
State: District of Columbia **Filing Company:** CareFirst BlueChoice, Inc.
TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO
Product Name: 2835 - DC ACA Individual BlueChoice
Project Name/Number: 2835 - DC BC IND64-ACA ON-EXCHANGE/2835

Filing at a Glance

Company: CareFirst BlueChoice, Inc.
Product Name: 2835 - DC ACA Individual BlueChoice
State: District of Columbia
TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)
Sub-TOI: HOrg02I.005D Individual - HMO
Filing Type: Rate
Date Submitted: 05/01/2025
SERFF Tr Num: CFAP-134502528
SERFF Status: Assigned
State Tr Num:
State Status:
Co Tr Num: 2835

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 Filing Description:

State:	District of Columbia	Filing Company:	CareFirst BlueChoice, Inc.
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO		
Product Name:	2835 - DC ACA Individual BlueChoice		
Project Name/Number:	2835 - DC BC IND64-ACA ON-EXCHANGE/2835		

General Information

Project Name: 2835 - DC BC IND64-ACA ON-EXCHANGE

Project Number: 2835

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact: 4.1%

Deemer Date:

Submitted By: Shane Kontir

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type: Individual

Filing Status Changed: 05/02/2025

State Status Changed:

Created By: Shane Kontir

Corresponding Filing Tracking Number:

PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null

Include Exchange Intentions:

No

Filing Description:

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

Company and Contact

Filing Contact Information

Cory Bream, Actuarial Assistant

10455 Mill Run Circle

Owings Mills, MD 21117

cory.bream@carefirst.com

410-998-5308 [Phone]

410-998-7704 [FAX]

Filing Company Information

CareFirst BlueChoice, Inc.

840 First Street NE

Washington, DC 20065

(410) 581-3000 ext. [Phone]

CoCode: 96202

Group Code:

Group Name:

FEIN Number: 52-1358219

State of Domicile: District of
ColumbiaCompany Type: Health
Maintenance Organization

State ID Number:

State: District of Columbia **Filing Company:** CareFirst BlueChoice, Inc.
TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO
Product Name: 2835 - DC ACA Individual BlueChoice
Project Name/Number: 2835 - DC BC IND64-ACA ON-EXCHANGE/2835

Filing Fees

State Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

State: District of Columbia

Filing Company: CareFirst BlueChoice, Inc.

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

Product Name: 2835 - DC ACA Individual BlueChoice

Project Name/Number: 2835 - DC BC IND64-ACA ON-EXCHANGE/2835

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-134064986

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
CareFirst BlueChoice, Inc.	Increase	4.100%	4.100%	\$726,323	2,022	\$17,912,252	5.600%	-1.800%

State: District of Columbia **Filing Company:** CareFirst BlueChoice, Inc.
TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO
Product Name: 2835 - DC ACA Individual BlueChoice
Project Name/Number: 2835 - DC BC IND64-ACA ON-EXCHANGE/2835

Rate Review Detail

COMPANY:

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

PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
BlueChoice HMO	86052DC040		2451

Trend Factors:

FORMS:

New Policy Forms: DC/CFBC/CD/AUTH AMEND/HMO (R. 1/26), DC/CFBC/EXC/CD MAP AMEND (1/26), DC/CFBC/EXC/HMO ESS /PLAT 0 (1/26), DC/CFBC/EXC/HMO ESS/BRZ 7500 (1/26), DC/CFBC/EXC/HMO ESS/GOLD 500 (1/26), DC/CFBC/EXC/HMO ESS/SIL 4850 (1/26), DC/CFBC/EXC/HMO ESS/SIL 4850 A (1/26), DC/CFBC/EXC/HMO ESS/SIL 4850 B (1/26), DC/CFBC/EXC/HMO ESS/SIL 4850 C (1/26), DC/CFBC/EXC/HMO HSA ESS/BRZ 6350 (1/26), DC/CFBC/EXC/HMO HSA/GOLD 1700 VC+ (1/26), DC/CFBC/EXC/HMO/ YA 10150 VC+ SOB (1/26), DC/CFBC/EXC/HMO/DOCS (R. 1/26), DC/CFBC/EXC/HMO/IEA (R. 1/26), DC/CFBC/EXC/HMO/NATAMER SOB (1/26)

Affected Forms:

Other Affected Forms: DC/CFBC/CD/HMO/INCENT (1/23), DC/CFBC/DOL APPEAL (R. 1/22), DC/CFBC/EXC/NATAMER (1/14), DC/CFBC/MEM/BLCRD (R. 6/18), DC/CFBC/PT PROTECT (9/10)

REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual
Member Months: 29,886
Benefit Change: Increase
Percent Change Requested: Min: -1.8 Max: 5.6 Avg: 4.1

PRIOR RATE:

Total Earned Premium: 17,912,252.00
Total Incurred Claims: 16,343,320.00
Annual \$: Min: 295.27 Max: 837.00 Avg: 551.67

REQUESTED RATE:

Projected Earned Premium: 18,165,352.00
Projected Incurred Claims: 15,408,383.00
Annual \$: Min: 289.86 Max: 883.96 Avg: 574.04

State: District of Columbia

Filing Company: CareFirst BlueChoice, Inc.

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

Product Name: 2835 - DC ACA Individual BlueChoice

Project Name/Number: 2835 - DC BC IND64-ACA ON-EXCHANGE/2835

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		2835 - DC BlueChoice - Ind - Rate Sheets - 5-1	DC/CFBC/CD/HMO/INCENT (1/23), DC/CFBC/DOL APPEAL (R. 1/22), DC/CFBC/EXC/NATAMER (1/14), DC/CFBC/MEM/BLCRD (R. 6/18), DC/CFBC/PT PROTECT (9/10), DC/CFBC/CD/AUTH AMEND/HMO (R. 1/26), DC/CFBC/EXC/CD MAP AMEND (1/26), DC/CFBC/EXC/HMO ESS /PLAT 0 (1/26), DC/CFBC/EXC/HMO ESS/BRZ 7500 (1/26), DC/CFBC/EXC/HMO ESS/GOLD 500 (1/26), DC/CFBC/EXC/HMO ESS/SIL 4850 (1/26), DC/CFBC/EXC/HMO ESS/SIL 4850 A (1/26), DC/CFBC/EXC/HMO ESS/SIL 4850 B (1/26), DC/CFBC/EXC/HMO ESS/SIL 4850 C (1/26), DC/CFBC/EXC/HMO HSA ESS/BRZ 6350 (1/26), DC/CFBC/EXC/HMO HSA/GOLD 1700 VC+ (1/26), DC/CFBC/EXC/HMO/ YA 10150 VC+ SOB (1/26), DC/CFBC/EXC/HMO/DOCS (R. 1/26), DC/CFBC/EXC/HMO/IEA (R. 1/26), DC/CFBC/EXC/HMO/NATAME R SOB (1/26)	Revised	Previous State Filing Number: CFAP-134064986 Percent Rate Change Request: 4.1	2835 - DC BlueChoice - Ind - Rate Sheets - 5-1.pdf,

**CareFirst BlueChoice, Inc.
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 96202)
Rate Filing # 2835**

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

Rates & Factors

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

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

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BlueChoice HMO Essential Bronze 7500	6
BlueChoice HMO HSA Bronze 6350	7
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CareFirst BlueChoice, Inc.
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 96202)
D.C. Individual Products
Rate Filing Effective 1/1/2026
Form Numbers

Form Numbers Associated With This ACA Filing:

BlueChoice HMO Standard Plans

DC/CFBC/EXC/HMO/IEA (R. 1/26)
DC/CFBC/DOL APPEAL (R. 1/22)
DC/CFBC/EXC/HMO/DOCS (R. 1/26)
DC/CFBC/EXC/HMO HSA ESS/BRZ 6350 (1/26)
DC/CFBC/EXC/HMO ESS/BRZ 7500 (1/26)
DC/CFBC/EXC/HMO ESS/SIL 4850 (1/26)
DC/CFBC/EXC/HMO ESS/SIL 4850 A (1/26)
DC/CFBC/EXC/HMO ESS/SIL 4850 B (1/26)
DC/CFBC/EXC/HMO ESS/SIL 4850 C (1/26)
DC/CFBC/EXC/HMO ESS/GOLD 500 (1/26)
DC/CFBC/EXC/HMO ESS /PLAT 0 (1/26)
DC/CFBC/EXC/HMO HSA/GOLD 1700 VC+ (1/26)
DC/CFBC/EXC/HMO/NATAMER SOB (1/26)
DC/CFBC/EXC/NATAMER (1/14)
DC/CFBC/MEM/BLCRD (R. 6/18)
DC/CFBC/CD/AUTH AMEND/HMO (R. 1/26)
DC/CFBC/EXC/CD MAP AMEND (1/26)
DC/CFBC/PT PROTECT (9/10)
DC/CFBC/CD/HMO/INCENT (1/23)

