/21, DC/CF/ANCILLARY AMEND (10/12), DC/CF/BP/EXC/DOCS (R. 1/23), DC/CF/CD/AUTH AMEND PPO (R. 1/24), DC/CF/CD/BP/INCENT (1/23), DC/CF/EXC/2024 AMEND (1/24), DC/CF/EXC/BP/IEA (R. 1/23), DC/CF/EXC/NATAME R (1/14), DC/CF/MEM/BLCRD (R. 6/18), DC/CF/NO SURP ACT/AMEND (R. 1/23), DC/CF/PT PROTECT (9/10), DC/GHMSI/DOL APPEAL (R. 1/22), DC/CF/EXC/2025 AMEND (1/25), DC/CF/EXC/BP HSA STD/BRZ 6350 (1/25), DC/CF/EXC/BP HSA/GOLD 1650 (1/25), DC/CF/EXC/BP STD/BRZ 7500 (1/25), DC/CF/EXC/BP STD/GOLD 500 (1/25), DC/CF/EXC/BP STD/NATAMER SOB (1/25), DC/CF/EXC/BP STD/PLAT 0 (1/25), DC/CF/EXC/BP	Revised	Previous State Filing Number: CFAP-133624027 Percent Rate Change Request: 3.6	2768 - DC GHMSI - Ind - Rate Sheets - 5-1.pdf, By: Shane Kontir	05/01/2024

State:	District of Columbia	Filing Company:	Group Hospitalization and Medical Services, Inc.
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Product Name:	2768 - DC ACA Individual GHMSI		
Project Name/Number:	2768 - DC PPO IND64- ACA ON-EXCHANGE/2768		

Rate/Rule Schedule Item Changes						
		STD/SIL 4850 (1/25), DC/CF/EXC/BP STD/SIL 4850 A (1/25), DC/CF/EXC/BP STD/SIL 4850 B (1/25), DC/CF/EXC/BP STD/SIL 4850 C (1/25)				

URRT Schedule Item Changes	
Item Name	Attachment(s)
Actuarial Memorandum	2768_Ind_DC_GHMSI_1.1.25_Actuarial_Memorandum_5-1.pdf
<i>Previous Version</i>	
<i>Actuarial Memorandum</i>	<i>2768_Ind_DC_GHMSI_1.1.25_Actuarial_Memorandum_5-1.pdf</i>
Actuarial Memorandum - Redacted	2025_Individual_DC_GHMSI_Redacted_Actuarial_Memorandum_5-1.pdf
<i>Previous Version</i>	
<i>Actuarial Memorandum - Redacted</i>	<i>2025_Individual_DC_GHMSI_Redacted_Actuarial_Memorandum_5-1.pdf</i>



State:	District of Columbia	Filing Company:	Group Hospitalization and Medical Services, Inc.
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Product Name:	2768 - DC ACA Individual GHMSI		
Project Name/Number:	2768 - DC PPO IND64- ACA ON-EXCHANGE/2768		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Justification
Comments:	
Attachment(s):	2768_Ind_DC_GHMSI_1.1.25_Actuarial_Memorandum_5-1.pdf 2768_Ind_DC_GHMSI_1.1.25_Actuarial_Memorandum_SERFF - 5-1.xlsx 2768 - DC GHMSI - Ind - Rate Sheets - 5-1.xlsx 2025 AV Screenshots - DC Individual GHMSI.pdf 2768 - DC Ind 2025 - GHMSI - Index & Plan Comparison - 5-1.pdf Appendix K DC Carrier Template - GHMSI 2025 - 5-1.xlsx GHMSI Ind - DISB rate filing checklist 2025.pdf
Previous Version	
Satisfied - Item:	Actuarial Justification
Comments:	
Attachment(s):	2768_Ind_DC_GHMSI_1.1.25_Actuarial_Memorandum_5-1.pdf 2768_Ind_DC_GHMSI_1.1.25_Actuarial_Memorandum_SERFF - 5-1.xlsx 2025 AV Screenshots - DC Individual GHMSI.pdf 2768 - DC Ind 2025 - GHMSI - Index & Plan Comparison - 5-1.pdf Appendix K DC Carrier Template - GHMSI 2025 - 5-1.xlsx 2768 - DC GHMSI - Ind - Rate Sheets - 5-1.xlsx GHMSI Ind - DISB rate filing checklist 2025.pdf
Bypassed - Item:	Certificate of Authority to File
Bypass Reason:	NA
Attachment(s):	
Previous Version	
Bypassed - Item:	Certificate of Authority to File
Bypass Reason:	NA
Attachment(s):	
Satisfied - Item:	Cover Letter
Comments:	
Attachment(s):	2768_ ACA_1Page_Cover Letter_Ind_DC_GHMSI - 5-1.pdf
Previous Version	
Satisfied - Item:	Cover Letter
Comments:	
Attachment(s):	2768_ ACA_1Page_Cover Letter_Ind_DC_GHMSI - 5-1.pdf

<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Group Hospitalization and Medical Services, Inc.
<b>TOI/Sub-TOI:</b>	H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)		
<b>Product Name:</b>	2768 - DC ACA Individual GHMSI		
<b>Project Name/Number:</b>	2768 - DC PPO IND64- ACA ON-EXCHANGE/2768		

<b>Satisfied - Item:</b>	DISB Actuarial Memorandum Dataset
<b>Comments:</b>	
<b>Attachment(s):</b>	2768 - DC GHMSI Ind (2025) - Dataset - 5-1.xlsx 2768-2771 - DC GHMSI Trend Analysis.xlsx
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>DISB Actuarial Memorandum Dataset</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>2768-2771 - DC GHMSI Trend Analysis.xlsx 2768 - DC GHMSI Ind (2025) - Dataset - 5-1.xlsx</i>

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

<b>Bypassed - Item:</b>	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
<b>Bypass Reason:</b>	NA
<b>Attachment(s):</b>	
<i>Previous Version</i>	
<b>Bypassed - Item:</b>	<i>District of Columbia and Countrywide Loss Ratio Analysis (P&amp;C)</i>
<b>Bypass Reason:</b>	<i>NA</i>
<b>Attachment(s):</b>	

<b>Satisfied - Item:</b>	District of Columbia Plain Language Summary
<b>Comments:</b>	
<b>Attachment(s):</b>	2768 - DC Ind - GHMSI - PartII Rate Justification - 5-1.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>District of Columbia Plain Language Summary</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>2768 - DC Ind - GHMSI - PartII Rate Justification - 5-1.pdf</i>

<b>Satisfied - Item:</b>	URRT
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State:	District of Columbia	Filing Company:	Group Hospitalization and Medical Services, Inc.
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)		
Product Name:	2768 - DC ACA Individual GHMSI		
Project Name/Number:	2768 - DC PPO IND64- ACA ON-EXCHANGE/2768		

Comments:	
Attachment(s):	2768 - DC GHMSI Ind URRT SERFF - 5-1.pdf 2768 - DC GHMSI Ind URRT SERFF - 5-1.xlsm
Previous Version	
Satisfied - Item:	URRT
Comments:	
Attachment(s):	2768 - DC GHMSI Ind URRT SERFF - 5-1.pdf 2768 - DC GHMSI Ind URRT SERFF - 5-1.xlsm

Satisfied - Item:	RATE-E
Comments:	
Attachment(s):	78079 RATEE - Individual GHMSI.xlsx
Previous Version	
Satisfied - Item:	RATE-E
Comments:	
Attachment(s):	78079 RATEE - Individual GHMSI.xlsx

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**TOI/Sub-TOI:** H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)  
**Product Name:** 2768 - DC ACA Individual GHMSI  
**Project Name/Number:** 2768 - DC PPO IND64- ACA ON-EXCHANGE/2768

## Note To Filer

**Created By:**

Stephen Flick on 05/02/2024 08:04 AM

**Last Edited By:**

Stephen Flick

**Submitted On:**

05/02/2024 08:04 AM

**Subject:**

Rate / rule schedule tab confidentiality

**Comments:**

The rate/rule schedule tab has the rate schedule and the rate review detail listed as confidential in SERFF. Please turn off the confidential status indicator in SERFF from these items.

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**State:** District of Columbia **Filing Company:** Group Hospitalization and Medical Services, Inc.  
**TOI/Sub-TOI:** H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)  
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**Project Name/Number:** 2768 - DC PPO IND64- ACA ON-EXCHANGE/2768

## Note To Filer

**Created By:**

Stephen Flick on 05/02/2024 07:36 AM

**Last Edited By:**

Stephen Flick

**Submitted On:**

05/02/2024 07:36 AM

**Subject:**

Confidentiality

**Comments:**

There are no references or indications of confidentiality in this filing. Thank you for making the changes.

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**State:** District of Columbia **Filing Company:** Group Hospitalization and Medical Services, Inc.  
**TOI/Sub-TOI:** H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)  
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**Project Name/Number:** 2768 - DC PPO IND64- ACA ON-EXCHANGE/2768

## Note To Reviewer

**Created By:**

Shane Kontir on 05/01/2024 04:45 PM

**Last Edited By:**

Shane Kontir

**Submitted On:**

05/01/2024 04:45 PM

**Subject:**

Confidentiality Request

**Comments:**

All documents were re-loaded via an amendment, to remove the confidentiality. Please confirm if this is acceptable. Thank You

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**State:** District of Columbia **Filing Company:** Group Hospitalization and Medical Services, Inc.  
**TOI/Sub-TOI:** H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)  
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**Project Name/Number:** 2768 - DC PPO IND64- ACA ON-EXCHANGE/2768

## Note To Filer

**Created By:**

Stephen Flick on 05/01/2024 03:20 PM

**Last Edited By:**

Stephen Flick

**Submitted On:**

05/01/2024 03:20 PM

**Subject:**

Confidentiality request

**Comments:**

The Department and Health Exchange allow public access to ACA filings. Please remove all confidentiality / trade secret references in this filing and turn off the confidentiality request options in SERFF.

State:

District of Columbia

Filing Company:

Group Hospitalization and Medical Services, Inc.

TOI/Sub-TOI:

H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)

Product Name:

2768 - DC ACA Individual GHMSI

Project Name/Number:

2768 - DC PPO IND64- ACA ON-EXCHANGE/2768

Post Submission Update Request Processed On 05/02/2024

Status:

Allowed

Created By:

Shane Kontir

Processed By:

Stephen Flick

Comments:

Company Rate Information:

Company Name:Group Hospitalization and Medical Services, Inc.

Field Name	Requested Change	Prior Value
Product:	NEW	
Product Name	BluePreferred PPO	
HIOS Product ID	78079DC021	
Number of Covered Lives	7578	



State: District of Columbia

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Rate Information

Rate data applies to filing.

Filing Method:

SERFF

Rate Change Type:

Increase

Overall Percentage of Last Rate Revision:

5.400%

Effective Date of Last Rate Revision:

01/01/2024

Filing Method of Last Filing:

SERFF

SERFF Tracking Number of Last Filing:

CFAP-133624027

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Group Hospitalization and Medical Services, Inc.	Increase	3.600%	3.600%	\$2,371,626	5,590	\$66,288,101	5.000%	1.400%

State: District of ColumbiaFiling Company: Group Hospitalization and Medical Services, Inc.

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Project Name/Number: 2768 - DC PPO IND64- ACA ON-EXCHANGE/2768

Rate Review Detail

COMPANY:

Company Name: Group Hospitalization and Medical Services, Inc.

HHS Issuer Id: 78079

PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
BluePreferred PPO	78079DC021		7578

Trend Factors:

FORMS:

New Policy Forms: DC/CF/EXC/2025 AMEND (1/25), DC/CF/EXC/BP HSA STD/BRZ 6350 (1/25), DC/CF/EXC/BP HSA/GOLD 1650 (1/25), DC/CF/EXC/BP STD/BRZ 7500 (1/25), DC/CF/EXC/BP STD/GOLD 500 (1/25), DC/CF/EXC/BP STD/NATAMER SOB (1/25), DC/CF/EXC/BP STD/PLAT 0 (1/25), DC/CF/EXC/BP STD/SIL 4850 (1/25), DC/CF/EXC/BP STD/SIL 4850 A (1/25), DC/CF/EXC/BP STD/SIL 4850 B (1/25), DC/CF/EXC/BP STD/SIL 4850 C (1/25)

Affected Forms:

Other Affected Forms: DC GHMSI – HEALTH GUARANTY 5/21, DC/CF/ANCILLARY AMEND (10/12), DC/CF/BP/EXC/DOCS (R. 1/23), DC/CF/CD/AUTH AMEND PPO (R. 1/24), DC/CF/CD/BP/INCENT (1/23), DC/CF/EXC/2024 AMEND (1/24), DC/CF/EXC/BP/IEA (R. 1/23), DC/CF/EXC/NATAMER (1/14), DC/CF/MEM/BLCRD (R. 6/18), DC/CF/NO SURP ACT/AMEND (R. 1/23), DC/CF/PT PROTECT (9/10), DC/GHMSI/DOL APPEAL (R. 1/22)

REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual

Member Months: 94,523

Benefit Change: Increase

Percent Change Requested: Min: 1.4 Max: 5.0 Avg: 3.6

PRIOR RATE:

Total Earned Premium: 66,288,101.00

Total Incurred Claims: 56,588,029.00

Annual \$: Min: 507.89 Max: 828.35 Avg: 670.45

REQUESTED RATE:

Projected Earned Premium: 70,895,301.00

Projected Incurred Claims: 59,024,507.00

Annual \$: Min: 515.11 Max: 869.52 Avg: 694.44

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<b>Product Name:</b>	2768 - DC ACA Individual GHMSI		
<b>Project Name/Number:</b>	2768 - DC PPO IND64- ACA ON-EXCHANGE/2768		

## Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		2768 - DC GHMSI - Ind - Rate Sheets - 5-1	DC GHMSI – HEALTH GUARANTY 5/21, DC/CF/ANCILLARY AMEND (10/12), DC/CF/BP/EXC/DOCS (R. 1/23), DC/CF/CD/AUTH AMEND PPO (R. 1/24), DC/CF/CD/BP/INCENT (1/23), DC/CF/EXC/2024 AMEND (1/24), DC/CF/EXC/BP/IEA (R. 1/23), DC/CF/EXC/NATAMER (1/14), DC/CF/MEM/BLCRD (R. 6/18), DC/CF/NO SURP ACT/AMEND (R. 1/23), DC/CF/PT PROTECT (9/10), DC/GHMSI/DOL APPEAL (R. 1/22), DC/CF/EXC/2025 AMEND (1/25), DC/CF/EXC/BP HSA STD/BRZ 6350 (1/25), DC/CF/EXC/BP HSA/GOLD 1650 (1/25), DC/CF/EXC/BP STD/BRZ 7500 (1/25), DC/CF/EXC/BP STD/GOLD 500 (1/25), DC/CF/EXC/BP STD/NATAMER SOB (1/25), DC/CF/EXC/BP STD/PLAT 0 (1/25), DC/CF/EXC/BP STD/SIL 4850 (1/25), DC/CF/EXC/BP STD/SIL 4850 A (1/25), DC/CF/EXC/BP STD/SIL 4850 B (1/25), DC/CF/EXC/BP STD/SIL 4850 C (1/25)	Revised	Previous State Filing Number: CFAP-133624027 Percent Rate Change Request: 3.6	2768 - DC GHMSI - Ind - Rate Sheets - 5-1.pdf,

**Group Hospitalization & Medical Services, Inc.  
d.b.a. CareFirst BlueCross BlueShield  
(NAIC # 53007)  
Rate Filing # 2768**

**D.C. Individual Products  
Rate Filing Effective 1/1/2025**

**Rates & Factors**

**Group Hospitalization & Medical Services, Inc.  
d.b.a. CareFirst BlueCross BlueShield  
(NAIC # 53007)**

**Rates & Factors  
Table of Contents**  
[Rate Filing Effective 1/1/2025](#)

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**Group Hospitalization & Medical Services, Inc.**  
**d.b.a. CareFirst BlueCross BlueShield**  
**(NAIC # 53007)**  
**D.C. Individual Products**  
**Rate Filing Effective 1/1/2025**  
**Form Numbers**

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

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<b>BluePreferred PPO</b>
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DC/CF/EXC/BP/IEA (R. 1/23)  
DC/GHMSI/DOL APPEAL (R. 1/22)  
DC/CF/BP/EXC/DOCS (R. 1/23)  
DC/CF/EXC/BP HSA/GOLD 1650 (1/25)  
DC/CF/EXC/BP HSA STD/BRZ 6350 (1/25)  
DC/CF/EXC/BP STD/BRZ 7500 (1/25)  
DC/CF/EXC/BP STD/GOLD 500 (1/25)  
DC/CF/EXC/BP STD/NATAMER SOB (1/25)  
DC/CF/EXC/BP STD/PLAT 0 (1/25)  
DC/CF/EXC/BP STD/SIL 4850 (1/25)  
DC/CF/EXC/BP STD/SIL 4850 A (1/25)  
DC/CF/EXC/BP STD/SIL 4850 B (1/25)  
DC/CF/EXC/BP STD/SIL 4850 C (1/25)  
DC/CF/EXC/NATAMER (1/14)  
DC/CF/MEM/BLCRD (R. 6/18)  
DC/CF/ANCILLARY AMEND (10/12)  
DC/CF/NO SURP ACT/AMEND (R. 1/23)  
DC/CF/CD/AUTH AMEND PPO (R. 1/24)  
DC/CF/EXC/2024 AMEND (1/24)  
DC/CF/EXC/2025 AMEND (1/25)  
DC GHMSI – HEALTH GUARANTY 5/21  
DC/CF/PT PROTECT (9/10)  
DC/CF/CD/BP/INCENT (1/23)

**Group Hospitalization & Medical Services, Inc.**  
**D.C. Individual Products, Rate Filing Effective 1/1/2025**

**Age Factors**

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

# Group Hospitalization & Medical Services, Inc.

Individual On Exchange  
DISTRICT OF COLUMBIA

BluePreferred PPO Standard Bronze \$7,500

Proposed Monthly Premium Rate Filing Effective 1/1/2025

Consumer Adjusted Rate **\$529.19**

Age	Monthly Premium
0-20	\$346.09
21	\$384.72
22	\$384.72
23	\$384.72
24	\$384.72
25	\$384.72
26	\$384.72
27	\$384.72
28	\$393.72
29	\$402.18
30	\$412.24
31	\$422.82
32	\$432.35
33	\$442.40
34	\$452.99
35	\$463.57
36	\$474.15
37	\$484.74
38	\$490.56
39	\$496.38
40	\$515.96
41	\$536.07
42	\$557.24
43	\$578.93
44	\$601.69
45	\$624.97
46	\$649.32
47	\$674.72
48	\$701.18
49	\$728.69
50	\$757.27
51	\$786.91
52	\$817.60
53	\$849.35
54	\$882.69
55	\$917.09
56	\$953.07
57	\$990.11
58	\$1,028.75
59	\$1,068.96
60	\$1,110.77
61	\$1,154.14
62	\$1,154.14
63	\$1,154.14
64+	\$1,154.14

## Summary of Member Cost-Shares

	<u>In Network</u>	<u>Out-Of-Network</u>
DEDUCTIBLE	\$7,500	\$15,000
COINSURANCE	40%	40%
OUT-OF-POCKET MAXIMUM	\$9,150	\$18,300
Office Copays	\$45 PCP /\$105 Specialist	
Drug:	\$25 Generic, \$75 Preferred Brand	
	\$100 Non-Preferred Brand	
Drug and Medical Combined for OOP Max		



# Group Hospitalization & Medical Services, Inc.

Individual On Exchange  
DISTRICT OF COLUMBIA

BluePreferred PPO HSA Standard Bronze \$6,350

Proposed Monthly Premium Rate Filing Effective 1/1/2025

Consumer Adjusted Rate **\$515.11**

Age	Monthly Premium
0-20	\$336.88
21	\$374.48
22	\$374.48
23	\$374.48
24	\$374.48
25	\$374.48
26	\$374.48
27	\$374.48
28	\$383.24
29	\$391.48
30	\$401.27
31	\$411.57
32	\$420.84
33	\$430.63
34	\$440.93
35	\$451.24
36	\$461.54
37	\$471.84
38	\$477.51
39	\$483.17
40	\$502.23
41	\$521.81
42	\$542.41
43	\$563.53
44	\$585.68
45	\$608.34
46	\$632.04
47	\$656.77
48	\$682.52
49	\$709.31
50	\$737.12
51	\$765.97
52	\$795.84
53	\$826.75
54	\$859.20
55	\$892.69
56	\$927.71
57	\$963.77
58	\$1,001.37
59	\$1,040.52
60	\$1,081.22
61	\$1,123.43
62	\$1,123.43
63	\$1,123.43
64+	\$1,123.43

## Summary of Member Cost-Shares

	<u>In Network</u>	<u>Out-Of-Network</u>
DEDUCTIBLE	\$6,350	\$12,700
COINSURANCE	20%	40%
OUT-OF-POCKET MAXIMUM	\$7,200	\$14,400
Office Copays	20% Coinsurance	
Drug:	20% Generic, 20% Preferred Brand	
	20% Non-Preferred Brand	
Drug and Medical Combined for Deductible & OOP Max		

# Group Hospitalization & Medical Services, Inc.

Individual On Exchange  
DISTRICT OF COLUMBIA

BluePreferred PPO Standard Silver \$4,850

Proposed Monthly Premium Rate Filing Effective 1/1/2025

Consumer Adjusted Rate **\$605.01**

Age	Monthly Premium
0-20	\$395.68
21	\$439.84
22	\$439.84
23	\$439.84
24	\$439.84
25	\$439.84
26	\$439.84
27	\$439.84
28	\$450.13
29	\$459.81
30	\$471.30
31	\$483.40
32	\$494.29
33	\$505.79
34	\$517.89
35	\$529.99
36	\$542.09
37	\$554.19
38	\$560.84
39	\$567.50
40	\$589.88
41	\$612.88
42	\$637.08
43	\$661.88
44	\$687.90
45	\$714.52
46	\$742.35
47	\$771.39
48	\$801.64
49	\$833.10
50	\$865.77
51	\$899.65
52	\$934.74
53	\$971.04
54	\$1,009.16
55	\$1,048.48
56	\$1,089.62
57	\$1,131.97
58	\$1,176.14
59	\$1,222.12
60	\$1,269.92
61	\$1,319.50
62	\$1,319.50
63	\$1,319.50
64+	\$1,319.50

## Summary of Member Cost-Shares

	<u>In Network</u>	<u>Out-Of-Network</u>
DEDUCTIBLE	\$4,850	\$9,700
COINSURANCE	20%	40%
OUT-OF-POCKET MAXIMUM	\$8,850	\$17,700
Office Copays	\$40 PCP /\$80 Specialist	
Drug:	\$20 Generic, \$50 Preferred Brand	
	\$70 Non-Preferred Brand	
Drug and Medical Combined for OOP Max		

## Group Hospitalization & Medical Services, Inc.

Individual On Exchange  
DISTRICT OF COLUMBIA

BluePreferred PPO Standard Gold \$500

Proposed Monthly Premium Rate Filing Effective 1/1/2025

Consumer Adjusted Rate **\$758.73**

Age	Monthly Premium
0-20	\$496.21
21	\$551.60
22	\$551.60
23	\$551.60
24	\$551.60
25	\$551.60
26	\$551.60
27	\$551.60
28	\$564.50
29	\$576.63
30	\$591.05
31	\$606.23
32	\$619.88
33	\$634.30
34	\$649.47
35	\$664.65
36	\$679.82
37	\$695.00
38	\$703.34
39	\$711.69
40	\$739.76
41	\$768.59
42	\$798.94
43	\$830.05
44	\$862.68
45	\$896.06
46	\$930.96
47	\$967.38
48	\$1,005.32
49	\$1,044.77
50	\$1,085.74
51	\$1,128.23
52	\$1,172.24
53	\$1,217.76
54	\$1,265.56
55	\$1,314.88
56	\$1,366.47
57	\$1,419.58
58	\$1,474.97
59	\$1,532.63
60	\$1,592.57
61	\$1,654.75
62	\$1,654.75
63	\$1,654.75
64+	\$1,654.75

### Summary of Member Cost-Shares

	<u>In Network</u>	<u>Out-Of-Network</u>
DEDUCTIBLE	\$500	\$1,000
COINSURANCE	0%	30%
OUT-OF-POCKET MAXIMUM	\$6,050	\$12,100
Office Copays	\$25 PCP /\$50 Specialist	
Drug:	\$15 Generic, \$50 Preferred Brand	
	\$70 Non-Preferred Brand	
Drug and Medical Combined for OOP Max		

## Group Hospitalization & Medical Services, Inc.

Individual On Exchange  
DISTRICT OF COLUMBIA

BluePreferred PPO HSA Gold \$1,650 Virtual Connect  
Proposed Monthly Premium Rate Filing Effective 1/1/2025

Consumer Adjusted Rate **\$705.07**

Age	Monthly Premium
0-20	\$461.12
21	\$512.59
22	\$512.59
23	\$512.59
24	\$512.59
25	\$512.59
26	\$512.59
27	\$512.59
28	\$524.57
29	\$535.85
30	\$549.25
31	\$563.35
32	\$576.04
33	\$589.44
34	\$603.54
35	\$617.64
36	\$631.74
37	\$645.84
38	\$653.60
39	\$661.36
40	\$687.44
41	\$714.24
42	\$742.44
43	\$771.35
44	\$801.66
45	\$832.69
46	\$865.12
47	\$898.96
48	\$934.22
49	\$970.88
50	\$1,008.96
51	\$1,048.44
52	\$1,089.33
53	\$1,131.64
54	\$1,176.06
55	\$1,221.89
56	\$1,269.83
57	\$1,319.19
58	\$1,370.66
59	\$1,424.24
60	\$1,479.94
61	\$1,537.72
62	\$1,537.72
63	\$1,537.72
64+	\$1,537.72

### Summary of Member Cost-Shares

	<u>In Network</u>	<u>Out-Of-Network</u>
DEDUCTIBLE	\$1,650	\$3,300
COINSURANCE	0%	30%
OUT-OF-POCKET MAXIMUM	\$3,300	\$6,600
Office Copays	\$25 PCP /\$50 Specialist	
Drug:	\$15 Generic, \$50 Preferred Brand	
	\$70 Non-Preferred Brand	
Drug and Medical Combined for Deductible & OOP Max		

## Group Hospitalization & Medical Services, Inc.

Individual On Exchange  
DISTRICT OF COLUMBIA

BluePreferred PPO Standard Platinum \$0

Proposed Monthly Premium Rate Filing Effective 1/1/2025

Consumer Adjusted Rate **\$869.52**

Age	Monthly Premium
0-20	\$568.67
21	\$632.14
22	\$632.14
23	\$632.14
24	\$632.14
25	\$632.14
26	\$632.14
27	\$632.14
28	\$646.92
29	\$660.84
30	\$677.36
31	\$694.75
32	\$710.40
33	\$726.92
34	\$744.31
35	\$761.70
36	\$779.09
37	\$796.48
38	\$806.05
39	\$815.61
40	\$847.78
41	\$880.82
42	\$915.60
43	\$951.25
44	\$988.64
45	\$1,026.90
46	\$1,066.90
47	\$1,108.64
48	\$1,152.11
49	\$1,197.33
50	\$1,244.28
51	\$1,292.98
52	\$1,343.41
53	\$1,395.58
54	\$1,450.36
55	\$1,506.88
56	\$1,566.01
57	\$1,626.87
58	\$1,690.35
59	\$1,756.43
60	\$1,825.12
61	\$1,896.38
62	\$1,896.38
63	\$1,896.38
64+	\$1,896.38

### Summary of Member Cost-Shares

	<u>In Network</u>	<u>Out-Of-Network</u>
DEDUCTIBLE	\$0	\$1,000
COINSURANCE	0%	30%
OUT-OF-POCKET MAXIMUM	\$2,100	\$4,200
Office Copays	\$20 PCP /\$40 Specialist	
Drug:	\$5 Generic, \$15 Preferred Brand	
	\$25 Non-Preferred Brand	
Drug and Medical Combined for OOP Max		

<b>SERFF Tracking #:</b>	CFAP-134065040	<b>State Tracking #:</b>		<b>Company Tracking #:</b>	2768
<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Group Hospitalization and Medical Services, Inc.		
<b>TOI/Sub-TOI:</b>	H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)				
<b>Product Name:</b>	2768 - DC ACA Individual GHMSI				
<b>Project Name/Number:</b>	2768 - DC PPO IND64- ACA ON-EXCHANGE/2768				

URRT

State Determination

<b>Review Status:</b>	Incomplete
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SERFF Tracking #:	CFAP-134065040	State Tracking #:	Company Tracking #:	2768
State:	District of Columbia	Filing Company:	Group Hospitalization and Medical Services, Inc.	
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)			
Product Name:	2768 - DC ACA Individual GHMSI			
Project Name/Number:	2768 - DC PPO IND64- ACA ON-EXCHANGE/2768			

URRT Items

Item Name	Attachment(s)
Unified Rate Review Template	UnifiedRateReviewSubmission_2024042622296.xml
Actuarial Memorandum	2768_Ind_DC_GHMSI_1.1.25_Actuarial_Memorandum_5-1.pdf
Actuarial Memorandum - Redacted	2025_Individual_DC_GHMSI_Redacted_Actuarial_Memorandum_5-1.pdf

<b>SERFF Tracking #:</b>	CFAP-134065040	<b>State Tracking #:</b>		<b>Company Tracking #:</b>	2768
<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Group Hospitalization and Medical Services, Inc.		
<b>TOI/Sub-TOI:</b>	H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)				
<b>Product Name:</b>	2768 - DC ACA Individual GHMSI				
<b>Project Name/Number:</b>	2768 - DC PPO IND64- ACA ON-EXCHANGE/2768				

***Attachment UnifiedRateReviewSubmission\_2024042622296.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:** Group Hospitalization and Medical Services, Inc. (GHMSI) - NAIC # 53007
- **State:** District of Columbia
- **HIOS Issuer ID:** 78079
- **Market:** Individual, Non-Medigap (On Exchange)
- **Effective Date:** 1/1/25 – 12/31/25
- **Company Filing Number:** 2768
- **SERFF Filing Number:** CFAP-134065040

#### Company Contact Information:

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

### 4.3 Proposed Rate Changes (Individual market)

Base rates are changing 3.6% on average. The range is 1.4% to 5.0%. 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 5,590.

