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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:** 2834 - DC ACA Individual GHMSI  
**Project Name/Number:** 2834 - DC PPO IND64- ACA ON-EXCHANGE/2834

## Filing at a Glance

Company: Group Hospitalization and Medical Services, Inc.  
Product Name: 2834 - 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: 05/01/2025  
SERFF Tr Num: CFAP-134471258  
SERFF Status: Assigned  
State Tr Num:  
State Status:  
Co Tr Num: 2834  
  
Effective 01/01/2026  
Date Requested:  
Author(s): Shane Kontir, Cory Bream, Gregory Sucher, Avraham Golish, Christopher Lane, Callista Fuhrmann  
  
Reviewer(s): Dave Dillon (primary), Stephen Flick  
Disposition Date:  
Disposition Status:  
Effective Date:

**State:** District of Columbia  
**TOI/Sub-TOI:** H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)  
**Filing Company:** Group Hospitalization and Medical Services, Inc.  
**Product Name:** 2834 - DC ACA Individual GHMSI  
**Project Name/Number:** 2834 - DC PPO IND64- ACA ON-EXCHANGE/2834

## General Information

Project Name: 2834 - DC PPO IND64- ACA ON-EXCHANGE  
Project Number: 2834  
Requested Filing Mode: Review & Approval  
Explanation for Combination/Other:  
Submission Type: New Submission  
Overall Rate Impact: 12.6%  
Status of Filing in Domicile:  
Date Approved in Domicile:  
Domicile Status Comments:  
Market Type: Individual  
Individual Market Type: Individual  
Filing Status Changed: 05/02/2025  
State Status Changed:  
Deemer Date:  
Created By: Shane Kontir  
Submitted By: Shane Kontir  
Corresponding Filing Tracking Number:  
PPACA: Non-Grandfathered Immed Mkt Reforms  
PPACA Notes: null  
Include Exchange Intentions: No

### Filing Description:

This filing contains the rate proposal for the portfolio of benefits to be offered by 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

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

### Filing Company Information

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:

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:

2834 - DC ACA Individual GHMSI

Project Name/Number:

2834 - DC PPO IND64- ACA ON-EXCHANGE/2834

Filing Fees

State Fees

Fee Required?

No

Retaliatory?

No

Fee Explanation:

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: 2834 - DC ACA Individual GHMSI

Project Name/Number: 2834 - DC PPO IND64- ACA ON-EXCHANGE/2834

Rate Information

Rate data applies to filing.

Filing Method:

SERFF

Rate Change Type:

Increase

Overall Percentage of Last Rate Revision:

3.600%

Effective Date of Last Rate Revision:

01/01/2025

Filing Method of Last Filing:

SERFF

SERFF Tracking Number of Last Filing:

CFAP-134065040

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	12.600%	12.600%	\$10,133,939	6,544	\$80,594,944	14.900%	11.100%

**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:** 2834 - DC ACA Individual GHMSI  
**Project Name/Number:** 2834 - DC PPO IND64- ACA ON-EXCHANGE/2834

## 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		8846

Trend Factors:

### FORMS:

New Policy Forms: DC/CF/EXC/BP/IEA (R. 1/26), DC/CF/BP/EXC/DOCS (R. 1/26), DC/CF/EXC/BP HSA ESS/BRZ 6350 (1/26), DC/CF/EXC/BP ESS/BRZ 7500 (1/26), DC/CF/EXC/BP ESS/SIL 4850 (1/26), DC/CF/EXC/BP ESS/SIL 4850 A (1/26), DC/CF/EXC/BP ESS/SIL 4850 B (1/26), DC/CF/EXC/BP ESS/SIL 4850 C (1/26), DC/CF/EXC/BP ESS/GOLD 500 (1/26), DC/CF/EXC/BP ESS/PLAT 0 (1/26), DC/CF/EXC/BP HSA/GOLD 1700 VC+ (1/26), DC/CF/EXC/BP ESS/NATAMER SOB (1/26), DC/CF/CD/AUTH AMEND PPO (R. 1/26)

Affected Forms:

Other Affected Forms: DC/GHMSI/DOL APPEAL (R. 1/22), DC/CF/EXC/NATAMER (1/14), DC/CF/MEM/BLCRD (R. 6/18), DC/CF/ANCILLARY AMEND (10/12), DC GHMSI – HEALTH GUARANTY 5/21, DC/CF/CD/BP/INCENT (1/23), DC/CF/PT PROTECT (9/10)

### REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual  
Member Months: 105,026  
Benefit Change: Increase  
Percent Change Requested: Min: 11.1 Max: 14.9 Avg: 12.6

### PRIOR RATE:

Total Earned Premium: 80,594,944.00  
Total Incurred Claims: 67,058,271.00  
Annual \$: Min: 515.11 Max: 869.50 Avg: 687.83

### REQUESTED RATE:

Projected Earned Premium: 89,117,531.00  
Projected Incurred Claims: 77,205,175.00  
Annual \$: Min: 591.64 Max: 966.42 Avg: 774.31

<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>	2834 - DC ACA Individual GHMSI		
<b>Project Name/Number:</b>	2834 - DC PPO IND64- ACA ON-EXCHANGE/2834		

## Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		2834 - DC GHMSI - Ind - Rate Sheets - 5-1	DC/GHMSI/DOL APPEAL (R. 1/22), DC/CF/EXC/NATAMER (1/14), DC/CF/MEM/BLCRD (R. 6/18), DC/CF/ANCILLARY AMEND (10/12), DC GHMSI – HEALTH GUARANTY 5/21, DC/CF/CD/BP/INCENT (1/23), DC/CF/PT PROTECT (9/10), DC/CF/EXC/BP/IEA (R. 1/26), DC/CF/BP/EXC/DOCS (R. 1/26), DC/CF/EXC/BP HSA ESS/BRZ 6350 (1/26), DC/CF/EXC/BP ESS/BRZ 7500 (1/26), DC/CF/EXC/BP ESS/SIL 4850 (1/26), DC/CF/EXC/BP ESS/SIL 4850 A (1/26), DC/CF/EXC/BP ESS/SIL 4850 B (1/26), DC/CF/EXC/BP ESS/SIL 4850 C (1/26), DC/CF/EXC/BP ESS/GOLD 500 (1/26), DC/CF/EXC/BP ESS/PLAT 0 (1/26), DC/CF/EXC/BP HSA/GOLD 1700 VC+ (1/26), DC/CF/EXC/BP ESS/NATAMER SOB (1/26), DC/CF/CD/AUTH AMEND PPO (R. 1/26)	Revised	Previous State Filing Number: CFAP-134065040 Percent Rate Change Request: 12.6	2834 - DC GHMSI - Ind - Rate Sheets - 5-1.pdf,

**Group Hospitalization & Medical Services, Inc.  
d.b.a. CareFirst BlueCross BlueShield  
(NAIC # 53007)  
Rate Filing # 2834**

**D.C. Individual Products  
Rate Filing Effective 1/1/2026**

**Rates & Factors**

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

**Rates & Factors  
Table of Contents**  
**Rate Filing Effective 1/1/2026**

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BluePreferred PPO HSA Bronze 6350	6
BluePreferred PPO Essential Silver 4850	7
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BluePreferred PPO HSA Gold 1700 Virtual Connect Plus	9
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**Group Hospitalization & Medical Services, Inc.**  
**d.b.a. CareFirst BlueCross BlueShield**  
**(NAIC # 53007)**  
**D.C. Individual Products**  
**Rate Filing Effective 1/1/2026**  
**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. 1/26)  
DC/GHMSI/DOL APPEAL (R. 1/22)  
DC/CF/BP/EXC/DOCS (R. 1/26)  
DC/CF/EXC/BP HSA ESS/BRZ 6350 (1/26)  
DC/CF/EXC/BP ESS/BRZ 7500 (1/26)  
DC/CF/EXC/BP ESS/SIL 4850 (1/26)  
DC/CF/EXC/BP ESS/SIL 4850 A (1/26)  
DC/CF/EXC/BP ESS/SIL 4850 B (1/26)  
DC/CF/EXC/BP ESS/SIL 4850 C (1/26)  
DC/CF/EXC/BP ESS/GOLD 500 (1/26)  
DC/CF/EXC/BP ESS/PLAT 0 (1/26)  
DC/CF/EXC/BP HSA/GOLD 1700 VC+ (1/26)  
DC/CF/EXC/BP ESS/NATAMER SOB (1/26)  
DC/CF/EXC/NATAMER (1/14)  
DC/CF/MEM/BLCRD (R. 6/18)  
DC/CF/ANCILLARY AMEND (10/12)  
DC/CF/CD/AUTH AMEND PPO (R. 1/26)  
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 1/1/2026**

**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 Essential Bronze 7500

Proposed Monthly Premium Rate Filing Effective 1/1/2026

Consumer Adjusted Rate **\$599.10**

Age	Monthly Premium
0-20	\$391.81
21	\$435.55
22	\$435.55
23	\$435.55
24	\$435.55
25	\$435.55
26	\$435.55
27	\$435.55
28	\$445.73
29	\$455.32
30	\$466.70
31	\$478.68
32	\$489.46
33	\$500.85
34	\$512.83
35	\$524.81
36	\$536.79
37	\$548.78
38	\$555.37
39	\$561.96
40	\$584.12
41	\$606.89
42	\$630.85
43	\$655.42
44	\$681.18
45	\$707.54
46	\$735.10
47	\$763.85
48	\$793.81
49	\$824.96
50	\$857.31
51	\$890.86
52	\$925.61
53	\$961.56
54	\$999.30
55	\$1,038.24
56	\$1,078.98
57	\$1,120.92
58	\$1,164.65
59	\$1,210.18
60	\$1,257.51
61	\$1,306.61
62	\$1,306.61
63	\$1,306.61
64+	\$1,306.61

## 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	\$10,150	\$20,300
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 Bronze 6350

Proposed Monthly Premium Rate Filing Effective 1/1/2026

Consumer Adjusted Rate **\$591.64**

Age	Monthly Premium
0-20	\$386.93
21	\$430.12
22	\$430.12
23	\$430.12
24	\$430.12
25	\$430.12
26	\$430.12
27	\$430.12
28	\$440.18
29	\$449.65
30	\$460.89
31	\$472.72
32	\$483.37
33	\$494.61
34	\$506.44
35	\$518.28
36	\$530.11
37	\$541.94
38	\$548.45
39	\$554.96
40	\$576.85
41	\$599.33
42	\$623.00
43	\$647.25
44	\$672.69
45	\$698.73
46	\$725.94
47	\$754.34
48	\$783.92
49	\$814.69
50	\$846.64
51	\$879.77
52	\$914.08
53	\$949.58
54	\$986.86
55	\$1,025.31
56	\$1,065.54
57	\$1,106.96
58	\$1,150.15
59	\$1,195.11
60	\$1,241.85
61	\$1,290.34
62	\$1,290.34
63	\$1,290.34
64+	\$1,290.34

## 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	\$7,300	\$14,600
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 Essential Silver 4850

Proposed Monthly Premium Rate Filing Effective 1/1/2026

Consumer Adjusted Rate **\$693.36**

Age	Monthly Premium
0-20	\$453.46
21	\$504.07
22	\$504.07
23	\$504.07
24	\$504.07
25	\$504.07
26	\$504.07
27	\$504.07
28	\$515.86
29	\$526.95
30	\$540.13
31	\$553.99
32	\$566.48
33	\$579.65
34	\$593.52
35	\$607.38
36	\$621.25
37	\$635.12
38	\$642.74
39	\$650.37
40	\$676.03
41	\$702.37
42	\$730.11
43	\$758.54
44	\$788.35
45	\$818.86
46	\$850.75
47	\$884.03
48	\$918.70
49	\$954.76
50	\$992.20
51	\$1,031.03
52	\$1,071.24
53	\$1,112.84
54	\$1,156.52
55	\$1,201.59
56	\$1,248.74
57	\$1,297.28
58	\$1,347.89
59	\$1,400.59
60	\$1,455.36
61	\$1,512.18
62	\$1,512.18
63	\$1,512.18
64+	\$1,512.18

## 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	\$9,150	\$18,300
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 Essential Gold 500

Proposed Monthly Premium Rate Filing Effective 1/1/2026

Consumer Adjusted Rate **\$848.30**

Age	Monthly Premium
0-20	\$554.79
21	\$616.71
22	\$616.71
23	\$616.71
24	\$616.71
25	\$616.71
26	\$616.71
27	\$616.71
28	\$631.14
29	\$644.71
30	\$660.83
31	\$677.79
32	\$693.06
33	\$709.18
34	\$726.14
35	\$743.11
36	\$760.08
37	\$777.04
38	\$786.37
39	\$795.71
40	\$827.09
41	\$859.33
42	\$893.26
43	\$928.04
44	\$964.52
45	\$1,001.84
46	\$1,040.86
47	\$1,081.58
48	\$1,124.00
49	\$1,168.11
50	\$1,213.92
51	\$1,261.42
52	\$1,310.62
53	\$1,361.52
54	\$1,414.96
55	\$1,470.10
56	\$1,527.79
57	\$1,587.17
58	\$1,649.10
59	\$1,713.57
60	\$1,780.58
61	\$1,850.10
62	\$1,850.10
63	\$1,850.10
64+	\$1,850.10

## 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	\$6,950	\$13,900
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 1700 Virtual Connect Plus  
Proposed Monthly Premium Rate Filing Effective 1/1/2026

Consumer Adjusted Rate **\$791.99**

Age	Monthly Premium
0-20	\$517.96
21	\$575.78
22	\$575.78
23	\$575.78
24	\$575.78
25	\$575.78
26	\$575.78
27	\$575.78
28	\$589.24
29	\$601.91
30	\$616.96
31	\$632.80
32	\$647.06
33	\$662.10
34	\$677.94
35	\$693.78
36	\$709.62
37	\$725.46
38	\$734.17
39	\$742.89
40	\$772.19
41	\$802.29
42	\$833.97
43	\$866.44
44	\$900.49
45	\$935.34
46	\$971.77
47	\$1,009.79
48	\$1,049.39
49	\$1,090.57
50	\$1,133.34
51	\$1,177.69
52	\$1,223.62
53	\$1,271.14
54	\$1,321.04
55	\$1,372.52
56	\$1,426.37
57	\$1,481.81
58	\$1,539.63
59	\$1,599.82
60	\$1,662.39
61	\$1,727.29
62	\$1,727.29
63	\$1,727.29
64+	\$1,727.29

## Summary of Member Cost-Shares

	<u>In Network</u>	<u>Out-Of-Network</u>
DEDUCTIBLE	\$1,700	\$3,400
COINSURANCE	0%	30%
OUT-OF-POCKET MAXIMUM	\$3,650	\$7,300
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 Essential Platinum 0

Proposed Monthly Premium Rate Filing Effective 1/1/2026

Consumer Adjusted Rate **\$966.42**

Age	Monthly Premium
0-20	\$632.04
21	\$702.59
22	\$702.59
23	\$702.59
24	\$702.59
25	\$702.59
26	\$702.59
27	\$702.59
28	\$719.02
29	\$734.48
30	\$752.84
31	\$772.17
32	\$789.57
33	\$807.93
34	\$827.26
35	\$846.58
36	\$865.91
37	\$885.24
38	\$895.87
39	\$906.50
40	\$942.26
41	\$978.98
42	\$1,017.64
43	\$1,057.26
44	\$1,098.82
45	\$1,141.34
46	\$1,185.80
47	\$1,232.19
48	\$1,280.51
49	\$1,330.76
50	\$1,382.95
51	\$1,437.07
52	\$1,493.12
53	\$1,551.10
54	\$1,611.99
55	\$1,674.81
56	\$1,740.52
57	\$1,808.17
58	\$1,878.72
59	\$1,952.17
60	\$2,028.52
61	\$2,107.71
62	\$2,107.71
63	\$2,107.71
64+	\$2,107.71

## 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-134471258	<b>State Tracking #:</b>		<b>Company Tracking #:</b>	2834
<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>	2834 - DC ACA Individual GHMSI				
<b>Project Name/Number:</b>	2834 - DC PPO IND64- ACA ON-EXCHANGE/2834				

URRT

State Determination

<b>Review Status:</b>	Incomplete
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<b>SERFF Tracking #:</b>	CFAP-134471258	<b>State Tracking #:</b>		<b>Company Tracking #:</b>	2834
<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>	2834 - DC ACA Individual GHMSI				
<b>Project Name/Number:</b>	2834 - DC PPO IND64- ACA ON-EXCHANGE/2834				

## URRT Items

Item Name	Attachment(s)
Actuarial Memorandum	2834_Individual_DC_GHMSI_1.1.26_Actuarial_Memorandum_5-1.pdf
Actuarial Memorandum - Redacted	2834_ACA_Individual_DC_GHMSI_Redacted_Memorandum.pdf

# 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:** 1/1/26 – 12/31/26
- **Company Filing Number:** 2834
- **SERFF Filing Number:** CFAP-134471258

#### 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 12.6% on average. The range is 11.1% to 14.9%. 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 6,544.

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

The main drivers supporting the rate change are 1) increase in the base period claims experience of the combined pool, 2) trend, 3) lower projected risk adjustment receivable, and 4) decrease in the admin factor.

For our initial submission, we have not adjusted 2026 rates to reflect potential impacts of the expiration of enhanced premium tax credits at the end of 2025 or potential changes to the Federal Medical Assistance Percentage. We will continue to evaluate and monitor regulatory changes for these items through the review period and reserve the right to make adjustments if necessary.

### 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 1/1/24 through 12/31/24, as required.

**Paid Through Date:** 2/28/25

**Current Date:** 2/28/25

**Premiums (prior to MLR rebates) in Experience Period:** \$279,041,575

**Experience Period Member Months:** 346,282

**Current Date Members:** 28,925

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

### **Allowed Claims**

- **Processed through issuer's claim system:** \$277,656,605
- **Processed outside issuer's claim system:** \$0
- **IBNR:** \$7,476,537

### **Incurred Claims**

- **Processed through issuer's claim system:** \$249,474,598
- **Processed outside issuer's claim system:** \$0
- **IBNR:** \$6,682,270

### **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 7.3%, which is a decrease compared to the 7.6% trend assumed in our prior filing. Current observed medical trends as of 202412 are 12.5%, up from -2.9% in 202312. Current observed drug trends are 4.7% as of 202412, up from 4.2% in 202312. The composite medical and drug trend is 10.2% as of 202412, up from -0.9% in 202312.

When normalized for induced demand, network, and demographics, the observed composite trends of 10.2% in 202412 and -0.9% in 202312 become 9.2% and -1.3%, respectively.

Using the proposed trend factor, in combination with other assumptions such as morbidity, etc., the annualized allowed PMPM change between 2026 and 2024 represented in this filing is 8.4%.

### *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 2026 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 (2025) 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 (2026) as the metal specific normalized PMPMs for the existing members.
- The assumed claims PMPMs by metal for the new members are again assumed to equal those for the existing members.
- Transfer members PMPMs are treated separately and reflect base period amounts projected forward. Our projection factor for these members is 1.000.
- Once these PMPMs are set, the final morbidity calculation is driven by the projected member months at these levels.

The total morbidity change from 2024 to 2026 is expected to be -1.3%, 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 \$821.57 and the projection period index rate is \$965.41. 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 \$894.00 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 2026 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 2024 to 2026, we have assumed an increase in the statewide premium of 14.7% which reflects an estimate of an average 4.5% increase in 2025 and 9.8% increase in 2026. We have assumed that our CFI Individual non-Catastrophic market share will increase from 80.0% in 2024 to 82.0% in 2026 and that our CFI Individual non-Catastrophic PLRS ratio to the state will decrease from 1.062 in 2024 to 1.055 in 2026. The resultant estimate of risk adjustment is that the GHMSI receivable transfer PMPM for the Individual market will decrease from \$69.83 in 2024 to \$61.34 in 2026. Combined with the \$61.34 is a projected HCRP net PMPM payable of -\$3.17, which results in a total projected risk adjustment receivable of \$58.17.

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

If a merged Individual and Small Group risk adjustment methodology was used, the rate change for Individual GHMSI is estimated to be 8.0%.

### **Exchange User Fees:**

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

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

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

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

This factor accounts for the deficiency specific to 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, adult vision, and acupuncture (which are offered in addition to EHBs).

For plan year 2026, the District of Columbia and CMS have classified elective (non-Hyde Amendment) abortions as an Essential Health Benefit. The Hyde Amendment prohibits the use of federal funds, including advanced premium tax credits ("APTCs") for abortions, except in cases of rape, incest, or when the mother's life is at risk. This submission classifies elective (non-Hyde Amendment) abortions as Non-Essential Health Benefits to (1) avoid the application and payment of APTC to such services in violation of the Hyde Amendment and (2) to continue to offer plan options that do not cover elective (non-Hyde Amendment) abortion services as directed by the Department of Insurance, Securities, and Banking.

- **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 89.4% for the Individual market and 87.1% 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 2026 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 2/28/25 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 # 2834  
D.C. Individual Products  
Rate Filing Effective 1/1/2026**

**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 1/1/2026**  
**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 2026 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 2026 rates to reflect potential impacts of the expiration of enhanced premium tax credits at the end of 2025 or potential changes to the Federal Medical Assistance Percentage. We will continue to evaluate and monitor regulatory changes for these items through the review period and reserve the right to make adjustments if necessary.

For plan year 2026, the District of Columbia and CMS have classified elective (non-Hyde Amendment) abortions as an Essential Health Benefit. The Hyde Amendment prohibits the use of federal funds, including advanced premium tax credits ("APTCs") for abortions, except in cases of rape, incest, or when the mother's life is at risk. This submission classifies elective (non-Hyde Amendment) abortions as Non-Essential Health Benefits to (1) avoid the application and payment of APTC to such services in violation of the Hyde Amendment and (2) to continue to offer plan options that do not cover elective (non-Hyde Amendment) abortion services as directed by the Department of Insurance, Securities, and Banking.