BlueChoice HMO Young Adult

DC/CFBC/EXC/HMO/IEA (R. 1/26)
DC/CFBC/DOL APPEAL (R. 1/22)
DC/CFBC/EXC/HMO/DOCS (R. 1/26)
DC/CFBC/EXC/HMO/NATAMER SOB (1/26)
DC/CFBC/EXC/HMO/ YA 10150 VC+ SOB (1/26)
DC/CFBC/EXC/NATAMER (1/14)
DC/CFBC/MEM/BLCRD (R. 6/18)
DC/CFBC/CD/AUTH AMEND/HMO (R. 1/26)
DC/CFBC/EXC/CD MAP AMEND (1/26)
DC/CFBC/PT PROTECT (9/10)
DC/CFBC/CD/HMO/INCENT (1/23)

CareFirst BlueChoice, Inc.
D.C. Individual Products, Rate Filing Effective 1/1/2026

Age Factors

Age	Factor
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

CareFirst BlueChoice, Inc.
Individual On Exchange
DISTRICT OF COLUMBIA
BlueChoice HMO Young Adult 10150 Virtual Connect Plus
Proposed Monthly Premium Rate Filing Effective 1/1/2026

Consumer Adjusted Rate **\$289.86**

Age	Monthly Premium
0-20	\$189.57
21	\$210.73
22	\$210.73
23	\$210.73
24	\$210.73
25	\$210.73
26	\$210.73
27	\$210.73
28	\$215.66
29	\$220.29
30	\$225.80
31	\$231.60
32	\$236.82
33	\$242.32
34	\$248.12
35	\$253.92
36	\$259.71
37	\$265.51
38	\$268.70
39	\$271.89
40	\$282.61
41	\$293.63
42	\$305.22
43	\$317.11
44	\$329.57
45	\$342.32
46	\$355.66
47	\$369.57
48	\$384.06
49	\$399.14
50	\$414.79
51	\$431.02
52	\$447.83
53	\$465.23
54	\$483.49
55	\$502.33
56	\$522.04
57	\$542.33
58	\$563.49
59	\$585.52
60	\$608.42
61	\$632.17
62	\$632.17
63	\$632.17
64+	\$632.17

Summary of Member Cost-Shares

	In Network
DEDUCTIBLE	\$10,150
COINSURANCE	0%
OUT-OF-POCKET MAXIMUM	\$10,150
Office Copays	\$0 PCP /\$0 Specialist
Drug:	\$0 Generic, \$0 Preferred Brand
	\$0 Non-Preferred Brand
Drug and Medical Combined for Deductible & OOP Max	

CareFirst BlueChoice, Inc.
Individual On Exchange
DISTRICT OF COLUMBIA
BlueChoice HMO Essential Bronze 7500
Proposed Monthly Premium Rate Filing Effective 1/1/2026

Consumer Adjusted Rate **\$539.75**

Age	Monthly Premium
0-20	\$353.00
21	\$392.40
22	\$392.40
23	\$392.40
24	\$392.40
25	\$392.40
26	\$392.40
27	\$392.40
28	\$401.57
29	\$410.21
30	\$420.47
31	\$431.26
32	\$440.98
33	\$451.23
34	\$462.03
35	\$472.82
36	\$483.62
37	\$494.41
38	\$500.35
39	\$506.29
40	\$526.26
41	\$546.77
42	\$568.36
43	\$590.49
44	\$613.70
45	\$637.44
46	\$662.27
47	\$688.18
48	\$715.17
49	\$743.24
50	\$772.38
51	\$802.61
52	\$833.91
53	\$866.30
54	\$900.30
55	\$935.39
56	\$972.09
57	\$1,009.87
58	\$1,049.27
59	\$1,090.30
60	\$1,132.94
61	\$1,177.17
62	\$1,177.17
63	\$1,177.17
64+	\$1,177.17

Summary of Member Cost-Shares

	<u>In Network</u>
DEDUCTIBLE	\$7,500
COINSURANCE	40%
OUT-OF-POCKET MAXIMUM	\$10,150
Office Copays	\$45 PCP /\$105 Specialist
Drug:	\$25 Generic, \$75 Preferred Brand \$100 Non-Preferred Brand
Drug and Medical Combined for OOP Max	

CareFirst BlueChoice, Inc.
Individual On Exchange
DISTRICT OF COLUMBIA
BlueChoice HMO HSA Bronze 6350
Proposed Monthly Premium Rate Filing Effective 1/1/2026