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

The main drivers supporting the rate change are 1) trend, 2) lower projected changes in pool morbidity, and 3) lower projected risk adjustment receivable.

For our initial submission, we have not adjusted 2025 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 1/1/23 through 12/31/23, as required.

**Paid Through Date:** 2/29/24

**Current Date:** 2/29/24

**Premiums (prior to MLR rebates) in Experience Period:** \$260,900,126

**Experience Period Member Months:** 358,970

**Current Date Members:** 29,178

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

**Allowed Claims**

- **Processed through issuer's claim system:** \$261,324,770
- **Processed outside issuer's claim system:** \$0
- **IBNR:** \$9,589,348

**Incurred Claims**

- **Processed through issuer's claim system:** \$233,918,699
- **Processed outside issuer's claim system:** \$0
- **IBNR:** \$8,523,738

**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 8.9%, which is an increase compared to the 7.8% trend assumed in our prior filing. Current observed medical trends as of 202312 are -0.5%, down from 5.9% in 202212. Current observed drug trends are 4.2% as of 202312, up from 2.3% in 202212. The composite medical and drug trend is 0.8% as of 202312, down from 4.9% in 202212.

When normalized for induced demand, network, and demographics, the observed composite trends of 0.8% in 202312 and 4.9% in 202212 become 0.4% and 4.9%, respectively.

Using the proposed trend factor, in combination with other assumptions such as morbidity, etc., the annualized allowed PMPM change between 2025 and 2023 represented in this filing is 7.7%.

*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 2025 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 (2024) 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 (2025) 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 1.250.
- Once these PMPMs are set, the final morbidity calculation is driven by the projected member months at these levels.

The total morbidity change from 2023 to 2025 is expected to be -1.5%, which is the factor used in Exhibit 1 in the calculation of the market adjustment index rate.

#### **Demographic Shift:**

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

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

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

#### **Other Adjustments:**

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

##### *4.4.3.3 Manual Rate Adjustments*

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

##### *4.4.3.4 Credibility of Experience*

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

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

The experience period index rate for this filing is \$754.26 and the projection period index rate is \$874.85. Both rates and the adjustments made to develop the projected amount from the experience period amount can be found on Exhibit 1 of the Memorandum. Specifically, these adjustments correspond to those outlined in sections 4.4.3.1 and 4.4.3.2.

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

The Market-wide Adjusted Index Rate for the Individual market is \$772.51 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 estimates.

Our projected 2025 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 2023 to 2025, we have assumed an increase in the statewide premium of 12.9% which reflects an estimate of an average 7.5% increase in 2024 and 5.0% increase in 2025. We have assumed that our CFI Individual non-Catastrophic market share will increase from 79.0% in 2023 to 80.0% in 2025 and that our CFI Individual non-Catastrophic PLRS ratio to the state will decrease from 1.072 in 2023 to 1.065 in 2025. The resultant estimate of risk adjustment is that the GHMSI receivable transfer PMPM for the Individual market will decrease from \$89.59 in 2023 to \$82.40 in 2025. Combined with the \$82.40 is a projected HCRP net PMPM payable of -\$0.26, which results in a total projected risk adjustment receivable of \$82.14.

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.

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. As a result of this approach, we are forced to rebalance the contribution to reserve assumed in the Individual filings so that our rate submissions reflect lower HMO rates than PPO by metal. If such rebalancing was not needed, the rate change for Individual GHMSI is estimated to be 1.9%.

If a merged Individual and Small Group risk adjustment methodology was used, the rate change for Individual GHMSI is estimated to be 2.2%.

#### **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 the combined block of business. The URRT instructions state that this adjustment may take into account the benefit differences and utilization differences due to differences in cost-sharing. As a result, our plan adjusted index rates also include adjustments to account for the impact the metal level has on utilization.
- **Provider network:** All plans offered use the PPO network.
- **Benefits in addition to EHBs:** There is an adjustment to account for abortion coverage and adult vision (which are offered in addition to EHBs).
- **Administrative costs:** See Exhibit 10A in the Memorandum for the assumed values of the following additional items.
  1. Administrative Expense (G&A)
  2. Broker Commissions & Fees
  3. Federal Income Tax (FIT)
  4. Contribution to Reserve (Post-Tax)
  5. State Premium Tax
  6. PCORI Fee
  7. Risk Adjustment User Fee
  8. Exchange Assessment Fee

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

#### **4.4.5 Calibration**

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

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

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

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

We have elected not to rate for geographic region.

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

We have elected not to rate for tobacco usage.

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

The premium rate that a given consumer will be charged is calculated by first taking the plan adjusted index rate for that member's chosen plan and dividing by the projected average age rating factor. The resulting value is the base rate for that plan. The final step in determining a consumer adjusted premium rate is to

take the rate from the first step and multiply it by the corresponding factor for that member's age from the standard DC age curve. Rate charts are provided for all the consumer adjusted premiums.

#### **4.5 Projected Loss Ratio**

The projected loss ratio for the rates provided in this file, using the Federally-prescribed MLR methodology, is 86.3% for the Individual market and 85.9% 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 2025 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 85% of the designated services are rendered in higher cost-share setting and the remaining 15% 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 2/29/24 using assumptions for termination rates, new sales and transfers. The projections also incorporate any plan mappings anticipated between that month and the rating period. For new plan offerings where no plans are being uniformly modified into them, a minimum level of enrollment was assumed.

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

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

##### **4.6.4 Plan Type**

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

#### **4.7 Miscellaneous Instructions**

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

We have no additional exhibits.

##### **4.7.2 Reliance**

We do not have any reliance to state.

##### **4.7.3 Actuarial Certification**

Included in the Memorandum.

**Group Hospitalization & Medical Services, Inc.  
d.b.a. CareFirst BlueCross BlueShield  
(NAIC # 53007)**

**Rate Filing # 2768  
D.C. Individual Products  
Rate Filing Effective 1/1/2025**

**Actuarial Memorandum**

**Group Hospitalization & Medical Services, Inc.**  
**(NAIC # 53007)**  
**H.R. 3950 - Public Law 111-148 - Patient Protection and Affordable Care Act (ACA)**  
**D.C. Individual Products**  
**Rate Filing Effective 1/1/2025**  
**Actuarial Certification**

I, Cory Bream, am a(n) Assistant Actuary with CareFirst GHMSI 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 2025 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 2025 rates to reflect potential impacts of Medicaid redeterminations. We reserve the right to update assumptions as appropriate during the review process.

The DISB has directed CareFirst to file rate submissions with an Actuarial Value Deficiency Factor that reflects the merged pool instead of market specific factors.

The DISB has directed CareFirst to file rate submissions that reflect lower HMO rates than PPO by metal. In order to meet this directive, the contribution to reserve assumed in this filing is 3.55%. The assumed contribution to reserve in this filing, aggregated with the assumed contribution to reserve in our BlueChoice filing, reflects a 2.00% contribution to reserve.

**Cory Bream**  
Digitally signed by Cory Bream  
Date: 2024.05.01 10:30:15  
-04'00'

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



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### Exhibit 1 - Market Adjusted Index Rate Summary

		2025	Exhibit
(1)	Base Period Total Allowed	\$ 754.70	2
(2)	Base Period Non-EHB PMPM	\$ 0.44	2
(3)	Experience Period Index Rate	\$ 754.26	
(4)	Change in Morbidity	0.9849	4
(5)	Additional Population Adjustment	1.0000	
(6)	Induced Demand	0.9941	5
(7)	Projection Period Utilization and Network Adjustment	1.0000	
(8)	Demographic Adjustment	1.0073	6
(9)	Area Adjustment	1.0000	
(10)	Additional "Other" Adjustments	0.9914	7
(11)	Annualized Trend	8.9%	8
(12)	Months of Trend	24.0	
(13)	Unit cost & Utilization/1,000 Trend Factor	1.1863	
(14)	Projection Period Index Rate	\$ 874.85	
(15)	Reinsurance Program	1.0000	
(16)	Risk Adjustment Program	0.8830	9
(17)	Federal Exchange User Fee	1.0000	
(18)	Market Adjusted Index Rate	\$ 772.51	
	Without Risk Adjustment	\$ 874.85	

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

## Exhibit 2 - Base Period Experience

Service Category	Incurred	Allowed	Allowed PMPM	Utilization Description	Utilization per 1,000	Average Cost/Service
Inpatient Hospital	\$	36,238,884	\$ 100.95	Admits	85.74	\$ 14,128.55
Outpatient Hospital	\$	59,940,726	\$ 166.98	Visits	1,422.64	\$ 1,408.48
Professional	\$	90,117,789	\$ 251.05	Visits	17,092.23	\$ 176.25
Other Medical	\$	20,526,912	\$ 57.18	Services	1,818.02	\$ 377.44
Capitation	\$	305,183	\$ 0.85	Benefit Period	1,000	\$ 10.20
Prescription Drug	\$	63,784,623	\$ 177.69	Prescriptions	10,687.21	\$ 199.51
<b>Total (EHB &amp; Non-EHB)</b>	<b>\$</b>	<b>270,914,118</b>	<b>\$ 754.70</b>			
<b>EHB Allowed</b>	<b>\$</b>	<b>270,755,453</b>	<b>\$ 754.26</b>			
<b>Non-EHB Allowed</b>	<b>\$</b>	<b>158,665</b>	<b>\$ 0.44</b>			
<b>Incurred Net</b>	<b>\$</b>	<b>242,442,437</b>	<b>\$ 675.38</b>			
<b>Net/Allowed</b>		<b>89.5%</b>				
<b>Experience Period Member Months</b>		<b>358,970</b>				
<b>Experience Period Revenue</b>	<b>\$</b>	<b>260,900,126</b>				

### Exhibit 3 - Non-EHB Adjustment

HIOS Plan ID	Plan Name	Exchange	2025 Index Rate	2025 Non-EHB PMPM	2025 Non-EHB Adjustment
78079DC0210001	BluePreferred PPO Standard Platinum \$0	On	\$ 874.85	\$ 2.39	1.0027
78079DC0210002	BluePreferred PPO Standard Bronze \$7,500	On	\$ 874.85	\$ 3.39	1.0039
78079DC0210003	BluePreferred PPO Standard Gold \$500	On	\$ 874.85	\$ 2.62	1.0030
78079DC0210004	BluePreferred PPO Standard Silver \$4,850	On	\$ 874.85	\$ 3.07	1.0035
78079DC0210005	BluePreferred PPO HSA Standard Bronze \$6,350	On	\$ 874.85	\$ 3.45	1.0039
78079DC0210006	BluePreferred PPO HSA Gold \$1,650 Virtual Connect	On	\$ 874.85	\$ 2.75	1.0031

Exhibit 4 - Morbidity Adjustment Factor

Base Year

Metal Level	Member Months	2023 Normalized Allowed PMPM	
Catastrophic	-	\$	-
Bronze	17,007	\$	270.09
Silver	53,497	\$	348.93
Gold	123,237	\$	423.34
Platinum	165,187	\$	477.60
Subtotal	358,928	\$	429.96

Current Year YTD

Existing				
Metal Level	Member Months	2023 Normalized Allowed PMPM	Morbidity Adjustment	2024 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$	-	1.000 \$ -
Bronze	2,710	\$	252.12	1.000 \$ 252.12
Silver	6,993	\$	352.56	1.000 \$ 352.56
Gold	17,125	\$	419.57	1.000 \$ 419.57
Platinum	22,515	\$	487.25	1.000 \$ 487.25
Subtotal	49,343	\$	431.76	1.000 \$ 431.76

New				
Metal Level	Member Months	Existing Cohort Adjusted Normalized Allowed PMPM	Morbidity Adjustment	2024 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$	-	1.000 \$ -
Bronze	531	\$	252.12	1.000 \$ 252.12
Silver	1,032	\$	352.56	1.000 \$ 352.56
Gold	2,336	\$	419.57	1.000 \$ 419.57
Platinum	2,901	\$	487.25	1.000 \$ 487.25
Subtotal	6,800	\$	425.20	1.000 \$ 425.20

Transfer				
Metal Level	Member Months	2023 Normalized Allowed PMPM	Morbidity Adjustment	2024 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$	-	1.000 \$ -
Bronze	175	\$	206.57	1.000 \$ 206.57
Silver	383	\$	293.33	1.000 \$ 293.33
Gold	585	\$	313.26	1.000 \$ 313.26
Platinum	686	\$	336.51	1.000 \$ 336.51
Subtotal	1,829	\$	307.60	1.000 \$ 307.60

Total				
Metal Level	Member Months	2023 Normalized Allowed PMPM	Morbidity Adjustment	2024 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$	-	-
Bronze	3,416	\$	249.78	1.000 \$ 249.78
Silver	8,408	\$	349.86	1.000 \$ 349.86
Gold	20,046	\$	416.46	1.000 \$ 416.46
Platinum	26,102	\$	483.29	1.000 \$ 483.29
Subtotal	57,972	\$	427.07	1.000 \$ 427.07

Remainder of Current Year

Existing		
Metal Level	Member Months	2024 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -
Bronze	12,106	\$ 252.12
Silver	33,273	\$ 352.56
Gold	79,721	\$ 419.57
Platinum	107,696	\$ 487.25
Subtotal	232,796	\$ 432.59

New		
Metal Level	Member Months	2024 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -
Bronze	4,667	\$ 252.12
Silver	6,943	\$ 352.56
Gold	17,689	\$ 419.57
Platinum	18,611	\$ 487.25
Subtotal	47,910	\$ 419.84

Transfer		
Metal Level	Member Months	2024 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -
Bronze	1,265	\$ 206.57
Silver	2,031	\$ 293.33
Gold	3,515	\$ 313.26
Platinum	3,271	\$ 336.51
Subtotal	10,082	\$ 303.40

Total		
Metal Level	Member Months	2024 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -
Bronze	18,038	\$ 248.92
Silver	42,247	\$ 349.71
Gold	100,925	\$ 415.86
Platinum	129,578	\$ 483.45
Subtotal	290,788	\$ 426.01

Total Current Year

Total	Member Months	2024 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -
Bronze	21,454	\$ 249.06
Silver	50,655	\$ 349.74
Gold	120,971	\$ 415.96
Platinum	155,680	\$ 483.42
Subtotal	348,760	\$ 426.19

Rating Year

Existing				
Metal Level	Member Months	2024 Normalized Allowed PMPM	Morbidity Adjustment	2025 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$	-	1.000 \$ -
Bronze	18,068	\$	249.06	1.000 \$ 249.06
Silver	41,295	\$	349.74	1.000 \$ 349.74
Gold	98,745	\$	415.96	1.000 \$ 415.96
Platinum	125,939	\$	483.42	1.000 \$ 483.42
Subtotal	284,047	\$	425.63	1.000 \$ 425.63

New				
Metal Level	Member Months	Existing Cohort Adjusted Normalized Allowed PMPM	Morbidity Adjustment	2025 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$	-	1.000 \$ -
Bronze	4,529	\$	249.06	1.000 \$ 249.06
Silver	7,676	\$	349.74	1.000 \$ 349.74
Gold	19,215	\$	415.96	1.000 \$ 415.96
Platinum	22,337	\$	483.42	1.000 \$ 483.42
Subtotal	53,757	\$	420.47	1.000 \$ 420.47

Transfer				
Metal Level	Member Months	2024 Normalized Allowed PMPM	Morbidity Adjustment	2025 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$	-	1.250 \$ -
Bronze	1,199	\$	206.57	1.250 \$ 258.21
Silver	1,965	\$	293.33	1.250 \$ 366.66
Gold	4,243	\$	313.26	1.250 \$ 391.57
Platinum	4,461	\$	336.51	1.250 \$ 420.64
Subtotal	11,868	\$	307.92	1.250 \$ 384.90

Total				
Metal Level	Member Months	2024 Normalized Allowed PMPM	Morbidity Adjustment	2025 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$	-	\$ -
Bronze	23,796	\$	246.92	1.011 \$ 249.52
Silver	50,936	\$	347.56	1.008 \$ 350.39
Gold	122,203	\$	412.40	1.007 \$ 415.12
Platinum	152,737	\$	479.13	1.005 \$ 481.59
Subtotal	349,672	\$	420.84	1.006 \$ 423.45

Year	Adjusted Normalized PMPM	Year over Year Change
2023	\$ 429.96	n/a
2024	\$ 426.19	-0.9%
2025	\$ 423.45	-0.6%

Morbidity Adjustment Change	-1.5%
Morbidity Adjustment Factor	0.9849

### Exhibit 5 - Induced Utilization Adjustment Factor

Year	Actuarial Value	Induced Demand Factor	
(1) 2023	87.19%	1.1303	
(2) Projected 2025	86.22%	1.1236	
(3) <b>Adjustment*</b>		<b>0.9940</b>	(2)/(1)

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

### Exhibit 6 - Demographic Adjustment

	Period	Cohort	Demo Factor*	Weight	Average Age**
(1)	Base Period	All	1.7155	100.0%	35.2
(2)	Rating Period	Existing	1.7774	81.2%	
		New	1.4754	15.4%	
		Transfer	1.6881	3.4%	
(3)	Rating Period	All	1.7280	100.0%	35.4
(4)	<b>Demographic Adjustment***</b>	<b>All</b>	<b>1.0073</b>		

(3) / (1)

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

\*\*Average ages are member weighted

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

Exhibit 7 - Factors for Additional "Other" Adjustments

Capitation adjustment			
(1)	Experience Period Capitations PMPM (EHBs only)	\$	0.64
(2)	Projection Period Capitations PMPM (EHBs only)	\$	0.64
(3)	Adjustment to Capitation Category	1.0019	(2)/(1)
Drug Rebates adjustment			
(4)	Experience Period Allowed Rx PMPM (Pre-Rebates)	\$	236.15
(5)	Morbidity	0.9849	Exhibit 4
(6)	Induced Demand	0.9940	Exhibit 5
(7)	Demographics	1.0073	Exhibit 6
(8)	Rx Trend (Force of Trend)	1.1232	Exhibit 8
(9)	Projected Target Allowed Rx PMPM using Multiplicative Factors (Pre-Rebates)	\$	261.56 (4)*(5)*(6)*(7)*(8)
(10)	Target Projection Period Rx Rebates PMPM	\$	72.30
(11)	Target Post-Rebates Allowed Rx PMPM using Target Projection Period Rx Rebates PMPM	\$	189.26 (9)-(10)
(12)	Experience Period Rx Rebates PMPM	\$	58.46
(13)	Experience Period Allowed Rx PMPM (Post-Rebates)	\$	177.69 (4)-(12)
(14)	Morbidity	0.9849	Exhibit 4
(15)	Induced Demand	0.9940	Exhibit 5
(16)	Demographics	1.0073	Exhibit 6
(17)	Rx Trend (Force of Trend)	1.1232	Exhibit 8
(18)	Projection Period Allowed Rx PMPM using Multiplicative Factors (Post-Rebates)	\$	196.80 (13)*(14)*(15)*(16)*(17)
(19)	Adjustment to Drug Category	0.9616	(11)/(18)

	PMPM	Adjustment
Inpatient Hospital	\$ 116.40	1.0000
Outpatient Hospital	\$ 200.46	1.0000
Professional	\$ 296.25	1.0000
Other Medical	\$ 71.85	1.0000
Capitation	\$ 0.64	1.0019 (3)
Prescription Drug	\$ 196.80	0.9616 (19)
Total	\$ 882.40	0.9914

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



### Exhibit 8 - Annual Trend Assumptions

	2023					Trended
	EHB PMPM	Weight	Utilization/1,000	Unit Cost		Composite
<b>Inpatient Hospital</b>	\$ 100.95	13.4%	0.9893	1.0930		1.1692
<b>Outpatient Hospital</b>	\$ 166.82	22.1%	1.0493	1.0520		1.2185
<b>Professional</b>	\$ 250.98	33.3%	1.0653	1.0270		1.1970
<b>Other Medical</b>	\$ 57.18	7.6%	1.0823	1.0430		1.2743
<b>Capitation</b>	\$ 0.64	0.1%	1.0000	1.0000		1.0000
<b>Prescription Drug</b>	\$ 177.69	23.6%	1.0493	1.0100		1.1232
<b>Total</b>	\$ 754.26	100.0%				1.0892
<b>Proposed Trend</b>						<b>1.0892</b>

Exhibit 9 - Risk Adjustment

Statewide 2023

Metallic Tier	Member Months		PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM	Statewide PMPM 2023
Individual Non-Catastrophic	156,251		1.431	1.159	1.000	1.058	0.737	1.560	0.903			\$ 579.67

CFI & Competition 2023

Metallic Tier	Member Months	Distribution	PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM
CFI Non-Catastrophic	123,452	79.0%	1.534	1.167	1.000	1.060	0.742	1.675	0.917		
Competition Non-Catastrophic	32,798	21.0%	1.043	1.129	1.000	1.048	0.718	-	-		

2023

Metallic Tier	Member Months	Distribution	PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM
Catastrophic	-	0.0%	-	-	-	-	-	-	-	\$0	\$0.00
Bronze	16,644	18.4%	0.789	1.188	1.000	1.000	0.600	0.789	0.713	-\$2,733,962	-\$164.27
Silver	20,194	22.3%	1.010	1.211	1.000	1.030	0.700	1.041	0.873	-\$3,506,343	-\$173.63
Gold	30,726	33.9%	1.487	1.133	1.000	1.080	0.800	1.606	0.979	-\$977,644	-\$31.82
Platinum	23,120	25.5%	3.257	1.096	1.000	1.150	0.900	3.745	1.135	\$15,342,022	\$663.57
Total	90,684	100%	1.704	1.151	1.000	1.072	0.767	1.876	0.946	\$8,124,073	\$89.59

Statewide 2025

Metallic Tier	Member Months		PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM	Statewide PMPM 2025
Individual Non-Catastrophic	151,188		1.219	1.156	1.000	1.055	0.732	1.325	0.892			\$ 654.31

CFI & Competition 2025

Metallic Tier	Member Months	Distribution	PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM
CFI Non-Catastrophic	120,950	80.0%	1.298	1.164	1.000	1.057	0.735	1.412	0.905		
Competition Non-Catastrophic	30,238	20.0%	0.902	1.124	1.000	1.048	0.718	-	-		

2025

Metallic Tier	Member Months	Distribution	PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM
Catastrophic	-	0.0%	-	-	-	-	-	-	-	\$0	\$0.00
Bronze	22,176	23%	0.657	1.180	1.000	1.000	0.600	0.657	0.708	-\$4,323,323	-\$194.96
Silver	18,902	20%	0.926	1.186	1.000	1.030	0.700	0.954	0.855	-\$2,949,981	-\$156.07
Gold	34,787	37%	1.300	1.135	1.000	1.080	0.800	1.405	0.980	-\$886,628	-\$25.49
Platinum	18,658	20%	2.989	1.111	1.000	1.150	0.900	3.438	1.149	\$15,948,706	\$854.79
Total	94,523	100%	1.408	1.151	1.000	1.065	0.753	1.540	0.925	\$7,788,773	\$82.40

Adjustment Factor applied to Market Adjusted Index Rate

Projected Index Rate	Projected Transfer PMPM (Allowed basis)	Risk Adjustment User Fee (Allowed basis)	Adjustment Factor*
\$874.85	\$102.57	\$0.22	0.8830

Estimated HCRP Receivable	Estimated HCRP Charge	HCRP Net Charge PMPM
\$131,000	\$156,000	-\$0.26

\*Adjustment Factor = (\$874.85 - \$102.57+ \$0.22) / \$874.85

# Exhibit 10A - Desired Incurred Claims Ratio

	2025	
	PMPM	% of Revenue
Allowed Claims	\$ 850.15	
Paid/Allowed Ratio	82.5%	
Paid Claims & Capitations	\$ 701.43	
Risk Adjustment Transfer & HCRP (Paid Basis)	\$ 82.14	
Reinsurance Recoveries (Paid Basis)	\$ -	
Paid Claims & Capitations (Post-3Rs)	\$ 619.29	83.3%
Administrative Expense	\$ 74.66	10.0%
Broker Commissions & Fee	\$ 1.96	0.3%
Contribution to Reserve (Post-Tax)	\$ 22.32	3.0%
Investment Income Credit	\$ (0.74)	-0.1%
Risk Charge	\$ -	0.0%
<b><u>Non-ACA Taxes &amp; Fees</u></b>		
State Premium Tax	\$ 14.88	2.0%
State Assessment Fee	\$ 0.74	0.1%
Reinsurance Program Fee	\$ -	0.0%
State Income Tax	\$ -	0.0%
Federal Income Tax	\$ 4.09	0.6%
<b><u>ACA Taxes &amp; Fees</u></b>		
Health Insurer Tax	\$ -	0.0%
Risk Adjustment User Fee	\$ 0.18	0.0%
Exchange Assessment Fee	\$ 6.14	0.825%
Federal Exchange User Fee	\$ -	0.0%
PCORI Tax	\$ 0.31	0.0%
BlueRewards/Incentive Program	\$ 0.02	0.0%
Total Revenue	\$ 743.84	100.0%
Plan Level Admin Load Adjustment	1.2008	
Projected Member Months	94,523	
Average Members	7,877	
% Total 2025	100.0%	

## Exhibit 10B - Federal MLR

	Total 2025 PMPM / %
<u>Traditional MLR Development</u>	
Paid Claims & Capitations (Post-3Rs) \$	619.29
Total Revenue \$	743.84
<hr/>	
Traditional MLR (i.e. DICR)	83.3%
 <u>Federal MLR Development</u>	
Numerator Adjustments	
BlueRewards/Incentive Program \$	0.02
Quality Improvement Expenses \$	1.88
Removal of non-care costs under MLR guidelines \$	(1.79)
 Denominator Adjustments	
Non-ACA Taxes & Fees \$	19.71
ACA Taxes & Fees \$	6.63
 Federal MLR Numerator \$	 619.39
Federal MLR Denominator \$	717.50
<hr/>	
Federal MLR	86.3%
 Projected Member Months	
	94,523

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

	Total 2025 PMPM / %
<u><b>Traditional MLR Development</b></u>	
Paid Claims & Capitations (Post-3Rs) \$	722.97
Total Revenue \$	869.22
<hr/>	
Traditional MLR (i.e. DICR)	83.2%
 <u><b>Federal MLR Development</b></u>	
<b>Numerator Adjustments</b>	
BlueRewards/Incentive Program \$	0.17
Quality Improvement Expenses \$	3.89
Removal of non-care costs under MLR guidelines \$	(7.01)
 <b>Denominator Adjustments</b>	
Non-ACA Taxes & Fees \$	23.37
ACA Taxes & Fees \$	7.66
 <b>Federal MLR Numerator \$</b>	
<b>Federal MLR Denominator \$</b>	<b>838.19</b>
<hr/>	
<b>Federal MLR</b>	<b>85.9%</b>
 <b>Projected Member Months</b>	
	349,672

Exhibit 11 - Plan Adjusted Index Rates

HIOS Plan ID	Plan Name	Plan Type	Metallic Tier	Exchange	Network	Market Adjusted Index Rate	Internal Pricing AV	Network Factor	Induced Utilization	Non-EHB	Catastrophic Adjustment	Capped Dependents	Admin	Plan Adjusted Index Rate
78079DC0210001	BluePreferred PPO Standard Platinum \$0	PPO	PLATINUM	On	PPO	\$772.51	0.9640	1.0000	1.0473	1.0027	1.0000	1.0000	1.2008	\$939.12
78079DC0210002	BluePreferred PPO Standard Bronze \$7,500	PPO	BRONZE	On	PPO	\$772.51	0.6740	1.0000	0.9107	1.0039	1.0000	1.0000	1.2008	\$571.55
78079DC0210003	BluePreferred PPO Standard Gold \$500	PPO	GOLD	On	PPO	\$772.51	0.8955	1.0000	0.9836	1.0030	1.0000	1.0000	1.2008	\$819.47
78079DC0210004	BluePreferred PPO Standard Silver \$4,850	PPO	SILVER	On	PPO	\$772.51	0.7457	1.0000	0.9413	1.0035	1.0000	1.0000	1.2008	\$653.45
78079DC0210005	BluePreferred PPO HSA Standard Bronze \$6,350	PPO	BRONZE	On	PPO	\$772.51	0.6560	1.0000	0.9107	1.0039	1.0000	1.0000	1.2008	\$556.34
78079DC0210006	BluePreferred PPO HSA Gold \$1,650 Virtual Connect	PPO	GOLD	On	PPO	\$772.51	0.8320	1.0000	0.9836	1.0031	1.0000	1.0000	1.2008	\$761.51

## Exhibit 12 - AV Values

HIOS Plan ID	Suffix	HIOS Plan Name	HHS AV
78079DC0210001	01	BluePreferred PPO Standard Platinum \$0	0.919
78079DC0210001	02	BluePreferred PPO Standard Platinum \$0 NAO	1.000
78079DC0210001	03	BluePreferred PPO Standard Platinum \$0 NAL	0.919
78079DC0210002	01	BluePreferred PPO Standard Bronze \$7,500	0.648
78079DC0210002	02	BluePreferred PPO Standard Bronze \$7,500 NAO	1.000
78079DC0210002	03	BluePreferred PPO Standard Bronze \$7,500 NAL	0.648
78079DC0210003	01	BluePreferred PPO Standard Gold \$500	0.819
78079DC0210003	02	BluePreferred PPO Standard Gold \$500 NAO	1.000
78079DC0210003	03	BluePreferred PPO Standard Gold \$500 NAL	0.819
78079DC0210004	01	BluePreferred PPO Standard Silver \$4,850	0.708
78079DC0210004	02	BluePreferred PPO Standard Silver \$4,850 NAO	1.000
78079DC0210004	03	BluePreferred PPO Standard Silver \$4,850 NAL	0.708
78079DC0210004	04	BluePreferred PPO Standard Silver \$4,850 A	0.736
78079DC0210004	05	BluePreferred PPO Standard Silver \$4,850 B	0.879
78079DC0210004	06	BluePreferred PPO Standard Silver \$4,850 C	0.945
78079DC0210005	01	BluePreferred PPO HSA Standard Bronze \$6,350	0.640
78079DC0210005	02	BluePreferred PPO Standard Bronze \$6,350 NAO	1.000
78079DC0210005	03	BluePreferred PPO Standard Bronze \$6,350 NAL	0.640
78079DC0210006	01	BluePreferred PPO HSA Gold \$1,650 Virtual Connect	0.817
78079DC0210006	02	BluePreferred PPO Gold \$1,650 NAO Virtual Connect	1.000
78079DC0210006	03	BluePreferred PPO Gold \$1,650 NAL Virtual Connect	0.817