**Cory Bream** Digitally signed by Cory Bream  
Date: 2025.05.01 12:48:15  
-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

		2026	Exhibit
(1)	Base Period Total Allowed	\$ 823.41	2
(2)	Base Period Non-EHB PMPM	\$ 1.84	2
(3)	Experience Period Index Rate	\$ 821.57	
(4)	Change in Morbidity	0.9867	4
(5)	Additional Population Adjustment	1.0000	
(6)	Induced Demand	0.9936	5
(7)	Projection Period Utilization and Network Adjustment	1.0000	
(8)	Demographic Adjustment	1.0159	6
(9)	Area Adjustment	1.0000	
(10)	Additional "Other" Adjustments	1.0252	7
(11)	Annualized Trend	7.3%	8
(12)	Months of Trend	24.0	
(13)	Unit cost & Utilization/1,000 Trend Factor	1.1509	
(14)	Projection Period Index Rate	\$ 965.41	
(15)	Reinsurance Program	1.0000	
(16)	Risk Adjustment Program	0.9260	9
(17)	Federal Exchange User Fee	1.0000	
(18)	Market Adjusted Index Rate	\$ 894.00	
	Without Risk Adjustment	\$ 965.41	

**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	\$	43,050,533	\$	124.32	Admits	76.49	\$	19,504.33
Outpatient Hospital	\$	66,869,368	\$	193.11	Visits	1,428.66	\$	1,621.99
Professional	\$	90,537,685	\$	261.46	Visits	17,151.80	\$	182.92
Other Medical	\$	20,954,987	\$	60.51	Services	1,821.76	\$	398.61
Capitation	\$	300,347	\$	0.87	Benefit Period	1,000	\$	10.41
Prescription Drug	\$	63,420,223	\$	183.15	Prescriptions	11,010.46	\$	199.61
Total (EHB & Non-EHB)	\$	285,133,142	\$	823.41				
EHB Allowed	\$	284,494,338	\$	821.57				
Non-EHB Allowed	\$	638,804	\$	1.84				
Incurred Net	\$	256,156,867	\$	739.73				
Net/Allowed		89.8%						
Experience Period Member Months		346,282						
Experience Period Revenue	\$	279,041,575						

### Exhibit 3 - Non-EHB Adjustment

HIOS Plan ID	Plan Name	Exchange	2026 Index Rate	2026 Non-EHB PMPM	2026 Non-EHB Adjustment
78079DC0210001	BluePreferred PPO Essential Platinum 0	On	\$ 965.41	\$ 6.23	1.0065
78079DC0210002	BluePreferred PPO Essential Bronze 7500	On	\$ 965.41	\$ 7.17	1.0074
78079DC0210003	BluePreferred PPO Essential Gold 500	On	\$ 965.41	\$ 6.45	1.0067
78079DC0210004	BluePreferred PPO Essential Silver 4850	On	\$ 965.41	\$ 6.84	1.0071
78079DC0210005	BluePreferred PPO HSA Bronze 6350	On	\$ 965.41	\$ 7.21	1.0075
78079DC0210006	BluePreferred PPO HSA Gold 1700 Virtual Connect Plus	On	\$ 965.41	\$ 6.57	1.0068

Exhibit 4 - Morbidity Adjustment Factor

Base Year

Metal Level	Member Months	2024 Normalized Allowed PMPM
Catastrophic	-	\$ -
Bronze	21,609	\$ 292.39
Silver	49,774	\$ 362.81
Gold	120,487	\$ 461.75
Platinum	154,353	\$ 524.89
Subtotal	346,223	\$ 465.10

Current Year YTD

Existing				
Metal Level	Member Months	2024 Normalized Allowed PMPM	Morbidity Adjustment	2025 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	1.000	\$ -
Bronze	3,423	\$ 271.54	1.000	\$ 271.54
Silver	6,740	\$ 373.55	1.000	\$ 373.55
Gold	17,075	\$ 460.37	1.000	\$ 460.37
Platinum	21,527	\$ 525.18	1.000	\$ 525.18
Subtotal	48,765	\$ 463.73	1.000	\$ 463.73

New				
Metal Level	Member Months	Existing Cohort Adjusted Normalized Allowed PMPM	Morbidity Adjustment	2025 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	1.000	\$ -
Bronze	683	\$ 271.54	1.000	\$ 271.54
Silver	1,260	\$ 373.55	1.000	\$ 373.55
Gold	2,436	\$ 460.37	1.000	\$ 460.37
Platinum	2,405	\$ 525.18	1.000	\$ 525.18
Subtotal	6,784	\$ 448.21	1.000	\$ 448.21

Transfer				
Metal Level	Member Months	2024 Normalized Allowed PMPM	Morbidity Adjustment	2025 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	1.000	\$ -
Bronze	294	\$ 191.05	1.000	\$ 191.05
Silver	423	\$ 394.34	1.000	\$ 394.34
Gold	604	\$ 425.17	1.000	\$ 425.17
Platinum	580	\$ 599.80	1.000	\$ 599.80
Subtotal	1,901	\$ 435.38	1.000	\$ 435.38

Total				
Metal Level	Member Months	2024 Normalized Allowed PMPM	Morbidity Adjustment	2025 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	-	\$ -
Bronze	4,400	\$ 266.16	1.000	\$ 266.16
Silver	8,423	\$ 374.60	1.000	\$ 374.60
Gold	20,115	\$ 459.31	1.000	\$ 459.31
Platinum	24,512	\$ 526.95	1.000	\$ 526.95
Subtotal	57,450	\$ 460.96	1.000	\$ 460.96

Remainder of Current Year

Existing		
Metal Level	Member Months	2025 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -
Bronze	15,068	\$ 271.54
Silver	31,768	\$ 373.55
Gold	78,539	\$ 460.37
Platinum	102,053	\$ 525.18
Subtotal	227,428	\$ 464.81

New		
Metal Level	Member Months	2025 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -
Bronze	6,544	\$ 271.54
Silver	9,846	\$ 373.55
Gold	20,605	\$ 460.37
Platinum	19,093	\$ 525.18
Subtotal	56,088	\$ 445.16

Transfer		
Metal Level	Member Months	2025 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -
Bronze	1,978	\$ 191.05
Silver	2,180	\$ 394.34
Gold	3,068	\$ 425.17
Platinum	2,776	\$ 599.80
Subtotal	10,002	\$ 420.62

Total		
Metal Level	Member Months	2025 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -
Bronze	23,590	\$ 264.79
Silver	43,794	\$ 374.59
Gold	102,212	\$ 459.31
Platinum	123,922	\$ 526.85
Subtotal	293,518	\$ 459.55

Total Current Year

Total	Member Months	2025 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -
Bronze	27,990	\$ 265.01
Silver	52,217	\$ 374.59
Gold	122,327	\$ 459.31
Platinum	148,434	\$ 526.87
Subtotal	350,968	\$ 459.78

Rating Year

Existing				
Metal Level	Member Months	2025 Normalized Allowed PMPM	Morbidity Adjustment	2026 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	1.000	\$ -
Bronze	22,485	\$ 265.01	1.000	\$ 265.01
Silver	43,710	\$ 374.59	1.000	\$ 374.59
Gold	101,946	\$ 459.31	1.000	\$ 459.31
Platinum	126,202	\$ 526.87	1.000	\$ 526.87
Subtotal	294,343	\$ 460.85	1.000	\$ 460.85

New				
Metal Level	Member Months	Existing Cohort Adjusted Normalized Allowed PMPM	Morbidity Adjustment	2026 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	1.000	\$ -
Bronze	4,978	\$ 265.01	1.000	\$ 265.01
Silver	8,019	\$ 374.59	1.000	\$ 374.59
Gold	16,363	\$ 459.31	1.000	\$ 459.31
Platinum	19,154	\$ 526.87	1.000	\$ 526.87
Subtotal	48,514	\$ 452.04	1.000	\$ 452.04

Transfer				
Metal Level	Member Months	2025 Normalized Allowed PMPM	Morbidity Adjustment	2026 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	1.000	\$ -
Bronze	1,647	\$ 191.05	1.000	\$ 191.05
Silver	1,689	\$ 394.34	1.000	\$ 394.34
Gold	2,730	\$ 425.17	1.000	\$ 425.17
Platinum	2,846	\$ 599.80	1.000	\$ 599.80
Subtotal	8,912	\$ 431.83	1.000	\$ 431.83

Total				
Metal Level	Member Months	2025 Normalized Allowed PMPM	Morbidity Adjustment	2026 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	-	\$ -
Bronze	29,110	\$ 260.82	1.000	\$ 260.82
Silver	53,418	\$ 375.21	1.000	\$ 375.21
Gold	121,039	\$ 458.54	1.000	\$ 458.54
Platinum	148,202	\$ 528.27	1.000	\$ 528.27
Subtotal	351,769	\$ 458.90	1.000	\$ 458.90

Year	Adjusted Normalized PMPM	Year over Year Change
2024	\$ 465.10	n/a
2025	\$ 459.78	-1.1%
2026	\$ 458.90	-0.2%

Morbidity Adjustment Change	-1.3%
Morbidity Adjustment Factor	0.9867

### Exhibit 5 - Induced Utilization Adjustment Factor

Year	Actuarial Value	Induced Demand Factor	
(1) 2024	87.81%	1.1347	
(2) Projected 2026	86.77%	1.1274	
(3) <b>Adjustment*</b>		<b>0.9936</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	1.7334	100.0%	35.5
(2)	Rating Period	Existing	1.8007	83.7%	
		New	1.5343	13.8%	
		Transfer	1.6785	2.5%	
(3)	Rating Period	All	1.7608	100.0%	36.1
(4)	<b>Demographic Adjustment***</b>	<b>All</b>	<b>1.0159</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)	\$	0.63
(2)	Projection Period Capitations PMPM (EHBs only)	\$	0.59
(3)	<b>Adjustment to Capitation Category</b>	<b>0.9297</b>	(2)/(1)
Drug Rebates adjustment			
(4)	Experience Period Allowed Rx PMPM (Pre-Rebates)	\$	247.29
(5)	Morbidity		0.9867
(6)	Induced Demand		0.9936
(7)	Demographics		1.0159
(8)	Rx Trend (Force of Trend)		1.1430
(9)	Projected Target Allowed Rx PMPM using Multiplicative Factors (Pre-Rebates)	\$	281.48
(10)	Target Projection Period Rx Rebates PMPM	\$	75.21
(11)	Target Post-Rebates Allowed Rx PMPM using Target Projection Period Rx Rebates PMPM	\$	206.27
(12)	Experience Period Rx Rebates PMPM	\$	64.14
(13)	Experience Period Allowed Rx PMPM (Post-Rebates)	\$	183.15
(14)	Morbidity		0.9867
(15)	Induced Demand		0.9936
(16)	Demographics		1.0159
(17)	Rx Trend (Force of Trend)		1.1430
(18)	Projection Period Allowed Rx PMPM using Multiplicative Factors (Post-Rebates)	\$	208.47
(19)	<b>Adjustment to Drug Category</b>	<b>0.9895</b>	(11)/(18)
Additional Medical Claims Adjustments			
(1)	Experience Period Allowed Medical PMPM (excluding Capitations)	\$	639.40
(2)	<b>Provision for Adverse Claims Deviation Adjustment Factor</b>		<b>1.0355</b>
(3)	Adjusted Allowed Medical PMPM	\$	662.09

	PMPM	Adjustment	
Inpatient Hospital	\$ 134.68	1.0355	
Outpatient Hospital	\$ 237.49	1.0355	
Professional	\$ 291.59	1.0355	
Other Medical	\$ 68.81	1.0355	
Capitation	\$ 0.63	0.9297	(3)
Prescription Drug	\$ 208.47	0.9895	(19)
<b>Total</b>	<b>\$ 941.67</b>	<b>1.0252</b>	

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

### Exhibit 8 - Annual Trend Assumptions

	2024 EHB PMPM	Weight	Utilization/1,000	Unit Cost	Trended Composite
Inpatient Hospital	\$ 124.32	15.1%	1.0286	1.0140	1.0878
Outpatient Hospital	\$ 193.03	23.5%	1.0216	1.0880	1.2354
Professional	\$ 259.93	31.6%	1.0176	1.0430	1.1264
Other Medical	\$ 60.50	7.4%	1.0236	1.0440	1.1419
Capitation	\$ 0.63	0.1%	1.0000	1.0000	1.0000
Prescription Drug	\$ 183.15	22.3%	1.0270	1.0410	1.1430
<b>Total</b>	<b>\$ 821.57</b>	<b>100.0%</b>			<b>1.0728</b>
<b>Proposed Trend</b>					<b>1.0728</b>

Exhibit 9 - Risk Adjustment

Statewide 2024												
Metallic Tier	Member Months		PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM	Statewide PMPM 2024
Individual Non-Catastrophic	156,073		1.412	1.169	1.000	1.057	0.735	1.533	0.909			\$ 622.19

CFI & Competition 2024												
Metallic Tier	Member Months	Distribution	PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM	
CFI Non-Catastrophic	124,895	80.0%	1.499	1.176	1.000	1.060	0.741	1.630	0.923			
Competition Non-Catastrophic	31,178	20.0%	1.064	1.143	1.000	1.045	0.712	-	-			

2024												
Metallic Tier	Member Months	Distribution	PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM	
Catastrophic	-	0.0%	-	-	-	-	-	-	-	\$0	\$0.00	
Bronze	19,740	20.6%	0.777	1.191	1.000	1.000	0.600	0.777	0.715	-\$3,426,730	-\$173.59	
Silver	19,122	19.9%	1.011	1.212	1.000	1.030	0.700	1.041	0.874	-\$3,358,378	-\$175.63	
Gold	35,267	36.8%	1.482	1.145	1.000	1.080	0.800	1.600	0.989	-\$966,064	-\$27.39	
Platinum	21,720	22.7%	3.118	1.115	1.000	1.150	0.900	3.585	1.154	\$14,444,446	\$665.02	
Total	95,850	100%	1.614	1.161	1.000	1.069	0.762	1.769	0.947	\$6,693,274	\$69.83	

Statewide 2026												
Metallic Tier	Member Months		PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM	Statewide PMPM 2026
Individual Non-Catastrophic	159,222		1.324	1.161	1.000	1.054	0.730	1.433	0.894			\$ 713.91

CFI & Competition 2026												
Metallic Tier	Member Months	Distribution	PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM	
CFI Non-Catastrophic	130,562	82.0%	1.396	1.167	1.000	1.056	0.734	1.513	0.907			
Competition Non-Catastrophic	28,660	18.0%	0.992	1.131	1.000	1.045	0.712	-	-			

2026												
Metallic Tier	Member Months	Distribution	PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM	
Catastrophic	-	0.0%	-	-	-	-	-	-	-	\$0	\$0.00	
Bronze	26,337	25%	0.705	1.164	1.000	1.000	0.600	0.705	0.698	-\$5,428,836	-\$206.13	
Silver	22,930	22%	1.060	1.223	1.000	1.030	0.700	1.092	0.881	-\$3,669,814	-\$160.04	
Gold	36,251	35%	1.446	1.135	1.000	1.080	0.800	1.562	0.981	-\$174,371	-\$4.81	
Platinum	19,508	19%	3.026	1.123	1.000	1.150	0.900	3.480	1.162	\$15,715,097	\$805.57	
Total	105,026	100%	1.470	1.159	1.000	1.062	0.747	1.601	0.922	\$6,442,076	\$61.34	

Adjustment Factor applied to Market Adjusted Index Rate			
Projected Index Rate	Projected Transfer PMPM (Allowed basis)	Risk Adjustment User Fee (Allowed basis)	Adjustment Factor*
\$965.41	\$71.66	\$0.25	0.9260

Estimated HCRP Receivable	Estimated HCRP Charge	HCRP Net Charge PMPM
\$109,000	\$442,000	-\$3.17

\*Adjustment Factor = (\$965.41 - \$71.66+ \$0.25) / \$965.41

# Exhibit 10A - Desired Incurred Claims Ratio

	2026	
	PMPM	% of Revenue
Allowed Claims \$	942.03	
Paid/Allowed Ratio	83.6%	
Paid Claims & Capitations \$	787.47	
Risk Adjustment Transfer & HCRP (Paid Basis) \$	58.17	
Reinsurance Recoveries (Paid Basis) \$	-	
Paid Claims & Capitations (Post-3Rs) \$	729.30	86.6%
Administrative Expense \$	69.42	8.2%
Broker Commissions & Fee \$	1.93	0.2%
Contribution to Reserve (Post-Tax) \$	14.31	1.7%
Investment Income Credit \$	(0.84)	-0.1%
Risk Charge \$	-	0.0%
<u>Non-ACA Taxes &amp; Fees</u>		
State Premium Tax \$	16.84	2.0%
State Assessment Fee \$	0.84	0.1%
Reinsurance Program Fee \$	-	0.0%
State Income Tax \$	-	0.0%
Federal Income Tax \$	2.53	0.3%
<u>ACA Taxes &amp; Fees</u>		
Health Insurer Tax \$	-	0.0%
Risk Adjustment User Fee \$	0.20	0.0%
Exchange Assessment Fee \$	6.95	0.8%
Federal Exchange User Fee \$	-	0.0%
PCORI Tax \$	0.34	0.0%
BlueRewards/Incentive Program \$	0.02	0.0%
Total Revenue \$	841.83	100.0%
Plan Level Admin Load Adjustment	1.1540	
Projected Member Months	105,026	
Average Members	8,752	
% Total 2026	100.0%	

## Exhibit 10B - Federal MLR

	Total 2026 PMPM / %
<u>Traditional MLR Development</u>	
Paid Claims & Capitations (Post-3Rs) \$	729.30
Total Revenue \$	841.83
<hr/>	
Traditional MLR (i.e. DICR)	86.6%
 <u>Federal MLR Development</u>	
Numerator Adjustments	
BlueRewards/Incentive Program \$	0.02
Quality Improvement Expenses \$	2.31
Removal of non-care costs under MLR guidelines \$	(3.70)
 Denominator Adjustments	
Non-ACA Taxes & Fees \$	20.20
ACA Taxes & Fees \$	7.48
 Federal MLR Numerator \$	 727.93
Federal MLR Denominator \$	814.14
<hr/>	
Federal MLR	89.4%
 Projected Member Months	
	105,026

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

	Total 2026 PMPM / %
<b><u>Traditional MLR Development</u></b>	
Paid Claims & Capitations (Post-3Rs) \$	807.38
Total Revenue \$	955.63
<hr/>	
Traditional MLR (i.e. DICR)	84.5%
<b><u>Federal MLR Development</u></b>	
<b>Numerator Adjustments</b>	
BlueRewards/Incentive Program \$	0.24
Quality Improvement Expenses \$	4.58
Removal of non-care costs under MLR guidelines \$	(8.96)
<b>Denominator Adjustments</b>	
Non-ACA Taxes & Fees \$	25.05
ACA Taxes & Fees \$	8.42
Federal MLR Numerator \$	803.24
Federal MLR Denominator \$	922.16
<hr/>	
Federal MLR	87.1%
Projected Member Months	351,769

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 Essential Platinum 0	PPO	PLATINUM	On	PPO	\$894.00	0.9720	1.0000	1.0494	1.0065	1.0000	1.0000	1.1540	\$1,059.05
78079DC0210002	BluePreferred PPO Essential Bronze 7500	PPO	BRONZE	On	PPO	\$894.00	0.6923	1.0000	0.9125	1.0074	1.0000	1.0000	1.1540	\$656.52
78079DC0210003	BluePreferred PPO Essential Gold 500	PPO	GOLD	On	PPO	\$894.00	0.9083	1.0000	0.9855	1.0067	1.0000	1.0000	1.1540	\$929.60
78079DC0210004	BluePreferred PPO Essential Silver 4850	PPO	SILVER	On	PPO	\$894.00	0.7710	1.0000	0.9486	1.0071	1.0000	1.0000	1.1540	\$759.82
78079DC0210005	BluePreferred PPO HSA Bronze 6350	PPO	BRONZE	On	PPO	\$894.00	0.6836	1.0000	0.9125	1.0075	1.0000	1.0000	1.1540	\$648.35
78079DC0210006	BluePreferred PPO HSA Gold 1700 Virtual Connect Plus	PPO	GOLD	On	PPO	\$894.00	0.8479	1.0000	0.9855	1.0068	1.0000	1.0000	1.1540	\$867.90



## Exhibit 12 - AV Values

HIOS Plan ID	Suffix	HIOS Plan Name	HHS AV
78079DC0210001	01	BluePreferred PPO Essential Platinum 0	0.917
78079DC0210001	02	BluePreferred PPO Essential Platinum 0 NAO	1.000
78079DC0210001	03	BluePreferred PPO Essential Platinum 0 NAL	0.917
78079DC0210002	01	BluePreferred PPO Essential Bronze 7500	0.648
78079DC0210002	02	BluePreferred PPO Essential Bronze 7500 NAO	1.000
78079DC0210002	03	BluePreferred PPO Essential Bronze 7500 NAL	0.648
78079DC0210003	01	BluePreferred PPO Essential Gold 500	0.819
78079DC0210003	02	BluePreferred PPO Essential Gold 500 NAO	1.000
78079DC0210003	03	BluePreferred PPO Essential Gold 500 NAL	0.819
78079DC0210004	01	BluePreferred PPO Essential Silver 4850	0.719
78079DC0210004	02	BluePreferred PPO Essential Silver 4850 NAO	1.000
78079DC0210004	03	BluePreferred PPO Essential Silver 4850 NAL	0.719
78079DC0210004	04	BluePreferred PPO Essential Silver 4850 A	0.740
78079DC0210004	05	BluePreferred PPO Essential Silver 4850 B	0.877
78079DC0210004	06	BluePreferred PPO Essential Silver 4850 C	0.949
78079DC0210005	01	BluePreferred PPO HSA Bronze 6350	0.650
78079DC0210005	02	BluePreferred PPO Bronze 6350 NAO	1.000
78079DC0210005	03	BluePreferred PPO Bronze 6350 NAL	0.650
78079DC0210006	01	BluePreferred PPO HSA Gold 1700 Virtual Connect Plus	0.819
78079DC0210006	02	BluePreferred PPO Gold 1700 NAO Virtual Connect Plus	1.000
78079DC0210006	03	BluePreferred PPO Gold 1700 NAL Virtual Connect Plus	0.819

### Exhibit 13 - Age Calibration

Age Curve Calibration					
	Period	Cohort	Rating Factor*	Weight	Average Age**
(1)	Rating Period	Existing	1.1153	83.7%	
		New	0.9849	13.8%	
		Transfer	1.0566	2.5%	
(2)	Rating Period	All	1.0958	100.0%	43.0
(3)	Nearest Rounded	All	1.0940		43.0
(4)	Calibration***	All	0.9983		

(3)/(2)

Premium Rate Demonstration		
	HIOS Plan Name	BluePreferred PPO Essential Platinum 0
(5)	Plan Adjusted Index Rate	\$1,059.05
(6)	Calibration	0.9983
(7)	Calibrated Rate	\$1,057.27
(8)	Age 40 Factor/Rounded Avg Age Factor = (0.975/1.094)	0.8912
(9)	Age 40 Premium Rate	\$942.26

(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	35,941	1.0000	1.0000
Non-CDH	315,828	1.0000	1.0000
	351,769	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 Essential Platinum 0	PLATINUM	1.1500	19,508	1.0494	1.0494
78079DC021000102	78079DC0210001	BluePreferred PPO Essential Platinum 0 NAO	PLATINUM	1.1500	-	1.0494	1.0494
78079DC021000103	78079DC0210001	BluePreferred PPO Essential Platinum 0 NAL	PLATINUM	1.1500	-	1.0494	1.0494
78079DC021000201	78079DC0210002	BluePreferred PPO Essential Bronze 7500	BRONZE	1.0000	16,725	0.9125	0.9125
78079DC021000202	78079DC0210002	BluePreferred PPO Essential Bronze 7500 NAO	BRONZE	1.0000	-	0.9125	0.9125
78079DC021000203	78079DC0210002	BluePreferred PPO Essential Bronze 7500 NAL	BRONZE	1.0000	31	0.9125	0.9125
78079DC021000301	78079DC0210003	BluePreferred PPO Essential Gold 500	GOLD	1.0800	29,023	0.9855	0.9855
78079DC021000302	78079DC0210003	BluePreferred PPO Essential Gold 500 NAO	GOLD	1.0800	-	0.9855	0.9855
78079DC021000303	78079DC0210003	BluePreferred PPO Essential Gold 500 NAL	GOLD	1.0800	12	0.9855	0.9855
78079DC021000401	78079DC0210004	BluePreferred PPO Essential Silver 4850	SILVER	1.0300	18,959	0.9399	0.9486
78079DC021000402	78079DC0210004	BluePreferred PPO Essential Silver 4850 NAO	SILVER	1.0300	31	0.9399	0.9486
78079DC021000403	78079DC0210004	BluePreferred PPO Essential Silver 4850 NAL	SILVER	1.0300	-	0.9399	0.9486
78079DC021000404	78079DC0210004	BluePreferred PPO Essential Silver 4850 A	SILVER	1.0300	2,115	0.9399	0.9486
78079DC021000405	78079DC0210004	BluePreferred PPO Essential Silver 4850 B	SILVER	1.1500	642	1.0494	0.9486
78079DC021000406	78079DC0210004	BluePreferred PPO Essential Silver 4850 C	SILVER	1.1500	1,183	1.0494	0.9486
78079DC021000501	78079DC0210005	BluePreferred PPO HSA Bronze 6350	BRONZE	1.0000	9,581	0.9125	0.9125
78079DC021000502	78079DC0210005	BluePreferred PPO Bronze 6350 NAO	BRONZE	1.0000	-	0.9125	0.9125
78079DC021000503	78079DC0210005	BluePreferred PPO Bronze 6350 NAL	BRONZE	1.0000	-	0.9125	0.9125
78079DC021000601	78079DC0210006	BluePreferred PPO HSA Gold 1700 Virtual Connect Plus	GOLD	1.0800	7,216	0.9855	0.9855
78079DC021000602	78079DC0210006	BluePreferred PPO Gold 1700 NAO Virtual Connect Plus	GOLD	1.0800	-	0.9855	0.9855
78079DC021000603	78079DC0210006	BluePreferred PPO Gold 1700 NAL Virtual Connect Plus	GOLD	1.0800	-	0.9855	0.9855