Consumer Adjusted Rate **\$517.87**

Age	Monthly Premium
0-20	\$338.69
21	\$376.49
22	\$376.49
23	\$376.49
24	\$376.49
25	\$376.49
26	\$376.49
27	\$376.49
28	\$385.30
29	\$393.58
30	\$403.42
31	\$413.78
32	\$423.10
33	\$432.94
34	\$443.30
35	\$453.65
36	\$464.01
37	\$474.37
38	\$480.07
39	\$485.76
40	\$504.92
41	\$524.60
42	\$545.32
43	\$566.55
44	\$588.82
45	\$611.60
46	\$635.43
47	\$660.28
48	\$686.18
49	\$713.11
50	\$741.07
51	\$770.07
52	\$800.11
53	\$831.18
54	\$863.81
55	\$897.47
56	\$932.68
57	\$968.93
58	\$1,006.74
59	\$1,046.10
60	\$1,087.01
61	\$1,129.45
62	\$1,129.45
63	\$1,129.45
64+	\$1,129.45

Summary of Member Cost-Shares

	<u>In Network</u>
DEDUCTIBLE	\$6,350
COINSURANCE	20%
OUT-OF-POCKET MAXIMUM	\$7,300
Office Copays	20% Coinsurance
Drug:	20% Generic, 20% Preferred Brand 20% Non-Preferred Brand
Drug and Medical Combined for Deductible & OOP Max	

CareFirst BlueChoice, Inc.

Individual On Exchange

DISTRICT OF COLUMBIA**BlueChoice HMO Essential Silver 4850**

Proposed Monthly Premium Rate Filing Effective 1/1/2026

Consumer Adjusted Rate **\$624.66**

Age	Monthly Premium
0-20	\$408.53
21	\$454.13
22	\$454.13
23	\$454.13
24	\$454.13
25	\$454.13
26	\$454.13
27	\$454.13
28	\$464.75
29	\$474.74
30	\$486.61
31	\$499.10
32	\$510.35
33	\$522.22
34	\$534.71
35	\$547.20
36	\$559.70
37	\$572.19
38	\$579.06
39	\$585.93
40	\$609.04
41	\$632.78
42	\$657.77
43	\$683.38
44	\$710.24
45	\$737.72
46	\$766.46
47	\$796.44
48	\$827.67
49	\$860.16
50	\$893.89
51	\$928.87
52	\$965.10
53	\$1,002.58
54	\$1,041.93
55	\$1,082.54
56	\$1,125.01
57	\$1,168.74
58	\$1,214.34
59	\$1,261.81
60	\$1,311.16
61	\$1,362.35
62	\$1,362.35
63	\$1,362.35
64+	\$1,362.35

Summary of Member Cost-Shares

	In Network
DEDUCTIBLE	\$4,850
COINSURANCE	20%
OUT-OF-POCKET MAXIMUM	\$9,150
Office Copays	\$40 PCP /\$80 Specialist
Drug:	\$20 Generic, \$50 Preferred Brand \$70 Non-Preferred Brand
Drug and Medical Combined for OOP Max	

CareFirst BlueChoice, Inc.

Individual On Exchange

DISTRICT OF COLUMBIA**BlueChoice HMO Essential Gold 500**

Proposed Monthly Premium Rate Filing Effective 1/1/2026

Consumer Adjusted Rate **\$767.18**

Age	Monthly Premium
0-20	\$501.74
21	\$557.74
22	\$557.74
23	\$557.74
24	\$557.74
25	\$557.74
26	\$557.74
27	\$557.74
28	\$570.78
29	\$583.06
30	\$597.63
31	\$612.98
32	\$626.79
33	\$641.36
34	\$656.71
35	\$672.05
36	\$687.39
37	\$702.74
38	\$711.18
39	\$719.61
40	\$748.00
41	\$777.15
42	\$807.84
43	\$839.29
44	\$872.28
45	\$906.04
46	\$941.33
47	\$978.15
48	\$1,016.51
49	\$1,056.41
50	\$1,097.83
51	\$1,140.80
52	\$1,185.29
53	\$1,231.32
54	\$1,279.66
55	\$1,329.52
56	\$1,381.69
57	\$1,435.39
58	\$1,491.40
59	\$1,549.70
60	\$1,610.31
61	\$1,673.18
62	\$1,673.18
63	\$1,673.18
64+	\$1,673.18