### Exhibit 13 - Age Calibration

Age Curve Calibration					
	Period	Cohort	Rating Factor*	Weight	Average Age**
(1)	Rating Period	Existing	1.1043	81.2%	
		New	0.9562	15.4%	
		Transfer	1.0604	3.4%	
(2)	Rating Period	All	1.0801	100.0%	42.7
(3)	Nearest Rounded	All	1.0940		43.0
(4)	Calibration***	All	1.0129		

(3)/(2)

(3)/(2)

Premium Rate Demonstration				
	HIOS Plan Name	BluePreferred PPO Standard Platinum \$0		
(5)	Plan Adjusted Index Rate			\$939.12
(6)	Calibration			1.0129
(7)	Calibrated Rate			\$951.25
(8)	Age 40 Factor/Rounded Avg Age Factor = (0.975/1.094)			0.8912
(9)	Age 40 Premium Rate			\$847.78

(4)

(5)\*(6)

(7)\*(8)

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

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

\*\*\*Applied uniformly to all plans



## Exhibit 14 - Age Factors

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

Exhibit 15 - Induced Utilization Factors

CDH/Non-CDH	Projected Member Months	Relative to HSA/HRA	Relative to Average
HSA/HRA	41,120	1.0000	1.0000
Non-CDH	308,552	1.0000	1.0000
	349,672	1.0000	

Full HIOS Plan ID	Base HIOS Plan ID	Plan Name	Metal Level	Relative to Bronze	Projected Member Months	Relative to Average (Pool)	Relative to Average (CSR)
78079DC021000101	78079DC0210001	BluePreferred PPO Standard Platinum \$0	PLATINUM	1.1500	18,612	1.0473	1.0473
78079DC021000102	78079DC0210001	BluePreferred PPO Standard Platinum \$0 NAO	PLATINUM	1.1500	-	1.0473	1.0473
78079DC021000103	78079DC0210001	BluePreferred PPO Standard Platinum \$0 NAL	PLATINUM	1.1500	46	1.0473	1.0473
78079DC021000201	78079DC0210002	BluePreferred PPO Standard Bronze \$7,500	BRONZE	1.0000	9,905	0.9107	0.9107
78079DC021000202	78079DC0210002	BluePreferred PPO Standard Bronze \$7,500 NAO	BRONZE	1.0000	12	0.9107	0.9107
78079DC021000203	78079DC0210002	BluePreferred PPO Standard Bronze \$7,500 NAL	BRONZE	1.0000	-	0.9107	0.9107
78079DC021000301	78079DC0210003	BluePreferred PPO Standard Gold \$500	GOLD	1.0800	27,382	0.9836	0.9836
78079DC021000302	78079DC0210003	BluePreferred PPO Standard Gold \$500 NAO	GOLD	1.0800	-	0.9836	0.9836
78079DC021000303	78079DC0210003	BluePreferred PPO Standard Gold \$500 NAL	GOLD	1.0800	-	0.9836	0.9836
78079DC021000401	78079DC0210004	BluePreferred PPO Standard Silver \$4,850	SILVER	1.0300	16,629	0.9380	0.9413
78079DC021000402	78079DC0210004	BluePreferred PPO Standard Silver \$4,850 NAO	SILVER	1.0300	-	0.9380	0.9413
78079DC021000403	78079DC0210004	BluePreferred PPO Standard Silver \$4,850 NAL	SILVER	1.0300	-	0.9380	0.9413
78079DC021000404	78079DC0210004	BluePreferred PPO Standard Silver \$4,850 A	SILVER	1.0300	1,703	0.9380	0.9413
78079DC021000405	78079DC0210004	BluePreferred PPO Standard Silver \$4,850 B	SILVER	1.1500	306	1.0473	0.9413
78079DC021000406	78079DC0210004	BluePreferred PPO Standard Silver \$4,850 C	SILVER	1.1500	264	1.0473	0.9413
78079DC021000501	78079DC0210005	BluePreferred PPO HSA Standard Bronze \$6,350	BRONZE	1.0000	12,247	0.9107	0.9107
78079DC021000502	78079DC0210005	BluePreferred PPO Standard Bronze \$6,350 NAO	BRONZE	1.0000	-	0.9107	0.9107
78079DC021000503	78079DC0210005	BluePreferred PPO Standard Bronze \$6,350 NAL	BRONZE	1.0000	12	0.9107	0.9107
78079DC021000601	78079DC0210006	BluePreferred PPO HSA Gold \$1,650 Virtual Connect	GOLD	1.0800	7,405	0.9836	0.9836
78079DC021000602	78079DC0210006	BluePreferred PPO Gold \$1,650 NAO Virtual Connect	GOLD	1.0800	-	0.9836	0.9836
78079DC021000603	78079DC0210006	BluePreferred PPO Gold \$1,650 NAL Virtual Connect	GOLD	1.0800	-	0.9836	0.9836

Appendix - Experience Period to Rating Period Plan Mappings

Exp. Period		Current Period		Rating Period	
2023 Base HIOS Plan ID	2023 HIOS Plan Name	2024 Base HIOS Plan ID	2024 HIOS Plan Name	2025 Base HIOS Plan ID	2025 HIOS Plan Name
78079DC0210001	BluePreferred PPO Standard Platinum \$0	78079DC0210001	BluePreferred PPO Standard Platinum \$0	78079DC0210001	BluePreferred PPO Standard Platinum \$0
78079DC0210002	BluePreferred PPO Standard Bronze \$7,500	78079DC0210002	BluePreferred PPO Standard Bronze \$7,500	78079DC0210002	BluePreferred PPO Standard Bronze \$7,500
78079DC0210003	BluePreferred PPO Standard Gold \$500	78079DC0210003	BluePreferred PPO Standard Gold \$500	78079DC0210003	BluePreferred PPO Standard Gold \$500
78079DC0210004	BluePreferred PPO Standard Silver \$4,850	78079DC0210004	BluePreferred PPO Standard Silver \$4,850	78079DC0210004	BluePreferred PPO Standard Silver \$4,850
78079DC0210005	BluePreferred PPO HSA Standard Bronze \$6,350	78079DC0210005	BluePreferred PPO HSA Standard Bronze \$6,350	78079DC0210005	BluePreferred PPO HSA Standard Bronze \$6,350
78079DC0210006	BluePreferred PPO HSA Gold \$1,500	78079DC0210006	BluePreferred PPO HSA Gold \$1,600	78079DC0210006	BluePreferred PPO HSA Gold \$1,650 Virtual Connect

Appendix - Annual Rate Change Based on Mapping

Catastrophic	Catastrophic/Avg Renewal	-	-	n/a
Bronze	Bronze Members/Avg Renewal	1,634	1,690	1.4%
Silver	Silver Members/Avg Renewal	1,573	1,518	2.3%
Gold	Gold Members/Avg Renewal	2,807	2,758	4.2%
Platinum	Platinum Members/Avg Renewal	1,803	1,612	5.0%
	All Members/Avg Renewal	7,817	7,578	3.6%
	Minimum Renewal			1.4%
	Maximum Renewal			5.0%

2024 HIOS Plan ID	2024 HIOS Plan Name	2024 Metal Level	2024 Marketplace Indicator	2025 HIOS Plan ID	2025 HIOS Plan Name	2025 Metal Level	2025 Marketplace Indicator	Current Month Member Count	Projected 2024 EOY Members	2024 Base Rate	2025 Base Rate	Annual Rate Change
78079DC0210001	BluePreferred PPO Standard Platinum \$0	PLATINUM	On	78079DC0210001	BluePreferred PPO Standard Platinum \$0	PLATINUM	On	1,803	1,612	\$828.35	\$869.52	5.0%
78079DC0210002	BluePreferred PPO Standard Bronze \$7,500	BRONZE	On	78079DC0210002	BluePreferred PPO Standard Bronze \$7,500	BRONZE	On	771	773	\$522.11	\$529.19	1.4%
78079DC0210003	BluePreferred PPO Standard Gold \$500	GOLD	On	78079DC0210003	BluePreferred PPO Standard Gold \$500	GOLD	On	2,206	2,169	\$727.27	\$758.73	4.3%
78079DC0210004	BluePreferred PPO Standard Silver \$4,850	SILVER	On	78079DC0210004	BluePreferred PPO Standard Silver \$4,850	SILVER	On	1,573	1,518	\$591.54	\$605.01	2.3%
78079DC0210005	BluePreferred PPO HSA Standard Bronze \$6,350	BRONZE	On	78079DC0210005	BluePreferred PPO HSA Standard Bronze \$6,350	BRONZE	On	863	917	\$507.89	\$515.11	1.4%
78079DC0210006	BluePreferred PPO HSA Gold \$1,600	GOLD	On	78079DC0210006	BluePreferred PPO HSA Gold \$1,650 Virtual Connect	GOLD	On	601	589	\$680.23	\$705.07	3.7%

### Appendix - Maximum Rate Renewal

	2024	2025	% Change
Base Rate	\$828.35	\$869.52	5.0%
Age Factor	0.654	0.727	11.2%
Geographic Factor	1.000	1.000	0.0%
Tobacco Factor	1.000	1.000	0.0%
<b>Total</b>	<b>\$541.74</b>	<b>\$632.14</b>	<b>16.7%</b>

	BluePreferred PPO Standard Platinum	BluePreferred PPO Standard Platinum
Base Rate/Product(s)	\$0	\$0
Age Change	20	21
Geo Change*	N/A	N/A
Tobacco Change**	N/A	N/A

\*we did not geo rate

\*\*we did not tobacco rate

Appendix - Federal Required \$1.00 minimum for abortion

HIOS Plan ID	Plan Name	Exchange	Minimum Charge	Lowest Age Factor	Base Premium	Age Calibration	Plan Adjusted Index Rate	Admin	Catastrophic Adjustment	Network Factor	Non-EHB	Induced Utilization	Benefit	Market Adjusted Index Rate	Exchange User Fee	Risk Adjustment Fee	Reinsurance Factor	Index Rate	\$1 Check	Final Rate, above \$1.00
78079DC0210001	BluePreferred PPO Standard Platinum \$0	On	\$1.00	0.6540	\$1.53	0.9259	\$1.65	1.2008	1.0000	1.0000	1.0000	1.0473	0.9640	\$1.36	1.0000	0.8830	1.0000	\$1.54	\$1.00	\$1.54
78079DC0210002	BluePreferred PPO Standard Bronze \$7,500	On	\$1.00	0.6540	\$1.53	0.9259	\$1.65	1.2008	1.0000	1.0000	1.0000	0.9107	0.6740	\$2.24	1.0000	0.8830	1.0000	\$2.54	\$1.00	\$2.54
78079DC0210003	BluePreferred PPO Standard Gold \$500	On	\$1.00	0.6540	\$1.53	0.9259	\$1.65	1.2008	1.0000	1.0000	1.0000	0.9836	0.8955	\$1.56	1.0000	0.8830	1.0000	\$1.77	\$1.00	\$1.77
78079DC0210004	BluePreferred PPO Standard Silver \$4,850	On	\$1.00	0.6540	\$1.53	0.9259	\$1.65	1.2008	1.0000	1.0000	1.0000	0.9413	0.7457	\$1.96	1.0000	0.8830	1.0000	\$2.22	\$1.00	\$2.22
78079DC0210005	BluePreferred PPO HSA Standard Bronze \$6,350	On	\$1.00	0.6540	\$1.53	0.9259	\$1.65	1.2008	1.0000	1.0000	1.0000	0.9107	0.6560	\$2.30	1.0000	0.8830	1.0000	\$2.60	\$1.00	\$2.60
78079DC0210006	BluePreferred PPO HSA Gold \$1,650 Virtual Connect	On	\$1.00	0.6540	\$1.53	0.9259	\$1.65	1.2008	1.0000	1.0000	1.0000	0.9836	0.8320	\$1.68	1.0000	0.8830	1.0000	\$1.90	\$1.00	\$1.90

Appendix - Form Numbers

Form Numbers Associated With This Filing:

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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-134087859

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ON-Exchange

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**BluePreferred PPO Standard Plans**

- DC/CF/EXC/BP/IEA (R. 1/23)
- DC/GHMSI/DOL APPEAL (R. 1/22)
- DC/CF/BP/EXC/DOCS (R. 1/23)
- DC/CF/EXC/BP HSA/GOLD 1650 (1/25)
- DC/CF/EXC/BP HSA STD/BRZ 6350 (1/25)
- DC/CF/EXC/BP STD/BRZ 7500 (1/25)
- DC/CF/EXC/BP STD/GOLD 500 (1/25)
- DC/CF/EXC/BP STD/NATAMER SOB (1/25)
- DC/CF/EXC/BP STD/PLAT 0 (1/25)
- DC/CF/EXC/BP STD/SIL 4850 (1/25)
- DC/CF/EXC/BP STD/SIL 4850 A (1/25)
- DC/CF/EXC/BP STD/SIL 4850 B (1/25)
- DC/CF/EXC/BP STD/SIL 4850 C (1/25)
- DC/CF/EXC/NATAMER (1/14)
- DC/CF/MEM/BLCRD (R. 6/18)
- DC/CF/ANCILLARY AMEND (10/12)
- DC/CF/NO SURP ACT/AMEND (R. 1/23)
- DC/CF/CD/AUTH AMEND PPO (R. 1/24)
- DC/CF/EXC/2024 AMEND (1/24)
- DC/CF/EXC/2025 AMEND (1/25)
- DC GHMSI – HEALTH GUARANTY 5/21
- DC/CF/PT PROTECT (9/10)
- DC/CF/CD/BP/INCENT (1/23)

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Allowed	Incurred	Drug Rebates	Utilization Unit	Utilization
202101	29,314	Inpatient Hospital	\$3,924,246	\$3,771,808	\$3,924,246	\$3,771,808	\$0	Admits	171
202102	29,217	Inpatient Hospital	\$3,019,364	\$2,962,826	\$3,019,364	\$2,962,826	\$0	Admits	129
202103	29,335	Inpatient Hospital	\$4,198,013	\$4,087,949	\$4,198,013	\$4,087,949	\$0	Admits	207
202104	29,416	Inpatient Hospital	\$2,790,554	\$2,689,290	\$2,790,554	\$2,689,290	\$0	Admits	178
202105	29,589	Inpatient Hospital	\$4,168,100	\$4,057,633	\$4,168,100	\$4,057,633	\$0	Admits	227
202106	29,821	Inpatient Hospital	\$2,388,864	\$2,329,159	\$2,388,789	\$2,329,087	\$0	Admits	193
202107	29,838	Inpatient Hospital	\$3,885,306	\$3,804,920	\$3,884,541	\$3,804,172	\$0	Admits	220
202108	30,142	Inpatient Hospital	\$3,593,932	\$3,513,529	\$3,593,203	\$3,512,821	\$0	Admits	184
202109	30,419	Inpatient Hospital	\$3,687,504	\$3,585,221	\$3,686,423	\$3,584,174	\$0	Admits	336
202110	30,145	Inpatient Hospital	\$3,866,186	\$3,764,326	\$3,864,584	\$3,762,771	\$0	Admits	291
202111	30,186	Inpatient Hospital	\$2,660,689	\$2,597,912	\$2,659,486	\$2,596,738	\$0	Admits	211
202112	30,156	Inpatient Hospital	\$2,400,515	\$2,302,885	\$2,399,203	\$2,301,630	\$0	Admits	265
202201	30,061	Inpatient Hospital	\$3,252,323	\$3,108,326	\$3,250,156	\$3,106,261	\$0	Admits	201
202202	30,580	Inpatient Hospital	\$2,838,043	\$2,743,683	\$2,835,522	\$2,741,251	\$0	Admits	150
202203	30,432	Inpatient Hospital	\$3,641,207	\$3,544,848	\$3,637,365	\$3,541,114	\$0	Admits	196
202204	30,483	Inpatient Hospital	\$4,294,102	\$4,200,241	\$4,289,128	\$4,195,376	\$0	Admits	228
202205	30,573	Inpatient Hospital	\$3,005,039	\$2,941,397	\$3,001,183	\$2,937,622	\$0	Admits	206
202206	30,704	Inpatient Hospital	\$3,856,360	\$3,749,000	\$3,850,007	\$3,742,832	\$0	Admits	215
202207	30,664	Inpatient Hospital	\$2,922,692	\$2,844,292	\$2,917,192	\$2,838,943	\$0	Admits	158
202208	30,784	Inpatient Hospital	\$3,477,166	\$3,372,732	\$3,470,253	\$3,366,032	\$0	Admits	298
202209	30,785	Inpatient Hospital	\$4,315,754	\$4,230,333	\$4,302,714	\$4,217,575	\$0	Admits	318
202210	30,944	Inpatient Hospital	\$4,733,911	\$4,640,199	\$4,717,845	\$4,624,486	\$0	Admits	215
202211	30,878	Inpatient Hospital	\$3,853,613	\$3,757,503	\$3,836,333	\$3,740,736	\$0	Admits	274
202212	30,621	Inpatient Hospital	\$4,142,780	\$4,011,642	\$3,780,083	\$3,655,215	\$0	Admits	346
202301	29,835	Inpatient Hospital	\$3,052,818	\$2,889,590	\$3,034,298	\$2,872,386	\$0	Admits	320
202302	30,073	Inpatient Hospital	\$2,981,917	\$2,875,751	\$2,957,356	\$2,852,230	\$0	Admits	206
202303	29,940	Inpatient Hospital	\$3,215,077	\$3,090,544	\$3,186,979	\$3,063,994	\$0	Admits	212
202304	29,792	Inpatient Hospital	\$3,567,459	\$3,472,942	\$3,518,827	\$3,425,688	\$0	Admits	234
202305	29,962	Inpatient Hospital	\$3,109,014	\$3,000,880	\$3,030,788	\$2,925,897	\$0	Admits	333
202306	29,954	Inpatient Hospital	\$2,917,425	\$2,822,940	\$2,795,894	\$2,706,461	\$0	Admits	217
202307	30,047	Inpatient Hospital	\$2,969,530	\$2,854,868	\$2,873,294	\$2,762,825	\$0	Admits	137
202308	30,197	Inpatient Hospital	\$3,805,736	\$3,734,606	\$3,659,711	\$3,591,367	\$0	Admits	195
202309	30,166	Inpatient Hospital	\$2,016,711	\$1,966,155	\$1,914,838	\$1,866,907	\$0	Admits	113
202310	30,057	Inpatient Hospital	\$3,178,177	\$3,100,860	\$2,940,348	\$2,869,501	\$0	Admits	148
202311	29,881	Inpatient Hospital	\$3,220,902	\$3,144,475	\$2,915,762	\$2,847,350	\$0	Admits	172
202312	29,066	Inpatient Hospital	\$2,204,117	\$2,120,732	\$1,819,792	\$1,750,128	\$0	Admits	279
202401	28,850	Inpatient Hospital	\$2,781,800	\$2,666,850	\$1,944,499	\$1,865,151	\$0	Admits	134
202402	29,178	Inpatient Hospital	\$1,216,108	\$1,117,649	\$355,536	\$328,929	\$0	Admits	65



Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Allowed	Incurred	Drug Rebates	Utilization Unit	Utilization
202101	29,314	Outpatient Hospital	\$3,700,511	\$3,266,282	\$3,700,511	\$3,266,282	\$0	Visits	3,230
202102	29,217	Outpatient Hospital	\$4,347,745	\$3,900,633	\$4,347,745	\$3,900,633	\$0	Visits	3,234
202103	29,335	Outpatient Hospital	\$4,199,679	\$3,765,025	\$4,199,679	\$3,765,025	\$0	Visits	4,221
202104	29,416	Outpatient Hospital	\$4,591,166	\$4,142,777	\$4,591,166	\$4,142,777	\$0	Visits	4,200
202105	29,589	Outpatient Hospital	\$4,113,022	\$3,738,285	\$4,113,022	\$3,738,285	\$0	Visits	3,589
202106	29,821	Outpatient Hospital	\$4,457,872	\$4,039,411	\$4,457,756	\$4,039,309	\$0	Visits	3,517
202107	29,838	Outpatient Hospital	\$4,025,154	\$3,622,538	\$4,024,591	\$3,622,043	\$0	Visits	3,391
202108	30,142	Outpatient Hospital	\$4,442,726	\$4,055,813	\$4,441,741	\$4,054,919	\$0	Visits	3,468
202109	30,419	Outpatient Hospital	\$4,082,818	\$3,721,368	\$4,081,621	\$3,720,278	\$0	Visits	3,531
202110	30,145	Outpatient Hospital	\$4,590,716	\$4,181,492	\$4,588,899	\$4,179,845	\$0	Visits	3,893
202111	30,186	Outpatient Hospital	\$4,417,189	\$4,038,117	\$4,415,116	\$4,036,222	\$0	Visits	3,841
202112	30,156	Outpatient Hospital	\$4,765,428	\$4,358,306	\$4,762,850	\$4,355,948	\$0	Visits	3,919
202201	30,061	Outpatient Hospital	\$4,454,295	\$3,982,582	\$4,451,426	\$3,980,022	\$0	Visits	3,614
202202	30,580	Outpatient Hospital	\$4,708,072	\$4,215,619	\$4,703,921	\$4,211,909	\$0	Visits	3,610
202203	30,432	Outpatient Hospital	\$5,025,924	\$4,488,101	\$5,020,534	\$4,483,293	\$0	Visits	4,062
202204	30,483	Outpatient Hospital	\$4,513,052	\$4,080,441	\$4,507,834	\$4,075,724	\$0	Visits	3,842
202205	30,573	Outpatient Hospital	\$4,352,644	\$3,922,430	\$4,347,057	\$3,917,396	\$0	Visits	3,883
202206	30,704	Outpatient Hospital	\$4,693,421	\$4,296,124	\$4,685,793	\$4,289,132	\$0	Visits	3,876
202207	30,664	Outpatient Hospital	\$4,160,994	\$3,781,306	\$4,153,233	\$3,774,254	\$0	Visits	3,557
202208	30,784	Outpatient Hospital	\$4,642,286	\$4,221,160	\$4,633,147	\$4,212,851	\$0	Visits	4,043
202209	30,785	Outpatient Hospital	\$4,780,343	\$4,351,460	\$4,765,983	\$4,338,414	\$0	Visits	3,677
202210	30,944	Outpatient Hospital	\$5,330,249	\$4,921,950	\$5,311,958	\$4,905,085	\$0	Visits	3,793
202211	30,878	Outpatient Hospital	\$5,338,206	\$4,931,825	\$5,315,462	\$4,910,864	\$0	Visits	3,771
202212	30,621	Outpatient Hospital	\$5,626,369	\$5,158,888	\$5,127,048	\$4,700,551	\$0	Visits	4,040
202301	29,835	Outpatient Hospital	\$5,295,712	\$4,700,268	\$5,264,445	\$4,672,909	\$0	Visits	3,665
202302	30,073	Outpatient Hospital	\$4,330,013	\$3,811,099	\$4,296,023	\$3,781,682	\$0	Visits	3,375
202303	29,940	Outpatient Hospital	\$5,360,447	\$4,831,922	\$5,314,149	\$4,790,643	\$0	Visits	3,772
202304	29,792	Outpatient Hospital	\$4,322,823	\$3,874,531	\$4,267,458	\$3,825,154	\$0	Visits	3,202
202305	29,962	Outpatient Hospital	\$5,288,594	\$4,799,742	\$5,143,959	\$4,667,737	\$0	Visits	3,464
202306	29,954	Outpatient Hospital	\$5,240,905	\$4,748,889	\$5,059,685	\$4,585,171	\$0	Visits	3,380
202307	30,047	Outpatient Hospital	\$4,610,078	\$4,140,729	\$4,464,233	\$4,010,033	\$0	Visits	3,186
202308	30,197	Outpatient Hospital	\$5,432,505	\$4,892,550	\$5,222,640	\$4,703,589	\$0	Visits	3,777
202309	30,166	Outpatient Hospital	\$4,464,863	\$3,984,527	\$4,238,346	\$3,782,633	\$0	Visits	3,370
202310	30,057	Outpatient Hospital	\$4,710,072	\$4,229,890	\$4,370,283	\$3,926,729	\$0	Visits	3,735
202311	29,881	Outpatient Hospital	\$5,409,594	\$4,932,472	\$4,919,403	\$4,487,997	\$0	Visits	3,855
202312	29,066	Outpatient Hospital	\$5,475,119	\$4,932,878	\$4,531,980	\$4,082,645	\$0	Visits	3,774
202401	28,850	Outpatient Hospital	\$6,590,768	\$5,769,367	\$4,639,286	\$4,068,776	\$0	Visits	4,148
202402	29,178	Outpatient Hospital	\$6,375,285	\$5,629,686	\$1,856,212	\$1,644,281	\$0	Visits	3,974

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Allowed	Incurred	Drug Rebates	Utilization Unit	Utilization
202101	29,314	Professional	\$6,494,191	\$5,312,480	\$6,494,191	\$5,312,480	\$0	Visits	43,244
202102	29,217	Professional	\$6,330,902	\$5,200,780	\$6,330,902	\$5,200,780	\$0	Visits	38,492
202103	29,335	Professional	\$7,489,954	\$6,173,595	\$7,489,954	\$6,173,595	\$0	Visits	47,574
202104	29,416	Professional	\$7,272,515	\$6,063,252	\$7,272,515	\$6,063,252	\$0	Visits	45,808
202105	29,589	Professional	\$6,665,186	\$5,528,905	\$6,665,186	\$5,528,905	\$0	Visits	40,457
202106	29,821	Professional	\$7,055,888	\$5,841,725	\$7,055,706	\$5,841,586	\$0	Visits	41,626
202107	29,838	Professional	\$6,821,538	\$5,717,259	\$6,820,546	\$5,716,464	\$0	Visits	41,034
202108	30,142	Professional	\$7,499,760	\$6,372,904	\$7,498,169	\$6,371,581	\$0	Visits	43,697
202109	30,419	Professional	\$7,620,182	\$6,533,744	\$7,618,002	\$6,531,888	\$0	Visits	47,282
202110	30,145	Professional	\$7,893,052	\$6,723,501	\$7,890,000	\$6,720,924	\$0	Visits	49,181
202111	30,186	Professional	\$7,530,380	\$6,420,152	\$7,526,905	\$6,417,204	\$0	Visits	46,166
202112	30,156	Professional	\$7,905,614	\$6,830,238	\$7,901,444	\$6,826,650	\$0	Visits	47,056
202201	30,061	Professional	\$7,746,399	\$6,411,488	\$7,741,465	\$6,407,428	\$0	Visits	48,507
202202	30,580	Professional	\$7,033,861	\$5,730,181	\$7,027,735	\$5,725,224	\$0	Visits	41,448
202203	30,432	Professional	\$8,001,300	\$6,586,441	\$7,992,810	\$6,579,482	\$0	Visits	46,817
202204	30,483	Professional	\$7,603,512	\$6,376,903	\$7,594,734	\$6,369,547	\$0	Visits	43,207
202205	30,573	Professional	\$7,847,872	\$6,626,719	\$7,837,801	\$6,618,215	\$0	Visits	45,029
202206	30,704	Professional	\$7,630,349	\$6,394,759	\$7,618,177	\$6,384,596	\$0	Visits	43,131
202207	30,664	Professional	\$6,744,030	\$5,691,000	\$6,731,540	\$5,680,481	\$0	Visits	38,623
202208	30,784	Professional	\$7,457,460	\$6,241,917	\$7,442,813	\$6,229,702	\$0	Visits	44,425
202209	30,785	Professional	\$7,478,559	\$6,300,310	\$7,456,265	\$6,281,683	\$0	Visits	44,356
202210	30,944	Professional	\$7,851,272	\$6,622,104	\$7,824,717	\$6,599,918	\$0	Visits	46,417
202211	30,878	Professional	\$7,583,572	\$6,443,362	\$7,551,933	\$6,416,757	\$0	Visits	44,009
202212	30,621	Professional	\$7,560,691	\$6,378,100	\$6,866,745	\$5,784,265	\$0	Visits	41,895
202301	29,835	Professional	\$7,616,230	\$6,106,586	\$7,573,397	\$6,073,505	\$0	Visits	46,052
202302	30,073	Professional	\$6,794,020	\$5,466,233	\$6,741,893	\$5,425,783	\$0	Visits	39,947
202303	29,940	Professional	\$8,135,424	\$6,654,800	\$8,065,291	\$6,599,325	\$0	Visits	45,413
202304	29,792	Professional	\$6,980,248	\$5,758,675	\$6,890,638	\$5,685,569	\$0	Visits	39,465
202305	29,962	Professional	\$7,927,671	\$6,519,439	\$7,737,578	\$6,369,212	\$0	Visits	44,870
202306	29,954	Professional	\$7,567,542	\$6,235,908	\$7,318,036	\$6,037,580	\$0	Visits	42,345
202307	30,047	Professional	\$6,822,740	\$5,649,250	\$6,606,668	\$5,471,879	\$0	Visits	39,579
202308	30,197	Professional	\$7,752,731	\$6,474,588	\$7,453,817	\$6,225,290	\$0	Visits	43,735
202309	30,166	Professional	\$7,286,361	\$6,102,108	\$6,915,421	\$5,792,133	\$0	Visits	41,132
202310	30,057	Professional	\$7,959,399	\$6,666,533	\$7,375,564	\$6,182,963	\$0	Visits	45,818
202311	29,881	Professional	\$7,942,594	\$6,716,293	\$7,212,399	\$6,103,647	\$0	Visits	43,245
202312	29,066	Professional	\$7,332,828	\$6,143,651	\$6,067,797	\$5,081,509	\$0	Visits	39,699
202401	28,850	Professional	\$9,354,630	\$7,547,318	\$6,583,685	\$5,325,792	\$0	Visits	51,642
202402	29,178	Professional	\$11,537,477	\$9,392,343	\$3,346,327	\$2,742,341	\$0	Visits	64,146