Appendix - Experience Period to Rating Period Plan Mappings

Exp. Period		Current Period		Rating Period	
2024 Base HIOS Plan ID	2024 HIOS Plan Name	2025 Base HIOS Plan ID	2025 HIOS Plan Name	2026 Base HIOS Plan ID	2026 HIOS Plan Name
78079DC0210001	BluePreferred PPO Standard Platinum \$0	78079DC0210001	BluePreferred PPO Essential Platinum \$0	78079DC0210001	BluePreferred PPO Essential Platinum 0
78079DC0210002	BluePreferred PPO Standard Bronze \$7,500	78079DC0210002	BluePreferred PPO Essential Bronze \$7,500	78079DC0210002	BluePreferred PPO Essential Bronze 7500
78079DC0210003	BluePreferred PPO Standard Gold \$500	78079DC0210003	BluePreferred PPO Essential Gold \$500	78079DC0210003	BluePreferred PPO Essential Gold 500
78079DC0210004	BluePreferred PPO Standard Silver \$4,850	78079DC0210004	BluePreferred PPO Essential Silver \$4,850	78079DC0210004	BluePreferred PPO Essential Silver 4850
78079DC0210005	BluePreferred PPO HSA Standard Bronze \$6,350	78079DC0210005	BluePreferred PPO HSA Bronze \$6,350	78079DC0210005	BluePreferred PPO HSA Bronze 6350
78079DC0210006	BluePreferred PPO HSA Gold \$1,600	78079DC0210006	BluePreferred PPO HSA Gold \$1,650 Virtual Connect	78079DC0210006	BluePreferred PPO HSA Gold 1700 Virtual Connect Plus

Appendix - Annual Rate Change Based on Mapping

Catastrophic	Catastrophic/Avg Renewal	-	-	n/a
Bronze	Bronze Members/Avg Renewal	2,019	2,119	13.9%
Silver	Silver Members/Avg Renewal	1,803	1,867	14.6%
Gold	Gold Members/Avg Renewal	3,261	3,130	11.9%
Platinum	Platinum Members/Avg Renewal	1,866	1,730	11.1%
	All Members/Avg Renewal	8,949	8,846	12.6%
	Minimum Renewal			11.1%
	Maximum Renewal			14.9%

2025 HIOS Plan ID	2025 HIOS Plan Name	2025 Metal Level	2025 Marketplace Indicator	2026 HIOS Plan ID	2026 HIOS Plan Name	2026 Metal Level	2026 Marketplace Indicator	Current Month Member Count	Projected 2025 EOY Members	2025 Base Rate	2026 Base Rate	Annual Rate Change
78079DC0210001	BluePreferred PPO Essential Platinum \$0	PLATINUM	On	78079DC0210001	BluePreferred PPO Essential Platinum 0	PLATINUM	On	1,866	1,730	\$869.50	\$966.42	11.1%
78079DC0210002	BluePreferred PPO Essential Bronze \$7,500	BRONZE	On	78079DC0210002	BluePreferred PPO Essential Bronze 7500	BRONZE	On	1,125	1,279	\$529.18	\$599.10	13.2%
78079DC0210003	BluePreferred PPO Essential Gold \$500	GOLD	On	78079DC0210003	BluePreferred PPO Essential Gold 500	GOLD	On	2,604	2,504	\$758.72	\$848.30	11.8%
78079DC0210004	BluePreferred PPO Essential Silver \$4,850	SILVER	On	78079DC0210004	BluePreferred PPO Essential Silver 4850	SILVER	On	1,803	1,867	\$605.01	\$693.36	14.6%
78079DC0210005	BluePreferred PPO HSA Bronze \$6,350	BRONZE	On	78079DC0210005	BluePreferred PPO HSA Bronze 6350	BRONZE	On	894	840	\$515.11	\$591.64	14.9%
78079DC0210006	BluePreferred PPO HSA Gold \$1,650 Virtual Connect	GOLD	On	78079DC0210006	BluePreferred PPO HSA Gold 1700 Virtual Connect Plus	GOLD	On	657	626	\$705.06	\$791.99	12.3%

### Appendix - Maximum Rate Renewal

	2025	2026	% Change
Base Rate	\$515.11	\$591.64	14.9%
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>\$336.88</b>	<b>\$430.12</b>	<b>27.7%</b>

	BluePreferred PPO HSA Bronze \$6,350	BluePreferred PPO HSA Bronze 6350
Base Rate/Product(s)		
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 Essential Platinum 0	On	\$1.00	0.6540	\$1.53	0.9125	\$1.68	1.1540	1.0000	1.0000	1.0000	1.0494	0.9720	\$1.43	1.0000	0.9260	1.0000	\$1.54	\$1.00	\$1.54
78079DC0210002	BluePreferred PPO Essential Bronze 7500	On	\$1.00	0.6540	\$1.53	0.9125	\$1.68	1.1540	1.0000	1.0000	1.0000	0.9125	0.6923	\$2.30	1.0000	0.9260	1.0000	\$2.48	\$1.00	\$2.48
78079DC0210003	BluePreferred PPO Essential Gold 500	On	\$1.00	0.6540	\$1.53	0.9125	\$1.68	1.1540	1.0000	1.0000	1.0000	0.9855	0.9083	\$1.63	1.0000	0.9260	1.0000	\$1.76	\$1.00	\$1.76
78079DC0210004	BluePreferred PPO Essential Silver 4850	On	\$1.00	0.6540	\$1.53	0.9125	\$1.68	1.1540	1.0000	1.0000	1.0000	0.9486	0.7710	\$1.99	1.0000	0.9260	1.0000	\$2.15	\$1.00	\$2.15
78079DC0210005	BluePreferred PPO HSA Bronze 6350	On	\$1.00	0.6540	\$1.53	0.9125	\$1.68	1.1540	1.0000	1.0000	1.0000	0.9125	0.6836	\$2.33	1.0000	0.9260	1.0000	\$2.52	\$1.00	\$2.52
78079DC0210006	BluePreferred PPO HSA Gold 1700 Virtual Connect Plus	On	\$1.00	0.6540	\$1.53	0.9125	\$1.68	1.1540	1.0000	1.0000	1.0000	0.9855	0.8479	\$1.74	1.0000	0.9260	1.0000	\$1.88	\$1.00	\$1.88



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-134516510

ON-Exchange

BluePreferred PPO Essential Plans

- DC/CF/EXC/BP/IEA (R. 1/26)
- DC/GHMSI/DOL APPEAL (R. 1/22)
- DC/CF/BP/EXC/DOCS (R. 1/26)
- DC/CF/EXC/BP HSA ESS/BRZ 6350 (1/26)
- DC/CF/EXC/BP ESS/BRZ 7500 (1/26)
- DC/CF/EXC/BP ESS/SIL 4850 (1/26)
- DC/CF/EXC/BP ESS/SIL 4850 A (1/26)
- DC/CF/EXC/BP ESS/SIL 4850 B (1/26)
- DC/CF/EXC/BP ESS/SIL 4850 C (1/26)
- DC/CF/EXC/BP ESS/GOLD 500 (1/26)
- DC/CF/EXC/BP ESS/PLAT 0 (1/26)
- DC/CF/EXC/BP HSA/GOLD 1700 VC+ (1/26)
- DC/CF/EXC/BP ESS/NATAMER SOB (1/26)
- DC/CF/EXC/NATAMER (1/14)
- DC/CF/MEM/BLCRD (R. 6/18)
- DC/CF/ANCILLARY AMEND (10/12)
- DC/CF/CD/AUTH AMEND PPO (R. 1/26)
- 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
202201	30,061	Inpatient Hospital	\$3,250,156	\$3,106,261	\$3,250,156	\$3,106,261	\$0	Admits	201
202202	30,580	Inpatient Hospital	\$2,835,522	\$2,741,251	\$2,835,522	\$2,741,251	\$0	Admits	150
202203	30,432	Inpatient Hospital	\$3,632,477	\$3,536,226	\$3,632,477	\$3,536,226	\$0	Admits	196
202204	30,483	Inpatient Hospital	\$4,242,393	\$4,149,891	\$4,242,393	\$4,149,891	\$0	Admits	228
202205	30,573	Inpatient Hospital	\$3,001,264	\$2,937,700	\$3,001,183	\$2,937,622	\$0	Admits	206
202206	30,704	Inpatient Hospital	\$3,856,939	\$3,749,757	\$3,856,790	\$3,749,615	\$0	Admits	216
202207	30,664	Inpatient Hospital	\$2,917,327	\$2,839,073	\$2,917,192	\$2,838,943	\$0	Admits	158
202208	30,784	Inpatient Hospital	\$3,470,591	\$3,366,359	\$3,470,253	\$3,366,032	\$0	Admits	298
202209	30,785	Inpatient Hospital	\$4,412,052	\$4,325,581	\$4,411,597	\$4,325,136	\$0	Admits	320
202210	30,944	Inpatient Hospital	\$4,716,472	\$4,623,493	\$4,715,651	\$4,622,693	\$0	Admits	214
202211	30,878	Inpatient Hospital	\$3,886,977	\$3,775,380	\$3,885,841	\$3,774,278	\$0	Admits	275
202212	30,621	Inpatient Hospital	\$7,669,071	\$7,543,482	\$7,656,541	\$7,531,673	\$0	Admits	331
202301	29,835	Inpatient Hospital	\$3,008,435	\$2,854,945	\$3,007,301	\$2,853,874	\$0	Admits	290
202302	30,073	Inpatient Hospital	\$2,847,544	\$2,751,339	\$2,846,370	\$2,750,209	\$0	Admits	184
202303	29,940	Inpatient Hospital	\$3,241,005	\$3,116,369	\$3,239,226	\$3,114,667	\$0	Admits	214
202304	29,792	Inpatient Hospital	\$3,496,398	\$3,395,715	\$3,494,155	\$3,393,541	\$0	Admits	233
202305	29,962	Inpatient Hospital	\$3,806,554	\$3,704,049	\$3,803,808	\$3,701,377	\$0	Admits	324
202306	29,954	Inpatient Hospital	\$3,141,748	\$3,046,675	\$3,139,357	\$3,044,360	\$0	Admits	225
202307	30,047	Inpatient Hospital	\$2,917,690	\$2,801,635	\$2,915,143	\$2,799,192	\$0	Admits	135
202308	30,197	Inpatient Hospital	\$4,275,474	\$4,206,062	\$4,270,699	\$4,201,369	\$0	Admits	198
202309	30,166	Inpatient Hospital	\$2,022,496	\$1,973,551	\$2,020,064	\$1,971,183	\$0	Admits	123
202310	30,057	Inpatient Hospital	\$3,376,741	\$3,304,478	\$3,371,728	\$3,299,580	\$0	Admits	145
202311	29,881	Inpatient Hospital	\$3,178,297	\$3,102,480	\$3,172,477	\$3,096,815	\$0	Admits	163
202312	29,066	Inpatient Hospital	\$3,332,534	\$3,253,651	\$3,326,592	\$3,247,872	\$0	Admits	289
202401	28,850	Inpatient Hospital	\$4,364,758	\$4,260,567	\$4,354,902	\$4,250,993	\$0	Admits	155
202402	29,178	Inpatient Hospital	\$3,654,238	\$3,562,171	\$3,548,658	\$3,458,329	\$0	Admits	151
202403	29,348	Inpatient Hospital	\$3,409,692	\$3,285,774	\$3,327,229	\$3,209,195	\$0	Admits	144
202404	29,290	Inpatient Hospital	\$5,830,119	\$5,733,185	\$5,793,478	\$5,697,154	\$0	Admits	168
202405	29,266	Inpatient Hospital	\$3,729,079	\$3,653,169	\$3,699,877	\$3,624,603	\$0	Admits	143
202406	29,098	Inpatient Hospital	\$3,425,643	\$3,329,456	\$3,387,140	\$3,292,193	\$0	Admits	306
202407	28,911	Inpatient Hospital	\$3,628,892	\$3,545,230	\$3,501,377	\$3,420,768	\$0	Admits	224
202408	28,853	Inpatient Hospital	\$2,429,930	\$2,333,510	\$2,370,323	\$2,276,531	\$0	Admits	222
202409	28,633	Inpatient Hospital	\$2,741,987	\$2,691,058	\$2,653,363	\$2,604,132	\$0	Admits	281
202410	28,520	Inpatient Hospital	\$3,643,184	\$3,558,503	\$3,494,542	\$3,413,718	\$0	Admits	132
202411	28,448	Inpatient Hospital	\$3,361,038	\$3,269,989	\$3,098,278	\$3,014,379	\$0	Admits	163
202412	27,887	Inpatient Hospital	\$2,831,973	\$2,757,729	\$2,502,419	\$2,436,335	\$0	Admits	120
202501	28,467	Inpatient Hospital	\$3,101,836	\$2,948,923	\$2,273,719	\$2,168,112	\$0	Admits	237
202502	28,925	Inpatient Hospital	\$422,241	\$378,951	\$123,427	\$110,839	\$0	Admits	44

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Allowed	Incurred	Drug Rebates	Utilization Unit	Utilization
202201	30,061	Outpatient Hospital	\$4,452,387	\$3,980,897	\$4,452,387	\$3,980,897	\$0	Visits	3,615
202202	30,580	Outpatient Hospital	\$4,703,921	\$4,211,909	\$4,703,921	\$4,211,909	\$0	Visits	3,609
202203	30,432	Outpatient Hospital	\$5,017,149	\$4,479,708	\$5,017,149	\$4,479,708	\$0	Visits	4,064
202204	30,483	Outpatient Hospital	\$4,510,950	\$4,078,841	\$4,510,950	\$4,078,841	\$0	Visits	3,844
202205	30,573	Outpatient Hospital	\$4,373,348	\$3,943,322	\$4,373,213	\$3,943,201	\$0	Visits	3,882
202206	30,704	Outpatient Hospital	\$4,685,536	\$4,289,248	\$4,685,380	\$4,289,104	\$0	Visits	3,865
202207	30,664	Outpatient Hospital	\$4,154,538	\$3,774,378	\$4,154,378	\$3,774,233	\$0	Visits	3,556
202208	30,784	Outpatient Hospital	\$4,660,869	\$4,239,600	\$4,660,436	\$4,239,207	\$0	Visits	4,042
202209	30,785	Outpatient Hospital	\$4,790,609	\$4,362,695	\$4,790,119	\$4,362,251	\$0	Visits	3,668
202210	30,944	Outpatient Hospital	\$5,311,310	\$4,904,812	\$5,310,365	\$4,903,942	\$0	Visits	3,782
202211	30,878	Outpatient Hospital	\$5,315,980	\$4,911,264	\$5,314,443	\$4,909,845	\$0	Visits	3,755
202212	30,621	Outpatient Hospital	\$5,148,419	\$4,719,966	\$5,133,877	\$4,706,668	\$0	Visits	3,716
202301	29,835	Outpatient Hospital	\$5,235,158	\$4,644,518	\$5,233,197	\$4,642,785	\$0	Visits	3,608
202302	30,073	Outpatient Hospital	\$4,330,173	\$3,815,778	\$4,328,404	\$3,814,232	\$0	Visits	3,335
202303	29,940	Outpatient Hospital	\$5,302,718	\$4,782,726	\$5,299,825	\$4,780,126	\$0	Visits	3,686
202304	29,792	Outpatient Hospital	\$4,290,707	\$3,851,061	\$4,288,068	\$3,848,699	\$0	Visits	3,143
202305	29,962	Outpatient Hospital	\$5,176,940	\$4,699,719	\$5,173,220	\$4,696,341	\$0	Visits	3,416
202306	29,954	Outpatient Hospital	\$5,143,305	\$4,656,341	\$5,139,540	\$4,652,934	\$0	Visits	3,295
202307	30,047	Outpatient Hospital	\$4,502,417	\$4,047,005	\$4,498,502	\$4,043,487	\$0	Visits	3,115
202308	30,197	Outpatient Hospital	\$5,245,426	\$4,721,662	\$5,239,585	\$4,716,409	\$0	Visits	3,669
202309	30,166	Outpatient Hospital	\$4,286,471	\$3,827,578	\$4,281,237	\$3,822,923	\$0	Visits	3,224
202310	30,057	Outpatient Hospital	\$4,467,616	\$4,019,999	\$4,461,041	\$4,014,102	\$0	Visits	3,520
202311	29,881	Outpatient Hospital	\$5,056,522	\$4,618,050	\$5,047,726	\$4,610,063	\$0	Visits	3,556
202312	29,066	Outpatient Hospital	\$4,730,953	\$4,263,991	\$4,722,268	\$4,256,178	\$0	Visits	3,233
202401	28,850	Outpatient Hospital	\$5,334,711	\$4,724,377	\$5,322,477	\$4,713,704	\$0	Visits	3,264
202402	29,178	Outpatient Hospital	\$6,148,277	\$5,597,084	\$5,942,902	\$5,407,770	\$0	Visits	3,418
202403	29,348	Outpatient Hospital	\$5,553,439	\$5,015,589	\$5,428,935	\$4,906,055	\$0	Visits	3,543
202404	29,290	Outpatient Hospital	\$4,956,356	\$4,375,627	\$4,925,507	\$4,348,438	\$0	Visits	3,482
202405	29,266	Outpatient Hospital	\$6,031,863	\$5,476,890	\$5,983,437	\$5,432,982	\$0	Visits	3,571
202406	29,098	Outpatient Hospital	\$4,918,662	\$4,431,394	\$4,861,865	\$4,380,303	\$0	Visits	3,266
202407	28,911	Outpatient Hospital	\$5,619,629	\$5,098,982	\$5,424,989	\$4,922,676	\$0	Visits	3,421
202408	28,853	Outpatient Hospital	\$5,218,488	\$4,739,490	\$5,102,373	\$4,634,527	\$0	Visits	3,336
202409	28,633	Outpatient Hospital	\$5,069,888	\$4,628,579	\$4,906,719	\$4,479,912	\$0	Visits	3,237
202410	28,520	Outpatient Hospital	\$6,072,109	\$5,592,055	\$5,815,242	\$5,356,209	\$0	Visits	3,626
202411	28,448	Outpatient Hospital	\$5,990,804	\$5,429,617	\$5,525,592	\$5,008,158	\$0	Visits	3,577
202412	27,887	Outpatient Hospital	\$5,955,141	\$5,454,837	\$5,253,169	\$4,812,457	\$0	Visits	3,487
202501	28,467	Outpatient Hospital	\$6,630,028	\$5,825,269	\$4,917,761	\$4,334,099	\$0	Visits	4,195
202502	28,925	Outpatient Hospital	\$5,317,205	\$4,532,006	\$1,618,328	\$1,380,659	\$0	Visits	3,754

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Allowed	Incurred	Drug Rebates	Utilization Unit	Utilization
202201	30,061	Professional	\$7,771,566	\$6,437,336	\$7,771,566	\$6,437,336	\$0	Visits	48,599
202202	30,580	Professional	\$7,041,659	\$5,738,999	\$7,041,659	\$5,738,999	\$0	Visits	41,473
202203	30,432	Professional	\$8,001,854	\$6,587,754	\$8,001,854	\$6,587,754	\$0	Visits	46,828
202204	30,483	Professional	\$7,634,277	\$6,408,201	\$7,634,277	\$6,408,201	\$0	Visits	43,221
202205	30,573	Professional	\$7,860,381	\$6,639,921	\$7,860,174	\$6,639,759	\$0	Visits	45,052
202206	30,704	Professional	\$7,624,512	\$6,389,736	\$7,624,315	\$6,389,582	\$0	Visits	43,131
202207	30,664	Professional	\$6,742,883	\$5,691,149	\$6,742,668	\$5,690,977	\$0	Visits	38,601
202208	30,784	Professional	\$7,456,497	\$6,242,103	\$7,455,810	\$6,241,540	\$0	Visits	44,393
202209	30,785	Professional	\$7,460,912	\$6,283,843	\$7,460,161	\$6,283,223	\$0	Visits	44,264
202210	30,944	Professional	\$7,829,971	\$6,603,214	\$7,828,617	\$6,602,093	\$0	Visits	46,388
202211	30,878	Professional	\$7,564,271	\$6,424,883	\$7,562,095	\$6,423,039	\$0	Visits	43,899
202212	30,621	Professional	\$6,905,200	\$5,813,174	\$6,887,233	\$5,798,627	\$0	Visits	38,196
202301	29,835	Professional	\$7,604,232	\$6,095,283	\$7,601,418	\$6,093,048	\$0	Visits	46,224
202302	30,073	Professional	\$6,774,815	\$5,448,652	\$6,772,092	\$5,446,505	\$0	Visits	39,889
202303	29,940	Professional	\$8,114,637	\$6,634,308	\$8,110,211	\$6,630,726	\$0	Visits	45,328
202304	29,792	Professional	\$6,998,295	\$5,779,539	\$6,993,984	\$5,776,005	\$0	Visits	39,357
202305	29,962	Professional	\$7,810,304	\$6,419,737	\$7,804,745	\$6,415,180	\$0	Visits	44,308
202306	29,954	Professional	\$7,389,579	\$6,086,392	\$7,384,218	\$6,082,000	\$0	Visits	41,386
202307	30,047	Professional	\$6,693,591	\$5,533,900	\$6,687,770	\$5,529,094	\$0	Visits	39,467
202308	30,197	Professional	\$7,604,817	\$6,347,151	\$7,596,415	\$6,340,182	\$0	Visits	42,876
202309	30,166	Professional	\$7,099,273	\$5,932,986	\$7,090,493	\$5,925,698	\$0	Visits	40,230
202310	30,057	Professional	\$7,587,265	\$6,334,038	\$7,576,015	\$6,324,702	\$0	Visits	43,957
202311	29,881	Professional	\$7,514,662	\$6,326,067	\$7,501,368	\$6,314,969	\$0	Visits	40,921
202312	29,066	Professional	\$6,399,693	\$5,326,273	\$6,387,969	\$5,316,568	\$0	Visits	34,946
202401	28,850	Professional	\$7,621,774	\$6,066,639	\$7,604,220	\$6,052,996	\$0	Visits	45,016
202402	29,178	Professional	\$8,069,217	\$6,552,542	\$7,793,555	\$6,319,085	\$0	Visits	43,375
202403	29,348	Professional	\$7,549,501	\$6,091,725	\$7,376,347	\$5,963,427	\$0	Visits	42,166
202404	29,290	Professional	\$7,818,111	\$6,350,642	\$7,769,316	\$6,311,135	\$0	Visits	43,248
202405	29,266	Professional	\$8,293,378	\$6,861,832	\$8,227,306	\$6,807,446	\$0	Visits	44,264
202406	29,098	Professional	\$6,976,734	\$5,748,326	\$6,896,784	\$5,682,847	\$0	Visits	38,059
202407	28,911	Professional	\$7,616,845	\$6,318,135	\$7,352,512	\$6,099,695	\$0	Visits	41,365
202408	28,853	Professional	\$7,061,428	\$5,868,784	\$6,903,358	\$5,738,687	\$0	Visits	39,155
202409	28,633	Professional	\$7,008,239	\$5,829,431	\$6,778,149	\$5,638,783	\$0	Visits	39,381
202410	28,520	Professional	\$8,327,993	\$6,995,250	\$7,970,523	\$6,696,735	\$0	Visits	43,759
202411	28,448	Professional	\$7,256,372	\$6,102,269	\$6,692,556	\$5,628,369	\$0	Visits	38,388
202412	27,887	Professional	\$6,938,093	\$5,760,176	\$6,117,227	\$5,077,792	\$0	Visits	36,770
202501	28,467	Professional	\$8,615,872	\$6,893,348	\$6,374,917	\$5,132,430	\$0	Visits	46,494
202502	28,925	Professional	\$10,760,386	\$8,583,193	\$3,276,492	\$2,621,385	\$0	Visits	60,450