Summary of Member Cost-Shares

	In Network
DEDUCTIBLE	\$500
COINSURANCE	0%
OUT-OF-POCKET MAXIMUM	\$6,950
Office Copays	\$25 PCP /\$50 Specialist
Drug:	\$15 Generic, \$50 Preferred Brand \$70 Non-Preferred Brand
Drug and Medical Combined for OOP Max	

CareFirst BlueChoice, Inc.
Individual On Exchange
DISTRICT OF COLUMBIA
BlueChoice HMO HSA Gold 1700 Virtual Connect Plus
Proposed Monthly Premium Rate Filing Effective 1/1/2026

Consumer Adjusted Rate **\$700.73**

Age	Monthly Premium
0-20	\$458.28
21	\$509.43
22	\$509.43
23	\$509.43
24	\$509.43
25	\$509.43
26	\$509.43
27	\$509.43
28	\$521.34
29	\$532.55
30	\$545.87
31	\$559.88
32	\$572.50
33	\$585.81
34	\$599.82
35	\$613.84
36	\$627.85
37	\$641.87
38	\$649.58
39	\$657.28
40	\$683.21
41	\$709.84
42	\$737.87
43	\$766.60
44	\$796.73
45	\$827.56
46	\$859.80
47	\$893.43
48	\$928.47
49	\$964.91
50	\$1,002.74
51	\$1,041.99
52	\$1,082.63
53	\$1,124.67
54	\$1,168.82
55	\$1,214.37
56	\$1,262.01
57	\$1,311.07
58	\$1,362.22
59	\$1,415.47
60	\$1,470.83
61	\$1,528.26
62	\$1,528.26
63	\$1,528.26
64+	\$1,528.26

Summary of Member Cost-Shares

	<u>In Network</u>
DEDUCTIBLE	\$1,700
COINSURANCE	0%
OUT-OF-POCKET MAXIMUM	\$3,650
Office Copays	\$25 PCP /\$50 Specialist
Drug:	\$15 Generic, \$50 Preferred Brand \$70 Non-Preferred Brand
Drug and Medical Combined for Deductible & OOP Max	

CareFirst BlueChoice, Inc.

Individual On Exchange

DISTRICT OF COLUMBIA**BlueChoice HMO Essential Platinum 0**

Proposed Monthly Premium Rate Filing Effective 1/1/2026

Consumer Adjusted Rate **\$883.96**

Age	Monthly Premium
0-20	\$578.11
21	\$642.64
22	\$642.64
23	\$642.64
24	\$642.64
25	\$642.64
26	\$642.64
27	\$642.64
28	\$657.67
29	\$671.81
30	\$688.60
31	\$706.28
32	\$722.20
33	\$738.99
34	\$756.67
35	\$774.35
36	\$792.03
37	\$809.71
38	\$819.43
39	\$829.15
40	\$861.86
41	\$895.45
42	\$930.81
43	\$967.05
44	\$1,005.06
45	\$1,043.96
46	\$1,084.62
47	\$1,127.05
48	\$1,171.25
49	\$1,217.21
50	\$1,264.95
51	\$1,314.45
52	\$1,365.72
53	\$1,418.76
54	\$1,474.45
55	\$1,531.90
56	\$1,592.01
57	\$1,653.89
58	\$1,718.42
59	\$1,785.60
60	\$1,855.43
61	\$1,927.87
62	\$1,927.87
63	\$1,927.87
64+	\$1,927.87

Summary of Member Cost-Shares

	In Network
DEDUCTIBLE	\$0
COINSURANCE	0%
OUT-OF-POCKET MAXIMUM	\$2,100
Office Copays	\$20 PCP /\$40 Specialist
Drug:	\$5 Generic, \$15 Preferred Brand \$25 Non-Preferred Brand
Drug and Medical Combined for OOP Max	

SERFF Tracking #:	CFAP-134502528	State Tracking #:		Company Tracking #:	2835
State:	District of Columbia	Filing Company:	CareFirst BlueChoice, Inc.		
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO				
Product Name:	2835 - DC ACA Individual BlueChoice				
Project Name/Number:	2835 - DC BC IND64-ACA ON-EXCHANGE/2835				

URRT

State Determination

Review Status:	Incomplete
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SERFF Tracking #:	CFAP-134502528	State Tracking #:		Company Tracking #:	2835
State:	District of Columbia	Filing Company:	CareFirst BlueChoice, Inc.		
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO				
Product Name:	2835 - DC ACA Individual BlueChoice				
Project Name/Number:	2835 - DC BC IND64-ACA ON-EXCHANGE/2835				