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Allowed	Incurred	Drug Rebates	Utilization Unit	Utilization
202101	29,314	Other Medical	\$1,290,333	\$1,213,222	\$1,290,333	\$1,213,222	\$0	Services	3,536
202102	29,217	Other Medical	\$1,232,349	\$1,151,231	\$1,232,349	\$1,151,231	\$0	Services	3,511
202103	29,335	Other Medical	\$1,497,614	\$1,388,077	\$1,497,614	\$1,388,077	\$0	Services	4,324
202104	29,416	Other Medical	\$1,425,993	\$1,345,199	\$1,425,993	\$1,345,199	\$0	Services	3,811
202105	29,589	Other Medical	\$1,180,793	\$1,097,524	\$1,180,793	\$1,097,524	\$0	Services	3,809
202106	29,821	Other Medical	\$1,292,298	\$1,198,708	\$1,292,261	\$1,198,673	\$0	Services	4,272
202107	29,838	Other Medical	\$1,300,187	\$1,225,786	\$1,299,976	\$1,225,585	\$0	Services	3,670
202108	30,142	Other Medical	\$1,434,904	\$1,340,788	\$1,434,580	\$1,340,484	\$0	Services	4,120
202109	30,419	Other Medical	\$1,437,343	\$1,355,410	\$1,436,924	\$1,355,014	\$0	Services	3,919
202110	30,145	Other Medical	\$1,438,491	\$1,360,362	\$1,437,945	\$1,359,847	\$0	Services	4,134
202111	30,186	Other Medical	\$1,510,188	\$1,445,544	\$1,509,477	\$1,444,863	\$0	Services	4,046
202112	30,156	Other Medical	\$1,567,981	\$1,484,694	\$1,567,147	\$1,483,903	\$0	Services	3,828
202201	30,061	Other Medical	\$1,403,234	\$1,309,625	\$1,402,336	\$1,308,787	\$0	Services	3,824
202202	30,580	Other Medical	\$1,693,506	\$1,598,502	\$1,692,022	\$1,597,104	\$0	Services	3,844
202203	30,432	Other Medical	\$1,997,535	\$1,907,109	\$1,995,408	\$1,905,078	\$0	Services	4,264
202204	30,483	Other Medical	\$1,786,411	\$1,692,273	\$1,784,340	\$1,690,311	\$0	Services	4,248
202205	30,573	Other Medical	\$1,653,608	\$1,570,270	\$1,651,485	\$1,568,254	\$0	Services	4,416
202206	30,704	Other Medical	\$1,794,251	\$1,713,141	\$1,791,335	\$1,710,356	\$0	Services	4,642
202207	30,664	Other Medical	\$1,480,499	\$1,407,923	\$1,477,742	\$1,405,302	\$0	Services	3,975
202208	30,784	Other Medical	\$2,196,862	\$2,104,515	\$2,192,507	\$2,100,339	\$0	Services	5,091
202209	30,785	Other Medical	\$1,831,412	\$1,757,307	\$1,825,949	\$1,752,066	\$0	Services	4,110
202210	30,944	Other Medical	\$1,433,229	\$1,355,487	\$1,428,155	\$1,350,670	\$0	Services	4,234
202211	30,878	Other Medical	\$1,544,563	\$1,478,022	\$1,537,697	\$1,471,416	\$0	Services	4,457
202212	30,621	Other Medical	\$1,500,508	\$1,421,348	\$1,364,606	\$1,293,391	\$0	Services	4,793
202301	29,835	Other Medical	\$1,479,512	\$1,364,440	\$1,470,434	\$1,356,125	\$0	Services	4,302
202302	30,073	Other Medical	\$1,394,481	\$1,323,043	\$1,383,223	\$1,312,333	\$0	Services	3,823
202303	29,940	Other Medical	\$2,031,450	\$1,931,102	\$2,015,587	\$1,916,127	\$0	Services	4,748
202304	29,792	Other Medical	\$1,660,330	\$1,580,897	\$1,638,443	\$1,560,036	\$0	Services	4,137
202305	29,962	Other Medical	\$1,817,898	\$1,725,743	\$1,768,921	\$1,679,103	\$0	Services	4,576
202306	29,954	Other Medical	\$1,528,242	\$1,436,445	\$1,476,095	\$1,387,301	\$0	Services	4,615
202307	30,047	Other Medical	\$1,557,880	\$1,480,669	\$1,506,913	\$1,432,200	\$0	Services	4,053
202308	30,197	Other Medical	\$1,900,490	\$1,808,890	\$1,826,902	\$1,738,832	\$0	Services	5,287
202309	30,166	Other Medical	\$1,743,352	\$1,668,035	\$1,653,782	\$1,582,296	\$0	Services	4,212
202310	30,057	Other Medical	\$1,888,770	\$1,808,987	\$1,746,685	\$1,672,859	\$0	Services	5,160
202311	29,881	Other Medical	\$1,685,524	\$1,600,292	\$1,520,643	\$1,443,162	\$0	Services	4,698
202312	29,066	Other Medical	\$1,838,983	\$1,747,966	\$1,528,351	\$1,453,204	\$0	Services	4,773
202401	28,850	Other Medical	\$2,043,585	\$1,903,018	\$1,428,935	\$1,330,527	\$0	Services	5,336
202402	29,178	Other Medical	\$2,096,727	\$1,984,665	\$593,844	\$562,452	\$0	Services	5,975

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Allowed	Incurred	Drug Rebates	Utilization Unit	Utilization
202101	29,314	Prescription Drug	\$5,729,162	\$5,288,490	\$5,729,162	\$5,288,490	\$1,055,140	Scripts	21,566
202102	29,217	Prescription Drug	\$5,910,384	\$5,519,102	\$5,910,384	\$5,519,102	\$1,085,931	Scripts	20,694
202103	29,335	Prescription Drug	\$6,773,772	\$6,351,320	\$6,773,772	\$6,351,320	\$1,301,858	Scripts	26,574
202104	29,416	Prescription Drug	\$7,036,381	\$6,667,783	\$7,036,381	\$6,667,783	\$1,232,577	Scripts	28,463
202105	29,589	Prescription Drug	\$6,588,906	\$6,264,582	\$6,588,906	\$6,264,582	\$1,167,891	Scripts	25,206
202106	29,821	Prescription Drug	\$6,759,730	\$6,409,310	\$6,759,730	\$6,409,310	\$1,184,054	Scripts	25,154
202107	29,838	Prescription Drug	\$6,662,678	\$6,339,100	\$6,662,678	\$6,339,100	\$1,231,792	Scripts	24,247
202108	30,142	Prescription Drug	\$6,858,036	\$6,529,059	\$6,858,036	\$6,529,059	\$1,273,552	Scripts	24,554
202109	30,419	Prescription Drug	\$6,593,355	\$6,265,099	\$6,593,355	\$6,265,099	\$1,216,674	Scripts	24,291
202110	30,145	Prescription Drug	\$6,750,382	\$6,420,302	\$6,750,382	\$6,420,302	\$1,272,823	Scripts	25,582
202111	30,186	Prescription Drug	\$6,553,586	\$6,239,336	\$6,553,586	\$6,239,336	\$1,302,388	Scripts	28,705
202112	30,156	Prescription Drug	\$7,041,536	\$6,690,060	\$7,041,536	\$6,690,060	\$1,322,628	Scripts	29,088
202201	30,061	Prescription Drug	\$6,702,507	\$6,192,565	\$6,702,507	\$6,192,565	\$1,278,831	Scripts	25,210
202202	30,580	Prescription Drug	\$6,181,489	\$5,797,609	\$6,181,489	\$5,797,609	\$1,167,627	Scripts	22,400
202203	30,432	Prescription Drug	\$6,840,313	\$6,406,658	\$6,840,313	\$6,406,658	\$1,366,558	Scripts	25,369
202204	30,483	Prescription Drug	\$7,316,705	\$6,963,446	\$7,316,705	\$6,963,446	\$1,376,434	Scripts	25,385
202205	30,573	Prescription Drug	\$6,750,723	\$6,388,870	\$6,750,723	\$6,388,870	\$1,393,002	Scripts	26,793
202206	30,704	Prescription Drug	\$6,991,227	\$6,636,243	\$6,991,227	\$6,636,243	\$1,427,377	Scripts	26,145
202207	30,664	Prescription Drug	\$6,925,896	\$6,598,434	\$6,925,896	\$6,598,434	\$1,428,611	Scripts	25,005
202208	30,784	Prescription Drug	\$7,172,500	\$6,824,676	\$7,172,500	\$6,824,676	\$1,526,958	Scripts	26,160
202209	30,785	Prescription Drug	\$7,315,281	\$6,967,706	\$7,315,281	\$6,967,706	\$1,490,515	Scripts	28,180
202210	30,944	Prescription Drug	\$7,406,599	\$7,060,056	\$7,406,599	\$7,060,056	\$1,633,214	Scripts	29,114
202211	30,878	Prescription Drug	\$6,991,045	\$6,656,905	\$6,991,045	\$6,656,905	\$1,591,924	Scripts	27,471
202212	30,621	Prescription Drug	\$6,713,403	\$6,360,180	\$6,713,403	\$6,360,180	\$1,554,311	Scripts	28,369
202301	29,835	Prescription Drug	\$7,301,393	\$6,752,379	\$7,301,393	\$6,752,379	\$1,708,895	Scripts	26,291
202302	30,073	Prescription Drug	\$6,321,019	\$5,893,097	\$6,321,019	\$5,893,097	\$1,545,629	Scripts	23,533
202303	29,940	Prescription Drug	\$7,233,023	\$6,787,961	\$7,233,023	\$6,787,961	\$1,814,710	Scripts	26,474
202304	29,792	Prescription Drug	\$6,744,346	\$6,388,262	\$6,744,346	\$6,388,262	\$1,586,971	Scripts	24,340
202305	29,962	Prescription Drug	\$7,489,120	\$7,109,796	\$7,489,120	\$7,109,796	\$1,756,512	Scripts	26,477
202306	29,954	Prescription Drug	\$7,022,256	\$6,670,000	\$7,022,256	\$6,670,000	\$1,669,288	Scripts	25,414
202307	30,047	Prescription Drug	\$6,981,958	\$6,641,992	\$6,981,958	\$6,641,992	\$1,775,813	Scripts	24,289
202308	30,197	Prescription Drug	\$7,388,559	\$7,018,792	\$7,388,559	\$7,018,792	\$1,883,527	Scripts	26,272
202309	30,166	Prescription Drug	\$6,403,862	\$6,093,739	\$6,403,862	\$6,093,739	\$1,690,932	Scripts	27,245
202310	30,057	Prescription Drug	\$7,673,227	\$7,328,457	\$7,673,227	\$7,328,457	\$1,925,554	Scripts	33,397
202311	29,881	Prescription Drug	\$7,516,365	\$7,172,509	\$7,516,365	\$7,172,509	\$1,876,006	Scripts	29,176
202312	29,066	Prescription Drug	\$6,696,104	\$6,342,467	\$6,696,104	\$6,342,467	\$1,752,772	Scripts	26,791
202401	28,850	Prescription Drug	\$6,731,523	\$6,178,824	\$6,731,523	\$6,178,824	\$2,000,451	Scripts	27,007
202402	29,178	Prescription Drug	\$6,942,705	\$6,477,039	\$6,942,705	\$6,477,039	\$2,069,617	Scripts	25,216

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Allowed	Incurred	Drug Rebates	Utilization Unit	Utilization
202101	29,314	Capitations	\$30,045	\$30,045	\$30,045	\$30,045	\$0	Benefit Period	29,314
202102	29,217	Capitations	\$29,976	\$29,976	\$29,976	\$29,976	\$0	Benefit Period	29,217
202103	29,335	Capitations	\$30,122	\$30,122	\$30,122	\$30,122	\$0	Benefit Period	29,335
202104	29,416	Capitations	\$30,200	\$30,200	\$30,200	\$30,200	\$0	Benefit Period	29,416
202105	29,589	Capitations	\$30,327	\$30,327	\$30,327	\$30,327	\$0	Benefit Period	29,589
202106	29,821	Capitations	\$30,555	\$30,555	\$30,555	\$30,555	\$0	Benefit Period	29,821
202107	29,838	Capitations	\$30,576	\$30,576	\$30,576	\$30,576	\$0	Benefit Period	29,838
202108	30,142	Capitations	\$30,897	\$30,897	\$30,897	\$30,897	\$0	Benefit Period	30,142
202109	30,419	Capitations	\$31,155	\$31,155	\$31,155	\$31,155	\$0	Benefit Period	30,419
202110	30,145	Capitations	\$30,562	\$30,562	\$30,562	\$30,562	\$0	Benefit Period	30,145
202111	30,186	Capitations	\$30,558	\$30,558	\$30,558	\$30,558	\$0	Benefit Period	30,186
202112	30,156	Capitations	\$30,471	\$30,471	\$30,471	\$30,471	\$0	Benefit Period	30,156
202201	30,061	Capitations	\$29,211	\$29,211	\$29,211	\$29,211	\$0	Benefit Period	30,061
202202	30,580	Capitations	\$29,814	\$29,814	\$29,814	\$29,814	\$0	Benefit Period	30,580
202203	30,432	Capitations	\$29,572	\$29,572	\$29,572	\$29,572	\$0	Benefit Period	30,432
202204	30,483	Capitations	\$29,592	\$29,592	\$29,592	\$29,592	\$0	Benefit Period	30,483
202205	30,573	Capitations	\$29,627	\$29,627	\$29,627	\$29,627	\$0	Benefit Period	30,573
202206	30,704	Capitations	\$29,697	\$29,697	\$29,697	\$29,697	\$0	Benefit Period	30,704
202207	30,664	Capitations	\$29,627	\$29,627	\$29,627	\$29,627	\$0	Benefit Period	30,664
202208	30,784	Capitations	\$29,763	\$29,763	\$29,763	\$29,763	\$0	Benefit Period	30,784
202209	30,785	Capitations	\$29,766	\$29,766	\$29,766	\$29,766	\$0	Benefit Period	30,785
202210	30,944	Capitations	\$29,864	\$29,864	\$29,864	\$29,864	\$0	Benefit Period	30,944
202211	30,878	Capitations	\$29,779	\$29,779	\$29,779	\$29,779	\$0	Benefit Period	30,878
202212	30,621	Capitations	\$29,507	\$29,507	\$29,507	\$29,507	\$0	Benefit Period	30,621
202301	29,835	Capitations	\$25,398	\$25,398	\$25,398	\$25,398	\$0	Benefit Period	29,835
202302	30,073	Capitations	\$25,631	\$25,631	\$25,631	\$25,631	\$0	Benefit Period	30,073
202303	29,940	Capitations	\$25,550	\$25,550	\$25,550	\$25,550	\$0	Benefit Period	29,940
202304	29,792	Capitations	\$25,413	\$25,413	\$25,413	\$25,413	\$0	Benefit Period	29,792
202305	29,962	Capitations	\$25,517	\$25,517	\$25,517	\$25,517	\$0	Benefit Period	29,962
202306	29,954	Capitations	\$25,499	\$25,499	\$25,499	\$25,499	\$0	Benefit Period	29,954
202307	30,047	Capitations	\$25,508	\$25,508	\$25,508	\$25,508	\$0	Benefit Period	30,047
202308	30,197	Capitations	\$25,645	\$25,645	\$25,645	\$25,645	\$0	Benefit Period	30,197
202309	30,166	Capitations	\$25,603	\$25,603	\$25,603	\$25,603	\$0	Benefit Period	30,166
202310	30,057	Capitations	\$25,521	\$25,521	\$25,521	\$25,521	\$0	Benefit Period	30,057
202311	29,881	Capitations	\$25,293	\$25,293	\$25,293	\$25,293	\$0	Benefit Period	29,881
202312	29,066	Capitations	\$24,605	\$24,605	\$24,605	\$24,605	\$0	Benefit Period	29,066
202401	28,850	Capitations	\$24,783	\$24,783	\$24,783	\$24,783	\$0	Benefit Period	28,850
202402	29,178	Capitations	\$25,230	\$25,230	\$25,230	\$25,230	\$0	Benefit Period	29,178

### Appendix - Total Experience

Month	Members	Contracts	Ultimate Allowed	Drug Rebates	Post-Rx Rebate Ultimate Allowed	Post-Rx Rebate Ultimate Incurred	Premium	Loss Ratio
202101	29,314	18,822	\$21,168,488	\$1,055,140	\$20,113,349	\$17,827,188	\$19,351,023	92.1%
202102	29,217	18,744	\$20,870,720	\$1,085,931	\$19,784,789	\$17,678,618	\$19,294,156	91.6%
202103	29,335	18,821	\$24,189,154	\$1,301,858	\$22,887,296	\$20,494,230	\$19,316,707	106.1%
202104	29,416	18,876	\$23,146,808	\$1,232,577	\$21,914,231	\$19,705,923	\$19,387,715	101.6%
202105	29,589	18,979	\$22,746,334	\$1,167,891	\$21,578,443	\$19,549,364	\$19,391,413	100.8%
202106	29,821	19,129	\$21,985,207	\$1,184,054	\$20,801,152	\$18,664,814	\$19,429,417	96.1%
202107	29,838	19,128	\$22,725,439	\$1,231,792	\$21,493,647	\$19,508,386	\$19,502,068	100.0%
202108	30,142	19,327	\$23,860,255	\$1,273,552	\$22,586,703	\$20,569,437	\$19,626,500	104.8%
202109	30,419	19,516	\$23,452,357	\$1,216,674	\$22,235,683	\$20,275,321	\$19,732,464	102.8%
202110	30,145	19,245	\$24,569,389	\$1,272,823	\$23,296,566	\$21,207,723	\$19,090,998	111.1%
202111	30,186	19,236	\$22,702,590	\$1,302,388	\$21,400,202	\$19,469,230	\$19,390,459	100.4%
202112	30,156	19,160	\$23,711,545	\$1,322,628	\$22,388,917	\$20,374,026	\$19,126,625	106.5%
202201	30,061	19,197	\$23,587,969	\$1,278,831	\$22,309,138	\$19,754,966	\$19,695,152	100.3%
202202	30,580	19,551	\$22,484,784	\$1,167,627	\$21,317,157	\$18,947,782	\$19,835,157	95.5%
202203	30,432	19,467	\$25,535,850	\$1,366,558	\$24,169,292	\$21,596,171	\$19,927,738	108.4%
202204	30,483	19,472	\$25,543,374	\$1,376,434	\$24,166,940	\$21,966,462	\$20,022,978	109.7%
202205	30,573	19,487	\$23,639,513	\$1,393,002	\$22,246,511	\$20,086,310	\$20,101,318	99.9%
202206	30,704	19,553	\$24,995,305	\$1,427,377	\$23,567,928	\$21,391,587	\$20,236,716	105.7%
202207	30,664	19,550	\$22,263,737	\$1,428,611	\$20,835,126	\$18,923,971	\$20,188,000	93.7%
202208	30,784	19,622	\$24,976,035	\$1,526,958	\$23,449,077	\$21,267,805	\$20,315,194	104.7%
202209	30,785	19,596	\$25,751,116	\$1,490,515	\$24,260,601	\$22,146,367	\$20,420,304	108.5%
202210	30,944	19,671	\$26,785,125	\$1,633,214	\$25,151,911	\$22,996,446	\$20,389,197	112.8%
202211	30,878	19,594	\$25,340,778	\$1,591,924	\$23,748,854	\$21,705,472	\$20,546,953	105.6%
202212	30,621	19,403	\$25,573,257	\$1,554,311	\$24,018,947	\$21,805,353	\$20,549,049	106.1%
202301	29,835	19,003	\$24,771,063	\$1,708,895	\$23,062,168	\$20,129,764	\$21,158,324	95.1%
202302	30,073	19,160	\$21,847,082	\$1,545,629	\$20,301,453	\$17,849,224	\$21,323,704	83.7%
202303	29,940	19,107	\$26,000,972	\$1,814,710	\$24,186,262	\$21,507,170	\$21,304,788	100.9%
202304	29,792	19,045	\$23,300,620	\$1,586,971	\$21,713,649	\$19,513,749	\$21,335,859	91.5%
202305	29,962	19,132	\$25,657,814	\$1,756,512	\$23,901,301	\$21,424,605	\$21,428,626	100.0%
202306	29,954	19,098	\$24,301,869	\$1,669,288	\$22,632,581	\$20,270,393	\$21,674,511	93.5%
202307	30,047	19,172	\$22,967,694	\$1,775,813	\$21,191,881	\$19,017,202	\$21,800,750	87.2%
202308	30,197	19,235	\$26,305,666	\$1,883,527	\$24,422,139	\$22,071,545	\$22,001,784	100.3%
202309	30,166	19,187	\$21,940,752	\$1,690,932	\$20,249,820	\$18,149,235	\$22,120,030	82.0%
202310	30,057	19,048	\$25,435,167	\$1,925,554	\$23,509,613	\$21,234,694	\$22,210,381	95.6%
202311	29,881	18,928	\$25,800,273	\$1,876,006	\$23,924,266	\$21,715,328	\$22,272,229	97.5%
202312	29,066	18,443	\$23,571,756	\$1,752,772	\$21,818,985	\$19,559,527	\$22,269,140	87.8%
202401	28,850	18,433	\$27,527,089	\$2,000,451	\$25,526,638	\$22,089,709	\$22,757,391	97.1%
202402	29,178	18,705	\$28,193,533	\$2,069,617	\$26,123,916	\$22,556,995	\$21,263,085	106.1%

# 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:** Group Hospitalization and Medical Services, Inc. (GHMSI) - NAIC # 53007
- **State:** District of Columbia
- **HIOS Issuer ID:** 78079
- **Market:** Individual, Non-Medigap (On Exchange)
- **Effective Date:** 1/1/25 – 12/31/25
- **Company Filing Number:** [REDACTED]
- **SERFF Filing Number:** [REDACTED]

#### Company Contact Information:

- **Primary Contact Name:** [REDACTED]
- **Primary Contact Telephone Number:** [REDACTED]
- **Primary Contact E-Mail Address:** [REDACTED]

### 4.3 Proposed Rate Changes (Individual market)

Base rates are changing [REDACTED] on average. The range is [REDACTED] to [REDACTED]. This filing applies to all new and renewing, in-force business in the guaranteed renewable, non-grandfathered, ACA, metalead benefit plans. The number of policyholders affected by this rate change is [REDACTED].

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

[REDACTED]

[REDACTED]

### 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 1/1/23 through 12/31/23, as required.

**Paid Through Date:** 2/29/24

**Current Date:** 2/29/24

**Premiums (prior to MLR rebates) in Experience Period:** [REDACTED]

**Experience Period Member Months:** [REDACTED]

**Current Date Members:** [REDACTED]

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

#### **Allowed Claims**

- Processed through issuer's claim system: [REDACTED]
- Processed outside issuer's claim system: [REDACTED]
- IBNR: [REDACTED]

#### **Incurred Claims**

- Processed through issuer's claim system: [REDACTED]
- Processed outside issuer's claim system: [REDACTED]
- IBNR: [REDACTED]

#### **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 [REDACTED]

When normalized for induced demand, network, and demographics, the observed composite trends of [REDACTED] in [REDACTED] and [REDACTED] in [REDACTED] become [REDACTED] and [REDACTED], respectively.

Using the proposed trend factor, in combination with other assumptions such as morbidity, etc., the annualized allowed PMPM change between 2025 and 2023 represented in this filing is [REDACTED].

##### *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 2025 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 (2024) 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 (2025) 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 [REDACTED].
- Once these PMPMs are set, the final morbidity calculation is driven by the projected member months at these levels.

The total morbidity change from 2023 to 2025 is expected to be [REDACTED], which is the factor used in Exhibit 1 in the calculation of the market adjustment index rate.

#### **Demographic Shift:**

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

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

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

#### **Other Adjustments:**

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

##### *4.4.3.3 Manual Rate Adjustments*

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

##### *4.4.3.4 Credibility of Experience*

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

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

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

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

The Market-wide Adjusted Index Rate for the Individual market is [REDACTED] 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 estimates.

[REDACTED]

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.

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. As a result of this approach, we are forced to rebalance the contribution to reserve assumed in the Individual filings so that our rate submissions reflect lower HMO rates than PPO by metal. If such rebalancing was not needed, the rate change for Individual GHMSI is estimated to be [REDACTED].

If a merged Individual and Small Group risk adjustment methodology was used, the rate change for Individual GHMSI is estimated to be [REDACTED].

#### **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 the combined block of business. The URRT instructions state that this adjustment may take into account the benefit differences and utilization differences due to differences in cost-sharing. As a result, our plan adjusted index rates also include adjustments to account for the impact the metal level has on utilization.
- **Provider network:** All plans offered use the PPO network.
- **Benefits in addition to EHBs:** There is an adjustment to account for abortion coverage and adult vision (which are offered in addition to EHBs).
- **Administrative costs:** See Exhibit 10A in the Memorandum for the assumed values of the following additional items.
  1. Administrative Expense (G&A)
  2. Broker Commissions & Fees
  3. Federal Income Tax (FIT)
  4. Contribution to Reserve (Post-Tax)
  5. State Premium Tax
  6. PCORI Fee
  7. Risk Adjustment User Fee
  8. Exchange Assessment Fee

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

#### **4.4.5 Calibration**

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

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

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

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

We have elected not to rate for geographic region.

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

We have elected not to rate for tobacco usage.

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

The premium rate that a given consumer will be charged is calculated by first taking the plan adjusted index rate for that member's chosen plan and dividing by the projected average age rating factor. The resulting value is the base rate for that plan. The final step in determining a consumer adjusted premium rate is to

take the rate from the first step and multiply it by the corresponding factor for that member's age from the standard DC age curve. Rate charts are provided for all the consumer adjusted premiums.

#### **4.5 Projected Loss Ratio**

The projected loss ratio for the rates provided in this file, using the Federally-prescribed MLR methodology, is [REDACTED] for the Individual market and [REDACTED] 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 2025 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 [REDACTED] of the designated services are rendered in higher cost-share setting and the remaining [REDACTED] 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 2/29/24 using assumptions for termination rates, new sales and transfers. The projections also incorporate any plan mappings anticipated between that month and the rating period. For new plan offerings where no plans are being uniformly modified into them, a minimum level of enrollment was assumed.

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

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

##### **4.6.4 Plan Type**

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

#### **4.7 Miscellaneous Instructions**

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

We have no additional exhibits.

##### **4.7.2 Reliance**

We do not have any reliance to state.

##### **4.7.3 Actuarial Certification**

Included in the Memorandum.

<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Group Hospitalization and Medical Services, Inc.
<b>TOI/Sub-TOI:</b>	H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)		
<b>Product Name:</b>	2768 - DC ACA Individual GHMSI		
<b>Project Name/Number:</b>	2768 - DC PPO IND64- ACA ON-EXCHANGE/2768		

## Supporting Document Schedules

<b>Satisfied - Item:</b>	Actuarial Justification
<b>Comments:</b>	
<b>Attachment(s):</b>	2768_Ind_DC_GHMSI_1.1.25_Actuarial_Memorandum_5-1.pdf 2768_Ind_DC_GHMSI_1.1.25_Actuarial_Memorandum_SERFF - 5-1.xlsx 2768 - DC GHMSI - Ind - Rate Sheets - 5-1.xlsx 2025 AV Screenshots - DC Individual GHMSI.pdf 2768 - DC Ind 2025 - GHMSI - Index & Plan Comparison - 5-1.pdf Appendix K DC Carrier Template - GHMSI 2025 - 5-1.xlsx GHMSI Ind - DISB rate filing checklist 2025.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Bypassed - Item:</b>	Certificate of Authority to File
<b>Bypass Reason:</b>	NA
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	Cover Letter
<b>Comments:</b>	
<b>Attachment(s):</b>	2768_ ACA_1Page_Cover Letter_Ind_DC_GHMSI - 5-1.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	DISB Actuarial Memorandum Dataset
<b>Comments:</b>	
<b>Attachment(s):</b>	2768 - DC GHMSI Ind (2025) - Dataset - 5-1.xlsx 2768-2771 - DC GHMSI Trend Analysis.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Bypassed - Item:</b>	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
<b>Bypass Reason:</b>	NA
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

State:	District of Columbia	Filing Company:	Group Hospitalization and Medical Services, Inc.
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)		
Product Name:	2768 - DC ACA Individual GHMSI		
Project Name/Number:	2768 - DC PPO IND64- ACA ON-EXCHANGE/2768		

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

Satisfied - Item:	District of Columbia Plain Language Summary
Comments:	
Attachment(s):	2768 - DC Ind - GHMSI - PartII Rate Justification - 5-1.pdf
Item Status:	
Status Date:	

Satisfied - Item:	URRT
Comments:	
Attachment(s):	2768 - DC GHMSI Ind URRT SERFF - 5-1.pdf 2768 - DC GHMSI Ind URRT SERFF - 5-1.xlsm
Item Status:	
Status Date:	

Satisfied - Item:	RATE-E
Comments:	
Attachment(s):	78079 RATEE - Individual GHMSI.xlsx
Item Status:	
Status Date:	

State:	District of Columbia	Filing Company:	Group Hospitalization and Medical Services, Inc.
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)		
Product Name:	2768 - DC ACA Individual GHMSI		
Project Name/Number:	2768 - DC PPO IND64- ACA ON-EXCHANGE/2768		

***Attachment 2768\_Ind\_DC\_GHMSI\_1.1.25\_Actuarial\_Memorandum\_SERFF - 5-1.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment 2768 - DC GHMSI - Ind - Rate Sheets - 5-1.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment Appendix K DC Carrier Template - GHMSI 2025 - 5-1.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment 2768 - DC GHMSI Ind (2025) - Dataset - 5-1.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment 2768-2771 - DC GHMSI Trend Analysis.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment 2768 - DC GHMSI Ind URRT SERFF - 5-1.xlsm is not a PDF document and cannot be reproduced here.***

***Attachment 78079 RATEE - Individual GHMSI.xlsx 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:** Group Hospitalization and Medical Services, Inc. (GHMSI) - NAIC # 53007
- **State:** District of Columbia
- **HIOS Issuer ID:** 78079
- **Market:** Individual, Non-Medigap (On Exchange)
- **Effective Date:** 1/1/25 – 12/31/25
- **Company Filing Number:** 2768
- **SERFF Filing Number:** CFAP-134065040

#### Company Contact Information:

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

### 4.3 Proposed Rate Changes (Individual market)

Base rates are changing 3.6% on average. The range is 1.4% to 5.0%. 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 5,590.