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Allowed	Incurred	Drug Rebates	Utilization Unit	Utilization
202201	30,061	Other Medical	\$1,402,702	\$1,309,047	\$1,402,702	\$1,309,047	\$0	Services	3,834
202202	30,580	Other Medical	\$1,691,959	\$1,597,041	\$1,691,959	\$1,597,041	\$0	Services	3,843
202203	30,432	Other Medical	\$1,995,764	\$1,905,378	\$1,995,764	\$1,905,378	\$0	Services	4,268
202204	30,483	Other Medical	\$1,784,575	\$1,690,546	\$1,784,575	\$1,690,546	\$0	Services	4,246
202205	30,573	Other Medical	\$1,652,617	\$1,569,386	\$1,652,566	\$1,569,337	\$0	Services	4,418
202206	30,704	Other Medical	\$1,790,556	\$1,709,584	\$1,790,496	\$1,709,527	\$0	Services	4,631
202207	30,664	Other Medical	\$1,477,796	\$1,405,312	\$1,477,741	\$1,405,261	\$0	Services	3,970
202208	30,784	Other Medical	\$2,200,153	\$2,105,884	\$2,199,942	\$2,105,681	\$0	Services	5,101
202209	30,785	Other Medical	\$1,875,984	\$1,802,090	\$1,875,797	\$1,801,911	\$0	Services	4,101
202210	30,944	Other Medical	\$1,426,940	\$1,349,501	\$1,426,670	\$1,349,244	\$0	Services	4,220
202211	30,878	Other Medical	\$1,535,192	\$1,468,859	\$1,534,745	\$1,468,430	\$0	Services	4,442
202212	30,621	Other Medical	\$1,367,459	\$1,296,110	\$1,363,787	\$1,292,576	\$0	Services	4,375
202301	29,835	Other Medical	\$1,467,746	\$1,352,887	\$1,467,192	\$1,352,377	\$0	Services	4,304
202302	30,073	Other Medical	\$1,384,655	\$1,313,681	\$1,384,083	\$1,313,137	\$0	Services	3,803
202303	29,940	Other Medical	\$2,021,677	\$1,921,702	\$2,020,607	\$1,920,686	\$0	Services	4,722
202304	29,792	Other Medical	\$1,660,639	\$1,582,006	\$1,659,598	\$1,581,014	\$0	Services	4,119
202305	29,962	Other Medical	\$1,813,439	\$1,722,582	\$1,812,138	\$1,721,344	\$0	Services	4,508
202306	29,954	Other Medical	\$1,485,063	\$1,395,690	\$1,483,981	\$1,394,672	\$0	Services	4,527
202307	30,047	Other Medical	\$1,579,129	\$1,502,983	\$1,577,747	\$1,501,666	\$0	Services	3,980
202308	30,197	Other Medical	\$1,864,409	\$1,775,250	\$1,862,309	\$1,773,247	\$0	Services	5,182
202309	30,166	Other Medical	\$1,700,965	\$1,628,713	\$1,698,801	\$1,626,637	\$0	Services	4,071
202310	30,057	Other Medical	\$1,781,427	\$1,703,436	\$1,778,744	\$1,700,871	\$0	Services	4,878
202311	29,881	Other Medical	\$1,625,793	\$1,541,158	\$1,622,742	\$1,538,257	\$0	Services	4,421
202312	29,066	Other Medical	\$1,651,010	\$1,560,118	\$1,647,856	\$1,557,122	\$0	Services	4,116
202401	28,850	Other Medical	\$1,644,910	\$1,531,819	\$1,640,977	\$1,528,157	\$0	Services	4,380
202402	29,178	Other Medical	\$1,643,781	\$1,553,821	\$1,595,323	\$1,508,146	\$0	Services	4,369
202403	29,348	Other Medical	\$1,821,113	\$1,738,272	\$1,777,133	\$1,696,336	\$0	Services	4,389
202404	29,290	Other Medical	\$1,732,222	\$1,648,289	\$1,721,408	\$1,638,004	\$0	Services	4,251
202405	29,266	Other Medical	\$1,863,377	\$1,786,113	\$1,848,222	\$1,771,579	\$0	Services	4,482
202406	29,098	Other Medical	\$1,541,730	\$1,458,340	\$1,523,834	\$1,441,384	\$0	Services	4,359
202407	28,911	Other Medical	\$1,662,427	\$1,581,789	\$1,604,895	\$1,527,085	\$0	Services	4,621
202408	28,853	Other Medical	\$1,907,018	\$1,827,008	\$1,864,032	\$1,785,782	\$0	Services	4,419
202409	28,633	Other Medical	\$1,658,028	\$1,587,328	\$1,604,579	\$1,536,162	\$0	Services	4,160
202410	28,520	Other Medical	\$1,890,414	\$1,818,055	\$1,809,238	\$1,739,901	\$0	Services	4,440
202411	28,448	Other Medical	\$1,703,509	\$1,632,918	\$1,571,404	\$1,506,295	\$0	Services	4,130
202412	27,887	Other Medical	\$1,886,460	\$1,809,125	\$1,668,348	\$1,600,346	\$0	Services	4,570
202501	28,467	Other Medical	\$1,845,807	\$1,740,008	\$1,351,880	\$1,276,590	\$0	Services	4,750
202502	28,925	Other Medical	\$2,303,746	\$2,188,217	\$694,801	\$659,933	\$0	Services	5,852

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Allowed	Incurred	Drug Rebates	Utilization Unit	Utilization
202201	30,061	Prescription Drug	\$6,702,549	\$6,192,587	\$6,702,549	\$6,192,587	\$1,275,354	Scripts	25,212
202202	30,580	Prescription Drug	\$6,181,495	\$5,797,609	\$6,181,495	\$5,797,609	\$1,163,440	Scripts	22,401
202203	30,432	Prescription Drug	\$6,840,477	\$6,406,749	\$6,840,477	\$6,406,749	\$1,361,670	Scripts	25,376
202204	30,483	Prescription Drug	\$7,317,093	\$6,963,516	\$7,317,093	\$6,963,516	\$1,412,071	Scripts	25,389
202205	30,573	Prescription Drug	\$6,754,329	\$6,392,115	\$6,754,329	\$6,392,115	\$1,428,737	Scripts	26,804
202206	30,704	Prescription Drug	\$6,994,656	\$6,639,599	\$6,994,656	\$6,639,599	\$1,463,881	Scripts	26,151
202207	30,664	Prescription Drug	\$6,926,379	\$6,598,911	\$6,926,376	\$6,598,908	\$1,412,797	Scripts	25,007
202208	30,784	Prescription Drug	\$7,173,993	\$6,826,115	\$7,173,993	\$6,826,115	\$1,511,972	Scripts	26,165
202209	30,785	Prescription Drug	\$7,315,190	\$6,967,630	\$7,315,187	\$6,967,627	\$1,475,949	Scripts	28,180
202210	30,944	Prescription Drug	\$7,407,026	\$7,060,417	\$7,407,026	\$7,060,417	\$1,475,357	Scripts	29,115
202211	30,878	Prescription Drug	\$6,991,543	\$6,657,315	\$6,991,540	\$6,657,312	\$1,443,119	Scripts	27,475
202212	30,621	Prescription Drug	\$6,713,313	\$6,360,071	\$6,713,313	\$6,360,071	\$1,404,876	Scripts	28,372
202301	29,835	Prescription Drug	\$7,301,413	\$6,752,379	\$7,301,413	\$6,752,379	\$1,559,643	Scripts	26,292
202302	30,073	Prescription Drug	\$6,324,745	\$5,896,757	\$6,324,745	\$5,896,757	\$1,413,527	Scripts	23,536
202303	29,940	Prescription Drug	\$7,233,007	\$6,787,926	\$7,233,004	\$6,787,923	\$1,657,521	Scripts	26,475
202304	29,792	Prescription Drug	\$6,741,322	\$6,385,272	\$6,741,322	\$6,385,272	\$1,573,969	Scripts	24,343
202305	29,962	Prescription Drug	\$7,490,893	\$7,111,469	\$7,490,893	\$7,111,469	\$1,742,459	Scripts	26,482
202306	29,954	Prescription Drug	\$7,022,433	\$6,670,173	\$7,022,433	\$6,670,173	\$1,654,946	Scripts	25,418
202307	30,047	Prescription Drug	\$6,981,292	\$6,641,419	\$6,981,292	\$6,641,419	\$1,751,372	Scripts	24,291
202308	30,197	Prescription Drug	\$7,391,302	\$7,021,470	\$7,391,302	\$7,021,470	\$1,856,675	Scripts	26,282
202309	30,166	Prescription Drug	\$6,405,335	\$6,095,169	\$6,405,335	\$6,095,169	\$1,667,751	Scripts	27,244
202310	30,057	Prescription Drug	\$7,672,930	\$7,328,117	\$7,672,930	\$7,328,117	\$1,873,464	Scripts	33,402
202311	29,881	Prescription Drug	\$7,515,005	\$7,171,049	\$7,515,002	\$7,171,047	\$1,828,343	Scripts	29,192
202312	29,066	Prescription Drug	\$6,699,241	\$6,345,283	\$6,699,241	\$6,345,283	\$1,707,402	Scripts	26,818
202401	28,850	Prescription Drug	\$6,699,957	\$6,147,586	\$6,699,954	\$6,147,583	\$1,802,826	Scripts	27,025
202402	29,178	Prescription Drug	\$6,844,160	\$6,408,565	\$6,844,159	\$6,408,563	\$1,767,419	Scripts	24,372
202403	29,348	Prescription Drug	\$6,245,344	\$5,834,319	\$6,245,344	\$5,834,319	\$1,774,197	Scripts	24,473
202404	29,290	Prescription Drug	\$7,056,983	\$6,681,113	\$7,056,979	\$6,681,108	\$1,883,687	Scripts	25,856
202405	29,266	Prescription Drug	\$7,116,789	\$6,755,194	\$7,116,789	\$6,755,194	\$2,001,697	Scripts	26,073
202406	29,098	Prescription Drug	\$6,627,801	\$6,277,407	\$6,627,801	\$6,277,407	\$1,788,978	Scripts	24,272
202407	28,911	Prescription Drug	\$7,555,631	\$7,166,055	\$7,555,631	\$7,166,055	\$1,901,195	Scripts	25,891
202408	28,853	Prescription Drug	\$7,380,166	\$7,000,054	\$7,380,166	\$7,000,054	\$1,854,065	Scripts	25,647
202409	28,633	Prescription Drug	\$7,649,737	\$7,305,342	\$7,649,732	\$7,305,338	\$1,837,552	Scripts	29,229
202410	28,520	Prescription Drug	\$7,600,846	\$7,253,509	\$7,600,844	\$7,253,507	\$1,947,367	Scripts	30,600
202411	28,448	Prescription Drug	\$7,160,987	\$6,852,725	\$7,160,983	\$6,852,720	\$1,793,586	Scripts	27,246
202412	27,887	Prescription Drug	\$7,693,467	\$7,322,811	\$7,693,464	\$7,322,808	\$1,859,078	Scripts	27,043
202501	28,467	Prescription Drug	\$7,458,813	\$6,917,016	\$7,458,810	\$6,917,013	\$1,822,465	Scripts	26,819
202502	28,925	Prescription Drug	\$7,622,379	\$7,178,166	\$7,622,377	\$7,178,164	\$1,849,471	Scripts	25,536

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Allowed	Incurred	Drug Rebates	Utilization Unit	Utilization
202201	30,061	Capitations	\$29,212	\$29,212	\$29,212	\$29,212	\$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	\$29,863	\$29,863	\$29,863	\$29,863	\$0	Benefit Period	30,944
202211	30,878	Capitations	\$29,778	\$29,778	\$29,778	\$29,778	\$0	Benefit Period	30,878
202212	30,621	Capitations	\$29,506	\$29,506	\$29,506	\$29,506	\$0	Benefit Period	30,621
202301	29,835	Capitations	\$25,397	\$25,397	\$25,397	\$25,397	\$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	\$25,646	\$25,646	\$25,646	\$25,646	\$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	\$25,522	\$25,522	\$25,522	\$25,522	\$0	Benefit Period	30,057
202311	29,881	Capitations	\$25,294	\$25,294	\$25,294	\$25,294	\$0	Benefit Period	29,881
202312	29,066	Capitations	\$24,606	\$24,606	\$24,606	\$24,606	\$0	Benefit Period	29,066
202401	28,850	Capitations	\$24,785	\$24,785	\$24,785	\$24,785	\$0	Benefit Period	28,850
202402	29,178	Capitations	\$25,233	\$25,233	\$25,233	\$25,233	\$0	Benefit Period	29,178
202403	29,348	Capitations	\$25,363	\$25,363	\$25,363	\$25,363	\$0	Benefit Period	29,348
202404	29,290	Capitations	\$25,284	\$25,284	\$25,284	\$25,284	\$0	Benefit Period	29,290
202405	29,266	Capitations	\$25,287	\$25,287	\$25,287	\$25,287	\$0	Benefit Period	29,266
202406	29,098	Capitations	\$25,237	\$25,237	\$25,237	\$25,237	\$0	Benefit Period	29,098
202407	28,911	Capitations	\$25,110	\$25,110	\$25,110	\$25,110	\$0	Benefit Period	28,911
202408	28,853	Capitations	\$25,098	\$25,098	\$25,098	\$25,098	\$0	Benefit Period	28,853
202409	28,633	Capitations	\$24,970	\$24,970	\$24,970	\$24,970	\$0	Benefit Period	28,633
202410	28,520	Capitations	\$24,897	\$24,897	\$24,897	\$24,897	\$0	Benefit Period	28,520
202411	28,448	Capitations	\$24,761	\$24,761	\$24,761	\$24,761	\$0	Benefit Period	28,448
202412	27,887	Capitations	\$24,321	\$24,321	\$24,321	\$24,321	\$0	Benefit Period	27,887
202501	28,467	Capitations	\$24,059	\$24,059	\$24,059	\$24,059	\$0	Benefit Period	28,467
202502	28,925	Capitations	\$24,694	\$24,694	\$24,694	\$24,694	\$0	Benefit Period	28,925

### Appendix - Total Experience

Month	Members	Contracts	Ultimate Allowed	Drug Rebates	Post-Rx Rebate Ultimate Allowed	Post-Rx Rebate Ultimate Incurred	Premium	Loss Ratio
202201	30,061	19,197	\$23,608,572	\$1,275,354	\$22,333,218	\$19,779,986	\$19,637,982	100.7%
202202	30,580	19,551	\$22,484,371	\$1,163,440	\$21,320,931	\$18,953,183	\$19,835,085	95.6%
202203	30,432	19,467	\$25,517,294	\$1,361,670	\$24,155,624	\$21,583,718	\$19,924,532	108.3%
202204	30,483	19,472	\$25,518,881	\$1,412,071	\$24,106,810	\$21,908,515	\$20,022,889	109.4%
202205	30,573	19,487	\$23,671,566	\$1,428,737	\$22,242,829	\$20,083,334	\$20,096,314	99.9%
202206	30,704	19,553	\$24,981,895	\$1,463,881	\$23,518,014	\$21,343,739	\$20,169,373	105.8%
202207	30,664	19,550	\$22,248,549	\$1,412,797	\$20,835,752	\$18,925,652	\$20,152,020	93.9%
202208	30,784	19,622	\$24,991,865	\$1,511,972	\$23,479,893	\$21,297,853	\$20,305,931	104.9%
202209	30,785	19,596	\$25,884,513	\$1,475,949	\$24,408,565	\$22,295,657	\$20,415,476	109.2%
202210	30,944	19,671	\$26,721,582	\$1,475,357	\$25,246,225	\$23,095,944	\$20,382,383	113.3%
202211	30,878	19,594	\$25,323,742	\$1,443,119	\$23,880,623	\$21,824,361	\$20,538,984	106.3%
202212	30,621	19,403	\$27,832,969	\$1,404,876	\$26,428,093	\$24,357,434	\$20,461,383	119.0%
202301	29,835	19,003	\$24,642,382	\$1,559,643	\$23,082,739	\$20,165,767	\$21,149,156	95.4%
202302	30,073	19,160	\$21,687,565	\$1,413,527	\$20,274,038	\$17,838,310	\$21,317,750	83.7%
202303	29,940	19,107	\$25,938,595	\$1,657,521	\$24,281,073	\$21,611,060	\$21,298,650	101.5%
202304	29,792	19,045	\$23,212,774	\$1,573,969	\$21,638,805	\$19,445,037	\$21,328,506	91.2%
202305	29,962	19,132	\$26,123,646	\$1,742,459	\$24,381,187	\$21,940,614	\$21,418,814	102.4%
202306	29,954	19,098	\$24,207,626	\$1,654,946	\$22,552,680	\$20,225,824	\$21,655,939	93.4%
202307	30,047	19,172	\$22,699,627	\$1,751,372	\$20,948,255	\$18,801,078	\$21,778,474	86.3%
202308	30,197	19,235	\$26,407,074	\$1,856,675	\$24,550,399	\$22,240,566	\$21,976,322	101.2%
202309	30,166	19,187	\$21,540,144	\$1,667,751	\$19,872,394	\$17,815,850	\$22,067,527	80.7%
202310	30,057	19,048	\$24,911,500	\$1,873,464	\$23,038,036	\$20,842,127	\$22,102,746	94.3%
202311	29,881	18,928	\$24,915,573	\$1,828,343	\$23,087,230	\$20,955,755	\$22,169,657	94.5%
202312	29,066	18,443	\$22,838,038	\$1,707,402	\$21,130,636	\$19,066,520	\$22,106,146	86.2%
202401	28,850	18,433	\$25,690,896	\$1,802,826	\$23,888,070	\$20,952,947	\$22,675,398	92.4%
202402	29,178	18,705	\$26,384,906	\$1,767,419	\$24,617,487	\$21,931,997	\$22,998,764	95.4%
202403	29,348	18,773	\$24,604,453	\$1,774,197	\$22,830,256	\$20,216,845	\$23,247,837	87.0%
202404	29,290	18,765	\$27,419,076	\$1,883,687	\$25,535,389	\$22,930,453	\$23,304,971	98.4%
202405	29,266	18,758	\$27,059,773	\$2,001,697	\$25,058,077	\$22,556,788	\$23,319,704	96.7%
202406	29,098	18,658	\$23,515,806	\$1,788,978	\$21,726,828	\$19,481,181	\$23,374,737	83.3%
202407	28,911	18,516	\$26,108,534	\$1,901,195	\$24,207,339	\$21,834,106	\$23,273,184	93.8%
202408	28,853	18,483	\$24,022,127	\$1,854,065	\$22,168,062	\$19,939,878	\$23,297,103	85.6%
202409	28,633	18,345	\$24,152,848	\$1,837,552	\$22,315,296	\$20,229,156	\$23,330,610	86.7%
202410	28,520	18,278	\$27,559,442	\$1,947,367	\$25,612,076	\$23,294,902	\$23,381,252	99.6%
202411	28,448	18,196	\$25,497,472	\$1,793,586	\$23,703,886	\$21,518,693	\$23,475,289	91.7%
202412	27,887	17,836	\$25,329,455	\$1,859,078	\$23,470,377	\$21,269,921	\$23,362,726	91.0%
202501	28,467	18,388	\$27,676,415	\$1,822,465	\$25,853,950	\$22,526,159	\$24,283,373	92.8%
202502	28,925	18,714	\$26,450,650	\$1,849,471	\$24,601,180	\$21,035,756	\$24,514,187	85.8%



# 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:** 1/1/26 – 12/31/26
- **Company Filing Number:** [REDACTED]
- **SERFF Filing Number:** [REDACTED]

#### 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 [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, metaled 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 1/1/24 through 12/31/24, as required.

**Paid Through Date:** 2/28/25

**Current Date:** 2/28/25

**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], which is a decrease compared to the [REDACTED] trend assumed in our prior filing. Current observed medical trends as of 202412 are [REDACTED], up from [REDACTED] in 202312. Current observed drug trends are [REDACTED] as of 202412, up from [REDACTED] in 202312. The composite medical and drug trend is [REDACTED] as of 202412, up from [REDACTED] in 202312.

When normalized for induced demand, network, and demographics, the observed composite trends of [REDACTED] in 202412 and [REDACTED] in 202312 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 2026 and 2024 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 2026 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 (2025) 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 (2026) 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 2024 to 2026 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*

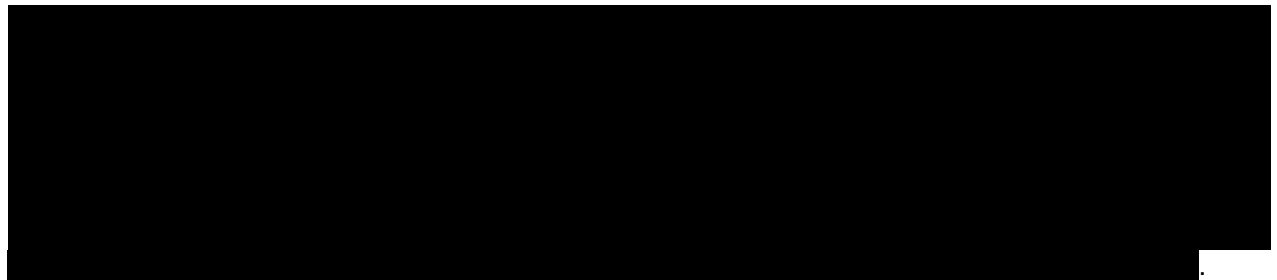
The Market-wide Adjusted Index Rate for the Individual market is [REDACTED] and is derived by multiplying the projection period index rate with the market level adjustments for the risk adjustment program. Details for the risk adjustment program can be found below.

#### **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.



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

If a merged Individual and Small Group risk adjustment methodology was used, the rate change for Individual 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, adult vision, and acupuncture (which are offered in addition to EHBs).

For plan year 2026, the District of Columbia and CMS have classified elective (non-Hyde Amendment) abortions as an Essential Health Benefit. The Hyde Amendment prohibits the use of federal funds, including advanced premium tax credits ("APTCs") for abortions, except in cases of rape, incest, or when the mother's life is at risk. This submission classifies elective (non-Hyde Amendment) abortions as Non-Essential Health Benefits to (1) avoid the application and payment of APTC to such services in violation of the Hyde Amendment and (2) to continue to offer plan options that do not cover elective (non-Hyde Amendment) abortion services as directed by the Department of Insurance, Securities, and Banking.

- **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 2026 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 2/28/25 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>	2834 - DC ACA Individual GHMSI		
<b>Project Name/Number:</b>	2834 - DC PPO IND64- ACA ON-EXCHANGE/2834		

## Supporting Document Schedules

<b>Satisfied - Item:</b>	Actuarial Justification
<b>Comments:</b>	
<b>Attachment(s):</b>	Appendix K DC Carrier Template PY2026 - GHMSI - 5-1.xlsx GHMSI Ind - DISB rate filing checklist 2026.pdf 2026 AV Screenshots - DC Individual GHMSI.pdf 2834 - DC GHMSI - Ind - Rate Sheets - 5-1.xlsx 2834 - DC Ind 2026 - GHMSI - Index & Plan Comparison - 5-1.pdf 2834_Ind_DC_GHMSI_1.1.26_Actuarial_Memorandum_SERFF - 5-1.xlsx 2834_Individual_DC_GHMSI_1.1.26_Actuarial_Memorandum_5-1.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Cover Letter
<b>Comments:</b>	
<b>Attachment(s):</b>	2834 - ACA_Cover Letter_Ind_DC_GH.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	District of Columbia Plain Language Summary
<b>Comments:</b>	
<b>Attachment(s):</b>	2834 - DC Ind - GHMSI - PartII Rate Justification - 5-1.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	URRT
<b>Comments:</b>	
<b>Attachment(s):</b>	2834 - DC GHMSI Ind URRT SERFF - 5-1.pdf 2834 - DC GHMSI Ind URRT SERFF - 5-1.xlsm
<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:	2834 - DC ACA Individual GHMSI		
Project Name/Number:	2834 - DC PPO IND64- ACA ON-EXCHANGE/2834		

***Attachment Appendix K DC Carrier Template PY2026 - GHMSI - 5-1.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment 2834 - DC GHMSI - Ind - Rate Sheets - 5-1.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment 2834\_Ind\_DC\_GHMSI\_1.1.26\_Actuarial\_Memorandum\_SERFF - 5-1.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment 2834 - DC GHMSI Ind URRT SERFF - 5-1.xlsm is not a PDF document and cannot be reproduced here.***



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

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

Number	Data Element	Requirement Description	Individual and Small Group	
			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 2026Q1 over 2025Q1; 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: 2025.05.01  
09:50:31 -04'00'

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

**Group Hospitalization & Medical Services, Inc. (GHMSI)**  
**d.b.a. CareFirst BlueCross BlueShield**  
**(NAIC # 53007)**  
**Rate Filing #2834**

**DC Individual On Exchange Products**  
**Rates Effective 1/1/2026**

**Actuarial Value Calculations**



User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?

☒

Apply Inpatient Copay per Day?

☐

Apply Skilled Nursing Facility Copay per Day?

☐

Use Separate MOOP for Medical and Drug Spending?

☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

☒

Desired Metal Tier

Bronze

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$6,350.00
Coinsurance (% , Insurer's Cost Share)		80.00%
MOOP (\$)		\$7,300.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[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 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?