URRT Items

Item Name	Attachment(s)
Actuarial Memorandum	<i>2835_Individual_DC_BlueChoice_1.1.26_Actuarial_Memorandum_5-1.pdf</i>
Actuarial Memorandum - Redacted	<i>2835_Individual_DC_BlueChoice_Redacted_Memorandum.pdf</i>

CareFirst BlueCross BlueShield

Part III Actuarial Memorandum

4.1 Redacted Actuarial Memorandum

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

4.2 General Information Section

Company Identifying Information:

- **Company Legal Name:** CareFirst BlueChoice, Inc. (CFBC) - NAIC # 96202
- **State:** District of Columbia
- **HIOS Issuer ID:** 86052
- **Market:** Individual, Non-Medigap (On Exchange)
- **Effective Date:** 1/1/26 – 12/31/26
- **Company Filing Number:** 2835
- **SERFF Filing Number:** CFAP-134502528

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 4.1% on average. The range is -1.8% to 5.6%. This filing applies to all new and renewing, in-force business in the guaranteed renewable, non-grandfathered, ACA, metaled benefit plans. The number of policyholders affected by this rate change is 2,022.

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 payable, and 4) increase 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: \$381,561,329

Experience Period Member Months: 613,241

Current Date Members: 50,524

Allowed and Incurred Claims Incurred During the Experience Period

Allowed Claims

- **Processed through issuer's claim system:** \$334,982,348
- **Processed outside issuer's claim system:** \$0
- **IBNR:** \$8,441,793

Incurred Claims

- **Processed through issuer's claim system:** \$288,465,649
- **Processed outside issuer's claim system:** \$0
- **IBNR:** \$7,185,304

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 7.6%, which is an increase compared to the 6.6% trend assumed in our prior filing. Current observed medical trends as of 202412 are 7.0%, up from 2.9% in 202312. Current observed drug trends are 10.1% as of 202412, down from 12.0% in 202312. The composite medical and drug trend is 7.8% as of 202412, up from 5.2% in 202312.

When normalized for induced demand, network, and demographics, the observed composite trends of 7.8% in 202412 and 5.2% in 202312 become 7.2% and 5.0%, 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 9.8%.

4.4.3.2 Adjustments to Trended EHB Allowed Claims PMPM

Morbidity Adjustment:

Exhibit 4 in our memorandum contains support for this adjustment. To measure the projected morbidity of our population, we split our projected population into cohorts defined by metal tier and membership type. Membership type is defined as new member, existing member, or transfer from other lines of business. Consistent with the rules in the 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 1.250.
- Once these PMPMs are set, the final morbidity calculation is driven by the projected member months at these levels.

The total morbidity change from 2024 to 2026 is expected to be 0.8%, 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 \$559.36 and the projection period index rate is \$674.34. 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 \$818.20 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 BlueChoice payable transfer PMPM for the Individual market will decrease from -\$92.56 in 2024 to -\$86.59 in 2026. Combined with the -\$86.59 is a projected HCRP net PMPM payable of -\$3.01, which results in a total projected risk adjustment payable of -\$89.60.

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

If a merged Individual and Small Group risk adjustment methodology was used, the rate change for Individual BlueChoice is estimated to be -5.9%.

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 Open Access 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
- **Catastrophic adjustment:** The catastrophic factor has been developed from the experience of the catastrophic population and is applied only to the catastrophic plan as required. See the Appendix in the Memorandum for more details. All other factors applied to the Market Adjusted Index Rate are the same across all plans.

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

4.4.5 Calibration

Age Curve Calibration

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

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

Geographic Factor Calibration

We have elected not to rate for geographic region.

Tobacco Use Rating Factor Calibration

We have elected not to rate for tobacco usage.

4.4.6 Consumer Adjusted Premium Rate Development

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

4.5 Projected Loss Ratio

The projected loss ratio for the rates provided in this file, using the Federally-prescribed MLR methodology, is 87.9% for the Individual market and 83.7% 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.