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

The main drivers supporting the rate change are 1) trend, 2) lower projected changes in pool morbidity, and 3) lower projected risk adjustment receivable.

For our initial submission, we have not adjusted 2025 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 1/1/23 through 12/31/23, as required.

**Paid Through Date:** 2/29/24

**Current Date:** 2/29/24

**Premiums (prior to MLR rebates) in Experience Period:** \$260,900,126

**Experience Period Member Months:** 358,970

**Current Date Members:** 29,178

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



**Allowed Claims**

- **Processed through issuer's claim system:** \$261,324,770
- **Processed outside issuer's claim system:** \$0
- **IBNR:** \$9,589,348

**Incurred Claims**

- **Processed through issuer's claim system:** \$233,918,699
- **Processed outside issuer's claim system:** \$0
- **IBNR:** \$8,523,738

**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 8.9%, which is an increase compared to the 7.8% trend assumed in our prior filing. Current observed medical trends as of 202312 are -0.5%, down from 5.9% in 202212. Current observed drug trends are 4.2% as of 202312, up from 2.3% in 202212. The composite medical and drug trend is 0.8% as of 202312, down from 4.9% in 202212.

When normalized for induced demand, network, and demographics, the observed composite trends of 0.8% in 202312 and 4.9% in 202212 become 0.4% and 4.9%, respectively.

Using the proposed trend factor, in combination with other assumptions such as morbidity, etc., the annualized allowed PMPM change between 2025 and 2023 represented in this filing is 7.7%.

*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 2025 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 (2024) 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 (2025) 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 1.250.
- Once these PMPMs are set, the final morbidity calculation is driven by the projected member months at these levels.

The total morbidity change from 2023 to 2025 is expected to be -1.5%, which is the factor used in Exhibit 1 in the calculation of the market adjustment index rate.

#### **Demographic Shift:**

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

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

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

#### **Other Adjustments:**

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

##### *4.4.3.3 Manual Rate Adjustments*

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

##### *4.4.3.4 Credibility of Experience*

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

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

The experience period index rate for this filing is \$754.26 and the projection period index rate is \$874.85. Both rates and the adjustments made to develop the projected amount from the experience period amount can be found on Exhibit 1 of the Memorandum. Specifically, these adjustments correspond to those outlined in sections 4.4.3.1 and 4.4.3.2.

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

The Market-wide Adjusted Index Rate for the Individual market is \$772.51 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 estimates.

Our projected 2025 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 2023 to 2025, we have assumed an increase in the statewide premium of 12.9% which reflects an estimate of an average 7.5% increase in 2024 and 5.0% increase in 2025. We have assumed that our CFI Individual non-Catastrophic market share will increase from 79.0% in 2023 to 80.0% in 2025 and that our CFI Individual non-Catastrophic PLRS ratio to the state will decrease from 1.072 in 2023 to 1.065 in 2025. The resultant estimate of risk adjustment is that the GHMSI receivable transfer PMPM for the Individual market will decrease from \$89.59 in 2023 to \$82.40 in 2025. Combined with the \$82.40 is a projected HCRP net PMPM payable of -\$0.26, which results in a total projected risk adjustment receivable of \$82.14.

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.

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. As a result of this approach, we are forced to rebalance the contribution to reserve assumed in the Individual filings so that our rate submissions reflect lower HMO rates than PPO by metal. If such rebalancing was not needed, the rate change for Individual GHMSI is estimated to be 1.9%.

If a merged Individual and Small Group risk adjustment methodology was used, the rate change for Individual GHMSI is estimated to be 2.2%.

#### **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 the combined block of business. The URRT instructions state that this adjustment may take into account the benefit differences and utilization differences due to differences in cost-sharing. As a result, our plan adjusted index rates also include adjustments to account for the impact the metal level has on utilization.
- **Provider network:** All plans offered use the PPO network.
- **Benefits in addition to EHBs:** There is an adjustment to account for abortion coverage and adult vision (which are offered in addition to EHBs).
- **Administrative costs:** See Exhibit 10A in the Memorandum for the assumed values of the following additional items.
  1. Administrative Expense (G&A)
  2. Broker Commissions & Fees
  3. Federal Income Tax (FIT)
  4. Contribution to Reserve (Post-Tax)
  5. State Premium Tax
  6. PCORI Fee
  7. Risk Adjustment User Fee
  8. Exchange Assessment Fee

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

#### **4.4.5 Calibration**

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

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

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

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

We have elected not to rate for geographic region.

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

We have elected not to rate for tobacco usage.

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

The premium rate that a given consumer will be charged is calculated by first taking the plan adjusted index rate for that member's chosen plan and dividing by the projected average age rating factor. The resulting value is the base rate for that plan. The final step in determining a consumer adjusted premium rate is to

take the rate from the first step and multiply it by the corresponding factor for that member's age from the standard DC age curve. Rate charts are provided for all the consumer adjusted premiums.

#### **4.5 Projected Loss Ratio**

The projected loss ratio for the rates provided in this file, using the Federally-prescribed MLR methodology, is 86.3% for the Individual market and 85.9% 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 2025 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 85% of the designated services are rendered in higher cost-share setting and the remaining 15% 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 2/29/24 using assumptions for termination rates, new sales and transfers. The projections also incorporate any plan mappings anticipated between that month and the rating period. For new plan offerings where no plans are being uniformly modified into them, a minimum level of enrollment was assumed.

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

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

##### **4.6.4 Plan Type**

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

#### **4.7 Miscellaneous Instructions**

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

We have no additional exhibits.

##### **4.7.2 Reliance**

We do not have any reliance to state.

##### **4.7.3 Actuarial Certification**

Included in the Memorandum.

**Group Hospitalization & Medical Services, Inc.  
d.b.a. CareFirst BlueCross BlueShield  
(NAIC # 53007)**

**Rate Filing # 2768  
D.C. Individual Products  
Rate Filing Effective 1/1/2025**

**Actuarial Memorandum**

**Group Hospitalization & Medical Services, Inc.**  
**(NAIC # 53007)**  
**H.R. 3950 - Public Law 111-148 - Patient Protection and Affordable Care Act (ACA)**  
**D.C. Individual Products**  
**Rate Filing Effective 1/1/2025**  
**Actuarial Certification**

I, Cory Bream, am a(n) Assistant Actuary with CareFirst GHMSI 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 2025 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 2025 rates to reflect potential impacts of Medicaid redeterminations. We reserve the right to update assumptions as appropriate during the review process.

The DISB has directed CareFirst to file rate submissions with an Actuarial Value Deficiency Factor that reflects the merged pool instead of market specific factors.

The DISB has directed CareFirst to file rate submissions that reflect lower HMO rates than PPO by metal. In order to meet this directive, the contribution to reserve assumed in this filing is 3.55%. The assumed contribution to reserve in this filing, aggregated with the assumed contribution to reserve in our BlueChoice filing, reflects a 2.00% contribution to reserve.

**Cory Bream**  
Digitally signed by Cory Bream  
Date: 2024.05.01 10:30:15  
-04'00'

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

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7	Exhibit 4 - Morbidity
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### Exhibit 1 - Market Adjusted Index Rate Summary

		2025	Exhibit
(1)	Base Period Total Allowed	\$ 754.70	2
(2)	Base Period Non-EHB PMPM	\$ 0.44	2
(3)	Experience Period Index Rate	\$ 754.26	
(4)	Change in Morbidity	0.9849	4
(5)	Additional Population Adjustment	1.0000	
(6)	Induced Demand	0.9941	5
(7)	Projection Period Utilization and Network Adjustment	1.0000	
(8)	Demographic Adjustment	1.0073	6
(9)	Area Adjustment	1.0000	
(10)	Additional "Other" Adjustments	0.9914	7
(11)	Annualized Trend	8.9%	8
(12)	Months of Trend	24.0	
(13)	Unit cost & Utilization/1,000 Trend Factor	1.1863	
(14)	Projection Period Index Rate	\$ 874.85	
(15)	Reinsurance Program	1.0000	
(16)	Risk Adjustment Program	0.8830	9
(17)	Federal Exchange User Fee	1.0000	
(18)	Market Adjusted Index Rate	\$ 772.51	
	Without Risk Adjustment	\$ 874.85	

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

## Exhibit 2 - Base Period Experience

Service Category	Incurred	Allowed	Allowed PMPM	Utilization Description	Utilization per 1,000	Average Cost/Service
Inpatient Hospital	\$	36,238,884	\$ 100.95	Admits	85.74	\$ 14,128.55
Outpatient Hospital	\$	59,940,726	\$ 166.98	Visits	1,422.64	\$ 1,408.48
Professional	\$	90,117,789	\$ 251.05	Visits	17,092.23	\$ 176.25
Other Medical	\$	20,526,912	\$ 57.18	Services	1,818.02	\$ 377.44
Capitation	\$	305,183	\$ 0.85	Benefit Period	1,000	\$ 10.20
Prescription Drug	\$	63,784,623	\$ 177.69	Prescriptions	10,687.21	\$ 199.51
<b>Total (EHB &amp; Non-EHB)</b>	<b>\$</b>	<b>270,914,118</b>	<b>\$ 754.70</b>			
 <b>EHB Allowed</b>	 <b>\$</b>	 <b>270,755,453</b>	 <b>\$ 754.26</b>			
<b>Non-EHB Allowed</b>	<b>\$</b>	<b>158,665</b>	<b>\$ 0.44</b>			
<b>Incurred Net</b>	<b>\$</b>	<b>242,442,437</b>	<b>\$ 675.38</b>			
<b>Net/Allowed</b>		<b>89.5%</b>				
<b>Experience Period Member Months</b>		<b>358,970</b>				
<b>Experience Period Revenue</b>	<b>\$</b>	<b>260,900,126</b>				

### Exhibit 3 - Non-EHB Adjustment

HIOS Plan ID	Plan Name	Exchange	2025 Index Rate	2025 Non-EHB PMPM	2025 Non-EHB Adjustment
78079DC0210001	BluePreferred PPO Standard Platinum \$0	On	\$ 874.85	\$ 2.39	1.0027
78079DC0210002	BluePreferred PPO Standard Bronze \$7,500	On	\$ 874.85	\$ 3.39	1.0039
78079DC0210003	BluePreferred PPO Standard Gold \$500	On	\$ 874.85	\$ 2.62	1.0030
78079DC0210004	BluePreferred PPO Standard Silver \$4,850	On	\$ 874.85	\$ 3.07	1.0035
78079DC0210005	BluePreferred PPO HSA Standard Bronze \$6,350	On	\$ 874.85	\$ 3.45	1.0039
78079DC0210006	BluePreferred PPO HSA Gold \$1,650 Virtual Connect	On	\$ 874.85	\$ 2.75	1.0031

Exhibit 4 - Morbidity Adjustment Factor

Base Year

Metal Level	Member Months	2023 Normalized Allowed PMPM	
Catastrophic	-	\$	-
Bronze	17,007	\$	270.09
Silver	53,497	\$	348.93
Gold	123,237	\$	423.34
Platinum	165,187	\$	477.60
Subtotal	358,928	\$	429.96

Current Year YTD

Existing				
Metal Level	Member Months	2023 Normalized Allowed PMPM	Morbidity Adjustment	2024 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$	-	1.000 \$ -
Bronze	2,710	\$	252.12	1.000 \$ 252.12
Silver	6,993	\$	352.56	1.000 \$ 352.56
Gold	17,125	\$	419.57	1.000 \$ 419.57
Platinum	22,515	\$	487.25	1.000 \$ 487.25
Subtotal	49,343	\$	431.76	1.000 \$ 431.76

New				
Metal Level	Member Months	Existing Cohort Adjusted Normalized Allowed PMPM	Morbidity Adjustment	2024 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$	-	1.000 \$ -
Bronze	531	\$	252.12	1.000 \$ 252.12
Silver	1,032	\$	352.56	1.000 \$ 352.56
Gold	2,336	\$	419.57	1.000 \$ 419.57
Platinum	2,901	\$	487.25	1.000 \$ 487.25
Subtotal	6,800	\$	425.20	1.000 \$ 425.20

Transfer				
Metal Level	Member Months	2023 Normalized Allowed PMPM	Morbidity Adjustment	2024 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$	-	1.000 \$ -
Bronze	175	\$	206.57	1.000 \$ 206.57
Silver	383	\$	293.33	1.000 \$ 293.33
Gold	585	\$	313.26	1.000 \$ 313.26
Platinum	686	\$	336.51	1.000 \$ 336.51
Subtotal	1,829	\$	307.60	1.000 \$ 307.60

Total				
Metal Level	Member Months	2023 Normalized Allowed PMPM	Morbidity Adjustment	2024 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$	-	-
Bronze	3,416	\$	249.78	1.000 \$ 249.78
Silver	8,408	\$	349.86	1.000 \$ 349.86
Gold	20,046	\$	416.46	1.000 \$ 416.46
Platinum	26,102	\$	483.29	1.000 \$ 483.29
Subtotal	57,972	\$	427.07	1.000 \$ 427.07

Remainder of Current Year

Existing		
Metal Level	Member Months	2024 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -
Bronze	12,106	\$ 252.12
Silver	33,273	\$ 352.56
Gold	79,721	\$ 419.57
Platinum	107,696	\$ 487.25
Subtotal	232,796	\$ 432.59

New		
Metal Level	Member Months	2024 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -
Bronze	4,667	\$ 252.12
Silver	6,943	\$ 352.56
Gold	17,689	\$ 419.57
Platinum	18,611	\$ 487.25
Subtotal	47,910	\$ 419.84

Transfer		
Metal Level	Member Months	2024 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -
Bronze	1,265	\$ 206.57
Silver	2,031	\$ 293.33
Gold	3,515	\$ 313.26
Platinum	3,271	\$ 336.51
Subtotal	10,082	\$ 303.40

Total		
Metal Level	Member Months	2024 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -
Bronze	18,038	\$ 248.92
Silver	42,247	\$ 349.71
Gold	100,925	\$ 415.86
Platinum	129,578	\$ 483.45
Subtotal	290,788	\$ 426.01

Total Current Year

Total	Member Months	2024 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -
Bronze	21,454	\$ 249.06
Silver	50,655	\$ 349.74
Gold	120,971	\$ 415.96
Platinum	155,680	\$ 483.42
Subtotal	348,760	\$ 426.19

Rating Year

Existing				
Metal Level	Member Months	2024 Normalized Allowed PMPM	Morbidity Adjustment	2025 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$	-	1.000 \$ -
Bronze	18,068	\$	249.06	1.000 \$ 249.06
Silver	41,295	\$	349.74	1.000 \$ 349.74
Gold	98,745	\$	415.96	1.000 \$ 415.96
Platinum	125,939	\$	483.42	1.000 \$ 483.42
Subtotal	284,047	\$	425.63	1.000 \$ 425.63

New				
Metal Level	Member Months	Existing Cohort Adjusted Normalized Allowed PMPM	Morbidity Adjustment	2025 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$	-	1.000 \$ -
Bronze	4,529	\$	249.06	1.000 \$ 249.06
Silver	7,676	\$	349.74	1.000 \$ 349.74
Gold	19,215	\$	415.96	1.000 \$ 415.96
Platinum	22,337	\$	483.42	1.000 \$ 483.42
Subtotal	53,757	\$	420.47	1.000 \$ 420.47

Transfer				
Metal Level	Member Months	2024 Normalized Allowed PMPM	Morbidity Adjustment	2025 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$	-	1.250 \$ -
Bronze	1,199	\$	206.57	1.250 \$ 258.21
Silver	1,965	\$	293.33	1.250 \$ 366.66
Gold	4,243	\$	313.26	1.250 \$ 391.57
Platinum	4,461	\$	336.51	1.250 \$ 420.64
Subtotal	11,868	\$	307.92	1.250 \$ 384.90

Total				
Metal Level	Member Months	2024 Normalized Allowed PMPM	Morbidity Adjustment	2025 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$	-	\$ -
Bronze	23,796	\$	246.92	1.011 \$ 249.52
Silver	50,936	\$	347.56	1.008 \$ 350.39
Gold	122,203	\$	412.40	1.007 \$ 415.12
Platinum	152,737	\$	479.13	1.005 \$ 481.59
Subtotal	349,672	\$	420.84	1.006 \$ 423.45

Year	Adjusted Normalized PMPM	Year over Year Change
2023	\$ 429.96	n/a
2024	\$ 426.19	-0.9%
2025	\$ 423.45	-0.6%

Morbidity Adjustment Change	-1.5%
Morbidity Adjustment Factor	0.9849

### Exhibit 5 - Induced Utilization Adjustment Factor

Year	Actuarial Value	Induced Demand Factor	
(1) 2023	87.19%	1.1303	
(2) Projected 2025	86.22%	1.1236	
(3) <b>Adjustment*</b>		<b>0.9940</b>	(2)/(1)

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

### Exhibit 6 - Demographic Adjustment

	Period	Cohort	Demo Factor*	Weight	Average Age**
(1)	Base Period	All	1.7155	100.0%	35.2
(2)	Rating Period	Existing	1.7774	81.2%	
		New	1.4754	15.4%	
		Transfer	1.6881	3.4%	
(3)	Rating Period	All	1.7280	100.0%	35.4
(4)	<b>Demographic Adjustment***</b>	<b>All</b>	<b>1.0073</b>		

(3) / (1)

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

\*\*Average ages are member weighted

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

Exhibit 7 - Factors for Additional "Other" Adjustments

Capitation adjustment			
(1)	Experience Period Capitations PMPM (EHBs only)	\$	0.64
(2)	Projection Period Capitations PMPM (EHBs only)	\$	0.64
(3)	Adjustment to Capitation Category	1.0019	(2)/(1)
Drug Rebates adjustment			
(4)	Experience Period Allowed Rx PMPM (Pre-Rebates)	\$	236.15
(5)	Morbidity	0.9849	Exhibit 4
(6)	Induced Demand	0.9940	Exhibit 5
(7)	Demographics	1.0073	Exhibit 6
(8)	Rx Trend (Force of Trend)	1.1232	Exhibit 8
(9)	Projected Target Allowed Rx PMPM using Multiplicative Factors (Pre-Rebates)	\$	261.56 (4)*(5)*(6)*(7)*(8)
(10)	Target Projection Period Rx Rebates PMPM	\$	72.30
(11)	Target Post-Rebates Allowed Rx PMPM using Target Projection Period Rx Rebates PMPM	\$	189.26 (9)-(10)
(12)	Experience Period Rx Rebates PMPM	\$	58.46
(13)	Experience Period Allowed Rx PMPM (Post-Rebates)	\$	177.69 (4)-(12)
(14)	Morbidity	0.9849	Exhibit 4
(15)	Induced Demand	0.9940	Exhibit 5
(16)	Demographics	1.0073	Exhibit 6
(17)	Rx Trend (Force of Trend)	1.1232	Exhibit 8
(18)	Projection Period Allowed Rx PMPM using Multiplicative Factors (Post-Rebates)	\$	196.80 (13)*(14)*(15)*(16)*(17)
(19)	Adjustment to Drug Category	0.9616	(11)/(18)

	PMPM	Adjustment	
Inpatient Hospital	\$ 116.40	1.0000	
Outpatient Hospital	\$ 200.46	1.0000	
Professional	\$ 296.25	1.0000	
Other Medical	\$ 71.85	1.0000	
Capitation	\$ 0.64	1.0019	(3)
Prescription Drug	\$ 196.80	0.9616	(19)
Total	\$ 882.40	0.9914	

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

### Exhibit 8 - Annual Trend Assumptions

	2023					Trended
	EHB PMPM	Weight	Utilization/1,000	Unit Cost		Composite
<b>Inpatient Hospital</b>	\$ 100.95	13.4%	0.9893	1.0930		1.1692
<b>Outpatient Hospital</b>	\$ 166.82	22.1%	1.0493	1.0520		1.2185
<b>Professional</b>	\$ 250.98	33.3%	1.0653	1.0270		1.1970
<b>Other Medical</b>	\$ 57.18	7.6%	1.0823	1.0430		1.2743
<b>Capitation</b>	\$ 0.64	0.1%	1.0000	1.0000		1.0000
<b>Prescription Drug</b>	\$ 177.69	23.6%	1.0493	1.0100		1.1232
<b>Total</b>	\$ 754.26	100.0%				1.0892
<b>Proposed Trend</b>						<b>1.0892</b>



Exhibit 9 - Risk Adjustment

Statewide 2023

Metallic Tier	Member Months		PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM	Statewide PMPM 2023
Individual Non-Catastrophic	156,251		1.431	1.159	1.000	1.058	0.737	1.560	0.903			\$ 579.67

CFI & Competition 2023

Metallic Tier	Member Months	Distribution	PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM
CFI Non-Catastrophic	123,452	79.0%	1.534	1.167	1.000	1.060	0.742	1.675	0.917		
Competition Non-Catastrophic	32,798	21.0%	1.043	1.129	1.000	1.048	0.718	-	-		

2023

Metallic Tier	Member Months	Distribution	PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM
Catastrophic	-	0.0%	-	-	-	-	-	-	-	\$0	\$0.00
Bronze	16,644	18.4%	0.789	1.188	1.000	1.000	0.600	0.789	0.713	-\$2,733,962	-\$164.27
Silver	20,194	22.3%	1.010	1.211	1.000	1.030	0.700	1.041	0.873	-\$3,506,343	-\$173.63
Gold	30,726	33.9%	1.487	1.133	1.000	1.080	0.800	1.606	0.979	-\$977,644	-\$31.82
Platinum	23,120	25.5%	3.257	1.096	1.000	1.150	0.900	3.745	1.135	\$15,342,022	\$663.57
Total	90,684	100%	1.704	1.151	1.000	1.072	0.767	1.876	0.946	\$8,124,073	\$89.59

Statewide 2025

Metallic Tier	Member Months		PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM	Statewide PMPM 2025
Individual Non-Catastrophic	151,188		1.219	1.156	1.000	1.055	0.732	1.325	0.892			\$ 654.31

CFI & Competition 2025

Metallic Tier	Member Months	Distribution	PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM
CFI Non-Catastrophic	120,950	80.0%	1.298	1.164	1.000	1.057	0.735	1.412	0.905		
Competition Non-Catastrophic	30,238	20.0%	0.902	1.124	1.000	1.048	0.718	-	-		

2025

Metallic Tier	Member Months	Distribution	PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM
Catastrophic	-	0.0%	-	-	-	-	-	-	-	\$0	\$0.00
Bronze	22,176	23%	0.657	1.180	1.000	1.000	0.600	0.657	0.708	-\$4,323,323	-\$194.96
Silver	18,902	20%	0.926	1.186	1.000	1.030	0.700	0.954	0.855	-\$2,949,981	-\$156.07
Gold	34,787	37%	1.300	1.135	1.000	1.080	0.800	1.405	0.980	-\$886,628	-\$25.49
Platinum	18,658	20%	2.989	1.111	1.000	1.150	0.900	3.438	1.149	\$15,948,706	\$854.79
Total	94,523	100%	1.408	1.151	1.000	1.065	0.753	1.540	0.925	\$7,788,773	\$82.40

Adjustment Factor applied to Market Adjusted Index Rate

Projected Index Rate	Projected Transfer PMPM (Allowed basis)	Risk Adjustment User Fee (Allowed basis)	Adjustment Factor*
\$874.85	\$102.57	\$0.22	0.8830

Estimated HCRP Receivable	Estimated HCRP Charge	HCRP Net Charge PMPM
\$131,000	\$156,000	-\$0.26

\*Adjustment Factor = (\$874.85 - \$102.57+ \$0.22) / \$874.85

# Exhibit 10A - Desired Incurred Claims Ratio

	2025	
	PMPM	% of Revenue
Allowed Claims \$	850.15	
Paid/Allowed Ratio	82.5%	
Paid Claims & Capitations \$	701.43	
Risk Adjustment Transfer & HCRP (Paid Basis) \$	82.14	
Reinsurance Recoveries (Paid Basis) \$	-	
Paid Claims & Capitations (Post-3Rs) \$	619.29	83.3%
Administrative Expense \$	74.66	10.0%
Broker Commissions & Fee \$	1.96	0.3%
Contribution to Reserve (Post-Tax) \$	22.32	3.0%
Investment Income Credit \$	(0.74)	-0.1%
Risk Charge \$	-	0.0%
<u>Non-ACA Taxes &amp; Fees</u>		
State Premium Tax \$	14.88	2.0%
State Assessment Fee \$	0.74	0.1%
Reinsurance Program Fee \$	-	0.0%
State Income Tax \$	-	0.0%
Federal Income Tax \$	4.09	0.6%
<u>ACA Taxes &amp; Fees</u>		
Health Insurer Tax \$	-	0.0%
Risk Adjustment User Fee \$	0.18	0.0%
Exchange Assessment Fee \$	6.14	0.825%
Federal Exchange User Fee \$	-	0.0%
PCORI Tax \$	0.31	0.0%
BlueRewards/Incentive Program \$	0.02	0.0%
Total Revenue \$	743.84	100.0%
Plan Level Admin Load Adjustment	1.2008	
Projected Member Months	94,523	
Average Members	7,877	
% Total 2025	100.0%	

## Exhibit 10B - Federal MLR

	Total 2025 PMPM / %
<u>Traditional MLR Development</u>	
Paid Claims & Capitations (Post-3Rs) \$	619.29
Total Revenue \$	743.84
<hr/>	
Traditional MLR (i.e. DICR)	83.3%
 <u>Federal MLR Development</u>	
Numerator Adjustments	
BlueRewards/Incentive Program \$	0.02
Quality Improvement Expenses \$	1.88
Removal of non-care costs under MLR guidelines \$	(1.79)
 Denominator Adjustments	
Non-ACA Taxes & Fees \$	19.71
ACA Taxes & Fees \$	6.63
 Federal MLR Numerator \$	 619.39
Federal MLR Denominator \$	717.50
<hr/>	
Federal MLR	86.3%
 Projected Member Months	
	94,523

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

	Total 2025 PMPM / %
<u>Traditional MLR Development</u>	
Paid Claims & Capitations (Post-3Rs) \$	722.97
Total Revenue \$	869.22
<hr/>	
Traditional MLR (i.e. DICR)	83.2%
 <u>Federal MLR Development</u>	
Numerator Adjustments	
BlueRewards/Incentive Program \$	0.17
Quality Improvement Expenses \$	3.89
Removal of non-care costs under MLR guidelines \$	(7.01)
 Denominator Adjustments	
Non-ACA Taxes & Fees \$	23.37
ACA Taxes & Fees \$	7.66
 Federal MLR Numerator \$	
Federal MLR Denominator \$	838.19
<hr/>	
Federal MLR	85.9%
 Projected Member Months	
	349,672

Exhibit 11 - Plan Adjusted Index Rates

HIOS Plan ID	Plan Name	Plan Type	Metallic Tier	Exchange	Network	Market Adjusted Index Rate	Internal Pricing AV	Network Factor	Induced Utilization	Non-EHB	Catastrophic Adjustment	Capped Dependents	Admin	Plan Adjusted Index Rate
78079DC0210001	BluePreferred PPO Standard Platinum \$0	PPO	PLATINUM	On	PPO	\$772.51	0.9640	1.0000	1.0473	1.0027	1.0000	1.0000	1.2008	\$939.12
78079DC0210002	BluePreferred PPO Standard Bronze \$7,500	PPO	BRONZE	On	PPO	\$772.51	0.6740	1.0000	0.9107	1.0039	1.0000	1.0000	1.2008	\$571.55
78079DC0210003	BluePreferred PPO Standard Gold \$500	PPO	GOLD	On	PPO	\$772.51	0.8955	1.0000	0.9836	1.0030	1.0000	1.0000	1.2008	\$819.47
78079DC0210004	BluePreferred PPO Standard Silver \$4,850	PPO	SILVER	On	PPO	\$772.51	0.7457	1.0000	0.9413	1.0035	1.0000	1.0000	1.2008	\$653.45
78079DC0210005	BluePreferred PPO HSA Standard Bronze \$6,350	PPO	BRONZE	On	PPO	\$772.51	0.6560	1.0000	0.9107	1.0039	1.0000	1.0000	1.2008	\$556.34
78079DC0210006	BluePreferred PPO HSA Gold \$1,650 Virtual Connect	PPO	GOLD	On	PPO	\$772.51	0.8320	1.0000	0.9836	1.0031	1.0000	1.0000	1.2008	\$761.51

## Exhibit 12 - AV Values

HIOS Plan ID	Suffix	HIOS Plan Name	HHS AV
78079DC0210001	01	BluePreferred PPO Standard Platinum \$0	0.919
78079DC0210001	02	BluePreferred PPO Standard Platinum \$0 NAO	1.000
78079DC0210001	03	BluePreferred PPO Standard Platinum \$0 NAL	0.919
78079DC0210002	01	BluePreferred PPO Standard Bronze \$7,500	0.648
78079DC0210002	02	BluePreferred PPO Standard Bronze \$7,500 NAO	1.000
78079DC0210002	03	BluePreferred PPO Standard Bronze \$7,500 NAL	0.648
78079DC0210003	01	BluePreferred PPO Standard Gold \$500	0.819
78079DC0210003	02	BluePreferred PPO Standard Gold \$500 NAO	1.000
78079DC0210003	03	BluePreferred PPO Standard Gold \$500 NAL	0.819
78079DC0210004	01	BluePreferred PPO Standard Silver \$4,850	0.708
78079DC0210004	02	BluePreferred PPO Standard Silver \$4,850 NAO	1.000
78079DC0210004	03	BluePreferred PPO Standard Silver \$4,850 NAL	0.708
78079DC0210004	04	BluePreferred PPO Standard Silver \$4,850 A	0.736
78079DC0210004	05	BluePreferred PPO Standard Silver \$4,850 B	0.879
78079DC0210004	06	BluePreferred PPO Standard Silver \$4,850 C	0.945
78079DC0210005	01	BluePreferred PPO HSA Standard Bronze \$6,350	0.640
78079DC0210005	02	BluePreferred PPO Standard Bronze \$6,350 NAO	1.000
78079DC0210005	03	BluePreferred PPO Standard Bronze \$6,350 NAL	0.640
78079DC0210006	01	BluePreferred PPO HSA Gold \$1,650 Virtual Connect	0.817
78079DC0210006	02	BluePreferred PPO Gold \$1,650 NAO Virtual Connect	1.000
78079DC0210006	03	BluePreferred PPO Gold \$1,650 NAL Virtual Connect	0.817