☒

Specialty Rx Coinsurance Maximum:

\$150

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: 2026\_1b

Output

Calculate

Status/Error Messages:

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

Actuarial Value:

64.96%

Metal Tier:

Bronze

Additional Notes:

Calculation Time: 0.0703 seconds

Final 2026 AV Calculator

64.96%

Plan Description:  
Name: BluePreferred PPO HSA Bronze 6350  
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	\$1,000.00	
60.00%	100.00%	
\$10,150.00		

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"/>		\$43.46	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$102.15	<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"/>		\$54.25	<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"/>		\$20.12	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name:

Plan HIOS ID:

Issuer HIOS ID:

AVC Version: 2026\_1b

Output

Calculate

Status/Error Messages:

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

Actuarial Value:

64.83%

Metal Tier:

Bronze

Additional Notes:

Calculation Time:

0.0742 seconds

Final 2026 AV Calculator

64.83%

Plan Description:

Name: BluePreferred PPO Essential Bronze 7500

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 (\$)	\$9,150.00		
MOOP if Separate (\$)			

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input 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"/>		\$38.63	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$77.83	<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"/>		\$59.18	<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"/>		\$16.12	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$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: 2026\_1b

Output

Calculate

Status/Error Messages: Calculation Successful.  
Actuarial Value: 71.92%  
Metal Tier: Silver

Additional Notes:

Calculation Time: 0.1562 seconds

Final 2026 AV Calculator

71.92%

Plan Description:

Name: BluePreferred PPO Essential Silver 4850  
Plan HIOS ID: 78079DC021000401  
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 (\$)	\$4,050.00	\$350.00	
Coinsurance (% , Insurer's Cost Share)	80.00%	100.00%	
MOOP (\$)	\$7,750.00		
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"/>		\$38.63	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$77.83	<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"/>		\$59.18	<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"/>		\$16.12	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$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: 2026\_1b

Output

Calculate

Status/Error Messages: CSR Level of 73% (200-250% FPL), Calculation Successful.  
Actuarial Value: 73.96%  
Metal Tier: Silver

Additional Notes:

Calculation Time: 0.2383 seconds

Final 2026 AV Calculator

73.96%

Plan Description:

Name: BluePreferred PPO Essential Silver 4850 A  
Plan HIOS ID: 78079DC021000404  
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

HSA/HRA Employer Contribution?

Annual Contribution Amount:

☐

Tiered Network Option

Tiered Network Plan?

1st Tier Utilization:

2nd Tier Utilization:

☐

Tier 1 Plan Benefit Design

Medical

Drug

Combined

Deductible (\$)

\$250.00

\$0.00

Coinsurance (% , Insurer's Cost Share)

85.00%

100.00%

MOOP (\$)

\$3,050.00

MOOP if Separate (\$)

Tier 2 Plan Benefit Design

Medical

Drug

Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	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"/>		\$150.00	<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"/>		\$28.97	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$58.37	<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"/>		\$39.46	<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 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"/>		\$16.12	<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: 2026\_1b

Output

Calculate

Status/Error Messages:

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

Actuarial Value:

87.66%

Metal Tier:

Gold

Additional Notes:

Calculation Time: 0.1016 seconds

Final 2026 AV Calculator

87.66%

Plan Description:  
Name: BluePreferred PPO Essential Silver 4850 B  
Plan HIOS ID: 78079DC021000405  
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	
95.00%	100.00%	
\$2,350.00		

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"/>		\$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"/>		\$9.66	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$19.46	<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"/>		\$19.73	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$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: 2026\_1b

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2026 AV Calculator

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

94.86%

Platinum

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

0.0742 seconds

94.86%

Plan Description:

Name: BluePreferred PPO Essential Silver 4850 C  
Plan HIOS ID: 78079DC021000406  
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		
	Medical	Drug	Combined
Deductible (\$)	\$500.00	\$0.00	
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%	
MOOP (\$)	\$6,950.00		
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 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"/>		\$24.14	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$48.64	<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"/>		\$29.59	<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"/>		\$12.12	<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):

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: 2026\_1b

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2026 AV Calculator

Calculation Successful.

81.87%

Gold

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

0.2305 seconds

81.87%

Plan Description:

Name: BluePreferred PPO Essential 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

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

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

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	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"/>		\$19.31	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$38.92	<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"/>		\$19.73	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$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"/>		\$200.00	<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"/>		\$50.00	<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"/>		\$4.12	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name:  
Plan HIOS ID:  
Issuer HIOS ID:  
AVC Version: 2026\_1b

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

91.67%

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:

0.0742 seconds

Final 2026 AV Calculator

91.67%

Plan Description:

Name: BluePreferred PPO Essential Platinum 0  
Plan HIOS ID: 78079DC0210001  
Issuer HIOS ID: 78079



### **Description of Unique plan designs w/ \$0 Select Generics not accommodated by AV Calculator**

The plans summarized on the following pages are not accommodated by the federal AV calculator. The copay for a select list of Generics is zero dollars and pre-deductible.

In order to compute an AV, each of these plans was run through the federal AV calculator twice, once using a non-zero dollar Generics copay that is post-deductible and once using a zero dollar Generics copay that is pre-deductible. The results were blended together using a 75%/25% weighting.

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

HSA/HRA Employer Contribution?

☐

Annual Contribution Amount:

Tiered Network Option

Tiered Network Plan?

☐

1st Tier Utilization:

2nd Tier Utilization:

Tier 1 Plan Benefit Design

Medical

Drug

Combined

Deductible (\$)

\$1,700.00

Coinsurance (% , Insurer's Cost Share)

100.00%

MOOP (\$)

\$3,650.00

MOOP if Separate (\$)

Tier 2 Plan Benefit Design

Medical

Drug

Combined

[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 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: 2026\_1b

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

81.65%

Metal Tier:

Gold

Additional Notes:

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

Calculation Time:

0.0781 seconds

Final 2026 AV Calculator

81.65%

Plan Description:

Name: BluePreferred PPO HSA Gold 1700 Virtual Connect Plus  
Plan HIOS ID: 78079DC0210006  
Issuer HIOS ID: 78079

BP PPO HSA Gold 1700

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?

☒

Apply Inpatient Copay per Day?

☒

Apply Skilled Nursing Facility Copay per Day?

☒

Use Separate MOOP for Medical and Drug Spending?

☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

☐

Desired Metal Tier

Gold

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$1,700.00
Coinsurance (% , Insurer's Cost Share)		100.00%
MOOP (\$)		\$3,650.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[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 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 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 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: 2026\_1b

Output

Calculate

Status/Error Messages:

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

Actuarial Value:

82.76%

Metal Tier:

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:

0.0742 seconds

Final 2026 AV Calculator

	82.76%	
	Weighting	
Standard AV	81.65%	74.6%
\$0 Select	82.76%	25.4%
Blended AV	81.93%	

Plan Description:

Name: BluePreferred PPO HSA Gold 1700 Virtual Connect Plus  
Plan HIOS ID: 78079DC0210006  
Issuer HIOS ID: 78079

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

		<b>2026</b>	<b>2025</b>	<b>% Change</b>
(1)	Base Period Total Allowed	\$823.41	\$754.70	9.1%
(2)	Base Period Non-EHB PMPM	\$1.84	\$0.44	317.4%
(3)	Experience Period Index Rate	\$821.57	\$754.26	8.9%
(4)	Change in Morbidity	0.9867	0.9849	0.2%
(5)	Additional Population Adjustment	1.0000	1.0000	0.0%
(6)	Induced Demand	0.9936	0.9941	0.0%
(7)	Projection Period Utilization and Network Adjustment	1.0000	1.0000	0.0%
(8)	Demographic Adjustment	1.0159	1.0073	0.9%
(9)	Area Adjustment	1.0000	1.0000	0.0%
(10)	Additional "Other" Adjustments	1.0252	1.0161	0.9%
(11)	Annualized Trend	7.3%	7.6%	
(12)	Months of Trend	24	24	
(13)	Unit cost & Utilization/1,000 Trend Factor	1.1509	1.1576	-0.6%
(14)	Projection Period Index Rate	\$965.41	\$874.85	10.4%
		8.4%	7.7%	
(15)	Risk Adjustment Program	0.9260	0.8825	4.9%
(16)	Federal Exchange User Fee	1.0000	1.0000	0.0%
(17)	Market Adjusted Index Rate	\$894.00	\$772.02	15.8%
	Without Risk Adjustment	\$965.41	\$874.85	10.4%
	Base Rate Change	12.6%	3.6%	

2026 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		
		Plan Name	Type	Metallic Tier	On/Off	Projected Members - 12/2025																											
Index	HIOS Plan ID						2026	2025	Change	2026	2025	Change	2026	2025	Change	2026	2025	Change	2026	2025	Change	2026	2025	Change	2026	2025	Change	2026	2025	Change	2026	2025	Change
1	78079DC0210001	BluePreferred PPO Essential Platinum 0	PPO	PLATINUM	On	1,730	\$894.00	\$772.02	15.80%	0.972	0.964	0.82%	1.000	1.000	0.00%	1.049	1.047	0.20%	1.000	1.000	0.00%	1.006	1.003	0.37%	1.154	1.202	-3.96%	0.913	0.926	-1.44%	\$966.42	\$869.50	11.15%
2	78079DC0210002	BluePreferred PPO Essential Bronze 7500	PPO	BRONZE	On	1,279	\$894.00	\$772.02	15.80%	0.692	0.674	2.72%	1.000	1.000	0.00%	0.912	0.911	0.20%	1.000	1.000	0.00%	1.007	1.004	0.35%	1.154	1.202	-3.96%	0.913	0.926	-1.44%	\$599.10	\$529.18	13.21%
3	78079DC0210003	BluePreferred PPO Essential Gold 500	PPO	GOLD	On	2,504	\$894.00	\$772.02	15.80%	0.908	0.896	1.43%	1.000	1.000	0.00%	0.985	0.984	0.20%	1.000	1.000	0.00%	1.007	1.003	0.37%	1.154	1.202	-3.96%	0.913	0.926	-1.44%	\$848.30	\$758.72	11.81%
4	78079DC0210004	BluePreferred PPO Essential Silver 4850	PPO	SILVER	On	1,867	\$894.00	\$772.02	15.80%	0.771	0.746	3.38%	1.000	1.000	0.00%	0.949	0.941	0.77%	1.000	1.000	0.00%	1.007	1.004	0.36%	1.154	1.202	-3.96%	0.913	0.926	-1.44%	\$693.36	\$605.01	14.60%
5	78079DC0210005	BluePreferred PPO HSA Bronze 6350	PPO	BRONZE	On	840	\$894.00	\$772.02	15.80%	0.684	0.656	4.21%	1.000	1.000	0.00%	0.912	0.911	0.20%	1.000	1.000	0.00%	1.007	1.004	0.35%	1.154	1.202	-3.96%	0.913	0.926	-1.44%	\$591.64	\$515.11	14.86%
6	78079DC0210006	BluePreferred PPO HSA Gold 1700 Virtual Connect Plus	PPO	GOLD	On	626	\$894.00	\$772.02	15.80%	0.848	0.832	1.90%	1.000	1.000	0.00%	0.985	0.984	0.20%	1.000	1.000	0.00%	1.007	1.003	0.36%	1.154	1.202	-3.96%	0.913	0.926	-1.44%	\$791.99	\$705.06	12.33%
							\$894.00	\$772.02	15.80%	0.835	0.818	2.21%	1.00	1.00	0.00%	0.97	0.97	0.32%	1.00	1.00	0.00%	1.01	1.00	0.36%	1.15	1.20	-3.96%	0.91	0.93	-1.44%	774.31	687.83	12.57%

#### Key Drivers

- 1.) Increase in the base period experience of the combined pool
- 2.) Trend
- 3.) Lower projected risk adjustment receivable
- 4.) Decrease in the administrative factor

# 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:** 1/1/26 – 12/31/26
- **Company Filing Number:** 2834
- **SERFF Filing Number:** CFAP-134471258

#### 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 12.6% on average. The range is 11.1% to 14.9%. 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 6,544.

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

The main drivers supporting the rate change are 1) increase in the base period claims experience of the combined pool, 2) trend, 3) lower projected risk adjustment receivable, and 4) decrease in the admin factor.

For our initial submission, we have not adjusted 2026 rates to reflect potential impacts of the expiration of enhanced premium tax credits at the end of 2025 or potential changes to the Federal Medical Assistance Percentage. We will continue to evaluate and monitor regulatory changes for these items through the review period and reserve the right to make adjustments if necessary.

### 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 1/1/24 through 12/31/24, as required.

**Paid Through Date:** 2/28/25

**Current Date:** 2/28/25

**Premiums (prior to MLR rebates) in Experience Period:** \$279,041,575

**Experience Period Member Months:** 346,282

**Current Date Members:** 28,925

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

### **Allowed Claims**

- **Processed through issuer's claim system:** \$277,656,605
- **Processed outside issuer's claim system:** \$0
- **IBNR:** \$7,476,537

### **Incurred Claims**

- **Processed through issuer's claim system:** \$249,474,598
- **Processed outside issuer's claim system:** \$0
- **IBNR:** \$6,682,270

### **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 7.3%, which is a decrease compared to the 7.6% trend assumed in our prior filing. Current observed medical trends as of 202412 are 12.5%, up from -2.9% in 202312. Current observed drug trends are 4.7% as of 202412, up from 4.2% in 202312. The composite medical and drug trend is 10.2% as of 202412, up from -0.9% in 202312.

When normalized for induced demand, network, and demographics, the observed composite trends of 10.2% in 202412 and -0.9% in 202312 become 9.2% and -1.3%, respectively.

Using the proposed trend factor, in combination with other assumptions such as morbidity, etc., the annualized allowed PMPM change between 2026 and 2024 represented in this filing is 8.4%.

### *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 2026 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 (2025) 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 (2026) as the metal specific normalized PMPMs for the existing members.
- The assumed claims PMPMs by metal for the new members are again assumed to equal those for the existing members.
- Transfer members PMPMs are treated separately and reflect base period amounts projected forward. Our projection factor for these members is 1.000.
- Once these PMPMs are set, the final morbidity calculation is driven by the projected member months at these levels.

The total morbidity change from 2024 to 2026 is expected to be -1.3%, 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 \$821.57 and the projection period index rate is \$965.41. 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 \$894.00 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 2026 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 2024 to 2026, we have assumed an increase in the statewide premium of 14.7% which reflects an estimate of an average 4.5% increase in 2025 and 9.8% increase in 2026. We have assumed that our CFI Individual non-Catastrophic market share will increase from 80.0% in 2024 to 82.0% in 2026 and that our CFI Individual non-Catastrophic PLRS ratio to the state will decrease from 1.062 in 2024 to 1.055 in 2026. The resultant estimate of risk adjustment is that the GHMSI receivable transfer PMPM for the Individual market will decrease from \$69.83 in 2024 to \$61.34 in 2026. Combined with the \$61.34 is a projected HCRP net PMPM payable of -\$3.17, which results in a total projected risk adjustment receivable of \$58.17.

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

If a merged Individual and Small Group risk adjustment methodology was used, the rate change for Individual GHMSI is estimated to be 8.0%.

### **Exchange User Fees:**

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

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

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

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

This factor accounts for the deficiency specific to 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, adult vision, and acupuncture (which are offered in addition to EHBs).

For plan year 2026, the District of Columbia and CMS have classified elective (non-Hyde Amendment) abortions as an Essential Health Benefit. The Hyde Amendment prohibits the use of federal funds, including advanced premium tax credits ("APTCs") for abortions, except in cases of rape, incest, or when the mother's life is at risk. This submission classifies elective (non-Hyde Amendment) abortions as Non-Essential Health Benefits to (1) avoid the application and payment of APTC to such services in violation of the Hyde Amendment and (2) to continue to offer plan options that do not cover elective (non-Hyde Amendment) abortion services as directed by the Department of Insurance, Securities, and Banking.

- **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 89.4% for the Individual market and 87.1% 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 2026 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 2/28/25 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 # 2834  
D.C. Individual Products  
Rate Filing Effective 1/1/2026**

**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 1/1/2026**  
**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 2026 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 2026 rates to reflect potential impacts of the expiration of enhanced premium tax credits at the end of 2025 or potential changes to the Federal Medical Assistance Percentage. We will continue to evaluate and monitor regulatory changes for these items through the review period and reserve the right to make adjustments if necessary.

For plan year 2026, the District of Columbia and CMS have classified elective (non-Hyde Amendment) abortions as an Essential Health Benefit. The Hyde Amendment prohibits the use of federal funds, including advanced premium tax credits ("APTCs") for abortions, except in cases of rape, incest, or when the mother's life is at risk. This submission classifies elective (non-Hyde Amendment) abortions as Non-Essential Health Benefits to (1) avoid the application and payment of APTC to such services in violation of the Hyde Amendment and (2) to continue to offer plan options that do not cover elective (non-Hyde Amendment) abortion services as directed by the Department of Insurance, Securities, and Banking.

**Cory Bream** Digitally signed by Cory Bream  
Date: 2025.05.01 12:48:15  
-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

		2026	Exhibit
(1)	Base Period Total Allowed	\$ 823.41	2
(2)	Base Period Non-EHB PMPM	\$ 1.84	2
(3)	Experience Period Index Rate	\$ 821.57	
(4)	Change in Morbidity	0.9867	4
(5)	Additional Population Adjustment	1.0000	
(6)	Induced Demand	0.9936	5
(7)	Projection Period Utilization and Network Adjustment	1.0000	
(8)	Demographic Adjustment	1.0159	6
(9)	Area Adjustment	1.0000	
(10)	Additional "Other" Adjustments	1.0252	7
(11)	Annualized Trend	7.3%	8
(12)	Months of Trend	24.0	
(13)	Unit cost & Utilization/1,000 Trend Factor	1.1509	
(14)	Projection Period Index Rate	\$ 965.41	
(15)	Reinsurance Program	1.0000	
(16)	Risk Adjustment Program	0.9260	9
(17)	Federal Exchange User Fee	1.0000	
(18)	Market Adjusted Index Rate	\$ 894.00	
	Without Risk Adjustment	\$ 965.41	

**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	\$	43,050,533	\$	124.32	Admits	76.49	\$	19,504.33
Outpatient Hospital	\$	66,869,368	\$	193.11	Visits	1,428.66	\$	1,621.99
Professional	\$	90,537,685	\$	261.46	Visits	17,151.80	\$	182.92
Other Medical	\$	20,954,987	\$	60.51	Services	1,821.76	\$	398.61
Capitation	\$	300,347	\$	0.87	Benefit Period	1,000	\$	10.41
Prescription Drug	\$	63,420,223	\$	183.15	Prescriptions	11,010.46	\$	199.61
<b>Total (EHB &amp; Non-EHB)</b>	<b>\$</b>	<b>285,133,142</b>	<b>\$</b>	<b>823.41</b>				
<b>EHB Allowed</b>	<b>\$</b>	<b>284,494,338</b>	<b>\$</b>	<b>821.57</b>				
<b>Non-EHB Allowed</b>	<b>\$</b>	<b>638,804</b>	<b>\$</b>	<b>1.84</b>				
<b>Incurred Net</b>	<b>\$</b>	<b>256,156,867</b>	<b>\$</b>	<b>739.73</b>				
<b>Net/Allowed</b>		<b>89.8%</b>						
<b>Experience Period Member Months</b>		<b>346,282</b>						
<b>Experience Period Revenue</b>	<b>\$</b>	<b>279,041,575</b>						

### Exhibit 3 - Non-EHB Adjustment

HIOS Plan ID	Plan Name	Exchange	2026 Index Rate	2026 Non-EHB PMPM	2026 Non-EHB Adjustment
78079DC0210001	BluePreferred PPO Essential Platinum 0	On	\$ 965.41	\$ 6.23	1.0065
78079DC0210002	BluePreferred PPO Essential Bronze 7500	On	\$ 965.41	\$ 7.17	1.0074
78079DC0210003	BluePreferred PPO Essential Gold 500	On	\$ 965.41	\$ 6.45	1.0067
78079DC0210004	BluePreferred PPO Essential Silver 4850	On	\$ 965.41	\$ 6.84	1.0071
78079DC0210005	BluePreferred PPO HSA Bronze 6350	On	\$ 965.41	\$ 7.21	1.0075
78079DC0210006	BluePreferred PPO HSA Gold 1700 Virtual Connect Plus	On	\$ 965.41	\$ 6.57	1.0068

Exhibit 4 - Morbidity Adjustment Factor

Base Year

Metal Level	Member Months	2024 Normalized Allowed PMPM
Catastrophic	-	\$ -
Bronze	21,609	\$ 292.39
Silver	49,774	\$ 362.81
Gold	120,487	\$ 461.75
Platinum	154,353	\$ 524.89
Subtotal	346,223	\$ 465.10

Current Year YTD

Existing				
Metal Level	Member Months	2024 Normalized Allowed PMPM	Morbidity Adjustment	2025 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	1.000	\$ -
Bronze	3,423	\$ 271.54	1.000	\$ 271.54
Silver	6,740	\$ 373.55	1.000	\$ 373.55
Gold	17,075	\$ 460.37	1.000	\$ 460.37
Platinum	21,527	\$ 525.18	1.000	\$ 525.18
Subtotal	48,765	\$ 463.73	1.000	\$ 463.73

New				
Metal Level	Member Months	Existing Cohort Adjusted Normalized Allowed PMPM	Morbidity Adjustment	2025 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	1.000	\$ -
Bronze	683	\$ 271.54	1.000	\$ 271.54
Silver	1,260	\$ 373.55	1.000	\$ 373.55
Gold	2,436	\$ 460.37	1.000	\$ 460.37
Platinum	2,405	\$ 525.18	1.000	\$ 525.18
Subtotal	6,784	\$ 448.21	1.000	\$ 448.21

Transfer				
Metal Level	Member Months	2024 Normalized Allowed PMPM	Morbidity Adjustment	2025 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	1.000	\$ -
Bronze	294	\$ 191.05	1.000	\$ 191.05
Silver	423	\$ 394.34	1.000	\$ 394.34
Gold	604	\$ 425.17	1.000	\$ 425.17
Platinum	580	\$ 599.80	1.000	\$ 599.80
Subtotal	1,901	\$ 435.38	1.000	\$ 435.38

Total				
Metal Level	Member Months	2024 Normalized Allowed PMPM	Morbidity Adjustment	2025 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	-	\$ -
Bronze	4,400	\$ 266.16	1.000	\$ 266.16
Silver	8,423	\$ 374.60	1.000	\$ 374.60
Gold	20,115	\$ 459.31	1.000	\$ 459.31
Platinum	24,512	\$ 526.95	1.000	\$ 526.95
Subtotal	57,450	\$ 460.96	1.000	\$ 460.96

Remainder of Current Year

Existing		
Metal Level	Member Months	2025 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -
Bronze	15,068	\$ 271.54
Silver	31,768	\$ 373.55
Gold	78,539	\$ 460.37
Platinum	102,053	\$ 525.18
Subtotal	227,428	\$ 464.81

New		
Metal Level	Member Months	2025 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -
Bronze	6,544	\$ 271.54
Silver	9,846	\$ 373.55
Gold	20,605	\$ 460.37
Platinum	19,093	\$ 525.18
Subtotal	56,088	\$ 445.16

Transfer		
Metal Level	Member Months	2025 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -
Bronze	1,978	\$ 191.05
Silver	2,180	\$ 394.34
Gold	3,068	\$ 425.17
Platinum	2,776	\$ 599.80
Subtotal	10,002	\$ 420.62

Total		
Metal Level	Member Months	2025 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -
Bronze	23,590	\$ 264.79
Silver	43,794	\$ 374.59
Gold	102,212	\$ 459.31
Platinum	123,922	\$ 526.85
Subtotal	293,518	\$ 459.55

Total Current Year

Total	Member Months	2025 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -
Bronze	27,990	\$ 265.01
Silver	52,217	\$ 374.59
Gold	122,327	\$ 459.31
Platinum	148,434	\$ 526.87
Subtotal	350,968	\$ 459.78

Rating Year

Existing				
Metal Level	Member Months	2025 Normalized Allowed PMPM	Morbidity Adjustment	2026 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	1.000	\$ -
Bronze	22,485	\$ 265.01	1.000	\$ 265.01
Silver	43,710	\$ 374.59	1.000	\$ 374.59
Gold	101,946	\$ 459.31	1.000	\$ 459.31
Platinum	126,202	\$ 526.87	1.000	\$ 526.87
Subtotal	294,343	\$ 460.85	1.000	\$ 460.85

New				
Metal Level	Member Months	Existing Cohort Adjusted Normalized Allowed PMPM	Morbidity Adjustment	2026 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	1.000	\$ -
Bronze	4,978	\$ 265.01	1.000	\$ 265.01
Silver	8,019	\$ 374.59	1.000	\$ 374.59
Gold	16,363	\$ 459.31	1.000	\$ 459.31
Platinum	19,154	\$ 526.87	1.000	\$ 526.87
Subtotal	48,514	\$ 452.04	1.000	\$ 452.04