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

**Rate Filing # 2835
D.C. Individual Products
Rate Filing Effective 1/1/2026**

Actuarial Memorandum

CareFirst BlueChoice, Inc.
(NAIC # 96202)
H.R. 3950 - Public Law 111-148 - Patient Protection and Affordable Care Act (ACA)
D.C. Individual Products
Rate Filing Effective 1/1/2026
Actuarial Certification

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

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

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

I further certify the following:

1. The projected Index Rate is:
 - a. In compliance with all applicable state and Federal statutes and regulations (45 CFR 156.80 and 147.102)
 - b. Developed in compliance with the applicable Actuarial Standards of Practice
 - c. Reasonable in relation to the benefits provided and the population anticipated to be covered
 - d. Neither excessive nor deficient
2. The Index Rate and only the allowable modifiers as described in 45 CFR § 156.80(d)(1) and 45 CFR § 156.80(d)(2) were used to generate plan level rates. These rates have been calibrated to account for age (geography and tobacco are not applicable).
3. Consistent with 45 CFR § 156.135, the 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 12:47:04
-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	\$ 560.01	2
(2)	Base Period Non-EHB PMPM	\$ 0.65	2
(3)	Experience Period Index Rate	\$ 559.36	
(4)	Change in Morbidity	1.0081	4
(5)	Additional Population Adjustment	1.0000	
(6)	Induced Demand	0.9950	5
(7)	Projection Period Utilization and Network Adjustment	1.0000	
(8)	Demographic Adjustment	1.0011	6
(9)	Area Adjustment	1.0000	
(10)	Additional "Other" Adjustments	1.0366	7
(11)	Annualized Trend	7.6%	8
(12)	Months of Trend	24.0	
(13)	Unit cost & Utilization/1,000 Trend Factor	1.1581	
(14)	Projection Period Index Rate	\$ 674.34	
(15)	Reinsurance Program	1.0000	
(16)	Risk Adjustment Program	1.2133	9
(17)	Federal Exchange User Fee	1.0000	
(18)	Market Adjusted Index Rate	\$ 818.20	
	Without Risk Adjustment	\$ 674.34	

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

Exhibit 2 - Base Period Experience

Service Category	Incurred	Allowed	Allowed PMPM	Utilization Description	Utilization per 1,000	Average Cost/Service		
Inpatient Hospital	\$	45,406,676	\$	74.04	Admits	53.54	\$	16,595.58
Outpatient Hospital	\$	76,708,358	\$	125.09	Visits	941.76	\$	1,593.87
Professional	\$	120,602,478	\$	196.66	Visits	13,804.53	\$	170.96
Other Medical	\$	26,614,731	\$	43.40	Services	1,600.08	\$	325.48
Capitation	\$	432,773	\$	0.71	Benefit Period	1,000	\$	8.47
Prescription Drug	\$	73,659,124	\$	120.11	Prescriptions	8,763.01	\$	164.48
Total (EHB & Non-EHB)	\$	343,424,140	\$	560.01				
EHB Allowed	\$	343,023,396	\$	559.36				
Non-EHB Allowed	\$	400,745	\$	0.65				
Incurred Net	\$	295,650,954	\$	482.11				
Net/Allowed		86.1%						
Experience Period Member Months		613,241						
Experience Period Revenue	\$	381,561,329						

Exhibit 3 - Non-EHB Adjustment

HIOS Plan ID	Plan Name	Exchange	2026 Index Rate	2026 Non-EHB PMPM	2026 Non-EHB Adjustment
86052DC0400001	BlueChoice HMO Essential Silver 4850	On	\$ 674.34	\$ 3.10	1.0046
86052DC0400002	BlueChoice HMO Essential Gold 500	On	\$ 674.34	\$ 2.79	1.0041
86052DC0400004	BlueChoice HMO Young Adult 10150 Virtual Connect Plus	On	\$ 674.34	\$ 5.03	1.0075
86052DC0400007	BlueChoice HMO Essential Bronze 7500	On	\$ 674.34	\$ 3.36	1.0050
86052DC0400008	BlueChoice HMO Essential Platinum 0	On	\$ 674.34	\$ 2.61	1.0039
86052DC0400010	BlueChoice HMO HSA Bronze 6350	On	\$ 674.34	\$ 3.44	1.0051
86052DC0400011	BlueChoice HMO HSA Gold 1700 Virtual Connect Plus	On	\$ 674.34	\$ 2.92	1.0043

Exhibit 4 - Morbidity Adjustment Factor

Base Year

Metal Level	Member Months	2024 Normalized Allowed PMPM
Catastrophic	3,260	\$ 171.02
Bronze	44,416	\$ 197.40
Silver	149,262	\$ 245.73
Gold	247,341	\$ 321.12
Platinum	168,793	\$ 343.29
Subtotal	613,072	\$ 299.11