### Exhibit 13 - Age Calibration

Age Curve Calibration					
	Period	Cohort	Rating Factor*	Weight	Average Age**
(1)	Rating Period	Existing	1.1043	81.2%	
		New	0.9562	15.4%	
		Transfer	1.0604	3.4%	
(2)	Rating Period	All	1.0801	100.0%	42.7
(3)	Nearest Rounded	All	1.0940		43.0
(4)	Calibration***	All	1.0129		

(3)/(2)

(3)/(2)

Premium Rate Demonstration				
	HIOS Plan Name	BluePreferred PPO Standard Platinum \$0		
(5)	Plan Adjusted Index Rate			\$939.12
(6)	Calibration			1.0129
(7)	Calibrated Rate			\$951.25
(8)	Age 40 Factor/Rounded Avg Age Factor = (0.975/1.094)			0.8912
(9)	Age 40 Premium Rate			\$847.78

(4)

(5)\*(6)

(7)\*(8)

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

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

\*\*\*Applied uniformly to all plans

## Exhibit 14 - Age Factors

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



Exhibit 15 - Induced Utilization Factors

CDH/Non-CDH	Projected Member Months	Relative to HSA/HRA	Relative to Average
HSA/HRA	41,120	1.0000	1.0000
Non-CDH	308,552	1.0000	1.0000
	349,672	1.0000	

Full HIOS Plan ID	Base HIOS Plan ID	Plan Name	Metal Level	Relative to Bronze	Projected Member Months	Relative to Average (Pool)	Relative to Average (CSR)
78079DC021000101	78079DC0210001	BluePreferred PPO Standard Platinum \$0	PLATINUM	1.1500	18,612	1.0473	1.0473
78079DC021000102	78079DC0210001	BluePreferred PPO Standard Platinum \$0 NAO	PLATINUM	1.1500	-	1.0473	1.0473
78079DC021000103	78079DC0210001	BluePreferred PPO Standard Platinum \$0 NAL	PLATINUM	1.1500	46	1.0473	1.0473
78079DC021000201	78079DC0210002	BluePreferred PPO Standard Bronze \$7,500	BRONZE	1.0000	9,905	0.9107	0.9107
78079DC021000202	78079DC0210002	BluePreferred PPO Standard Bronze \$7,500 NAO	BRONZE	1.0000	12	0.9107	0.9107
78079DC021000203	78079DC0210002	BluePreferred PPO Standard Bronze \$7,500 NAL	BRONZE	1.0000	-	0.9107	0.9107
78079DC021000301	78079DC0210003	BluePreferred PPO Standard Gold \$500	GOLD	1.0800	27,382	0.9836	0.9836
78079DC021000302	78079DC0210003	BluePreferred PPO Standard Gold \$500 NAO	GOLD	1.0800	-	0.9836	0.9836
78079DC021000303	78079DC0210003	BluePreferred PPO Standard Gold \$500 NAL	GOLD	1.0800	-	0.9836	0.9836
78079DC021000401	78079DC0210004	BluePreferred PPO Standard Silver \$4,850	SILVER	1.0300	16,629	0.9380	0.9413
78079DC021000402	78079DC0210004	BluePreferred PPO Standard Silver \$4,850 NAO	SILVER	1.0300	-	0.9380	0.9413
78079DC021000403	78079DC0210004	BluePreferred PPO Standard Silver \$4,850 NAL	SILVER	1.0300	-	0.9380	0.9413
78079DC021000404	78079DC0210004	BluePreferred PPO Standard Silver \$4,850 A	SILVER	1.0300	1,703	0.9380	0.9413
78079DC021000405	78079DC0210004	BluePreferred PPO Standard Silver \$4,850 B	SILVER	1.1500	306	1.0473	0.9413
78079DC021000406	78079DC0210004	BluePreferred PPO Standard Silver \$4,850 C	SILVER	1.1500	264	1.0473	0.9413
78079DC021000501	78079DC0210005	BluePreferred PPO HSA Standard Bronze \$6,350	BRONZE	1.0000	12,247	0.9107	0.9107
78079DC021000502	78079DC0210005	BluePreferred PPO Standard Bronze \$6,350 NAO	BRONZE	1.0000	-	0.9107	0.9107
78079DC021000503	78079DC0210005	BluePreferred PPO Standard Bronze \$6,350 NAL	BRONZE	1.0000	12	0.9107	0.9107
78079DC021000601	78079DC0210006	BluePreferred PPO HSA Gold \$1,650 Virtual Connect	GOLD	1.0800	7,405	0.9836	0.9836
78079DC021000602	78079DC0210006	BluePreferred PPO Gold \$1,650 NAO Virtual Connect	GOLD	1.0800	-	0.9836	0.9836
78079DC021000603	78079DC0210006	BluePreferred PPO Gold \$1,650 NAL Virtual Connect	GOLD	1.0800	-	0.9836	0.9836

Appendix - Experience Period to Rating Period Plan Mappings

Exp. Period		Current Period		Rating Period	
2023 Base HIOS Plan ID	2023 HIOS Plan Name	2024 Base HIOS Plan ID	2024 HIOS Plan Name	2025 Base HIOS Plan ID	2025 HIOS Plan Name
78079DC0210001	BluePreferred PPO Standard Platinum \$0	78079DC0210001	BluePreferred PPO Standard Platinum \$0	78079DC0210001	BluePreferred PPO Standard Platinum \$0
78079DC0210002	BluePreferred PPO Standard Bronze \$7,500	78079DC0210002	BluePreferred PPO Standard Bronze \$7,500	78079DC0210002	BluePreferred PPO Standard Bronze \$7,500
78079DC0210003	BluePreferred PPO Standard Gold \$500	78079DC0210003	BluePreferred PPO Standard Gold \$500	78079DC0210003	BluePreferred PPO Standard Gold \$500
78079DC0210004	BluePreferred PPO Standard Silver \$4,850	78079DC0210004	BluePreferred PPO Standard Silver \$4,850	78079DC0210004	BluePreferred PPO Standard Silver \$4,850
78079DC0210005	BluePreferred PPO HSA Standard Bronze \$6,350	78079DC0210005	BluePreferred PPO HSA Standard Bronze \$6,350	78079DC0210005	BluePreferred PPO HSA Standard Bronze \$6,350
78079DC0210006	BluePreferred PPO HSA Gold \$1,500	78079DC0210006	BluePreferred PPO HSA Gold \$1,600	78079DC0210006	BluePreferred PPO HSA Gold \$1,650 Virtual Connect

Appendix - Annual Rate Change Based on Mapping

Catastrophic	Catastrophic/Avg Renewal	-	-	n/a
Bronze	Bronze Members/Avg Renewal	1,634	1,690	1.4%
Silver	Silver Members/Avg Renewal	1,573	1,518	2.3%
Gold	Gold Members/Avg Renewal	2,807	2,758	4.2%
Platinum	Platinum Members/Avg Renewal	1,803	1,612	5.0%
	All Members/Avg Renewal	7,817	7,578	3.6%
	Minimum Renewal			1.4%
	Maximum Renewal			5.0%

2024 HIOS Plan ID	2024 HIOS Plan Name	2024 Metal Level	2024 Marketplace Indicator	2025 HIOS Plan ID	2025 HIOS Plan Name	2025 Metal Level	2025 Marketplace Indicator	Current Month Member Count	Projected 2024 EOY Members	2024 Base Rate	2025 Base Rate	Annual Rate Change
78079DC0210001	BluePreferred PPO Standard Platinum \$0	PLATINUM	On	78079DC0210001	BluePreferred PPO Standard Platinum \$0	PLATINUM	On	1,803	1,612	\$828.35	\$869.52	5.0%
78079DC0210002	BluePreferred PPO Standard Bronze \$7,500	BRONZE	On	78079DC0210002	BluePreferred PPO Standard Bronze \$7,500	BRONZE	On	771	773	\$522.11	\$529.19	1.4%
78079DC0210003	BluePreferred PPO Standard Gold \$500	GOLD	On	78079DC0210003	BluePreferred PPO Standard Gold \$500	GOLD	On	2,206	2,169	\$727.27	\$758.73	4.3%
78079DC0210004	BluePreferred PPO Standard Silver \$4,850	SILVER	On	78079DC0210004	BluePreferred PPO Standard Silver \$4,850	SILVER	On	1,573	1,518	\$591.54	\$605.01	2.3%
78079DC0210005	BluePreferred PPO HSA Standard Bronze \$6,350	BRONZE	On	78079DC0210005	BluePreferred PPO HSA Standard Bronze \$6,350	BRONZE	On	863	917	\$507.89	\$515.11	1.4%
78079DC0210006	BluePreferred PPO HSA Gold \$1,600	GOLD	On	78079DC0210006	BluePreferred PPO HSA Gold \$1,650 Virtual Connect	GOLD	On	601	589	\$680.23	\$705.07	3.7%

### Appendix - Maximum Rate Renewal

	2024	2025	% Change
Base Rate	\$828.35	\$869.52	5.0%
Age Factor	0.654	0.727	11.2%
Geographic Factor	1.000	1.000	0.0%
Tobacco Factor	1.000	1.000	0.0%
<b>Total</b>	<b>\$541.74</b>	<b>\$632.14</b>	<b>16.7%</b>

	BluePreferred PPO Standard Platinum	BluePreferred PPO Standard Platinum
Base Rate/Product(s)	\$0	\$0
Age Change	20	21
Geo Change*	N/A	N/A
Tobacco Change**	N/A	N/A

\*we did not geo rate

\*\*we did not tobacco rate

Appendix - Federal Required \$1.00 minimum for abortion

HIOS Plan ID	Plan Name	Exchange	Minimum Charge	Lowest Age Factor	Base Premium	Age Calibration	Plan Adjusted Index Rate	Admin	Catastrophic Adjustment	Network Factor	Non-EHB	Induced Utilization	Benefit	Market Adjusted Index Rate	Exchange User Fee	Risk Adjustment Fee	Reinsurance Factor	Index Rate	\$1 Check	Final Rate, above \$1.00
78079DC0210001	BluePreferred PPO Standard Platinum \$0	On	\$1.00	0.6540	\$1.53	0.9259	\$1.65	1.2008	1.0000	1.0000	1.0000	1.0473	0.9640	\$1.36	1.0000	0.8830	1.0000	\$1.54	\$1.00	\$1.54
78079DC0210002	BluePreferred PPO Standard Bronze \$7,500	On	\$1.00	0.6540	\$1.53	0.9259	\$1.65	1.2008	1.0000	1.0000	1.0000	0.9107	0.6740	\$2.24	1.0000	0.8830	1.0000	\$2.54	\$1.00	\$2.54
78079DC0210003	BluePreferred PPO Standard Gold \$500	On	\$1.00	0.6540	\$1.53	0.9259	\$1.65	1.2008	1.0000	1.0000	1.0000	0.9836	0.8955	\$1.56	1.0000	0.8830	1.0000	\$1.77	\$1.00	\$1.77
78079DC0210004	BluePreferred PPO Standard Silver \$4,850	On	\$1.00	0.6540	\$1.53	0.9259	\$1.65	1.2008	1.0000	1.0000	1.0000	0.9413	0.7457	\$1.96	1.0000	0.8830	1.0000	\$2.22	\$1.00	\$2.22
78079DC0210005	BluePreferred PPO HSA Standard Bronze \$6,350	On	\$1.00	0.6540	\$1.53	0.9259	\$1.65	1.2008	1.0000	1.0000	1.0000	0.9107	0.6560	\$2.30	1.0000	0.8830	1.0000	\$2.60	\$1.00	\$2.60
78079DC0210006	BluePreferred PPO HSA Gold \$1,650 Virtual Connect	On	\$1.00	0.6540	\$1.53	0.9259	\$1.65	1.2008	1.0000	1.0000	1.0000	0.9836	0.8320	\$1.68	1.0000	0.8830	1.0000	\$1.90	\$1.00	\$1.90

Appendix - Form Numbers

Form Numbers Associated With This Filing:

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

The SERFF Tracking # for the corresponding form filing On Exchange is as follows: CFBC-134087859

ON-Exchange

**BluePreferred PPO Standard Plans**

- DC/CF/EXC/BP/IEA (R. 1/23)
- DC/GHMSI/DOL APPEAL (R. 1/22)
- DC/CF/BP/EXC/DOCS (R. 1/23)
- DC/CF/EXC/BP HSA/GOLD 1650 (1/25)
- DC/CF/EXC/BP HSA STD/BRZ 6350 (1/25)
- DC/CF/EXC/BP STD/BRZ 7500 (1/25)
- DC/CF/EXC/BP STD/GOLD 500 (1/25)
- DC/CF/EXC/BP STD/NATAMER SOB (1/25)
- DC/CF/EXC/BP STD/PLAT 0 (1/25)
- DC/CF/EXC/BP STD/SIL 4850 (1/25)
- DC/CF/EXC/BP STD/SIL 4850 A (1/25)
- DC/CF/EXC/BP STD/SIL 4850 B (1/25)
- DC/CF/EXC/BP STD/SIL 4850 C (1/25)
- DC/CF/EXC/NATAMER (1/14)
- DC/CF/MEM/BLCRD (R. 6/18)
- DC/CF/ANCILLARY AMEND (10/12)
- DC/CF/NO SURP ACT/AMEND (R. 1/23)
- DC/CF/CD/AUTH AMEND PPO (R. 1/24)
- DC/CF/EXC/2024 AMEND (1/24)
- DC/CF/EXC/2025 AMEND (1/25)
- DC GHMSI – HEALTH GUARANTY 5/21
- DC/CF/PT PROTECT (9/10)
- DC/CF/CD/BP/INCENT (1/23)

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Allowed	Incurred	Drug Rebates	Utilization Unit	Utilization
202101	29,314	Inpatient Hospital	\$3,924,246	\$3,771,808	\$3,924,246	\$3,771,808	\$0	Admits	171
202102	29,217	Inpatient Hospital	\$3,019,364	\$2,962,826	\$3,019,364	\$2,962,826	\$0	Admits	129
202103	29,335	Inpatient Hospital	\$4,198,013	\$4,087,949	\$4,198,013	\$4,087,949	\$0	Admits	207
202104	29,416	Inpatient Hospital	\$2,790,554	\$2,689,290	\$2,790,554	\$2,689,290	\$0	Admits	178
202105	29,589	Inpatient Hospital	\$4,168,100	\$4,057,633	\$4,168,100	\$4,057,633	\$0	Admits	227
202106	29,821	Inpatient Hospital	\$2,388,864	\$2,329,159	\$2,388,789	\$2,329,087	\$0	Admits	193
202107	29,838	Inpatient Hospital	\$3,885,306	\$3,804,920	\$3,884,541	\$3,804,172	\$0	Admits	220
202108	30,142	Inpatient Hospital	\$3,593,932	\$3,513,529	\$3,593,203	\$3,512,821	\$0	Admits	184
202109	30,419	Inpatient Hospital	\$3,687,504	\$3,585,221	\$3,686,423	\$3,584,174	\$0	Admits	336
202110	30,145	Inpatient Hospital	\$3,866,186	\$3,764,326	\$3,864,584	\$3,762,771	\$0	Admits	291
202111	30,186	Inpatient Hospital	\$2,660,689	\$2,597,912	\$2,659,486	\$2,596,738	\$0	Admits	211
202112	30,156	Inpatient Hospital	\$2,400,515	\$2,302,885	\$2,399,203	\$2,301,630	\$0	Admits	265
202201	30,061	Inpatient Hospital	\$3,252,323	\$3,108,326	\$3,250,156	\$3,106,261	\$0	Admits	201
202202	30,580	Inpatient Hospital	\$2,838,043	\$2,743,683	\$2,835,522	\$2,741,251	\$0	Admits	150
202203	30,432	Inpatient Hospital	\$3,641,207	\$3,544,848	\$3,637,365	\$3,541,114	\$0	Admits	196
202204	30,483	Inpatient Hospital	\$4,294,102	\$4,200,241	\$4,289,128	\$4,195,376	\$0	Admits	228
202205	30,573	Inpatient Hospital	\$3,005,039	\$2,941,397	\$3,001,183	\$2,937,622	\$0	Admits	206
202206	30,704	Inpatient Hospital	\$3,856,360	\$3,749,000	\$3,850,007	\$3,742,832	\$0	Admits	215
202207	30,664	Inpatient Hospital	\$2,922,692	\$2,844,292	\$2,917,192	\$2,838,943	\$0	Admits	158
202208	30,784	Inpatient Hospital	\$3,477,166	\$3,372,732	\$3,470,253	\$3,366,032	\$0	Admits	298
202209	30,785	Inpatient Hospital	\$4,315,754	\$4,230,333	\$4,302,714	\$4,217,575	\$0	Admits	318
202210	30,944	Inpatient Hospital	\$4,733,911	\$4,640,199	\$4,717,845	\$4,624,486	\$0	Admits	215
202211	30,878	Inpatient Hospital	\$3,853,613	\$3,757,503	\$3,836,333	\$3,740,736	\$0	Admits	274
202212	30,621	Inpatient Hospital	\$4,142,780	\$4,011,642	\$3,780,083	\$3,655,215	\$0	Admits	346
202301	29,835	Inpatient Hospital	\$3,052,818	\$2,889,590	\$3,034,298	\$2,872,386	\$0	Admits	320
202302	30,073	Inpatient Hospital	\$2,981,917	\$2,875,751	\$2,957,356	\$2,852,230	\$0	Admits	206
202303	29,940	Inpatient Hospital	\$3,215,077	\$3,090,544	\$3,186,979	\$3,063,994	\$0	Admits	212
202304	29,792	Inpatient Hospital	\$3,567,459	\$3,472,942	\$3,518,827	\$3,425,688	\$0	Admits	234
202305	29,962	Inpatient Hospital	\$3,109,014	\$3,000,880	\$3,030,788	\$2,925,897	\$0	Admits	333
202306	29,954	Inpatient Hospital	\$2,917,425	\$2,822,940	\$2,795,894	\$2,706,461	\$0	Admits	217
202307	30,047	Inpatient Hospital	\$2,969,530	\$2,854,868	\$2,873,294	\$2,762,825	\$0	Admits	137
202308	30,197	Inpatient Hospital	\$3,805,736	\$3,734,606	\$3,659,711	\$3,591,367	\$0	Admits	195
202309	30,166	Inpatient Hospital	\$2,016,711	\$1,966,155	\$1,914,838	\$1,866,907	\$0	Admits	113
202310	30,057	Inpatient Hospital	\$3,178,177	\$3,100,860	\$2,940,348	\$2,869,501	\$0	Admits	148
202311	29,881	Inpatient Hospital	\$3,220,902	\$3,144,475	\$2,915,762	\$2,847,350	\$0	Admits	172
202312	29,066	Inpatient Hospital	\$2,204,117	\$2,120,732	\$1,819,792	\$1,750,128	\$0	Admits	279
202401	28,850	Inpatient Hospital	\$2,781,800	\$2,666,850	\$1,944,499	\$1,865,151	\$0	Admits	134
202402	29,178	Inpatient Hospital	\$1,216,108	\$1,117,649	\$355,536	\$328,929	\$0	Admits	65

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Allowed	Incurred	Drug Rebates	Utilization Unit	Utilization
202101	29,314	Outpatient Hospital	\$3,700,511	\$3,266,282	\$3,700,511	\$3,266,282	\$0	Visits	3,230
202102	29,217	Outpatient Hospital	\$4,347,745	\$3,900,633	\$4,347,745	\$3,900,633	\$0	Visits	3,234
202103	29,335	Outpatient Hospital	\$4,199,679	\$3,765,025	\$4,199,679	\$3,765,025	\$0	Visits	4,221
202104	29,416	Outpatient Hospital	\$4,591,166	\$4,142,777	\$4,591,166	\$4,142,777	\$0	Visits	4,200
202105	29,589	Outpatient Hospital	\$4,113,022	\$3,738,285	\$4,113,022	\$3,738,285	\$0	Visits	3,589
202106	29,821	Outpatient Hospital	\$4,457,872	\$4,039,411	\$4,457,756	\$4,039,309	\$0	Visits	3,517
202107	29,838	Outpatient Hospital	\$4,025,154	\$3,622,538	\$4,024,591	\$3,622,043	\$0	Visits	3,391
202108	30,142	Outpatient Hospital	\$4,442,726	\$4,055,813	\$4,441,741	\$4,054,919	\$0	Visits	3,468
202109	30,419	Outpatient Hospital	\$4,082,818	\$3,721,368	\$4,081,621	\$3,720,278	\$0	Visits	3,531
202110	30,145	Outpatient Hospital	\$4,590,716	\$4,181,492	\$4,588,899	\$4,179,845	\$0	Visits	3,893
202111	30,186	Outpatient Hospital	\$4,417,189	\$4,038,117	\$4,415,116	\$4,036,222	\$0	Visits	3,841
202112	30,156	Outpatient Hospital	\$4,765,428	\$4,358,306	\$4,762,850	\$4,355,948	\$0	Visits	3,919
202201	30,061	Outpatient Hospital	\$4,454,295	\$3,982,582	\$4,451,426	\$3,980,022	\$0	Visits	3,614
202202	30,580	Outpatient Hospital	\$4,708,072	\$4,215,619	\$4,703,921	\$4,211,909	\$0	Visits	3,610
202203	30,432	Outpatient Hospital	\$5,025,924	\$4,488,101	\$5,020,534	\$4,483,293	\$0	Visits	4,062
202204	30,483	Outpatient Hospital	\$4,513,052	\$4,080,441	\$4,507,834	\$4,075,724	\$0	Visits	3,842
202205	30,573	Outpatient Hospital	\$4,352,644	\$3,922,430	\$4,347,057	\$3,917,396	\$0	Visits	3,883
202206	30,704	Outpatient Hospital	\$4,693,421	\$4,296,124	\$4,685,793	\$4,289,132	\$0	Visits	3,876
202207	30,664	Outpatient Hospital	\$4,160,994	\$3,781,306	\$4,153,233	\$3,774,254	\$0	Visits	3,557
202208	30,784	Outpatient Hospital	\$4,642,286	\$4,221,160	\$4,633,147	\$4,212,851	\$0	Visits	4,043
202209	30,785	Outpatient Hospital	\$4,780,343	\$4,351,460	\$4,765,983	\$4,338,414	\$0	Visits	3,677
202210	30,944	Outpatient Hospital	\$5,330,249	\$4,921,950	\$5,311,958	\$4,905,085	\$0	Visits	3,793
202211	30,878	Outpatient Hospital	\$5,338,206	\$4,931,825	\$5,315,462	\$4,910,864	\$0	Visits	3,771
202212	30,621	Outpatient Hospital	\$5,626,369	\$5,158,888	\$5,127,048	\$4,700,551	\$0	Visits	4,040
202301	29,835	Outpatient Hospital	\$5,295,712	\$4,700,268	\$5,264,445	\$4,672,909	\$0	Visits	3,665
202302	30,073	Outpatient Hospital	\$4,330,013	\$3,811,099	\$4,296,023	\$3,781,682	\$0	Visits	3,375
202303	29,940	Outpatient Hospital	\$5,360,447	\$4,831,922	\$5,314,149	\$4,790,643	\$0	Visits	3,772
202304	29,792	Outpatient Hospital	\$4,322,823	\$3,874,531	\$4,267,458	\$3,825,154	\$0	Visits	3,202
202305	29,962	Outpatient Hospital	\$5,288,594	\$4,799,742	\$5,143,959	\$4,667,737	\$0	Visits	3,464
202306	29,954	Outpatient Hospital	\$5,240,905	\$4,748,889	\$5,059,685	\$4,585,171	\$0	Visits	3,380
202307	30,047	Outpatient Hospital	\$4,610,078	\$4,140,729	\$4,464,233	\$4,010,033	\$0	Visits	3,186
202308	30,197	Outpatient Hospital	\$5,432,505	\$4,892,550	\$5,222,640	\$4,703,589	\$0	Visits	3,777
202309	30,166	Outpatient Hospital	\$4,464,863	\$3,984,527	\$4,238,346	\$3,782,633	\$0	Visits	3,370
202310	30,057	Outpatient Hospital	\$4,710,072	\$4,229,890	\$4,370,283	\$3,926,729	\$0	Visits	3,735
202311	29,881	Outpatient Hospital	\$5,409,594	\$4,932,472	\$4,919,403	\$4,487,997	\$0	Visits	3,855
202312	29,066	Outpatient Hospital	\$5,475,119	\$4,932,878	\$4,531,980	\$4,082,645	\$0	Visits	3,774
202401	28,850	Outpatient Hospital	\$6,590,768	\$5,769,367	\$4,639,286	\$4,068,776	\$0	Visits	4,148
202402	29,178	Outpatient Hospital	\$6,375,285	\$5,629,686	\$1,856,212	\$1,644,281	\$0	Visits	3,974



Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Allowed	Incurred	Drug Rebates	Utilization Unit	Utilization
202101	29,314	Professional	\$6,494,191	\$5,312,480	\$6,494,191	\$5,312,480	\$0	Visits	43,244
202102	29,217	Professional	\$6,330,902	\$5,200,780	\$6,330,902	\$5,200,780	\$0	Visits	38,492
202103	29,335	Professional	\$7,489,954	\$6,173,595	\$7,489,954	\$6,173,595	\$0	Visits	47,574
202104	29,416	Professional	\$7,272,515	\$6,063,252	\$7,272,515	\$6,063,252	\$0	Visits	45,808
202105	29,589	Professional	\$6,665,186	\$5,528,905	\$6,665,186	\$5,528,905	\$0	Visits	40,457
202106	29,821	Professional	\$7,055,888	\$5,841,725	\$7,055,706	\$5,841,586	\$0	Visits	41,626
202107	29,838	Professional	\$6,821,538	\$5,717,259	\$6,820,546	\$5,716,464	\$0	Visits	41,034
202108	30,142	Professional	\$7,499,760	\$6,372,904	\$7,498,169	\$6,371,581	\$0	Visits	43,697
202109	30,419	Professional	\$7,620,182	\$6,533,744	\$7,618,002	\$6,531,888	\$0	Visits	47,282
202110	30,145	Professional	\$7,893,052	\$6,723,501	\$7,890,000	\$6,720,924	\$0	Visits	49,181
202111	30,186	Professional	\$7,530,380	\$6,420,152	\$7,526,905	\$6,417,204	\$0	Visits	46,166
202112	30,156	Professional	\$7,905,614	\$6,830,238	\$7,901,444	\$6,826,650	\$0	Visits	47,056
202201	30,061	Professional	\$7,746,399	\$6,411,488	\$7,741,465	\$6,407,428	\$0	Visits	48,507
202202	30,580	Professional	\$7,033,861	\$5,730,181	\$7,027,735	\$5,725,224	\$0	Visits	41,448
202203	30,432	Professional	\$8,001,300	\$6,586,441	\$7,992,810	\$6,579,482	\$0	Visits	46,817
202204	30,483	Professional	\$7,603,512	\$6,376,903	\$7,594,734	\$6,369,547	\$0	Visits	43,207
202205	30,573	Professional	\$7,847,872	\$6,626,719	\$7,837,801	\$6,618,215	\$0	Visits	45,029
202206	30,704	Professional	\$7,630,349	\$6,394,759	\$7,618,177	\$6,384,596	\$0	Visits	43,131
202207	30,664	Professional	\$6,744,030	\$5,691,000	\$6,731,540	\$5,680,481	\$0	Visits	38,623
202208	30,784	Professional	\$7,457,460	\$6,241,917	\$7,442,813	\$6,229,702	\$0	Visits	44,425
202209	30,785	Professional	\$7,478,559	\$6,300,310	\$7,456,265	\$6,281,683	\$0	Visits	44,356
202210	30,944	Professional	\$7,851,272	\$6,622,104	\$7,824,717	\$6,599,918	\$0	Visits	46,417
202211	30,878	Professional	\$7,583,572	\$6,443,362	\$7,551,933	\$6,416,757	\$0	Visits	44,009
202212	30,621	Professional	\$7,560,691	\$6,378,100	\$6,866,745	\$5,784,265	\$0	Visits	41,895
202301	29,835	Professional	\$7,616,230	\$6,106,586	\$7,573,397	\$6,073,505	\$0	Visits	46,052
202302	30,073	Professional	\$6,794,020	\$5,466,233	\$6,741,893	\$5,425,783	\$0	Visits	39,947
202303	29,940	Professional	\$8,135,424	\$6,654,800	\$8,065,291	\$6,599,325	\$0	Visits	45,413
202304	29,792	Professional	\$6,980,248	\$5,758,675	\$6,890,638	\$5,685,569	\$0	Visits	39,465
202305	29,962	Professional	\$7,927,671	\$6,519,439	\$7,737,578	\$6,369,212	\$0	Visits	44,870
202306	29,954	Professional	\$7,567,542	\$6,235,908	\$7,318,036	\$6,037,580	\$0	Visits	42,345
202307	30,047	Professional	\$6,822,740	\$5,649,250	\$6,606,668	\$5,471,879	\$0	Visits	39,579
202308	30,197	Professional	\$7,752,731	\$6,474,588	\$7,453,817	\$6,225,290	\$0	Visits	43,735
202309	30,166	Professional	\$7,286,361	\$6,102,108	\$6,915,421	\$5,792,133	\$0	Visits	41,132
202310	30,057	Professional	\$7,959,399	\$6,666,533	\$7,375,564	\$6,182,963	\$0	Visits	45,818
202311	29,881	Professional	\$7,942,594	\$6,716,293	\$7,212,399	\$6,103,647	\$0	Visits	43,245
202312	29,066	Professional	\$7,332,828	\$6,143,651	\$6,067,797	\$5,081,509	\$0	Visits	39,699
202401	28,850	Professional	\$9,354,630	\$7,547,318	\$6,583,685	\$5,325,792	\$0	Visits	51,642
202402	29,178	Professional	\$11,537,477	\$9,392,343	\$3,346,327	\$2,742,341	\$0	Visits	64,146