Transfer				
Metal Level	Member Months	2025 Normalized Allowed PMPM	Morbidity Adjustment	2026 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	1.000	\$ -
Bronze	1,647	\$ 191.05	1.000	\$ 191.05
Silver	1,689	\$ 394.34	1.000	\$ 394.34
Gold	2,730	\$ 425.17	1.000	\$ 425.17
Platinum	2,846	\$ 599.80	1.000	\$ 599.80
Subtotal	8,912	\$ 431.83	1.000	\$ 431.83

Total				
Metal Level	Member Months	2025 Normalized Allowed PMPM	Morbidity Adjustment	2026 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	-	\$ -
Bronze	29,110	\$ 260.82	1.000	\$ 260.82
Silver	53,418	\$ 375.21	1.000	\$ 375.21
Gold	121,039	\$ 458.54	1.000	\$ 458.54
Platinum	148,202	\$ 528.27	1.000	\$ 528.27
Subtotal	351,769	\$ 458.90	1.000	\$ 458.90

Year	Adjusted Normalized PMPM	Year over Year Change
2024	\$ 465.10	n/a
2025	\$ 459.78	-1.1%
2026	\$ 458.90	-0.2%

Morbidity Adjustment Change	-1.3%
Morbidity Adjustment Factor	0.9867

### Exhibit 5 - Induced Utilization Adjustment Factor

Year	Actuarial Value	Induced Demand Factor	
(1) 2024	87.81%	1.1347	
(2) Projected 2026	86.77%	1.1274	
(3) <b>Adjustment*</b>		<b>0.9936</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	1.7334	100.0%	35.5
(2)	Rating Period	Existing	1.8007	83.7%	
		New	1.5343	13.8%	
		Transfer	1.6785	2.5%	
(3)	Rating Period	All	1.7608	100.0%	36.1
(4)	<b>Demographic Adjustment***</b>	<b>All</b>	<b>1.0159</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

<b>Capitation adjustment</b>			
(1)	Experience Period Capitations PMPM (EHBs only)	\$	0.63
(2)	Projection Period Capitations PMPM (EHBs only)	\$	0.59
(3)	<b>Adjustment to Capitation Category</b>	<b>0.9297</b>	(2)/(1)
<b>Drug Rebates adjustment</b>			
(4)	Experience Period Allowed Rx PMPM (Pre-Rebates)	\$	247.29
(5)	Morbidity		0.9867 Exhibit 4
(6)	Induced Demand		0.9936 Exhibit 5
(7)	Demographics		1.0159 Exhibit 6
(8)	Rx Trend (Force of Trend)		1.1430 Exhibit 8
(9)	Projected Target Allowed Rx PMPM using Multiplicative Factors (Pre-Rebates)	\$	281.48 (4)*(5)*(6)*(7)*(8)
(10)	Target Projection Period Rx Rebates PMPM	\$	75.21
(11)	Target Post-Rebates Allowed Rx PMPM using Target Projection Period Rx Rebates PMPM	\$	206.27 (9)-(10)
(12)	Experience Period Rx Rebates PMPM	\$	64.14
(13)	Experience Period Allowed Rx PMPM (Post-Rebates)	\$	183.15 (4)-(12)
(14)	Morbidity		0.9867 Exhibit 4
(15)	Induced Demand		0.9936 Exhibit 5
(16)	Demographics		1.0159 Exhibit 6
(17)	Rx Trend (Force of Trend)		1.1430 Exhibit 8
(18)	Projection Period Allowed Rx PMPM using Multiplicative Factors (Post-Rebates)	\$	208.47 (13)*(14)*(15)*(16)*(17)
(19)	<b>Adjustment to Drug Category</b>	<b>0.9895</b>	(11)/(18)
<b>Additional Medical Claims Adjustments</b>			
(1)	Experience Period Allowed Medical PMPM (excluding Capitations)	\$	639.40
(2)	<b>Provision for Adverse Claims Deviation Adjustment Factor</b>		<b>1.0355</b>
(3)	Adjusted Allowed Medical PMPM	\$	662.09

	PMPM	Adjustment	
Inpatient Hospital	\$ 134.68	1.0355	
Outpatient Hospital	\$ 237.49	1.0355	
Professional	\$ 291.59	1.0355	
Other Medical	\$ 68.81	1.0355	
Capitation	\$ 0.63	0.9297	(3)
Prescription Drug	\$ 208.47	0.9895	(19)
<b>Total</b>	<b>\$ 941.67</b>	<b>1.0252</b>	

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

### Exhibit 8 - Annual Trend Assumptions

	2024 EHB PMPM	Weight	Utilization/1,000	Unit Cost	Trended Composite
<b>Inpatient Hospital</b>	\$ 124.32	15.1%	1.0286	1.0140	1.0878
<b>Outpatient Hospital</b>	\$ 193.03	23.5%	1.0216	1.0880	1.2354
<b>Professional</b>	\$ 259.93	31.6%	1.0176	1.0430	1.1264
<b>Other Medical</b>	\$ 60.50	7.4%	1.0236	1.0440	1.1419
<b>Capitation</b>	\$ 0.63	0.1%	1.0000	1.0000	1.0000
<b>Prescription Drug</b>	\$ 183.15	22.3%	1.0270	1.0410	1.1430
<b>Total</b>	\$ 821.57	100.0%			1.0728
<b>Proposed Trend</b>					<b>1.0728</b>

Exhibit 9 - Risk Adjustment

Statewide 2024											
Metallic Tier	Member Months		PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM
Individual Non-Catastrophic	156,073		1.412	1.169	1.000	1.057	0.735	1.533	0.909		
											Statewide PMPM 2024
											\$ 622.19

CFI & Competition 2024											
Metallic Tier	Member Months	Distribution	PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM
CFI Non-Catastrophic	124,895	80.0%	1.499	1.176	1.000	1.060	0.741	1.630	0.923		
Competition Non-Catastrophic	31,178	20.0%	1.064	1.143	1.000	1.045	0.712	-	-		

2024											
Metallic Tier	Member Months	Distribution	PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM
Catastrophic	-	0.0%	-	-	-	-	-	-	-	\$0	\$0.00
Bronze	19,740	20.6%	0.777	1.191	1.000	1.000	0.600	0.777	0.715	-\$3,426,730	-\$173.59
Silver	19,122	19.9%	1.011	1.212	1.000	1.030	0.700	1.041	0.874	-\$3,358,378	-\$175.63
Gold	35,267	36.8%	1.482	1.145	1.000	1.080	0.800	1.600	0.989	-\$966,064	-\$27.39
Platinum	21,720	22.7%	3.118	1.115	1.000	1.150	0.900	3.585	1.154	\$14,444,446	\$665.02
Total	95,850	100%	1.614	1.161	1.000	1.069	0.762	1.769	0.947	\$6,693,274	\$69.83

Statewide 2026											
Metallic Tier	Member Months		PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM
Individual Non-Catastrophic	159,222		1.324	1.161	1.000	1.054	0.730	1.433	0.894		
											Statewide PMPM 2026
											\$ 713.91

CFI & Competition 2026											
Metallic Tier	Member Months	Distribution	PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM
CFI Non-Catastrophic	130,562	82.0%	1.396	1.167	1.000	1.056	0.734	1.513	0.907		
Competition Non-Catastrophic	28,660	18.0%	0.992	1.131	1.000	1.045	0.712	-	-		

2026											
Metallic Tier	Member Months	Distribution	PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM
Catastrophic	-	0.0%	-	-	-	-	-	-	-	\$0	\$0.00
Bronze	26,337	25%	0.705	1.164	1.000	1.000	0.600	0.705	0.698	-\$5,428,836	-\$206.13
Silver	22,930	22%	1.060	1.223	1.000	1.030	0.700	1.092	0.881	-\$3,669,814	-\$160.04
Gold	36,251	35%	1.446	1.135	1.000	1.080	0.800	1.562	0.981	-\$174,371	-\$4.81
Platinum	19,508	19%	3.026	1.123	1.000	1.150	0.900	3.480	1.162	\$15,715,097	\$805.57
Total	105,026	100%	1.470	1.159	1.000	1.062	0.747	1.601	0.922	\$6,442,076	\$61.34

Adjustment Factor applied to Market Adjusted Index Rate			
Projected Index Rate	Projected Transfer PMPM (Allowed basis)	Risk Adjustment User Fee (Allowed basis)	Adjustment Factor*
\$965.41	\$71.66	\$0.25	0.9260

Estimated HCRP Receivable	Estimated HCRP Charge	HCRP Net Charge PMPM
\$109,000	\$442,000	-\$3.17

\*Adjustment Factor = (\$965.41 - \$71.66+ \$0.25) / \$965.41



# Exhibit 10A - Desired Incurred Claims Ratio

	2026	
	PMPM	% of Revenue
Allowed Claims \$	942.03	
Paid/Allowed Ratio	83.6%	
Paid Claims & Capitations \$	787.47	
Risk Adjustment Transfer & HCRP (Paid Basis) \$	58.17	
Reinsurance Recoveries (Paid Basis) \$	-	
Paid Claims & Capitations (Post-3Rs) \$	729.30	86.6%
Administrative Expense \$	69.42	8.2%
Broker Commissions & Fee \$	1.93	0.2%
Contribution to Reserve (Post-Tax) \$	14.31	1.7%
Investment Income Credit \$	(0.84)	-0.1%
Risk Charge \$	-	0.0%
<u>Non-ACA Taxes &amp; Fees</u>		
State Premium Tax \$	16.84	2.0%
State Assessment Fee \$	0.84	0.1%
Reinsurance Program Fee \$	-	0.0%
State Income Tax \$	-	0.0%
Federal Income Tax \$	2.53	0.3%
<u>ACA Taxes &amp; Fees</u>		
Health Insurer Tax \$	-	0.0%
Risk Adjustment User Fee \$	0.20	0.0%
Exchange Assessment Fee \$	6.95	0.8%
Federal Exchange User Fee \$	-	0.0%
PCORI Tax \$	0.34	0.0%
BlueRewards/Incentive Program \$	0.02	0.0%
Total Revenue \$	841.83	100.0%
Plan Level Admin Load Adjustment	1.1540	
Projected Member Months	105,026	
Average Members	8,752	
% Total 2026	100.0%	

## Exhibit 10B - Federal MLR

	Total 2026 PMPM / %
<u>Traditional MLR Development</u>	
Paid Claims & Capitations (Post-3Rs) \$	729.30
Total Revenue \$	841.83
<hr/>	
Traditional MLR (i.e. DICR)	86.6%
 <u>Federal MLR Development</u>	
Numerator Adjustments	
BlueRewards/Incentive Program \$	0.02
Quality Improvement Expenses \$	2.31
Removal of non-care costs under MLR guidelines \$	(3.70)
 Denominator Adjustments	
Non-ACA Taxes & Fees \$	20.20
ACA Taxes & Fees \$	7.48
 Federal MLR Numerator \$	 727.93
Federal MLR Denominator \$	814.14
<hr/>	
Federal MLR	89.4%
 Projected Member Months	 105,026

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

	Total 2026 PMPM / %
<b><u>Traditional MLR Development</u></b>	
Paid Claims & Capitations (Post-3Rs) \$	807.38
Total Revenue \$	955.63
<hr/>	
Traditional MLR (i.e. DICR)	84.5%
 <b><u>Federal MLR Development</u></b>	
<b>Numerator Adjustments</b>	
BlueRewards/Incentive Program \$	0.24
Quality Improvement Expenses \$	4.58
Removal of non-care costs under MLR guidelines \$	(8.96)
 <b>Denominator Adjustments</b>	
Non-ACA Taxes & Fees \$	25.05
ACA Taxes & Fees \$	8.42
 Federal MLR Numerator \$	 803.24
Federal MLR Denominator \$	922.16
<hr/>	
Federal MLR	87.1%
 Projected Member Months	 351,769

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 Essential Platinum 0	PPO	PLATINUM	On	PPO	\$894.00	0.9720	1.0000	1.0494	1.0065	1.0000	1.0000	1.1540	\$1,059.05
78079DC0210002	BluePreferred PPO Essential Bronze 7500	PPO	BRONZE	On	PPO	\$894.00	0.6923	1.0000	0.9125	1.0074	1.0000	1.0000	1.1540	\$656.52
78079DC0210003	BluePreferred PPO Essential Gold 500	PPO	GOLD	On	PPO	\$894.00	0.9083	1.0000	0.9855	1.0067	1.0000	1.0000	1.1540	\$929.60
78079DC0210004	BluePreferred PPO Essential Silver 4850	PPO	SILVER	On	PPO	\$894.00	0.7710	1.0000	0.9486	1.0071	1.0000	1.0000	1.1540	\$759.82
78079DC0210005	BluePreferred PPO HSA Bronze 6350	PPO	BRONZE	On	PPO	\$894.00	0.6836	1.0000	0.9125	1.0075	1.0000	1.0000	1.1540	\$648.35
78079DC0210006	BluePreferred PPO HSA Gold 1700 Virtual Connect Plus	PPO	GOLD	On	PPO	\$894.00	0.8479	1.0000	0.9855	1.0068	1.0000	1.0000	1.1540	\$867.90

## Exhibit 12 - AV Values

HIOS Plan ID	Suffix	HIOS Plan Name	HHS AV
78079DC0210001	01	BluePreferred PPO Essential Platinum 0	0.917
78079DC0210001	02	BluePreferred PPO Essential Platinum 0 NAO	1.000
78079DC0210001	03	BluePreferred PPO Essential Platinum 0 NAL	0.917
78079DC0210002	01	BluePreferred PPO Essential Bronze 7500	0.648
78079DC0210002	02	BluePreferred PPO Essential Bronze 7500 NAO	1.000
78079DC0210002	03	BluePreferred PPO Essential Bronze 7500 NAL	0.648
78079DC0210003	01	BluePreferred PPO Essential Gold 500	0.819
78079DC0210003	02	BluePreferred PPO Essential Gold 500 NAO	1.000
78079DC0210003	03	BluePreferred PPO Essential Gold 500 NAL	0.819
78079DC0210004	01	BluePreferred PPO Essential Silver 4850	0.719
78079DC0210004	02	BluePreferred PPO Essential Silver 4850 NAO	1.000
78079DC0210004	03	BluePreferred PPO Essential Silver 4850 NAL	0.719
78079DC0210004	04	BluePreferred PPO Essential Silver 4850 A	0.740
78079DC0210004	05	BluePreferred PPO Essential Silver 4850 B	0.877
78079DC0210004	06	BluePreferred PPO Essential Silver 4850 C	0.949
78079DC0210005	01	BluePreferred PPO HSA Bronze 6350	0.650
78079DC0210005	02	BluePreferred PPO Bronze 6350 NAO	1.000
78079DC0210005	03	BluePreferred PPO Bronze 6350 NAL	0.650
78079DC0210006	01	BluePreferred PPO HSA Gold 1700 Virtual Connect Plus	0.819
78079DC0210006	02	BluePreferred PPO Gold 1700 NAO Virtual Connect Plus	1.000
78079DC0210006	03	BluePreferred PPO Gold 1700 NAL Virtual Connect Plus	0.819

### Exhibit 13 - Age Calibration

Age Curve Calibration					
	Period	Cohort	Rating Factor*	Weight	Average Age**
(1)	Rating Period	Existing	1.1153	83.7%	
		New	0.9849	13.8%	
		Transfer	1.0566	2.5%	
(2)	Rating Period	All	1.0958	100.0%	43.0
(3)	Nearest Rounded	All	1.0940		43.0
(4)	Calibration***	All	0.9983		

(3)/(2)

Premium Rate Demonstration		
	HIOS Plan Name	BluePreferred PPO Essential Platinum 0
(5)	Plan Adjusted Index Rate	\$1,059.05
(6)	Calibration	0.9983
(7)	Calibrated Rate	\$1,057.27
(8)	Age 40 Factor/Rounded Avg Age Factor = (0.975/1.094)	0.8912
(9)	Age 40 Premium Rate	\$942.26

(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	35,941	1.0000	1.0000
Non-CDH	315,828	1.0000	1.0000
	351,769	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 Essential Platinum 0	PLATINUM	1.1500	19,508	1.0494	1.0494
78079DC021000102	78079DC0210001	BluePreferred PPO Essential Platinum 0 NAO	PLATINUM	1.1500	-	1.0494	1.0494
78079DC021000103	78079DC0210001	BluePreferred PPO Essential Platinum 0 NAL	PLATINUM	1.1500	-	1.0494	1.0494
78079DC021000201	78079DC0210002	BluePreferred PPO Essential Bronze 7500	BRONZE	1.0000	16,725	0.9125	0.9125
78079DC021000202	78079DC0210002	BluePreferred PPO Essential Bronze 7500 NAO	BRONZE	1.0000	-	0.9125	0.9125
78079DC021000203	78079DC0210002	BluePreferred PPO Essential Bronze 7500 NAL	BRONZE	1.0000	31	0.9125	0.9125
78079DC021000301	78079DC0210003	BluePreferred PPO Essential Gold 500	GOLD	1.0800	29,023	0.9855	0.9855
78079DC021000302	78079DC0210003	BluePreferred PPO Essential Gold 500 NAO	GOLD	1.0800	-	0.9855	0.9855
78079DC021000303	78079DC0210003	BluePreferred PPO Essential Gold 500 NAL	GOLD	1.0800	12	0.9855	0.9855
78079DC021000401	78079DC0210004	BluePreferred PPO Essential Silver 4850	SILVER	1.0300	18,959	0.9399	0.9486
78079DC021000402	78079DC0210004	BluePreferred PPO Essential Silver 4850 NAO	SILVER	1.0300	31	0.9399	0.9486
78079DC021000403	78079DC0210004	BluePreferred PPO Essential Silver 4850 NAL	SILVER	1.0300	-	0.9399	0.9486
78079DC021000404	78079DC0210004	BluePreferred PPO Essential Silver 4850 A	SILVER	1.0300	2,115	0.9399	0.9486
78079DC021000405	78079DC0210004	BluePreferred PPO Essential Silver 4850 B	SILVER	1.1500	642	1.0494	0.9486
78079DC021000406	78079DC0210004	BluePreferred PPO Essential Silver 4850 C	SILVER	1.1500	1,183	1.0494	0.9486
78079DC021000501	78079DC0210005	BluePreferred PPO HSA Bronze 6350	BRONZE	1.0000	9,581	0.9125	0.9125
78079DC021000502	78079DC0210005	BluePreferred PPO Bronze 6350 NAO	BRONZE	1.0000	-	0.9125	0.9125
78079DC021000503	78079DC0210005	BluePreferred PPO Bronze 6350 NAL	BRONZE	1.0000	-	0.9125	0.9125
78079DC021000601	78079DC0210006	BluePreferred PPO HSA Gold 1700 Virtual Connect Plus	GOLD	1.0800	7,216	0.9855	0.9855
78079DC021000602	78079DC0210006	BluePreferred PPO Gold 1700 NAO Virtual Connect Plus	GOLD	1.0800	-	0.9855	0.9855
78079DC021000603	78079DC0210006	BluePreferred PPO Gold 1700 NAL Virtual Connect Plus	GOLD	1.0800	-	0.9855	0.9855



Appendix - Experience Period to Rating Period Plan Mappings

Exp. Period		Current Period		Rating Period	
2024 Base HIOS Plan ID	2024 HIOS Plan Name	2025 Base HIOS Plan ID	2025 HIOS Plan Name	2026 Base HIOS Plan ID	2026 HIOS Plan Name
78079DC0210001	BluePreferred PPO Standard Platinum \$0	78079DC0210001	BluePreferred PPO Essential Platinum \$0	78079DC0210001	BluePreferred PPO Essential Platinum 0
78079DC0210002	BluePreferred PPO Standard Bronze \$7,500	78079DC0210002	BluePreferred PPO Essential Bronze \$7,500	78079DC0210002	BluePreferred PPO Essential Bronze 7500
78079DC0210003	BluePreferred PPO Standard Gold \$500	78079DC0210003	BluePreferred PPO Essential Gold \$500	78079DC0210003	BluePreferred PPO Essential Gold 500
78079DC0210004	BluePreferred PPO Standard Silver \$4,850	78079DC0210004	BluePreferred PPO Essential Silver \$4,850	78079DC0210004	BluePreferred PPO Essential Silver 4850
78079DC0210005	BluePreferred PPO HSA Standard Bronze \$6,350	78079DC0210005	BluePreferred PPO HSA Bronze \$6,350	78079DC0210005	BluePreferred PPO HSA Bronze 6350
78079DC0210006	BluePreferred PPO HSA Gold \$1,600	78079DC0210006	BluePreferred PPO HSA Gold \$1,650 Virtual Connect	78079DC0210006	BluePreferred PPO HSA Gold 1700 Virtual Connect Plus

Appendix - Annual Rate Change Based on Mapping

Catastrophic	Catastrophic/Avg Renewal	-	-	n/a
Bronze	Bronze Members/Avg Renewal	2,019	2,119	13.9%
Silver	Silver Members/Avg Renewal	1,803	1,867	14.6%
Gold	Gold Members/Avg Renewal	3,261	3,130	11.9%
Platinum	Platinum Members/Avg Renewal	1,866	1,730	11.1%
	All Members/Avg Renewal	8,949	8,846	12.6%
	Minimum Renewal			11.1%
	Maximum Renewal			14.9%

2025 HIOS Plan ID	2025 HIOS Plan Name	2025 Metal Level	2025 Marketplace Indicator	2026 HIOS Plan ID	2026 HIOS Plan Name	2026 Metal Level	2026 Marketplace Indicator	Current Month Member Count	Projected 2025 EOY Members	2025 Base Rate	2026 Base Rate	Annual Rate Change
78079DC0210001	BluePreferred PPO Essential Platinum \$0	PLATINUM	On	78079DC0210001	BluePreferred PPO Essential Platinum 0	PLATINUM	On	1,866	1,730	\$869.50	\$966.42	11.1%
78079DC0210002	BluePreferred PPO Essential Bronze \$7,500	BRONZE	On	78079DC0210002	BluePreferred PPO Essential Bronze 7500	BRONZE	On	1,125	1,279	\$529.18	\$599.10	13.2%
78079DC0210003	BluePreferred PPO Essential Gold \$500	GOLD	On	78079DC0210003	BluePreferred PPO Essential Gold 500	GOLD	On	2,604	2,504	\$758.72	\$848.30	11.8%
78079DC0210004	BluePreferred PPO Essential Silver \$4,850	SILVER	On	78079DC0210004	BluePreferred PPO Essential Silver 4850	SILVER	On	1,803	1,867	\$605.01	\$693.36	14.6%
78079DC0210005	BluePreferred PPO HSA Bronze \$6,350	BRONZE	On	78079DC0210005	BluePreferred PPO HSA Bronze 6350	BRONZE	On	894	840	\$515.11	\$591.64	14.9%
78079DC0210006	BluePreferred PPO HSA Gold \$1,650 Virtual Connect	GOLD	On	78079DC0210006	BluePreferred PPO HSA Gold 1700 Virtual Connect Plus	GOLD	On	657	626	\$705.06	\$791.99	12.3%

### Appendix - Maximum Rate Renewal

	2025	2026	% Change
Base Rate	\$515.11	\$591.64	14.9%
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>\$336.88</b>	<b>\$430.12</b>	<b>27.7%</b>

	BluePreferred PPO HSA Bronze \$6,350	BluePreferred PPO HSA Bronze 6350
Base Rate/Product(s)		
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 Essential Platinum 0	On	\$1.00	0.6540	\$1.53	0.9125	\$1.68	1.1540	1.0000	1.0000	1.0000	1.0494	0.9720	\$1.43	1.0000	0.9260	1.0000	\$1.54	\$1.00	\$1.54
78079DC0210002	BluePreferred PPO Essential Bronze 7500	On	\$1.00	0.6540	\$1.53	0.9125	\$1.68	1.1540	1.0000	1.0000	1.0000	0.9125	0.6923	\$2.30	1.0000	0.9260	1.0000	\$2.48	\$1.00	\$2.48
78079DC0210003	BluePreferred PPO Essential Gold 500	On	\$1.00	0.6540	\$1.53	0.9125	\$1.68	1.1540	1.0000	1.0000	1.0000	0.9855	0.9083	\$1.63	1.0000	0.9260	1.0000	\$1.76	\$1.00	\$1.76
78079DC0210004	BluePreferred PPO Essential Silver 4850	On	\$1.00	0.6540	\$1.53	0.9125	\$1.68	1.1540	1.0000	1.0000	1.0000	0.9486	0.7710	\$1.99	1.0000	0.9260	1.0000	\$2.15	\$1.00	\$2.15
78079DC0210005	BluePreferred PPO HSA Bronze 6350	On	\$1.00	0.6540	\$1.53	0.9125	\$1.68	1.1540	1.0000	1.0000	1.0000	0.9125	0.6836	\$2.33	1.0000	0.9260	1.0000	\$2.52	\$1.00	\$2.52
78079DC0210006	BluePreferred PPO HSA Gold 1700 Virtual Connect Plus	On	\$1.00	0.6540	\$1.53	0.9125	\$1.68	1.1540	1.0000	1.0000	1.0000	0.9855	0.8479	\$1.74	1.0000	0.9260	1.0000	\$1.88	\$1.00	\$1.88

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-134516510

ON-Exchange

BluePreferred PPO Essential Plans

- DC/CF/EXC/BP/IEA (R. 1/26)
- DC/GHMSI/DOL APPEAL (R. 1/22)
- DC/CF/BP/EXC/DOCS (R. 1/26)
- DC/CF/EXC/BP HSA ESS/BRZ 6350 (1/26)
- DC/CF/EXC/BP ESS/BRZ 7500 (1/26)
- DC/CF/EXC/BP ESS/SIL 4850 (1/26)
- DC/CF/EXC/BP ESS/SIL 4850 A (1/26)
- DC/CF/EXC/BP ESS/SIL 4850 B (1/26)
- DC/CF/EXC/BP ESS/SIL 4850 C (1/26)
- DC/CF/EXC/BP ESS/GOLD 500 (1/26)
- DC/CF/EXC/BP ESS/PLAT 0 (1/26)
- DC/CF/EXC/BP HSA/GOLD 1700 VC+ (1/26)
- DC/CF/EXC/BP ESS/NATAMER SOB (1/26)
- DC/CF/EXC/NATAMER (1/14)
- DC/CF/MEM/BLCRD (R. 6/18)
- DC/CF/ANCILLARY AMEND (10/12)
- DC/CF/CD/AUTH AMEND PPO (R. 1/26)
- 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
202201	30,061	Inpatient Hospital	\$3,250,156	\$3,106,261	\$3,250,156	\$3,106,261	\$0	Admits	201
202202	30,580	Inpatient Hospital	\$2,835,522	\$2,741,251	\$2,835,522	\$2,741,251	\$0	Admits	150
202203	30,432	Inpatient Hospital	\$3,632,477	\$3,536,226	\$3,632,477	\$3,536,226	\$0	Admits	196
202204	30,483	Inpatient Hospital	\$4,242,393	\$4,149,891	\$4,242,393	\$4,149,891	\$0	Admits	228
202205	30,573	Inpatient Hospital	\$3,001,264	\$2,937,700	\$3,001,183	\$2,937,622	\$0	Admits	206
202206	30,704	Inpatient Hospital	\$3,856,939	\$3,749,757	\$3,856,790	\$3,749,615	\$0	Admits	216
202207	30,664	Inpatient Hospital	\$2,917,327	\$2,839,073	\$2,917,192	\$2,838,943	\$0	Admits	158
202208	30,784	Inpatient Hospital	\$3,470,591	\$3,366,359	\$3,470,253	\$3,366,032	\$0	Admits	298
202209	30,785	Inpatient Hospital	\$4,412,052	\$4,325,581	\$4,411,597	\$4,325,136	\$0	Admits	320
202210	30,944	Inpatient Hospital	\$4,716,472	\$4,623,493	\$4,715,651	\$4,622,693	\$0	Admits	214
202211	30,878	Inpatient Hospital	\$3,886,977	\$3,775,380	\$3,885,841	\$3,774,278	\$0	Admits	275
202212	30,621	Inpatient Hospital	\$7,669,071	\$7,543,482	\$7,656,541	\$7,531,673	\$0	Admits	331
202301	29,835	Inpatient Hospital	\$3,008,435	\$2,854,945	\$3,007,301	\$2,853,874	\$0	Admits	290
202302	30,073	Inpatient Hospital	\$2,847,544	\$2,751,339	\$2,846,370	\$2,750,209	\$0	Admits	184
202303	29,940	Inpatient Hospital	\$3,241,005	\$3,116,369	\$3,239,226	\$3,114,667	\$0	Admits	214
202304	29,792	Inpatient Hospital	\$3,496,398	\$3,395,715	\$3,494,155	\$3,393,541	\$0	Admits	233
202305	29,962	Inpatient Hospital	\$3,806,554	\$3,704,049	\$3,803,808	\$3,701,377	\$0	Admits	324
202306	29,954	Inpatient Hospital	\$3,141,748	\$3,046,675	\$3,139,357	\$3,044,360	\$0	Admits	225
202307	30,047	Inpatient Hospital	\$2,917,690	\$2,801,635	\$2,915,143	\$2,799,192	\$0	Admits	135
202308	30,197	Inpatient Hospital	\$4,275,474	\$4,206,062	\$4,270,699	\$4,201,369	\$0	Admits	198
202309	30,166	Inpatient Hospital	\$2,022,496	\$1,973,551	\$2,020,064	\$1,971,183	\$0	Admits	123
202310	30,057	Inpatient Hospital	\$3,376,741	\$3,304,478	\$3,371,728	\$3,299,580	\$0	Admits	145
202311	29,881	Inpatient Hospital	\$3,178,297	\$3,102,480	\$3,172,477	\$3,096,815	\$0	Admits	163
202312	29,066	Inpatient Hospital	\$3,332,534	\$3,253,651	\$3,326,592	\$3,247,872	\$0	Admits	289
202401	28,850	Inpatient Hospital	\$4,364,758	\$4,260,567	\$4,354,902	\$4,250,993	\$0	Admits	155
202402	29,178	Inpatient Hospital	\$3,654,238	\$3,562,171	\$3,548,658	\$3,458,329	\$0	Admits	151
202403	29,348	Inpatient Hospital	\$3,409,692	\$3,285,774	\$3,327,229	\$3,209,195	\$0	Admits	144
202404	29,290	Inpatient Hospital	\$5,830,119	\$5,733,185	\$5,793,478	\$5,697,154	\$0	Admits	168
202405	29,266	Inpatient Hospital	\$3,729,079	\$3,653,169	\$3,699,877	\$3,624,603	\$0	Admits	143
202406	29,098	Inpatient Hospital	\$3,425,643	\$3,329,456	\$3,387,140	\$3,292,193	\$0	Admits	306
202407	28,911	Inpatient Hospital	\$3,628,892	\$3,545,230	\$3,501,377	\$3,420,768	\$0	Admits	224
202408	28,853	Inpatient Hospital	\$2,429,930	\$2,333,510	\$2,370,323	\$2,276,531	\$0	Admits	222
202409	28,633	Inpatient Hospital	\$2,741,987	\$2,691,058	\$2,653,363	\$2,604,132	\$0	Admits	281
202410	28,520	Inpatient Hospital	\$3,643,184	\$3,558,503	\$3,494,542	\$3,413,718	\$0	Admits	132
202411	28,448	Inpatient Hospital	\$3,361,038	\$3,269,989	\$3,098,278	\$3,014,379	\$0	Admits	163
202412	27,887	Inpatient Hospital	\$2,831,973	\$2,757,729	\$2,502,419	\$2,436,335	\$0	Admits	120
202501	28,467	Inpatient Hospital	\$3,101,836	\$2,948,923	\$2,273,719	\$2,168,112	\$0	Admits	237
202502	28,925	Inpatient Hospital	\$422,241	\$378,951	\$123,427	\$110,839	\$0	Admits	44

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Allowed	Incurred	Drug Rebates	Utilization Unit	Utilization
202201	30,061	Outpatient Hospital	\$4,452,387	\$3,980,897	\$4,452,387	\$3,980,897	\$0	Visits	3,615
202202	30,580	Outpatient Hospital	\$4,703,921	\$4,211,909	\$4,703,921	\$4,211,909	\$0	Visits	3,609
202203	30,432	Outpatient Hospital	\$5,017,149	\$4,479,708	\$5,017,149	\$4,479,708	\$0	Visits	4,064
202204	30,483	Outpatient Hospital	\$4,510,950	\$4,078,841	\$4,510,950	\$4,078,841	\$0	Visits	3,844
202205	30,573	Outpatient Hospital	\$4,373,348	\$3,943,322	\$4,373,213	\$3,943,201	\$0	Visits	3,882
202206	30,704	Outpatient Hospital	\$4,685,536	\$4,289,248	\$4,685,380	\$4,289,104	\$0	Visits	3,865
202207	30,664	Outpatient Hospital	\$4,154,538	\$3,774,378	\$4,154,378	\$3,774,233	\$0	Visits	3,556
202208	30,784	Outpatient Hospital	\$4,660,869	\$4,239,600	\$4,660,436	\$4,239,207	\$0	Visits	4,042
202209	30,785	Outpatient Hospital	\$4,790,609	\$4,362,695	\$4,790,119	\$4,362,251	\$0	Visits	3,668
202210	30,944	Outpatient Hospital	\$5,311,310	\$4,904,812	\$5,310,365	\$4,903,942	\$0	Visits	3,782
202211	30,878	Outpatient Hospital	\$5,315,980	\$4,911,264	\$5,314,443	\$4,909,845	\$0	Visits	3,755
202212	30,621	Outpatient Hospital	\$5,148,419	\$4,719,966	\$5,133,877	\$4,706,668	\$0	Visits	3,716
202301	29,835	Outpatient Hospital	\$5,235,158	\$4,644,518	\$5,233,197	\$4,642,785	\$0	Visits	3,608
202302	30,073	Outpatient Hospital	\$4,330,173	\$3,815,778	\$4,328,404	\$3,814,232	\$0	Visits	3,335
202303	29,940	Outpatient Hospital	\$5,302,718	\$4,782,726	\$5,299,825	\$4,780,126	\$0	Visits	3,686
202304	29,792	Outpatient Hospital	\$4,290,707	\$3,851,061	\$4,288,068	\$3,848,699	\$0	Visits	3,143
202305	29,962	Outpatient Hospital	\$5,176,940	\$4,699,719	\$5,173,220	\$4,696,341	\$0	Visits	3,416
202306	29,954	Outpatient Hospital	\$5,143,305	\$4,656,341	\$5,139,540	\$4,652,934	\$0	Visits	3,295
202307	30,047	Outpatient Hospital	\$4,502,417	\$4,047,005	\$4,498,502	\$4,043,487	\$0	Visits	3,115
202308	30,197	Outpatient Hospital	\$5,245,426	\$4,721,662	\$5,239,585	\$4,716,409	\$0	Visits	3,669
202309	30,166	Outpatient Hospital	\$4,286,471	\$3,827,578	\$4,281,237	\$3,822,923	\$0	Visits	3,224
202310	30,057	Outpatient Hospital	\$4,467,616	\$4,019,999	\$4,461,041	\$4,014,102	\$0	Visits	3,520
202311	29,881	Outpatient Hospital	\$5,056,522	\$4,618,050	\$5,047,726	\$4,610,063	\$0	Visits	3,556
202312	29,066	Outpatient Hospital	\$4,730,953	\$4,263,991	\$4,722,268	\$4,256,178	\$0	Visits	3,233
202401	28,850	Outpatient Hospital	\$5,334,711	\$4,724,377	\$5,322,477	\$4,713,704	\$0	Visits	3,264
202402	29,178	Outpatient Hospital	\$6,148,277	\$5,597,084	\$5,942,902	\$5,407,770	\$0	Visits	3,418
202403	29,348	Outpatient Hospital	\$5,553,439	\$5,015,589	\$5,428,935	\$4,906,055	\$0	Visits	3,543
202404	29,290	Outpatient Hospital	\$4,956,356	\$4,375,627	\$4,925,507	\$4,348,438	\$0	Visits	3,482
202405	29,266	Outpatient Hospital	\$6,031,863	\$5,476,890	\$5,983,437	\$5,432,982	\$0	Visits	3,571
202406	29,098	Outpatient Hospital	\$4,918,662	\$4,431,394	\$4,861,865	\$4,380,303	\$0	Visits	3,266
202407	28,911	Outpatient Hospital	\$5,619,629	\$5,098,982	\$5,424,989	\$4,922,676	\$0	Visits	3,421
202408	28,853	Outpatient Hospital	\$5,218,488	\$4,739,490	\$5,102,373	\$4,634,527	\$0	Visits	3,336
202409	28,633	Outpatient Hospital	\$5,069,888	\$4,628,579	\$4,906,719	\$4,479,912	\$0	Visits	3,237
202410	28,520	Outpatient Hospital	\$6,072,109	\$5,592,055	\$5,815,242	\$5,356,209	\$0	Visits	3,626
202411	28,448	Outpatient Hospital	\$5,990,804	\$5,429,617	\$5,525,592	\$5,008,158	\$0	Visits	3,577
202412	27,887	Outpatient Hospital	\$5,955,141	\$5,454,837	\$5,253,169	\$4,812,457	\$0	Visits	3,487
202501	28,467	Outpatient Hospital	\$6,630,028	\$5,825,269	\$4,917,761	\$4,334,099	\$0	Visits	4,195
202502	28,925	Outpatient Hospital	\$5,317,205	\$4,532,006	\$1,618,328	\$1,380,659	\$0	Visits	3,754

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Allowed	Incurred	Drug Rebates	Utilization Unit	Utilization
202201	30,061	Professional	\$7,771,566	\$6,437,336	\$7,771,566	\$6,437,336	\$0	Visits	48,599
202202	30,580	Professional	\$7,041,659	\$5,738,999	\$7,041,659	\$5,738,999	\$0	Visits	41,473
202203	30,432	Professional	\$8,001,854	\$6,587,754	\$8,001,854	\$6,587,754	\$0	Visits	46,828
202204	30,483	Professional	\$7,634,277	\$6,408,201	\$7,634,277	\$6,408,201	\$0	Visits	43,221
202205	30,573	Professional	\$7,860,381	\$6,639,921	\$7,860,174	\$6,639,759	\$0	Visits	45,052
202206	30,704	Professional	\$7,624,512	\$6,389,736	\$7,624,315	\$6,389,582	\$0	Visits	43,131
202207	30,664	Professional	\$6,742,883	\$5,691,149	\$6,742,668	\$5,690,977	\$0	Visits	38,601
202208	30,784	Professional	\$7,456,497	\$6,242,103	\$7,455,810	\$6,241,540	\$0	Visits	44,393
202209	30,785	Professional	\$7,460,912	\$6,283,843	\$7,460,161	\$6,283,223	\$0	Visits	44,264
202210	30,944	Professional	\$7,829,971	\$6,603,214	\$7,828,617	\$6,602,093	\$0	Visits	46,388
202211	30,878	Professional	\$7,564,271	\$6,424,883	\$7,562,095	\$6,423,039	\$0	Visits	43,899
202212	30,621	Professional	\$6,905,200	\$5,813,174	\$6,887,233	\$5,798,627	\$0	Visits	38,196
202301	29,835	Professional	\$7,604,232	\$6,095,283	\$7,601,418	\$6,093,048	\$0	Visits	46,224
202302	30,073	Professional	\$6,774,815	\$5,448,652	\$6,772,092	\$5,446,505	\$0	Visits	39,889
202303	29,940	Professional	\$8,114,637	\$6,634,308	\$8,110,211	\$6,630,726	\$0	Visits	45,328
202304	29,792	Professional	\$6,998,295	\$5,779,539	\$6,993,984	\$5,776,005	\$0	Visits	39,357
202305	29,962	Professional	\$7,810,304	\$6,419,737	\$7,804,745	\$6,415,180	\$0	Visits	44,308
202306	29,954	Professional	\$7,389,579	\$6,086,392	\$7,384,218	\$6,082,000	\$0	Visits	41,386
202307	30,047	Professional	\$6,693,591	\$5,533,900	\$6,687,770	\$5,529,094	\$0	Visits	39,467
202308	30,197	Professional	\$7,604,817	\$6,347,151	\$7,596,415	\$6,340,182	\$0	Visits	42,876
202309	30,166	Professional	\$7,099,273	\$5,932,986	\$7,090,493	\$5,925,698	\$0	Visits	40,230
202310	30,057	Professional	\$7,587,265	\$6,334,038	\$7,576,015	\$6,324,702	\$0	Visits	43,957
202311	29,881	Professional	\$7,514,662	\$6,326,067	\$7,501,368	\$6,314,969	\$0	Visits	40,921
202312	29,066	Professional	\$6,399,693	\$5,326,273	\$6,387,969	\$5,316,568	\$0	Visits	34,946
202401	28,850	Professional	\$7,621,774	\$6,066,639	\$7,604,220	\$6,052,996	\$0	Visits	45,016
202402	29,178	Professional	\$8,069,217	\$6,552,542	\$7,793,555	\$6,319,085	\$0	Visits	43,375
202403	29,348	Professional	\$7,549,501	\$6,091,725	\$7,376,347	\$5,963,427	\$0	Visits	42,166
202404	29,290	Professional	\$7,818,111	\$6,350,642	\$7,769,316	\$6,311,135	\$0	Visits	43,248
202405	29,266	Professional	\$8,293,378	\$6,861,832	\$8,227,306	\$6,807,446	\$0	Visits	44,264
202406	29,098	Professional	\$6,976,734	\$5,748,326	\$6,896,784	\$5,682,847	\$0	Visits	38,059
202407	28,911	Professional	\$7,616,845	\$6,318,135	\$7,352,512	\$6,099,695	\$0	Visits	41,365
202408	28,853	Professional	\$7,061,428	\$5,868,784	\$6,903,358	\$5,738,687	\$0	Visits	39,155
202409	28,633	Professional	\$7,008,239	\$5,829,431	\$6,778,149	\$5,638,783	\$0	Visits	39,381
202410	28,520	Professional	\$8,327,993	\$6,995,250	\$7,970,523	\$6,696,735	\$0	Visits	43,759
202411	28,448	Professional	\$7,256,372	\$6,102,269	\$6,692,556	\$5,628,369	\$0	Visits	38,388
202412	27,887	Professional	\$6,938,093	\$5,760,176	\$6,117,227	\$5,077,792	\$0	Visits	36,770
202501	28,467	Professional	\$8,615,872	\$6,893,348	\$6,374,917	\$5,132,430	\$0	Visits	46,494
202502	28,925	Professional	\$10,760,386	\$8,583,193	\$3,276,492	\$2,621,385	\$0	Visits	60,450



Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Allowed	Incurred	Drug Rebates	Utilization Unit	Utilization
202201	30,061	Other Medical	\$1,402,702	\$1,309,047	\$1,402,702	\$1,309,047	\$0	Services	3,834
202202	30,580	Other Medical	\$1,691,959	\$1,597,041	\$1,691,959	\$1,597,041	\$0	Services	3,843
202203	30,432	Other Medical	\$1,995,764	\$1,905,378	\$1,995,764	\$1,905,378	\$0	Services	4,268
202204	30,483	Other Medical	\$1,784,575	\$1,690,546	\$1,784,575	\$1,690,546	\$0	Services	4,246
202205	30,573	Other Medical	\$1,652,617	\$1,569,386	\$1,652,566	\$1,569,337	\$0	Services	4,418
202206	30,704	Other Medical	\$1,790,556	\$1,709,584	\$1,790,496	\$1,709,527	\$0	Services	4,631
202207	30,664	Other Medical	\$1,477,796	\$1,405,312	\$1,477,741	\$1,405,261	\$0	Services	3,970
202208	30,784	Other Medical	\$2,200,153	\$2,105,884	\$2,199,942	\$2,105,681	\$0	Services	5,101
202209	30,785	Other Medical	\$1,875,984	\$1,802,090	\$1,875,797	\$1,801,911	\$0	Services	4,101
202210	30,944	Other Medical	\$1,426,940	\$1,349,501	\$1,426,670	\$1,349,244	\$0	Services	4,220
202211	30,878	Other Medical	\$1,535,192	\$1,468,859	\$1,534,745	\$1,468,430	\$0	Services	4,442
202212	30,621	Other Medical	\$1,367,459	\$1,296,110	\$1,363,787	\$1,292,576	\$0	Services	4,375
202301	29,835	Other Medical	\$1,467,746	\$1,352,887	\$1,467,192	\$1,352,377	\$0	Services	4,304
202302	30,073	Other Medical	\$1,384,655	\$1,313,681	\$1,384,083	\$1,313,137	\$0	Services	3,803
202303	29,940	Other Medical	\$2,021,677	\$1,921,702	\$2,020,607	\$1,920,686	\$0	Services	4,722
202304	29,792	Other Medical	\$1,660,639	\$1,582,006	\$1,659,598	\$1,581,014	\$0	Services	4,119
202305	29,962	Other Medical	\$1,813,439	\$1,722,582	\$1,812,138	\$1,721,344	\$0	Services	4,508
202306	29,954	Other Medical	\$1,485,063	\$1,395,690	\$1,483,981	\$1,394,672	\$0	Services	4,527
202307	30,047	Other Medical	\$1,579,129	\$1,502,983	\$1,577,747	\$1,501,666	\$0	Services	3,980
202308	30,197	Other Medical	\$1,864,409	\$1,775,250	\$1,862,309	\$1,773,247	\$0	Services	5,182
202309	30,166	Other Medical	\$1,700,965	\$1,628,713	\$1,698,801	\$1,626,637	\$0	Services	4,071
202310	30,057	Other Medical	\$1,781,427	\$1,703,436	\$1,778,744	\$1,700,871	\$0	Services	4,878
202311	29,881	Other Medical	\$1,625,793	\$1,541,158	\$1,622,742	\$1,538,257	\$0	Services	4,421
202312	29,066	Other Medical	\$1,651,010	\$1,560,118	\$1,647,856	\$1,557,122	\$0	Services	4,116
202401	28,850	Other Medical	\$1,644,910	\$1,531,819	\$1,640,977	\$1,528,157	\$0	Services	4,380
202402	29,178	Other Medical	\$1,643,781	\$1,553,821	\$1,595,323	\$1,508,146	\$0	Services	4,369
202403	29,348	Other Medical	\$1,821,113	\$1,738,272	\$1,777,133	\$1,696,336	\$0	Services	4,389
202404	29,290	Other Medical	\$1,732,222	\$1,648,289	\$1,721,408	\$1,638,004	\$0	Services	4,251
202405	29,266	Other Medical	\$1,863,377	\$1,786,113	\$1,848,222	\$1,771,579	\$0	Services	4,482
202406	29,098	Other Medical	\$1,541,730	\$1,458,340	\$1,523,834	\$1,441,384	\$0	Services	4,359
202407	28,911	Other Medical	\$1,662,427	\$1,581,789	\$1,604,895	\$1,527,085	\$0	Services	4,621
202408	28,853	Other Medical	\$1,907,018	\$1,827,008	\$1,864,032	\$1,785,782	\$0	Services	4,419
202409	28,633	Other Medical	\$1,658,028	\$1,587,328	\$1,604,579	\$1,536,162	\$0	Services	4,160
202410	28,520	Other Medical	\$1,890,414	\$1,818,055	\$1,809,238	\$1,739,901	\$0	Services	4,440
202411	28,448	Other Medical	\$1,703,509	\$1,632,918	\$1,571,404	\$1,506,295	\$0	Services	4,130
202412	27,887	Other Medical	\$1,886,460	\$1,809,125	\$1,668,348	\$1,600,346	\$0	Services	4,570
202501	28,467	Other Medical	\$1,845,807	\$1,740,008	\$1,351,880	\$1,276,590	\$0	Services	4,750
202502	28,925	Other Medical	\$2,303,746	\$2,188,217	\$694,801	\$659,933	\$0	Services	5,852