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Allowed	Incurred	Drug Rebates	Utilization Unit	Utilization
202101	29,314	Other Medical	\$1,290,333	\$1,213,222	\$1,290,333	\$1,213,222	\$0	Services	3,536
202102	29,217	Other Medical	\$1,232,349	\$1,151,231	\$1,232,349	\$1,151,231	\$0	Services	3,511
202103	29,335	Other Medical	\$1,497,614	\$1,388,077	\$1,497,614	\$1,388,077	\$0	Services	4,324
202104	29,416	Other Medical	\$1,425,993	\$1,345,199	\$1,425,993	\$1,345,199	\$0	Services	3,811
202105	29,589	Other Medical	\$1,180,793	\$1,097,524	\$1,180,793	\$1,097,524	\$0	Services	3,809
202106	29,821	Other Medical	\$1,292,298	\$1,198,708	\$1,292,261	\$1,198,673	\$0	Services	4,272
202107	29,838	Other Medical	\$1,300,187	\$1,225,786	\$1,299,976	\$1,225,585	\$0	Services	3,670
202108	30,142	Other Medical	\$1,434,904	\$1,340,788	\$1,434,580	\$1,340,484	\$0	Services	4,120
202109	30,419	Other Medical	\$1,437,343	\$1,355,410	\$1,436,924	\$1,355,014	\$0	Services	3,919
202110	30,145	Other Medical	\$1,438,491	\$1,360,362	\$1,437,945	\$1,359,847	\$0	Services	4,134
202111	30,186	Other Medical	\$1,510,188	\$1,445,544	\$1,509,477	\$1,444,863	\$0	Services	4,046
202112	30,156	Other Medical	\$1,567,981	\$1,484,694	\$1,567,147	\$1,483,903	\$0	Services	3,828
202201	30,061	Other Medical	\$1,403,234	\$1,309,625	\$1,402,336	\$1,308,787	\$0	Services	3,824
202202	30,580	Other Medical	\$1,693,506	\$1,598,502	\$1,692,022	\$1,597,104	\$0	Services	3,844
202203	30,432	Other Medical	\$1,997,535	\$1,907,109	\$1,995,408	\$1,905,078	\$0	Services	4,264
202204	30,483	Other Medical	\$1,786,411	\$1,692,273	\$1,784,340	\$1,690,311	\$0	Services	4,248
202205	30,573	Other Medical	\$1,653,608	\$1,570,270	\$1,651,485	\$1,568,254	\$0	Services	4,416
202206	30,704	Other Medical	\$1,794,251	\$1,713,141	\$1,791,335	\$1,710,356	\$0	Services	4,642
202207	30,664	Other Medical	\$1,480,499	\$1,407,923	\$1,477,742	\$1,405,302	\$0	Services	3,975
202208	30,784	Other Medical	\$2,196,862	\$2,104,515	\$2,192,507	\$2,100,339	\$0	Services	5,091
202209	30,785	Other Medical	\$1,831,412	\$1,757,307	\$1,825,949	\$1,752,066	\$0	Services	4,110
202210	30,944	Other Medical	\$1,433,229	\$1,355,487	\$1,428,155	\$1,350,670	\$0	Services	4,234
202211	30,878	Other Medical	\$1,544,563	\$1,478,022	\$1,537,697	\$1,471,416	\$0	Services	4,457
202212	30,621	Other Medical	\$1,500,508	\$1,421,348	\$1,364,606	\$1,293,391	\$0	Services	4,793
202301	29,835	Other Medical	\$1,479,512	\$1,364,440	\$1,470,434	\$1,356,125	\$0	Services	4,302
202302	30,073	Other Medical	\$1,394,481	\$1,323,043	\$1,383,223	\$1,312,333	\$0	Services	3,823
202303	29,940	Other Medical	\$2,031,450	\$1,931,102	\$2,015,587	\$1,916,127	\$0	Services	4,748
202304	29,792	Other Medical	\$1,660,330	\$1,580,897	\$1,638,443	\$1,560,036	\$0	Services	4,137
202305	29,962	Other Medical	\$1,817,898	\$1,725,743	\$1,768,921	\$1,679,103	\$0	Services	4,576
202306	29,954	Other Medical	\$1,528,242	\$1,436,445	\$1,476,095	\$1,387,301	\$0	Services	4,615
202307	30,047	Other Medical	\$1,557,880	\$1,480,669	\$1,506,913	\$1,432,200	\$0	Services	4,053
202308	30,197	Other Medical	\$1,900,490	\$1,808,890	\$1,826,902	\$1,738,832	\$0	Services	5,287
202309	30,166	Other Medical	\$1,743,352	\$1,668,035	\$1,653,782	\$1,582,296	\$0	Services	4,212
202310	30,057	Other Medical	\$1,888,770	\$1,808,987	\$1,746,685	\$1,672,859	\$0	Services	5,160
202311	29,881	Other Medical	\$1,685,524	\$1,600,292	\$1,520,643	\$1,443,162	\$0	Services	4,698
202312	29,066	Other Medical	\$1,838,983	\$1,747,966	\$1,528,351	\$1,453,204	\$0	Services	4,773
202401	28,850	Other Medical	\$2,043,585	\$1,903,018	\$1,428,935	\$1,330,527	\$0	Services	5,336
202402	29,178	Other Medical	\$2,096,727	\$1,984,665	\$593,844	\$562,452	\$0	Services	5,975

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Allowed	Incurred	Drug Rebates	Utilization Unit	Utilization
202101	29,314	Prescription Drug	\$5,729,162	\$5,288,490	\$5,729,162	\$5,288,490	\$1,055,140	Scripts	21,566
202102	29,217	Prescription Drug	\$5,910,384	\$5,519,102	\$5,910,384	\$5,519,102	\$1,085,931	Scripts	20,694
202103	29,335	Prescription Drug	\$6,773,772	\$6,351,320	\$6,773,772	\$6,351,320	\$1,301,858	Scripts	26,574
202104	29,416	Prescription Drug	\$7,036,381	\$6,667,783	\$7,036,381	\$6,667,783	\$1,232,577	Scripts	28,463
202105	29,589	Prescription Drug	\$6,588,906	\$6,264,582	\$6,588,906	\$6,264,582	\$1,167,891	Scripts	25,206
202106	29,821	Prescription Drug	\$6,759,730	\$6,409,310	\$6,759,730	\$6,409,310	\$1,184,054	Scripts	25,154
202107	29,838	Prescription Drug	\$6,662,678	\$6,339,100	\$6,662,678	\$6,339,100	\$1,231,792	Scripts	24,247
202108	30,142	Prescription Drug	\$6,858,036	\$6,529,059	\$6,858,036	\$6,529,059	\$1,273,552	Scripts	24,554
202109	30,419	Prescription Drug	\$6,593,355	\$6,265,099	\$6,593,355	\$6,265,099	\$1,216,674	Scripts	24,291
202110	30,145	Prescription Drug	\$6,750,382	\$6,420,302	\$6,750,382	\$6,420,302	\$1,272,823	Scripts	25,582
202111	30,186	Prescription Drug	\$6,553,586	\$6,239,336	\$6,553,586	\$6,239,336	\$1,302,388	Scripts	28,705
202112	30,156	Prescription Drug	\$7,041,536	\$6,690,060	\$7,041,536	\$6,690,060	\$1,322,628	Scripts	29,088
202201	30,061	Prescription Drug	\$6,702,507	\$6,192,565	\$6,702,507	\$6,192,565	\$1,278,831	Scripts	25,210
202202	30,580	Prescription Drug	\$6,181,489	\$5,797,609	\$6,181,489	\$5,797,609	\$1,167,627	Scripts	22,400
202203	30,432	Prescription Drug	\$6,840,313	\$6,406,658	\$6,840,313	\$6,406,658	\$1,366,558	Scripts	25,369
202204	30,483	Prescription Drug	\$7,316,705	\$6,963,446	\$7,316,705	\$6,963,446	\$1,376,434	Scripts	25,385
202205	30,573	Prescription Drug	\$6,750,723	\$6,388,870	\$6,750,723	\$6,388,870	\$1,393,002	Scripts	26,793
202206	30,704	Prescription Drug	\$6,991,227	\$6,636,243	\$6,991,227	\$6,636,243	\$1,427,377	Scripts	26,145
202207	30,664	Prescription Drug	\$6,925,896	\$6,598,434	\$6,925,896	\$6,598,434	\$1,428,611	Scripts	25,005
202208	30,784	Prescription Drug	\$7,172,500	\$6,824,676	\$7,172,500	\$6,824,676	\$1,526,958	Scripts	26,160
202209	30,785	Prescription Drug	\$7,315,281	\$6,967,706	\$7,315,281	\$6,967,706	\$1,490,515	Scripts	28,180
202210	30,944	Prescription Drug	\$7,406,599	\$7,060,056	\$7,406,599	\$7,060,056	\$1,633,214	Scripts	29,114
202211	30,878	Prescription Drug	\$6,991,045	\$6,656,905	\$6,991,045	\$6,656,905	\$1,591,924	Scripts	27,471
202212	30,621	Prescription Drug	\$6,713,403	\$6,360,180	\$6,713,403	\$6,360,180	\$1,554,311	Scripts	28,369
202301	29,835	Prescription Drug	\$7,301,393	\$6,752,379	\$7,301,393	\$6,752,379	\$1,708,895	Scripts	26,291
202302	30,073	Prescription Drug	\$6,321,019	\$5,893,097	\$6,321,019	\$5,893,097	\$1,545,629	Scripts	23,533
202303	29,940	Prescription Drug	\$7,233,023	\$6,787,961	\$7,233,023	\$6,787,961	\$1,814,710	Scripts	26,474
202304	29,792	Prescription Drug	\$6,744,346	\$6,388,262	\$6,744,346	\$6,388,262	\$1,586,971	Scripts	24,340
202305	29,962	Prescription Drug	\$7,489,120	\$7,109,796	\$7,489,120	\$7,109,796	\$1,756,512	Scripts	26,477
202306	29,954	Prescription Drug	\$7,022,256	\$6,670,000	\$7,022,256	\$6,670,000	\$1,669,288	Scripts	25,414
202307	30,047	Prescription Drug	\$6,981,958	\$6,641,992	\$6,981,958	\$6,641,992	\$1,775,813	Scripts	24,289
202308	30,197	Prescription Drug	\$7,388,559	\$7,018,792	\$7,388,559	\$7,018,792	\$1,883,527	Scripts	26,272
202309	30,166	Prescription Drug	\$6,403,862	\$6,093,739	\$6,403,862	\$6,093,739	\$1,690,932	Scripts	27,245
202310	30,057	Prescription Drug	\$7,673,227	\$7,328,457	\$7,673,227	\$7,328,457	\$1,925,554	Scripts	33,397
202311	29,881	Prescription Drug	\$7,516,365	\$7,172,509	\$7,516,365	\$7,172,509	\$1,876,006	Scripts	29,176
202312	29,066	Prescription Drug	\$6,696,104	\$6,342,467	\$6,696,104	\$6,342,467	\$1,752,772	Scripts	26,791
202401	28,850	Prescription Drug	\$6,731,523	\$6,178,824	\$6,731,523	\$6,178,824	\$2,000,451	Scripts	27,007
202402	29,178	Prescription Drug	\$6,942,705	\$6,477,039	\$6,942,705	\$6,477,039	\$2,069,617	Scripts	25,216

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Allowed	Incurred	Drug Rebates	Utilization Unit	Utilization
202101	29,314	Capitations	\$30,045	\$30,045	\$30,045	\$30,045	\$0	Benefit Period	29,314
202102	29,217	Capitations	\$29,976	\$29,976	\$29,976	\$29,976	\$0	Benefit Period	29,217
202103	29,335	Capitations	\$30,122	\$30,122	\$30,122	\$30,122	\$0	Benefit Period	29,335
202104	29,416	Capitations	\$30,200	\$30,200	\$30,200	\$30,200	\$0	Benefit Period	29,416
202105	29,589	Capitations	\$30,327	\$30,327	\$30,327	\$30,327	\$0	Benefit Period	29,589
202106	29,821	Capitations	\$30,555	\$30,555	\$30,555	\$30,555	\$0	Benefit Period	29,821
202107	29,838	Capitations	\$30,576	\$30,576	\$30,576	\$30,576	\$0	Benefit Period	29,838
202108	30,142	Capitations	\$30,897	\$30,897	\$30,897	\$30,897	\$0	Benefit Period	30,142
202109	30,419	Capitations	\$31,155	\$31,155	\$31,155	\$31,155	\$0	Benefit Period	30,419
202110	30,145	Capitations	\$30,562	\$30,562	\$30,562	\$30,562	\$0	Benefit Period	30,145
202111	30,186	Capitations	\$30,558	\$30,558	\$30,558	\$30,558	\$0	Benefit Period	30,186
202112	30,156	Capitations	\$30,471	\$30,471	\$30,471	\$30,471	\$0	Benefit Period	30,156
202201	30,061	Capitations	\$29,211	\$29,211	\$29,211	\$29,211	\$0	Benefit Period	30,061
202202	30,580	Capitations	\$29,814	\$29,814	\$29,814	\$29,814	\$0	Benefit Period	30,580
202203	30,432	Capitations	\$29,572	\$29,572	\$29,572	\$29,572	\$0	Benefit Period	30,432
202204	30,483	Capitations	\$29,592	\$29,592	\$29,592	\$29,592	\$0	Benefit Period	30,483
202205	30,573	Capitations	\$29,627	\$29,627	\$29,627	\$29,627	\$0	Benefit Period	30,573
202206	30,704	Capitations	\$29,697	\$29,697	\$29,697	\$29,697	\$0	Benefit Period	30,704
202207	30,664	Capitations	\$29,627	\$29,627	\$29,627	\$29,627	\$0	Benefit Period	30,664
202208	30,784	Capitations	\$29,763	\$29,763	\$29,763	\$29,763	\$0	Benefit Period	30,784
202209	30,785	Capitations	\$29,766	\$29,766	\$29,766	\$29,766	\$0	Benefit Period	30,785
202210	30,944	Capitations	\$29,864	\$29,864	\$29,864	\$29,864	\$0	Benefit Period	30,944
202211	30,878	Capitations	\$29,779	\$29,779	\$29,779	\$29,779	\$0	Benefit Period	30,878
202212	30,621	Capitations	\$29,507	\$29,507	\$29,507	\$29,507	\$0	Benefit Period	30,621
202301	29,835	Capitations	\$25,398	\$25,398	\$25,398	\$25,398	\$0	Benefit Period	29,835
202302	30,073	Capitations	\$25,631	\$25,631	\$25,631	\$25,631	\$0	Benefit Period	30,073
202303	29,940	Capitations	\$25,550	\$25,550	\$25,550	\$25,550	\$0	Benefit Period	29,940
202304	29,792	Capitations	\$25,413	\$25,413	\$25,413	\$25,413	\$0	Benefit Period	29,792
202305	29,962	Capitations	\$25,517	\$25,517	\$25,517	\$25,517	\$0	Benefit Period	29,962
202306	29,954	Capitations	\$25,499	\$25,499	\$25,499	\$25,499	\$0	Benefit Period	29,954
202307	30,047	Capitations	\$25,508	\$25,508	\$25,508	\$25,508	\$0	Benefit Period	30,047
202308	30,197	Capitations	\$25,645	\$25,645	\$25,645	\$25,645	\$0	Benefit Period	30,197
202309	30,166	Capitations	\$25,603	\$25,603	\$25,603	\$25,603	\$0	Benefit Period	30,166
202310	30,057	Capitations	\$25,521	\$25,521	\$25,521	\$25,521	\$0	Benefit Period	30,057
202311	29,881	Capitations	\$25,293	\$25,293	\$25,293	\$25,293	\$0	Benefit Period	29,881
202312	29,066	Capitations	\$24,605	\$24,605	\$24,605	\$24,605	\$0	Benefit Period	29,066
202401	28,850	Capitations	\$24,783	\$24,783	\$24,783	\$24,783	\$0	Benefit Period	28,850
202402	29,178	Capitations	\$25,230	\$25,230	\$25,230	\$25,230	\$0	Benefit Period	29,178

### Appendix - Total Experience

Month	Members	Contracts	Ultimate Allowed	Drug Rebates	Post-Rx Rebate Ultimate Allowed	Post-Rx Rebate Ultimate Incurred	Premium	Loss Ratio
202101	29,314	18,822	\$21,168,488	\$1,055,140	\$20,113,349	\$17,827,188	\$19,351,023	92.1%
202102	29,217	18,744	\$20,870,720	\$1,085,931	\$19,784,789	\$17,678,618	\$19,294,156	91.6%
202103	29,335	18,821	\$24,189,154	\$1,301,858	\$22,887,296	\$20,494,230	\$19,316,707	106.1%
202104	29,416	18,876	\$23,146,808	\$1,232,577	\$21,914,231	\$19,705,923	\$19,387,715	101.6%
202105	29,589	18,979	\$22,746,334	\$1,167,891	\$21,578,443	\$19,549,364	\$19,391,413	100.8%
202106	29,821	19,129	\$21,985,207	\$1,184,054	\$20,801,152	\$18,664,814	\$19,429,417	96.1%
202107	29,838	19,128	\$22,725,439	\$1,231,792	\$21,493,647	\$19,508,386	\$19,502,068	100.0%
202108	30,142	19,327	\$23,860,255	\$1,273,552	\$22,586,703	\$20,569,437	\$19,626,500	104.8%
202109	30,419	19,516	\$23,452,357	\$1,216,674	\$22,235,683	\$20,275,321	\$19,732,464	102.8%
202110	30,145	19,245	\$24,569,389	\$1,272,823	\$23,296,566	\$21,207,723	\$19,090,998	111.1%
202111	30,186	19,236	\$22,702,590	\$1,302,388	\$21,400,202	\$19,469,230	\$19,390,459	100.4%
202112	30,156	19,160	\$23,711,545	\$1,322,628	\$22,388,917	\$20,374,026	\$19,126,625	106.5%
202201	30,061	19,197	\$23,587,969	\$1,278,831	\$22,309,138	\$19,754,966	\$19,695,152	100.3%
202202	30,580	19,551	\$22,484,784	\$1,167,627	\$21,317,157	\$18,947,782	\$19,835,157	95.5%
202203	30,432	19,467	\$25,535,850	\$1,366,558	\$24,169,292	\$21,596,171	\$19,927,738	108.4%
202204	30,483	19,472	\$25,543,374	\$1,376,434	\$24,166,940	\$21,966,462	\$20,022,978	109.7%
202205	30,573	19,487	\$23,639,513	\$1,393,002	\$22,246,511	\$20,086,310	\$20,101,318	99.9%
202206	30,704	19,553	\$24,995,305	\$1,427,377	\$23,567,928	\$21,391,587	\$20,236,716	105.7%
202207	30,664	19,550	\$22,263,737	\$1,428,611	\$20,835,126	\$18,923,971	\$20,188,000	93.7%
202208	30,784	19,622	\$24,976,035	\$1,526,958	\$23,449,077	\$21,267,805	\$20,315,194	104.7%
202209	30,785	19,596	\$25,751,116	\$1,490,515	\$24,260,601	\$22,146,367	\$20,420,304	108.5%
202210	30,944	19,671	\$26,785,125	\$1,633,214	\$25,151,911	\$22,996,446	\$20,389,197	112.8%
202211	30,878	19,594	\$25,340,778	\$1,591,924	\$23,748,854	\$21,705,472	\$20,546,953	105.6%
202212	30,621	19,403	\$25,573,257	\$1,554,311	\$24,018,947	\$21,805,353	\$20,549,049	106.1%
202301	29,835	19,003	\$24,771,063	\$1,708,895	\$23,062,168	\$20,129,764	\$21,158,324	95.1%
202302	30,073	19,160	\$21,847,082	\$1,545,629	\$20,301,453	\$17,849,224	\$21,323,704	83.7%
202303	29,940	19,107	\$26,000,972	\$1,814,710	\$24,186,262	\$21,507,170	\$21,304,788	100.9%
202304	29,792	19,045	\$23,300,620	\$1,586,971	\$21,713,649	\$19,513,749	\$21,335,859	91.5%
202305	29,962	19,132	\$25,657,814	\$1,756,512	\$23,901,301	\$21,424,605	\$21,428,626	100.0%
202306	29,954	19,098	\$24,301,869	\$1,669,288	\$22,632,581	\$20,270,393	\$21,674,511	93.5%
202307	30,047	19,172	\$22,967,694	\$1,775,813	\$21,191,881	\$19,017,202	\$21,800,750	87.2%
202308	30,197	19,235	\$26,305,666	\$1,883,527	\$24,422,139	\$22,071,545	\$22,001,784	100.3%
202309	30,166	19,187	\$21,940,752	\$1,690,932	\$20,249,820	\$18,149,235	\$22,120,030	82.0%
202310	30,057	19,048	\$25,435,167	\$1,925,554	\$23,509,613	\$21,234,694	\$22,210,381	95.6%
202311	29,881	18,928	\$25,800,273	\$1,876,006	\$23,924,266	\$21,715,328	\$22,272,229	97.5%
202312	29,066	18,443	\$23,571,756	\$1,752,772	\$21,818,985	\$19,559,527	\$22,269,140	87.8%
202401	28,850	18,433	\$27,527,089	\$2,000,451	\$25,526,638	\$22,089,709	\$22,757,391	97.1%
202402	29,178	18,705	\$28,193,533	\$2,069,617	\$26,123,916	\$22,556,995	\$21,263,085	106.1%

**Group Hospitalization & Medical Services, Inc. (GHMSI)**

**d.b.a. CareFirst BlueCross BlueShield**

**(NAIC # 53007)**

**Rate Filing #2768**

**DC Individual On Exchange Products**

**Rates Effective 1/1/2025**

**Actuarial Value Calculations**

User Inputs for Plan Parameters

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

Desired Metal Tier

Bronze

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

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

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

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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

Options for Additional Benefit Design Limits:

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

Plan Description:

Name:

Plan HIOS ID:

Issuer HIOS ID:

AVC Version: 2025\_1a

Output

Calculate

Status/Error Messages:

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

Actuarial Value:

64.00%

Metal Tier:

Bronze

Additional Notes:

Calculation Time:

0.0586 seconds

Final 2025 AV Calculator

64.00%

Plan Description:

Name: BluePreferred PPO HSA Standard Bronze \$6,350

Plan HIOS ID: 78079DC0210005

Issuer HIOS ID: 78079

User Inputs for Plan Parameters

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

Desired Metal Tier

Bronze

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

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
\$7,500.00	\$850.00	
60.00%	100.00%	
\$9,150.00		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$43.81	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$102.32	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$38.95	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$496.46	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$54.53	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$78.82	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$20.27	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

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):

Plan Description:

Name:  
Plan HIOS ID:  
Issuer HIOS ID:  
AVC Version: 2025\_1a

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

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

64.75%

Bronze

Additional Notes:

Calculation Time: 0.1836 seconds

Final 2025 AV Calculator

64.75%

Plan Description:

Name: BluePreferred PPO Standard Bronze \$7,500  
Plan HIOS ID: 78079DC0210002  
Issuer HIOS ID: 78079



User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?

☐

Apply Inpatient Copay per Day?

☐

Apply Skilled Nursing Facility Copay per Day?

☐

Use Separate MOOP for Medical and Drug Spending?

☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

☐

Desired Metal Tier

Silver

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

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

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$38.94	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$77.96	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$34.70	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$397.17	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$59.49	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$78.82	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$16.24	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

☐

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):

Plan Description:  
Name:  
Plan HIOS ID:  
Issuer HIOS ID:  
AVC Version: 2025\_1a

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

70.82%

Silver

Additional Notes:

Calculation Time: 0.1992 seconds

Final 2025 AV Calculator

70.82%

Plan Description:  
Name: BluePreferred PPO Standard Silver \$4,850  
Plan HIOS ID: 78079DC0210004  
Issuer HIOS ID: 78079

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?

☒

Apply Inpatient Copay per Day?

☒

Apply Skilled Nursing Facility Copay per Day?

☒

Use Separate MOOP for Medical and Drug Spending?

☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

☐

Desired Metal Tier

Gold

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$1,650.00			
Coinsurance (% , Insurer's Cost Share)			100.00%			
MOOP (\$)			\$3,300.00			
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$600.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$23.86	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.30	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$375.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$125.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

☐

Specialty Rx Coinsurance Maximum:

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):

Plan Description:  
Name:  
Plan HIOS ID:  
Issuer HIOS ID:  
AVC Version: 2025\_1a

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

81.66%

Metal Tier:

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: 0.0586 seconds

Final 2025 AV Calculator

81.66%

Plan Description:  
Name: BluePreferred PPO HSA Gold \$1,650 Virtual Connect  
Plan HIOS ID: 78079DC0210006  
Issuer HIOS ID: 78079

Copays		Weighting
PCP	Office	
	Virtual	
MHSA	Office	
	Virtual	

User Inputs for Plan Parameters

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

Desired Metal Tier

Gold

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

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
\$500.00	\$0.00	
100.00%	100.00%	
\$6,050.00		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$600.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$24.34	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$48.72	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$21.97	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$248.23	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$29.74	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$49.26	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$375.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$125.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$12.21	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name:  
Plan HIOS ID:  
Issuer HIOS ID:  
AVC Version: 2025\_1a

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

81.85%

Metal Tier:

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:

0.2188 seconds

Final 2025 AV Calculator

81.85%

Plan Description:

Name: BluePreferred PPO Standard Gold \$500  
Plan HIOS ID: 78079DC0210003  
Issuer HIOS ID: 78079

User Inputs for Plan Parameters

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

Desired Metal Tier

Platinum

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

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

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

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$19.47	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$38.98	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$17.73	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$148.94	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$19.83	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$39.41	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$4.15	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?☐

Specialty Rx Coinsurance Maximum:

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):

Plan Description:

Name:

Plan HIOS ID:

Issuer HIOS ID:

AVC Version:2025\_1a

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

91.88%

Platinum

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:

0.0664 seconds

Final 2025 AV Calculator

91.88%

Plan Description:

Name:BluePreferred PPO Standard Platinum \$0

Plan HIOS ID:78079DC0210001

Issuer HIOS ID:78079

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?

☐

Apply Inpatient Copay per Day?

☐

Apply Skilled Nursing Facility Copay per Day?

☐

Use Separate MOOP for Medical and Drug Spending?

☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

☒

Desired Metal Tier

Silver

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$4,050.00	\$350.00				
Coinsurance (% , Insurer's Cost Share)	80.00%	100.00%				
MOOP (\$)	\$7,100.00					
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$38.94	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$77.96	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$34.70	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$397.17	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$59.49	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$78.82	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$16.24	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

☐

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):

Plan Description:  
Name:  
Plan HIOS ID:  
Issuer HIOS ID:  
AVC Version: 2025\_1a

Output

Calculate

Status/Error Messages:

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

Actuarial Value:

73.63%

Metal Tier:

Silver

Additional Notes:

Calculation Time: 0.1328 seconds

Final 2025 AV Calculator

73.63%

Plan Description:  
Name: BluePreferred PPO Standard Silver \$4,850 A  
Plan HIOS ID: 78079DC0210004  
Issuer HIOS ID: 78079



User Inputs for Plan Parameters

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

Desired Metal Tier

Gold

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

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
\$0.00	\$0.00	
85.00%	100.00%	
\$3,050.00		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$29.20	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$58.47	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$26.22	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$148.94	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$39.66	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$59.11	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$16.24	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

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):

Plan Description:

Name:  
Plan HIOS ID:  
Issuer HIOS ID:  
AVC Version: 2025\_1a

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2025 AV Calculator

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

87.93%

Gold

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

0.0664 seconds

87.93%

Plan Description:

Name: BluePreferred PPO Standard Silver \$4,850 B  
Plan HIOS ID: 78079DC0210004  
Issuer HIOS ID: 78079

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?

☐

Apply Inpatient Copay per Day?

☐

Apply Skilled Nursing Facility Copay per Day?

☐

Use Separate MOOP for Medical and Drug Spending?

☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

☒

Desired Metal Tier

Platinum

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

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

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$9.73	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$19.49	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$9.24	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$99.29	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$19.83	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$29.56	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

☐

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):

Plan Description:  
Name:  
Plan HIOS ID:  
Issuer HIOS ID:  
AVC Version: 2025\_1a

Output

Calculate

Status/Error Messages:

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

Actuarial Value:

94.50%

Metal Tier:

Platinum

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:

0.0664 seconds

Final 2025 AV Calculator

94.50%

Plan Description:  
Name: BluePreferred PPO Standard Silver \$4,850 C  
Plan HIOS ID: 78079DC0210004  
Issuer HIOS ID: 78079

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

		2025	2024	% Change
(1)	Base Period Total Allowed	\$754.70	\$754.28	0.1%
(2)	Base Period Non-EHB PMPM	\$0.44	\$0.28	59.1%
(3)	Experience Period Index Rate	\$754.26	\$754.00	0.0%
(4)	Change in Morbidity	0.9849	1.0021	-1.7%
(5)	Additional Population Adjustment	1.0000	1.0000	0.0%
(6)	Induced Demand	0.9941	0.9969	-0.3%
(7)	Projection Period Utilization and Network Adjustment	1.0000	1.0000	0.0%
(8)	Demographic Adjustment	1.0073	1.0058	0.2%
(9)	Area Adjustment	1.0000	1.0000	0.0%
(10)	Additional "Other" Adjustments	0.9914	0.9989	-0.7%
(11)	Annualized Trend	8.9%	7.8%	
(12)	Months of Trend	24	24	
(13)	Unit cost & Utilization/1,000 Trend Factor	1.1863	1.1621	2.1%
(14)	Projection Period Index Rate	\$874.85	\$879.36	-0.5%
		7.7%	8.0%	
(15)	Risk Adjustment Program	0.8830	0.8538	3.4%
(16)	Federal Exchange User Fee	1.0000	1.0000	0.0%
(17)	Market Adjusted Index Rate	\$772.51	\$750.76	2.9%
	Without Risk Adjustment	\$874.85	\$879.36	-0.5%
	Base Rate Change	3.6%	5.4%	



2025 DC Individial GHMSI  
Plan Adjusted Index Rate Changes

							Market Adjusted Index Rate			Benefits			Network			Induced Utilization			HSA Factor			Non-EHB			Admin			Age Calibration			Total Change		
Index	HIOS Plan ID	Plan Name	Type	Metallic Tier	On/Off	Projected Members - 12/2024	2025	2024	Change	2025	2024	Change	2025	2024	Change	2025	2024	Change	2025	2024	Change	2025	2024	Change	2025	2024	Change	2025	2024	Change	2025	2024	Change
1	78079DC0210001	BluePreferred PPO Standard Platinum \$0	PPO	PLATINUM	On	1,612	\$772.51	\$750.76	2.90%	0.964	0.967	-0.34%	1.000	1.000	0.00%	1.047	1.045	0.24%	1.000	1.000	0.00%	1.003	1.003	-0.01%	1.201	1.171	2.54%	0.926	0.930	-0.40%	\$869.52	\$828.35	4.97%
2	78079DC0210002	BluePreferred PPO Standard Bronze \$7,500	PPO	BRONZE	On	773	\$772.51	\$750.76	2.90%	0.674	0.700	-3.78%	1.000	1.000	0.00%	0.911	0.909	0.24%	1.000	1.000	0.00%	1.004	1.004	0.00%	1.201	1.171	2.54%	0.926	0.930	-0.40%	\$529.19	\$522.11	1.36%
3	78079DC0210003	BluePreferred PPO Standard Gold \$500	PPO	GOLD	On	2,169	\$772.51	\$750.76	2.90%	0.896	0.904	-0.95%	1.000	1.000	0.00%	0.984	0.981	0.24%	1.000	1.000	0.00%	1.003	1.003	-0.01%	1.201	1.171	2.54%	0.926	0.930	-0.40%	\$758.73	\$727.27	4.33%
4	78079DC0210004	BluePreferred PPO Standard Silver \$4,850	PPO	SILVER	On	1,518	\$772.51	\$750.76	2.90%	0.746	0.768	-2.89%	1.000	1.000	0.00%	0.941	0.939	0.23%	1.000	1.000	0.00%	1.004	1.004	0.00%	1.201	1.171	2.54%	0.926	0.930	-0.40%	\$605.01	\$591.54	2.28%
5	78079DC0210005	BluePreferred PPO HSA Standard Bronze \$6,350	PPO	BRONZE	On	917	\$772.51	\$750.76	2.90%	0.656	0.681	-3.71%	1.000	1.000	0.00%	0.911	0.909	0.24%	1.000	1.000	0.00%	1.004	1.004	-0.01%	1.201	1.171	2.54%	0.926	0.930	-0.40%	\$515.11	\$507.89	1.42%
6	78079DC0210006	BluePreferred PPO HSA Gold \$1,650 Virtual Connect	PPO	GOLD	On	589	\$772.51	\$750.76	2.90%	0.832	0.846	-1.59%	1.000	1.000	0.00%	0.984	0.981	0.24%	1.000	1.000	0.00%	1.003	1.003	-0.01%	1.201	1.171	2.54%	0.926	0.930	-0.40%	\$705.07	\$680.23	3.65%
							\$772.51	\$750.76	2.90%	0.824	0.838	-1.88%	1.00	1.00	0.00%	0.97	0.97	0.24%	1.00	1.00	0.00%	1.00	1.00	-0.01%	1.20	1.17	2.54%	0.93	0.93	-0.40%	694.44	670.45	3.58%

#### Key Drivers

- 1.) Trend
- 2.) Lower projected changes in pool morbidity
- 3.) Lower projected risk adjustment receivable

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

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

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
1	Purpose of Filing	State the purpose of the filing. Identify the applicable law. List the proposed changes to the base rates and rating factors, and provide a general summary.	Yes	Page 1 of the Actuarial Memorandum PDF in SERFF
2	Form Numbers	Form numbers should be listed in the actuarial memorandum.	Yes	Appendix - Form Numbers_IND
3	HIOS Product ID	The HIOS product ID should be listed in the actuarial memorandum.	Yes	Exhibit 11 - Plan Adjusted_IND
4	Effective Date	The requested effective date of the rate change. For filings effective 1/1/2017 and later, follow filing due date requirements.	Yes	Page 1 of the Actuarial Memorandum PDF in SERFF
5	Market	Indicate whether the products are sold in the individual or small employer group market.	Yes	Page 1 of the Actuarial Memorandum PDF in SERFF
6	Status of Forms	Indicate whether the forms are open to new sales, closed, or a mixture of both, and whether the forms are grandfathered, non-grandfathered, or a mixture of both.	Yes	Appendix - Form Numbers_IND
7	Benefits/Metal level(s)	Include a basic description of the benefits of the forms referenced in the filing and the metal level of each plan design.	Yes	Exhibit 11 - Plan Adjusted_IND
7.1	AV Value	Provide the actuarial value of each plan design using the AV calculator developed and made available by HHS.	Yes	See the PDF file "AV Screen Shots" in SERFF
8	Average Rate Increase Requested	The weighted average rate increase being requested, incremental and year-over-year renewal. The weights should be based on premium volume. <b>In the small group market, please also provide weighted average rate increase requested for 2025Q1 over 2024Q1; etc.</b>	Yes	Appendix - Rate Change_IND
9	Maximum Rate Increase Requested	The maximum rate increase that could be applied to a policyholder based on changes to the base rate and rating factors, incremental and year-over-year renewal. (Does not include changes in the demographics of the covered members.)	Yes	Appendix - Rate Change_IND

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
10	Minimum Rate Increase Requested	The minimum rate increase that could be applied to a policyholder based on changes to the base rate and rating factors, incremental and year-over-year renewal. (Does not include changes in the demographics of the covered members.)	Yes	Appendix - Rate Change_IND
11	Absolute Maximum Premium Increase	The absolute maximum year-over-year renewal rate increase that could be applied to a policyholder, including demographic changes such as aging.	Yes	Appendix - Max Renewal_IND
12	Average Renewal Rate Increase for a Year	Calculate the average renewal rate increase, weighted by written premium, for renewals in the year ending with the effective period of the rate filing. The calculation must be performed for each HIOS product ID.	Yes	Appendix - Rate Change_IND
13	Rate Change History	Rate change history of the forms referenced in the filing. If nationwide experience is used in developing the rates, provide separately the rate history for District of Columbia and the nationwide average rate history.	Yes	Appendix - Rate Change_IND
14	Exposure	Current number of policies, certificates and covered lives.	Yes	Appendix - Rate Change_IND
15	Member Months	Number of members in force during each month of the base experience period used in the rate development and in each of the two preceding twelve-month periods.	Yes	Appendix - Total Experience
16	Past Experience	Provide monthly earned premium and incurred claims for the base experience period used in the rate development and each of the two preceding twelve-month periods.	Yes	Appendix - Total Experience
17	Index Rate	Provide the index rate.	Yes	Exhibit 1 - Summary_IND
17.1	Rate Development	Show base experience used to develop rates and all adjustments and assumptions applied to arrive at the requested rates. For less than fully credible blocks, disclose the source of the base experience data used in the rate development and discuss the appropriateness of the data for pricing the policies in the filing.	Yes	Appendix - Total Experience
18	Credibility Assumption	If the experience of the policies included in the filing is not fully credible, state and provide support for the credibility formula used in the rate development.	No	Not applicable

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
19	Trend Assumption	Show trend assumptions by major types of service as defined by HHS in the Part I Preliminary Justification template, separately by unit cost, utilization, and in total. Provide the development of the trend assumptions.	Yes	Exhibit 8 - Trend
20	Cost-Sharing Changes	Disclose any changes in cost sharing for the plans between the base experience period for rating and the requested effective date. Show how the experience has been adjusted for cost-sharing changes in the rate development. Provide support for the estimated cost impact of the cost-sharing changes.	No	Not applicable
21	Benefit Changes	Disclose any changes in covered benefits for the plans between the base experience period for rating and the requested effective date. Show how the experience has been adjusted for changes in covered benefits in the rate development. Provide support for the estimated cost impact of the benefit changes.	Yes	Exhibit 7 - Other Adjustments
22	Plan Relativities	For rate change filings, if the rate change is not uniform for all plan designs, provide support for all requested rate changes by plan design. Disclose the minimum, maximum, and average impact of the changes on policyholders.  For initial filings, provide the derivation of any new plan factors.	Yes	Appendix - Rate Change_IND
23	Rating Factors	Provide the age and other rating factors used. Disclose any changes to rating factors, and the minimum, maximum, and average impact on policyholders. Provide support for any changes.	Yes	Exhibit 14 - Age Slope
23.1	Wellness Programs	Describe any wellness programs (as defined in section 2705(j) of the PHS Act) included in this filing. <sup>1</sup>	No	Not applicable
24	Distribution of Rate Increases	Anticipated distribution of rate increases due to changes in base rates, plan relativities, and rating factors. This need not include changes in demographics of the individual or group.	Yes	Appendix - Rate Change_IND
25	Claim Reserve Needs	Provide the claims for the base experience period separately for paid claims, and estimated incurred claims (including claim reserve). Indicate the incurred period used for the base period. Indicate the paid-through date of the paid claims, and provide a basic description of the reserving methodology for claims reserves and contract reserves, if any. Provide margins used, if any.	Yes	Appendix - Total Experience

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

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
26	Administrative Costs of Programs that Improve Health Care Quality	Show the amount of administrative costs included with claims in the numerator of the MLR calculation. Show that the amount is consistent with the most recently filed Supplemental Health Care Exhibit or provide support for the difference.	Yes	Exhibit10A - DICR_IND and Exhibit 10B - Fed MLR_IND
27	Taxes and Licensing or Regulatory Fees	Show the amount of taxes, licenses, and fees subtracted from premium in the denominator of your medical loss ratio calculation(c). Show that the amount is consistent with the most recently filed Supplemental Health Care Exhibit or provide support for the difference.	Yes	Exhibit10A - DICR_IND and Exhibit 10B - Fed MLR_IND
28	Medical Loss Ratio (MLR)	Demonstrate that the projected loss ratio, including the requested rate change, meets the minimum MLR. Show the premium, claims, and adjustments separately with the development of the projected premium and projected claims (if not provided in the rate development section). If the loss ratio falls below the minimum for the subset of policy forms in the filing, show that when combined with all other policy forms in the market segment in District of Columbia, the loss ratio meets the minimum.	Yes	Exhibit10A - DICR_IND and Exhibit 10B - Fed MLR_Combined
29	Risk Adjustment	Provide rate information relating to the Risk Adjustment program. Information should include assumed Risk Adjustment user fees, Risk Adjustment PMPM excluding user fees and assumed distribution of enrollment by risk score, plan, and geographical area. Provide support for the assumptions, including any demographic changes. Provide information/study on the development of risk scores and Risk Adjustment PMPM. Provide previous year-end estimated risk adjustment payable or receivable amount and quantitative support for the amount.	Yes	Exhibit 9 - Risk Adjustment_IND
30	Past and Prospective Loss Experience Within and Outside the State	Indicate whether loss experience within or outside the state was used in the development of proposed rates. Provide an explanation for using loss experience within or outside the state.	Yes	Not applicable

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
31	A Reasonable Margin for Reserve Needs	Show the assumed Margin for Reserve Needs used in the development of proposed rates. Margin for Reserve Needs includes factors that reflect assumed contributions to the company's surplus or the assumed profit margin. Demonstrate how this assumption was derived, how the assumption has changed from prior filings, and provide support for changes. If the assumption for Qualified Health Plans exceeds 3% as assumed in the risk corridor formula, justify the excess in light of the company's surplus position.	Yes	Exhibit10A - DICR_IND and Exhibit 10B - Fed MLR_IND
32	Past and Prospective Expenses	<p>Indicate the expense assumptions used in the development of proposed rates. Demonstrate how this assumption was derived. Show how this assumption has changed from prior filings, and provide support for any change.</p> <p>Provide the assumed administrative costs in the following categories:</p> <ul style="list-style-type: none"> <li>• Salaries, wages, employment taxes, and other employee benefits</li> <li>• Commissions</li> <li>• Taxes, licenses, and other regulatory fees</li> <li>• Cost containment programs / quality improvement activities</li> <li>• All other administrative expenses</li> <li>• Total</li> </ul>	Yes	Exhibit10A - DICR_IND and Exhibit 10B - Fed MLR_IND
33	Any Other Relevant Factors Within and Outside the State	Show any other relevant factors that have been considered in the development of the proposed rates. Demonstrate how any related assumptions were derived. Show how these assumptions have changed from prior filings and provide support for any change.	Yes	Actuarial Memorandum
34	Other	Any other information needed to support the requested rates or to comply with Actuarial Standard of Practice No. 8.	Yes	Actuarial Memorandum
35	Actuarial Certification	Signed and dated certification by a qualified actuary that the anticipated loss ratio meets the minimum requirement, the rates are reasonable in relation to benefits, the filing complies with the laws and regulations of the District of Columbia and all applicable Actuarial Standards of Practice, including ASOP No. 8, and that the rates are not unfairly discriminatory.	Yes	Actuarial Certification is included in the Actuarial Memorandum

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
36	Part I Preliminary Justification (Grandfathered Plan Filings)	Rate Summary Worksheet --- Provide this document with all Grandfathered plan filings. <b>Provide in Excel and PDF format.</b>	No	This is not a Grandfathered Filing, so a PRJ is not provided
36.1	Unified Rate Review Template (Non-Grandfathered Filings)	Unified Rate Review Template as specified in the proposed Federal Rate Review regulation. Provide this document with all Non-Grandfathered plan filings. <b>Provide in Excel and PDF format.</b>	Yes	See the URRT included as a separate document in SERFF
37	Part II Preliminary Justification	Written description justifying the rate increase as specified by 45 CFR § 154.215(f). Provide for <i>all</i> individual and small employer group filings (whether or not they are “subject to review” as defined by HHS).	Yes	See the Part II included as a separate document in SERFF
38	DISB Actuarial Memorandum Dataset	Summarizes data elements contained in Actuarial Memorandum. Provide this document with all Non- Grandfathered plan filings. <b>Provide in Excel format only.</b>	Yes	See the Dataset included as a separate document in SERFF
39	District of Columbia Plain Language Summary	Similar to the Part II Preliminary Justification, this is a written description of the rate increase as specified by 45 CFR § 154.215, but as a simple and brief narrative describing the data and assumptions that were used to develop the proposed rates. Provide this document for all individual and small employer group filings.	Yes	See the Part II included as a separate document in SERFF
40	Summary of Components for Requested Rate Change	DISB will require that issuers provide a chart listing a) any and all components of requested rate changes from the prior year; b) a quick summary/explanation of the change; and c) the actual percentage impact of the change for each component, such that the total for all components listed equals the total percentage change requested for the plan year.	Yes	See the file "Index & Plan Comparison" included as a separate document in SERFF



Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
41	CCIIO Risk Adjustment Transfer Elements Extract (RATE 'E')	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	Provide the following for stand-alone dental plan filings: <ul style="list-style-type: none"> <li>• Identification of the level of coverage (i.e., low or high), including the actuarial value of the plan determined in accordance with the proposed rule;</li> <li>• Certification of the level of coverage by a member of the American Academy of Actuaries using generally accepted actuarial principles; and</li> <li>• Demonstration that the plan has a reasonable annual limitation on cost-sharing.</li> </ul>	No	Not applicable

**CERTIFYING SIGNATURE**

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

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

Cory  
Bream

Digitally signed by  
Cory Bream  
Date: 2024.05.01  
11:29:04 -04'00'

\_\_\_\_\_  
(Signature)

May 1, 2024

Mr. Philip Barlow  
Associate Commissioner for Insurance  
Department of Insurance, Securities and Banking



Re: Group Hospitalization and Medical Services, Inc. Individual, Non-Medigap Rate Filing Cover Letter

Mr. Barlow,

In accordance with DISB requirements this letter has been submitted as cover for our 2025 ACA plan rate filing submitted 5/1/2024. Please note the required information below:

- a. **Company Name:** Group Hospitalization and Medical Services, Inc. (GHMSI)
- b. **NAIC Company Code:** 53007
- c. **Unique Company Filing Number:** 2768
- d. **Date Submitted:** 5/1/2024
- e. **Proposed Effective Date:** 1/1/2025.
- f. **Type of Product:** PPO – On Exchange
- g. **Individual or Group:** Individual, Non-Medigap
- h. **Scope and Purpose of Filing:** This filing has been submitted to propose the rate actions listed below in section k for all non-grandfathered ACA compliant plans offered by GHMSI.
- i. **Indication Whether Initial Filing or Change:** This filing proposes a change to existing rates (from our previous SERFF Filing #CFAP-134065040).
- j. **Indication if no DC Policyholders:** This filing proposes rate actions to our plans sold in DC. DC policyholders of GHMSI ACA plans will be impacted.
- k. **Overall Premium Impact of Filing on DC Policyholders:** Proposed average rate increase for 2025 is 3.6%.
- l. **Contact Information:**
  - a. Name: Cory Bream, ASA, MAAA
  - b. Telephone Number: 410-998-5308
  - c. Email: [Cory.Bream@Carefirst.com](mailto:Cory.Bream@Carefirst.com)
  - d. Fax: 410-505-2192

For further detail and support for the rate actions proposed above please reference the Actuarial Memorandum submitted on 5/1/2024.

Sincerely,

Cory Bream  
Digitally signed by Cory Bream  
Date: 2024.05.01 10:45:52 -04'00'

Cory Bream, ASA, MAAA  
Assistant Actuary

# DC GHMSI

## 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	Group Hospitalization & Medical Services, Inc.
SERFF tracking number	CFAP-134065040
Submission Date	5/1/2024
Product Name	BluePreferred

- Market Type:

☒ Individual

☐ Small Group
- Rate Filing Type:

☒ Rate Increase

☐ New Filing

### Scope and Range of the Increase:

The 3.6 % increase is requested because:

The main drivers supporting the rate change are 1) trend, 2) lower projected changes in pool morbidity, and 3) a lower projected risk adjustment receivable.

This filing will impact:

# of policyholder’s 5,590 # of covered lives 7,578

The average, minimum and maximum rate changes increases are:

- Average Rate Change: The average premium change, by percentage, across all policy holders if the filing is approved

3.6 %

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

1.4 %

• Maximum Rate Change: The largest premium increase, by percentage, that any one policy holder would experience if the filing is approved

16.7 %
- Individuals within the group may vary from the aggregate of the above increase components as a result of:
- Product selection, changes in age factors, and changes in family composition.
- ### Financial Experience of Product
- The overall financial experience of the product includes:
- In 2023, a total of \$65.6 million in premium was collected and \$73.8 million in claims were paid out. We received \$8.1 million in risk adjustment, for a loss ratio of 100.2%. However, the rate increase of the product is driven partially by the combined Individual and Small group experience, which collected \$260.9 million in premium and paid out \$242.4 million in claims and received \$25.4 million in risk adjustment for a loss ratio of 83.2%.
- 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 83.2%.

Components of Increase

The request is made up of the following components:

<b>Trend Increases –</b>	8.9	% of the	3.6	% 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	4.9	% of the	3.6	% total filed increase.
2. Medical Price Changes – Defined as the increase in total plan claim costs attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts.				
This component is	3.9	% of the	3.6	% total filed increase.

<b>Other Increases –</b>	(4.9)	% of the	3.6	% total filed increase
1. Medical Benefit Changes Required by Law – Defined as any new mandated plan benefit changes, as mandated by either State or Federal Regulation.				
This component is	0.0	% of the	3.6	% total filed increase.
2. Medical Benefit Changes Not Required by Law – Defined as changes in plan benefit design made by the company, which are not required by either State or Federal Regulation.				
This component is	-1.9	% of the	3.6	% total filed increase.
3. Changes to Administration Costs – Defined as increases in the costs of providing insurance coverage. Examples include claims payment expenses, distribution costs, taxes, and general business expenses such as rent, salaries, and overhead.				
This component is	1.4	% of the	3.6	% total filed increase.
4. Changes to Profit Margin – Defined as increases to company surplus or changes as an additional margin to cover the risk of the company.				
This component is	0.5	% of the	3.6	% total filed increase.
5. Other – Defined as:				
The base period experience PMPM of the combined pool came in lower than expected.				
This component is	(5.0)	% of the	3.6	% total filed increase.

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Unified Rate Review v6.1

Company Legal Name:

GHMSI, Inc.

HIOS Issuer ID:

78079

State:

DC

Effective Date of Rate Change(s):

1/1/2025

Market:

Individual

Market Level Calculations (Same for all Plans)

Section I: Experience Period Data

Experience Period:

1/1/2023

to

12/31/2023

Total

PMPM

Allowed Claims

\$270,914,117.60

\$3,018.17

Reinsurance

\$0.00

\$0.00

Incurred Claims in Experience Period

\$242,442,437.33

\$2,700.98

Risk Adjustment

\$25,359,345.22

\$282.52

Experience Period Premium

\$260,900,125.73

\$2,906.61

Experience Period Member Months

89,761

Section II: Projections

Benefit Category

Experience Period Index

Year 1 Trend

Year 2 Trend

Trended EHB Allowed Claims

Rate PMPM

Cost

Utilization

Cost

Utilization

PMPM

Inpatient Hospital

\$100.95

1.093

0.989

1.093

0.989

\$118.04

Outpatient Hospital

\$166.82

1.052

1.049

1.052

1.049

\$203.28

Professional

\$250.98

1.027

1.065

1.027

1.065

\$300.42

Other Medical

\$57.18

1.043

1.082

1.043

1.082

\$72.86

Capitation

\$0.64

1.000

1.000

1.000

1.000

\$0.64

Prescription Drug

\$177.69

1.010

1.049

1.010

1.049

\$199.57

Total

\$754.26

\$894.80

Morbidity Adjustment

0.985

Demographic Shift

1.007

Plan Design Changes

0.994

Other

0.991

Adjusted Trended EHB Allowed Claims PMPM for

1/1/2025

\$874.85

Manual EHB Allowed Claims PMPM

\$0.00

Applied Credibility %

100.00%

Projected Period Totals

Projected Index Rate for

1/1/2025

\$874.85

\$82,693,446.55

Reinsurance

\$0.00

\$0.00

Risk Adjustment Payment/Charge

\$102.34

\$9,673,619.56

Exchange User Fees

0.00%

\$0.00

Market Adjusted Index Rate

\$772.51

\$73,019,826.99

Projected Member Months

94,523

Information Not Releasable to the Public Unless Authorized by Law:

This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P.  
To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.  
To validate, select the Validate button or Ctrl + Shift + I.  
To finalize, select the Finalize button or Ctrl + Shift + F.

1 of 3

Product-Plan Data Collection

Company Legal Name: GHMSI, Inc.  
HIOS Issuer ID: 78079 State: DC  
Effective Date of Rate Change(s): 1/1/2025 Market: Individual

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

Product/Plan Level Calculations

Field #	Section I: General Product and Plan Information						
1.1	Product Name		BluePreferred PPO				
1.2	Product ID		78079DC021				
1.3	Plan Name		Standard Platinum	Standard Bronze	Standard Gold	Standard Silver	HSA Standard
1.4	Plan ID (Standard Component ID)		78079DC0210001	78079DC0210002	78079DC0210003	78079DC0210004	78079DC0210005
1.5	Metal		Platinum	Bronze	Gold	Silver	Bronze
1.6	AV Metal Value		0.919	0.648	0.819	0.708	0.640
1.7	Plan Category		Renewing	Renewing	Renewing	Renewing	Renewing
1.8	Plan Type		PPO	PPO	PPO	PPO	PPO
1.9	Exchange Plan?		Yes	Yes	Yes	Yes	Yes
1.10	Effective Date of Proposed Rates		1/1/2025	1/1/2025	1/1/2025	1/1/2025	1/1/2025
1.11	Cumulative Rate Change % (over 12 mos prior)		4.97%	1.36%	4.33%	2.28%	1.42%
1.12	Product Rate Increase %		3.63%				
1.13	Submission Level Rate Increase %		3.63%				

Worksheet 1 Totals	Section II: Experience Period and Current Plan Level Information							
	2.1 Plan ID (Standard Component ID)	Total	78079DC0210001	78079DC0210002	78079DC0210003	78079DC0210004	78079DC0210005	78079DC0210006
\$270,914,118	2.2 Allowed Claims	\$84,847,239	\$38,276,245	\$3,274,597	\$19,919,166	\$12,418,214	\$4,419,172	\$6,539,845
\$0	2.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	2.4 Member Cost Sharing	\$11,008,524	\$2,086,899	\$1,167,715	\$2,512,366	\$2,659,762	\$1,432,012	\$1,149,770
	2.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$242,442,437	2.6 Incurred Claims	\$73,838,715	\$36,189,346	\$2,106,882	\$17,406,801	\$9,758,452	\$2,987,160	\$5,390,076
\$25,359,345	2.7 Risk Adjustment Transfer Amount	\$8,124,073	\$15,342,022	-\$1,396,689	-\$756,007	-\$3,506,343	-\$1,337,273	-\$221,637
\$260,900,126	2.8 Premium	\$65,553,473	\$19,606,650	\$4,830,581	\$17,947,290	\$13,315,725	\$4,624,742	\$5,228,486
89,761	2.9 Experience Period Member Months	89,761	22,862	8,439	23,611	19,847	8,080	6,922
	2.10 Current Enrollment	7,817	1,803	771	2,206	1,573	863	601
	2.11 Current Premium PMPM	\$726.33	\$891.08	\$561.64	\$782.34	\$636.34	\$546.35	\$731.74
	2.12 Loss Ratio	100.22%	103.55%	61.36%	101.25%	99.48%	90.87%	107.65%
	Per Member Per Month							
	2.13 Allowed Claims	\$945.26	\$1,674.23	\$388.03	\$843.64	\$625.70	\$546.93	\$944.79
	2.14 Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	2.15 Member Cost Sharing	\$122.64	\$91.28	\$138.37	\$106.41	\$134.01	\$177.23	\$166.10
	2.16 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	2.17 Incurred Claims	\$822.61	\$1,582.95	\$249.66	\$737.23	\$491.68	\$369.70	\$778.69
	2.18 Risk Adjustment Transfer Amount	\$90.51	\$671.07	-\$165.50	-\$32.02	-\$176.67	-\$165.50	-\$32.02
	2.19 Premium	\$730.31	\$857.61	\$572.41	\$760.12	\$670.92	\$572.37	\$755.34

Section III: Plan Adjustment Factors							
3.1 Plan ID (Standard Component ID)		78079DC0210001	78079DC0210002	78079DC0210003	78079DC0210004	78079DC0210005	78079DC0210006
3.2 Market Adjusted Index Rate		\$772.51					
3.3 AV and Cost Sharing Design of Plan		1.0097	0.6138	0.8808	0.7020	0.5974	0.8184
3.4 Provider Network Adjustment		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.5 Benefits in Addition to EHB		1.0027	1.0039	1.0030	1.0035	1.0039	1.0031
Administrative Costs							
3.6 Administrative Expense		10.20%	10.20%	10.20%	10.20%	10.20%	10.20%
3.7 Taxes and Fees		3.52%	3.52%	3.52%	3.52%	3.52%	3.52%
3.8 Profit & Risk Load		3.00%	3.00%	3.00%	3.00%	3.00%	3.00%
3.9 Catastrophic Adjustment		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.10 Plan Adjusted Index Rate		\$939.12	\$571.55	\$819.47	\$653.45	\$556.34	\$761.51
3.11 Age Calibration Factor	0.9259	0.9259					
3.12 Geographic Calibration Factor	1.0000	1.0000					
3.13 Tobacco Calibration Factor	1.0000	1.0000					
3.14 Calibrated Plan Adjusted Index Rate		\$869.51	\$529.19	\$758.73	\$605.01	\$515.11	\$705.07

Section IV: Projected Plan Level Information							
4.1	Plan ID (Standard Component ID)	Total	78079DC0210001	78079DC0210002	78079DC0210003	78079DC0210004	78079DC0210005
4.2	Allowed Claims	\$80,358,707	\$17,115,650	\$7,910,625	\$23,589,536	\$15,584,705	\$9,778,799
4.3	Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0
4.4	Member Cost Sharing	\$14,057,905	\$615,428	\$2,579,219	\$2,465,076	\$3,962,627	\$3,364,119
4.5	Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0
4.6	Incurred Claims	\$66,300,802	\$16,500,222	\$5,331,406	\$21,124,460	\$11,622,078	\$6,414,680
4.7	Risk Adjustment Transfer Amount	\$7,763,773	\$15,943,771	-\$1,935,992	-\$705,137	-\$2,954,981	-\$2,393,196
4.8	Premium	\$70,439,553	\$17,522,154	\$5,668,058	\$22,438,673	\$12,351,452	\$6,820,201
4.9	Projected Member Months	94,523	18,658	9,917	27,382	18,902	12,259
4.10	Loss Ratio	84.78%	49.30%	142.85%	97.20%	123.69%	144.90%
Per Member Per Month							
4.11	Allowed Claims	\$850.15	\$917.34	\$797.68	\$861.50	\$824.50	\$797.68
4.12	Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.13	Member Cost Sharing	\$148.72	\$32.98	\$260.08	\$90.03	\$209.64	\$274.42
4.14	Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.15	Incurred Claims	\$701.43	\$884.35	\$537.60	\$771.47	\$614.86	\$523.26
4.16	Risk Adjustment Transfer Amount	\$82.14	\$854.53	-\$195.22	-\$25.75	-\$156.33	-\$195.22
4.17	Premium	\$745.21	\$939.12	\$571.55	\$819.47	\$653.45	\$556.34

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