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Allowed	Incurred	Drug Rebates	Utilization Unit	Utilization
202201	30,061	Prescription Drug	\$6,702,549	\$6,192,587	\$6,702,549	\$6,192,587	\$1,275,354	Scripts	25,212
202202	30,580	Prescription Drug	\$6,181,495	\$5,797,609	\$6,181,495	\$5,797,609	\$1,163,440	Scripts	22,401
202203	30,432	Prescription Drug	\$6,840,477	\$6,406,749	\$6,840,477	\$6,406,749	\$1,361,670	Scripts	25,376
202204	30,483	Prescription Drug	\$7,317,093	\$6,963,516	\$7,317,093	\$6,963,516	\$1,412,071	Scripts	25,389
202205	30,573	Prescription Drug	\$6,754,329	\$6,392,115	\$6,754,329	\$6,392,115	\$1,428,737	Scripts	26,804
202206	30,704	Prescription Drug	\$6,994,656	\$6,639,599	\$6,994,656	\$6,639,599	\$1,463,881	Scripts	26,151
202207	30,664	Prescription Drug	\$6,926,379	\$6,598,911	\$6,926,376	\$6,598,908	\$1,412,797	Scripts	25,007
202208	30,784	Prescription Drug	\$7,173,993	\$6,826,115	\$7,173,993	\$6,826,115	\$1,511,972	Scripts	26,165
202209	30,785	Prescription Drug	\$7,315,190	\$6,967,630	\$7,315,187	\$6,967,627	\$1,475,949	Scripts	28,180
202210	30,944	Prescription Drug	\$7,407,026	\$7,060,417	\$7,407,026	\$7,060,417	\$1,475,357	Scripts	29,115
202211	30,878	Prescription Drug	\$6,991,543	\$6,657,315	\$6,991,540	\$6,657,312	\$1,443,119	Scripts	27,475
202212	30,621	Prescription Drug	\$6,713,313	\$6,360,071	\$6,713,313	\$6,360,071	\$1,404,876	Scripts	28,372
202301	29,835	Prescription Drug	\$7,301,413	\$6,752,379	\$7,301,413	\$6,752,379	\$1,559,643	Scripts	26,292
202302	30,073	Prescription Drug	\$6,324,745	\$5,896,757	\$6,324,745	\$5,896,757	\$1,413,527	Scripts	23,536
202303	29,940	Prescription Drug	\$7,233,007	\$6,787,926	\$7,233,004	\$6,787,923	\$1,657,521	Scripts	26,475
202304	29,792	Prescription Drug	\$6,741,322	\$6,385,272	\$6,741,322	\$6,385,272	\$1,573,969	Scripts	24,343
202305	29,962	Prescription Drug	\$7,490,893	\$7,111,469	\$7,490,893	\$7,111,469	\$1,742,459	Scripts	26,482
202306	29,954	Prescription Drug	\$7,022,433	\$6,670,173	\$7,022,433	\$6,670,173	\$1,654,946	Scripts	25,418
202307	30,047	Prescription Drug	\$6,981,292	\$6,641,419	\$6,981,292	\$6,641,419	\$1,751,372	Scripts	24,291
202308	30,197	Prescription Drug	\$7,391,302	\$7,021,470	\$7,391,302	\$7,021,470	\$1,856,675	Scripts	26,282
202309	30,166	Prescription Drug	\$6,405,335	\$6,095,169	\$6,405,335	\$6,095,169	\$1,667,751	Scripts	27,244
202310	30,057	Prescription Drug	\$7,672,930	\$7,328,117	\$7,672,930	\$7,328,117	\$1,873,464	Scripts	33,402
202311	29,881	Prescription Drug	\$7,515,005	\$7,171,049	\$7,515,002	\$7,171,047	\$1,828,343	Scripts	29,192
202312	29,066	Prescription Drug	\$6,699,241	\$6,345,283	\$6,699,241	\$6,345,283	\$1,707,402	Scripts	26,818
202401	28,850	Prescription Drug	\$6,699,957	\$6,147,586	\$6,699,954	\$6,147,583	\$1,802,826	Scripts	27,025
202402	29,178	Prescription Drug	\$6,844,160	\$6,408,565	\$6,844,159	\$6,408,563	\$1,767,419	Scripts	24,372
202403	29,348	Prescription Drug	\$6,245,344	\$5,834,319	\$6,245,344	\$5,834,319	\$1,774,197	Scripts	24,473
202404	29,290	Prescription Drug	\$7,056,983	\$6,681,113	\$7,056,979	\$6,681,108	\$1,883,687	Scripts	25,856
202405	29,266	Prescription Drug	\$7,116,789	\$6,755,194	\$7,116,789	\$6,755,194	\$2,001,697	Scripts	26,073
202406	29,098	Prescription Drug	\$6,627,801	\$6,277,407	\$6,627,801	\$6,277,407	\$1,788,978	Scripts	24,272
202407	28,911	Prescription Drug	\$7,555,631	\$7,166,055	\$7,555,631	\$7,166,055	\$1,901,195	Scripts	25,891
202408	28,853	Prescription Drug	\$7,380,166	\$7,000,054	\$7,380,166	\$7,000,054	\$1,854,065	Scripts	25,647
202409	28,633	Prescription Drug	\$7,649,737	\$7,305,342	\$7,649,732	\$7,305,338	\$1,837,552	Scripts	29,229
202410	28,520	Prescription Drug	\$7,600,846	\$7,253,509	\$7,600,844	\$7,253,507	\$1,947,367	Scripts	30,600
202411	28,448	Prescription Drug	\$7,160,987	\$6,852,725	\$7,160,983	\$6,852,720	\$1,793,586	Scripts	27,246
202412	27,887	Prescription Drug	\$7,693,467	\$7,322,811	\$7,693,464	\$7,322,808	\$1,859,078	Scripts	27,043
202501	28,467	Prescription Drug	\$7,458,813	\$6,917,016	\$7,458,810	\$6,917,013	\$1,822,465	Scripts	26,819
202502	28,925	Prescription Drug	\$7,622,379	\$7,178,166	\$7,622,377	\$7,178,164	\$1,849,471	Scripts	25,536

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Allowed	Incurred	Drug Rebates	Utilization Unit	Utilization
202201	30,061	Capitations	\$29,212	\$29,212	\$29,212	\$29,212	\$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	\$29,863	\$29,863	\$29,863	\$29,863	\$0	Benefit Period	30,944
202211	30,878	Capitations	\$29,778	\$29,778	\$29,778	\$29,778	\$0	Benefit Period	30,878
202212	30,621	Capitations	\$29,506	\$29,506	\$29,506	\$29,506	\$0	Benefit Period	30,621
202301	29,835	Capitations	\$25,397	\$25,397	\$25,397	\$25,397	\$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	\$25,646	\$25,646	\$25,646	\$25,646	\$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	\$25,522	\$25,522	\$25,522	\$25,522	\$0	Benefit Period	30,057
202311	29,881	Capitations	\$25,294	\$25,294	\$25,294	\$25,294	\$0	Benefit Period	29,881
202312	29,066	Capitations	\$24,606	\$24,606	\$24,606	\$24,606	\$0	Benefit Period	29,066
202401	28,850	Capitations	\$24,785	\$24,785	\$24,785	\$24,785	\$0	Benefit Period	28,850
202402	29,178	Capitations	\$25,233	\$25,233	\$25,233	\$25,233	\$0	Benefit Period	29,178
202403	29,348	Capitations	\$25,363	\$25,363	\$25,363	\$25,363	\$0	Benefit Period	29,348
202404	29,290	Capitations	\$25,284	\$25,284	\$25,284	\$25,284	\$0	Benefit Period	29,290
202405	29,266	Capitations	\$25,287	\$25,287	\$25,287	\$25,287	\$0	Benefit Period	29,266
202406	29,098	Capitations	\$25,237	\$25,237	\$25,237	\$25,237	\$0	Benefit Period	29,098
202407	28,911	Capitations	\$25,110	\$25,110	\$25,110	\$25,110	\$0	Benefit Period	28,911
202408	28,853	Capitations	\$25,098	\$25,098	\$25,098	\$25,098	\$0	Benefit Period	28,853
202409	28,633	Capitations	\$24,970	\$24,970	\$24,970	\$24,970	\$0	Benefit Period	28,633
202410	28,520	Capitations	\$24,897	\$24,897	\$24,897	\$24,897	\$0	Benefit Period	28,520
202411	28,448	Capitations	\$24,761	\$24,761	\$24,761	\$24,761	\$0	Benefit Period	28,448
202412	27,887	Capitations	\$24,321	\$24,321	\$24,321	\$24,321	\$0	Benefit Period	27,887
202501	28,467	Capitations	\$24,059	\$24,059	\$24,059	\$24,059	\$0	Benefit Period	28,467
202502	28,925	Capitations	\$24,694	\$24,694	\$24,694	\$24,694	\$0	Benefit Period	28,925

### Appendix - Total Experience

Month	Members	Contracts	Ultimate Allowed	Drug Rebates	Post-Rx Rebate Ultimate Allowed	Post-Rx Rebate Ultimate Incurred	Premium	Loss Ratio
202201	30,061	19,197	\$23,608,572	\$1,275,354	\$22,333,218	\$19,779,986	\$19,637,982	100.7%
202202	30,580	19,551	\$22,484,371	\$1,163,440	\$21,320,931	\$18,953,183	\$19,835,085	95.6%
202203	30,432	19,467	\$25,517,294	\$1,361,670	\$24,155,624	\$21,583,718	\$19,924,532	108.3%
202204	30,483	19,472	\$25,518,881	\$1,412,071	\$24,106,810	\$21,908,515	\$20,022,889	109.4%
202205	30,573	19,487	\$23,671,566	\$1,428,737	\$22,242,829	\$20,083,334	\$20,096,314	99.9%
202206	30,704	19,553	\$24,981,895	\$1,463,881	\$23,518,014	\$21,343,739	\$20,169,373	105.8%
202207	30,664	19,550	\$22,248,549	\$1,412,797	\$20,835,752	\$18,925,652	\$20,152,020	93.9%
202208	30,784	19,622	\$24,991,865	\$1,511,972	\$23,479,893	\$21,297,853	\$20,305,931	104.9%
202209	30,785	19,596	\$25,884,513	\$1,475,949	\$24,408,565	\$22,295,657	\$20,415,476	109.2%
202210	30,944	19,671	\$26,721,582	\$1,475,357	\$25,246,225	\$23,095,944	\$20,382,383	113.3%
202211	30,878	19,594	\$25,323,742	\$1,443,119	\$23,880,623	\$21,824,361	\$20,538,984	106.3%
202212	30,621	19,403	\$27,832,969	\$1,404,876	\$26,428,093	\$24,357,434	\$20,461,383	119.0%
202301	29,835	19,003	\$24,642,382	\$1,559,643	\$23,082,739	\$20,165,767	\$21,149,156	95.4%
202302	30,073	19,160	\$21,687,565	\$1,413,527	\$20,274,038	\$17,838,310	\$21,317,750	83.7%
202303	29,940	19,107	\$25,938,595	\$1,657,521	\$24,281,073	\$21,611,060	\$21,298,650	101.5%
202304	29,792	19,045	\$23,212,774	\$1,573,969	\$21,638,805	\$19,445,037	\$21,328,506	91.2%
202305	29,962	19,132	\$26,123,646	\$1,742,459	\$24,381,187	\$21,940,614	\$21,418,814	102.4%
202306	29,954	19,098	\$24,207,626	\$1,654,946	\$22,552,680	\$20,225,824	\$21,655,939	93.4%
202307	30,047	19,172	\$22,699,627	\$1,751,372	\$20,948,255	\$18,801,078	\$21,778,474	86.3%
202308	30,197	19,235	\$26,407,074	\$1,856,675	\$24,550,399	\$22,240,566	\$21,976,322	101.2%
202309	30,166	19,187	\$21,540,144	\$1,667,751	\$19,872,394	\$17,815,850	\$22,067,527	80.7%
202310	30,057	19,048	\$24,911,500	\$1,873,464	\$23,038,036	\$20,842,127	\$22,102,746	94.3%
202311	29,881	18,928	\$24,915,573	\$1,828,343	\$23,087,230	\$20,955,755	\$22,169,657	94.5%
202312	29,066	18,443	\$22,838,038	\$1,707,402	\$21,130,636	\$19,066,520	\$22,106,146	86.2%
202401	28,850	18,433	\$25,690,896	\$1,802,826	\$23,888,070	\$20,952,947	\$22,675,398	92.4%
202402	29,178	18,705	\$26,384,906	\$1,767,419	\$24,617,487	\$21,931,997	\$22,998,764	95.4%
202403	29,348	18,773	\$24,604,453	\$1,774,197	\$22,830,256	\$20,216,845	\$23,247,837	87.0%
202404	29,290	18,765	\$27,419,076	\$1,883,687	\$25,535,389	\$22,930,453	\$23,304,971	98.4%
202405	29,266	18,758	\$27,059,773	\$2,001,697	\$25,058,077	\$22,556,788	\$23,319,704	96.7%
202406	29,098	18,658	\$23,515,806	\$1,788,978	\$21,726,828	\$19,481,181	\$23,374,737	83.3%
202407	28,911	18,516	\$26,108,534	\$1,901,195	\$24,207,339	\$21,834,106	\$23,273,184	93.8%
202408	28,853	18,483	\$24,022,127	\$1,854,065	\$22,168,062	\$19,939,878	\$23,297,103	85.6%
202409	28,633	18,345	\$24,152,848	\$1,837,552	\$22,315,296	\$20,229,156	\$23,330,610	86.7%
202410	28,520	18,278	\$27,559,442	\$1,947,367	\$25,612,076	\$23,294,902	\$23,381,252	99.6%
202411	28,448	18,196	\$25,497,472	\$1,793,586	\$23,703,886	\$21,518,693	\$23,475,289	91.7%
202412	27,887	17,836	\$25,329,455	\$1,859,078	\$23,470,377	\$21,269,921	\$23,362,726	91.0%
202501	28,467	18,388	\$27,676,415	\$1,822,465	\$25,853,950	\$22,526,159	\$24,283,373	92.8%
202502	28,925	18,714	\$26,450,650	\$1,849,471	\$24,601,180	\$21,035,756	\$24,514,187	85.8%

May 1, 2025

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 2026 ACA plan rate filing submitted 5/1/2025. 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:** 2834
- d. **Date Submitted:** 5/1/2025
- e. **Proposed Effective Date:** 1/1/2026.
- 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 2026 is 12.6%.
- 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: NA

For further detail and support for the rate actions proposed above please reference the Actuarial Memorandum submitted on 5/1/2025.

Sincerely,

**Cory Bream**  
Digitally signed by Cory  
Bream  
Date: 2025.05.01 09:40:15  
-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-134471258
Submission Date	5/1/2025
Product Name	BluePreferred

Market Type: ☒ Individual ☐ Small Group

Rate Filing Type: ☒ Rate Increase ☐ New Filing

### Scope and Range of the Increase:

The 12.6 % increase is requested because:

The main drivers supporting the rate change are 1) increase in the base period claims experience of the combined pool, 2) trend, 3) lower projected risk adjustment receivable, and 4) decrease in the admin factor.

This filing will impact:

# of policyholder’s 6,544 # of covered lives 8,846

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 12.6 %
- Minimum Rate Change: The smallest premium increase (or largest decrease), by percentage, that any one policy holder would experience if the filing is approved 11.1 %
- Maximum Rate Change: The largest premium increase, by percentage, that any one policy holder would experience if the filing is approved 27.7 %

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 2024, a total of \$73.1 million in premium was collected and \$80.3 million in claims were paid out. We received \$6.7 million in risk adjustment, for a loss ratio of 100.7%. However, the rate increase of the product is driven partially by the combined Individual and Small group experience, which collected \$279.0 million in premium and paid out \$256.2 million in claims and received \$27.7 million in risk adjustment for a loss ratio of 81.9%.

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 84.5%.

Components of Increase

The request is made up of the following components:

<b>Trend Increases –</b>	<b>7.3</b>	% of the	<b>12.6</b>	% 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	<b>2.3</b>	% of the	<b>12.6</b>	% 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	<b>4.9</b>	% of the	<b>12.6</b>	% total filed increase.

<b>Other Increases –</b>	<b>4.9</b>	% of the	<b>12.6</b>	% 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	<b>0.0</b>	% of the	<b>12.6</b>	% 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	<b>2.2</b>	% of the	<b>12.6</b>	% 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	<b>-1.3</b>	% of the	<b>12.6</b>	% 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	<b>-1.9</b>	% of the	<b>12.6</b>	% total filed increase.
5. Other – Defined as:				
The Risk Adjustment receivable was lower than anticipated.				
This component is	<b>6.0</b>	% of the	<b>12.6</b>	% total filed increase.

1	Unified Rate Review v6.1																				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.									
2																														
3	Company Legal Name:		GHMSI, Inc.																											
4	HIOS Issuer ID:		78079		State:		DC																							
5	Effective Date of Rate Change(s):		1/1/2026		Market:		Individual																							
6																														
7																														
8	Market Level Calculations (Same for all Plans)																													
9																														
10																														
11	Section I: Experience Period Data																													
12	Experience Period:				1/1/2024				to				12/31/2024																	
13					Total						PMPM																			
14	Allowed Claims				\$285,133,142.26						\$3,022.37																			
15	Reinsurance				\$0.00						\$0.00																			
16	Incurred Claims in Experience Period				\$256,156,867.47						\$2,715.22																			
17	Risk Adjustment				\$27,699,086.30						\$293.61																			
18	Experience Period Premium				\$279,041,574.62						\$2,957.80																			
19	Experience Period Member Months				94,341																									
20																														
21	Section II: Projections																													
22	Benefit Category		Experience Period Index Rate PMPM		Year 1 Trend				Year 2 Trend				Trended EHB Allowed Claims PMPM																	
Cost					Utilization		Cost		Utilization																					
23																														
24	Inpatient Hospital		\$124.32		1.014		1.029		1.014		1.029		\$135.24																	
25	Outpatient Hospital		\$193.03		1.088		1.022		1.088		1.022		\$238.47																	
26	Professional		\$259.93		1.043		1.018		1.043		1.018		\$292.79																	
27	Other Medical		\$60.50		1.044		1.024		1.044		1.024		\$69.09																	
28	Capitation		\$0.63		1.000		1.000		1.000		1.000		\$0.63																	
29	Prescription Drug		\$183.15		1.041		1.027		1.041		1.027		\$209.33																	
30	Total		\$821.57										\$945.56																	
31																														
32	Morbidity Adjustment																													
33	Demographic Shift																													
34	Plan Design Changes																													
35	Other																													
36	Adjusted Trended EHB Allowed Claims PMPM for		1/1/2026																											
37																														
38	Manual EHB Allowed Claims PMPM																													
39	Applied Credibility %																													
40																														
41																														
42	Projected Index Rate for		1/1/2026												Projected Period Totals															
43	Reinsurance														\$101,393,150.66															
44	Risk Adjustment Payment/Charge														\$0.00															
45	Exchange User Fees														\$7,500,634.39															
46	Market Adjusted Index Rate														\$0.00															
47															\$93,892,516.27															
48	Projected Member Months														105,026															
49																														
50	Information Not Releasable to the Public Unless Authorized by Law: This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in																													
51	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.



Product-Plan Data Collection

Company Legal Name: GHMSI, Inc.  
HIOS Issuer ID: 78079 State: DC  
Effective Date of Rate Change(s): 1/1/2026 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

Section I: General Product and Plan Information

Field #	1.1 Product Name	BluePreferred PPO					
	1.2 Product ID	78079DC021					
	1.3 Plan Name	BluePreferred PPO	BluePreferred PPO	BluePreferred PPO	BluePreferred PPO	BluePreferred PPO	BluePreferred PPO
	1.4 Plan ID (Standard Component ID)	78079DC0210001	78079DC0210002	78079DC0210003	78079DC0210004	78079DC0210005	78079DC0210006
	1.5 Metal	Platinum	Bronze	Gold	Silver	Bronze	Gold
	1.6 AV Metal Value	0.917	0.648	0.819	0.719	0.650	0.819
	1.7 Plan Category	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing
	1.8 Plan Type	PPO	PPO	PPO	PPO	PPO	PPO
	1.9 Exchange Plan?	Yes	Yes	Yes	Yes	Yes	Yes
	1.10 Effective Date of Proposed Rates	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026
	1.11 Cumulative Rate Change % (over 12 mos prior)	11.15%	13.21%	11.81%	14.60%	14.86%	12.33%
	1.12 Product Rate Increase %	12.53%					
	1.13 Submission Level Rate Increase %	12.53%					

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
\$285,133,142	\$91,791,067	\$40,193,508	\$4,119,796	\$22,968,028	\$12,074,232	\$5,915,855	\$6,519,649
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	\$11,460,619	\$1,897,282	\$1,308,243	\$2,560,926	\$2,552,398	\$1,931,539	\$1,210,230
	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$256,156,867	\$80,330,448	\$38,296,225	\$2,811,553	\$20,407,102	\$9,521,833	\$3,984,316	\$5,309,419
\$27,699,086	\$6,693,274	\$14,444,446	-\$1,616,123	-\$762,387	-\$3,358,378	-\$1,810,607	-\$203,677
\$279,041,575	\$73,137,823	\$19,584,228	\$5,576,211	\$22,604,726	\$13,394,943	\$6,232,332	\$5,745,383
94,341	94,341	21,345	9,174	27,351	18,886	10,278	7,307
	8,949	1,866	1,125	2,604	1,803	894	657
	\$749.25	\$939.11	\$571.54	\$819.46	\$653.44	\$556.34	\$761.50
	100.63%	112.54%	71.00%	93.43%	94.87%	90.11%	95.81%
Per Member Per Month							
2.13 Allowed Claims	\$972.97	\$1,883.04	\$449.07	\$839.75	\$639.32	\$575.58	\$892.25
2.14 Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2.15 Member Cost Sharing	\$121.48	\$88.89	\$142.60	\$93.63	\$135.15	\$187.93	\$165.63
2.16 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2.17 Incurred Claims	\$851.49	\$1,794.15	\$306.47	\$746.12	\$504.17	\$387.65	\$726.62
2.18 Risk Adjustment Transfer Amount	\$70.95	\$676.71	-\$176.16	-\$27.87	-\$177.82	-\$176.16	-\$27.87
2.19 Premium	\$775.25	\$917.51	\$607.83	\$826.47	\$709.25	\$606.38	\$786.28

Section III: Plan Adjustment Factors

3.1 Plan ID (Standard Component ID)		78079DC0210001	78079DC0210002	78079DC0210003	78079DC0210004	78079DC0210005	78079DC0210006
3.2 Market Adjusted Index Rate		\$893.99					
3.3 AV and Cost Sharing Design of Plan		1.0200	0.6317	0.8951	0.7313	0.6238	0.8356
3.4 Provider Network Adjustment		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.5 Benefits in Addition to EHB		1.0065	1.0074	1.0067	1.0071	1.0075	1.0068
Administrative Costs							
3.6 Administrative Expense		8.38%	8.38%	8.38%	8.38%	8.38%	8.38%
3.7 Taxes and Fees		3.27%	3.27%	3.27%	3.27%	3.27%	3.27%
3.8 Profit & Risk Load		1.70%	1.70%	1.70%	1.70%	1.70%	1.70%
3.9 Catastrophic Adjustment		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.10 Plan Adjusted Index Rate		\$1,059.05	\$656.52	\$929.60	\$759.81	\$648.35	\$867.89

3.11 Age Calibration Factor	0.9125	0.9125					
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		\$966.42	\$599.10	\$848.29	\$693.36	\$591.64	\$791.98

Section IV: Projected Plan Level Information

4.1 Plan ID (Standard Component ID)	Total	78079DC0210001	78079DC0210002	78079DC0210003	78079DC0210004	78079DC0210005	78079DC0210006
4.2 Allowed Claims	\$98,937,531	\$19,860,421	\$14,833,656	\$27,760,255	\$21,102,195	\$8,481,813	\$6,899,191
4.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.4 Member Cost Sharing	\$16,233,312	\$556,197	\$4,564,788	\$2,546,239	\$4,833,145	\$2,683,474	\$1,049,470
4.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.6 Incurred Claims	\$82,704,219	\$19,304,224	\$10,268,869	\$25,214,016	\$16,269,050	\$5,798,339	\$5,849,721
4.7 Risk Adjustment Transfer Amount	\$6,109,076	\$15,653,244	-\$3,507,036	-\$231,721	-\$3,742,517	-\$2,005,306	-\$57,589
4.8 Premium	\$88,548,524	\$20,659,928	\$11,000,667	\$26,990,865	\$17,422,530	\$6,211,806	\$6,262,728
4.9 Projected Member Months	105,026	19,508	16,756	29,035	22,930	9,581	7,216
4.10 Loss Ratio	87.37%	53.16%	137.03%	94.23%	118.93%	137.84%	94.27%
Per Member Per Month							
4.11 Allowed Claims	\$942.03	\$1,018.07	\$885.27	\$956.10	\$920.29	\$885.27	\$956.10
4.12 Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.13 Member Cost Sharing	\$154.56	\$28.51	\$272.43	\$87.70	\$210.78	\$280.08	\$145.44
4.14 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.15 Incurred Claims	\$787.46	\$989.55	\$612.85	\$868.40	\$709.51	\$605.19	\$810.66
4.16 Risk Adjustment Transfer Amount	\$58.17	\$802.40	-\$209.30	-\$7.98	-\$163.21	-\$209.30	-\$7.98
4.17 Premium	\$843.11	\$1,059.05	\$656.52	\$929.60	\$759.81	\$648.35	\$867.89

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