Current Year YTD

Existing				
Metal Level	Member Months	2024 Normalized Allowed PMPM	Morbidity Adjustment	2025 Adjusted Normalized Allowed PMPM
Catastrophic	359	\$ 205.83	1.000	\$ 205.83
Bronze	6,186	\$ 187.33	1.000	\$ 187.33
Silver	20,750	\$ 245.46	1.000	\$ 245.46
Gold	34,290	\$ 322.53	1.000	\$ 322.53
Platinum	23,401	\$ 341.38	1.000	\$ 341.38
Subtotal	84,986	\$ 298.57	1.000	\$ 298.57

New				
Metal Level	Member Months	Existing Cohort Adjusted Normalized PMPM	Morbidity Adjustment	2025 Adjusted Normalized Allowed PMPM
Catastrophic	128	\$ 205.83	1.000	\$ 205.83
Bronze	1,001	\$ 187.33	1.000	\$ 187.33
Silver	2,492	\$ 245.46	1.000	\$ 245.46
Gold	5,007	\$ 322.53	1.000	\$ 322.53
Platinum	2,786	\$ 341.38	1.000	\$ 341.38
Subtotal	11,414	\$ 297.14	1.000	\$ 297.14

Transfer				
Metal Level	Member Months	2024 Normalized Allowed PMPM	Morbidity Adjustment	2025 Adjusted Normalized Allowed PMPM
Catastrophic	35	\$ 513.87	1.000	\$ 513.87
Bronze	144	\$ 173.61	1.000	\$ 173.61
Silver	630	\$ 260.22	1.000	\$ 260.22
Gold	1,477	\$ 268.53	1.000	\$ 268.53
Platinum	2,145	\$ 398.57	1.000	\$ 398.57
Subtotal	4,431	\$ 329.16	1.000	\$ 329.16

Total				
Metal Level	Member Months	2024 Normalized Allowed PMPM	Morbidity Adjustment	2025 Adjusted Normalized Allowed PMPM
Catastrophic	522	\$ 226.48	1.000	\$ 226.48
Bronze	7,331	\$ 187.06	1.000	\$ 187.06
Silver	23,872	\$ 245.85	1.000	\$ 245.85
Gold	40,774	\$ 320.58	1.000	\$ 320.58
Platinum	28,332	\$ 345.71	1.000	\$ 345.71
Subtotal	100,831	\$ 299.75	1.000	\$ 299.75

Remainder of Current Year

Existing		
Metal Level	Member Months	2025 Adjusted Normalized Allowed PMPM
Catastrophic	1,474	\$ 205.83
Bronze	29,045	\$ 187.33
Silver	99,521	\$ 245.46
Gold	165,788	\$ 322.53
Platinum	115,716	\$ 341.38
Subtotal	411,544	\$ 299.23

New		
Metal Level	Member Months	2025 Adjusted Normalized Allowed PMPM
Catastrophic	1,286	\$ 205.83
Bronze	6,266	\$ 187.33
Silver	16,215	\$ 245.46
Gold	31,257	\$ 322.53
Platinum	18,664	\$ 341.38
Subtotal	73,688	\$ 296.81

Transfer		
Metal Level	Member Months	2025 Adjusted Normalized Allowed PMPM
Catastrophic	195	\$ 513.87
Bronze	759	\$ 173.61
Silver	2,846	\$ 260.22
Gold	6,143	\$ 268.53
Platinum	7,164	\$ 398.57
Subtotal	17,107	\$ 320.19

Total		
Metal Level	Member Months	2025 Adjusted Normalized Allowed PMPM
Catastrophic	2,955	\$ 226.16
Bronze	36,070	\$ 187.04
Silver	118,582	\$ 245.81
Gold	203,188	\$ 320.90
Platinum	141,544	\$ 344.27
Subtotal	502,339	\$ 299.59

Total Current Year

Total	Member Months	2025 Adjusted Normalized Allowed PMPM
Catastrophic	3,477	\$ 226.21
Bronze	43,401	\$ 187.04
Silver	142,454	\$ 245.82
Gold	243,962	\$ 320.85
Platinum	169,876	\$ 344.51
Subtotal	603,170	\$ 299.62

Rating Year

Existing				
Metal Level	Member Months	2025 Normalized Allowed PMPM	Morbidity Adjustment	2026 Adjusted Normalized Allowed PMPM
Catastrophic	2,763	\$ 226.21	1.000	\$ 226.21
Bronze	34,321	\$ 187.04	1.000	\$ 187.04
Silver	116,960	\$ 245.82	1.000	\$ 245.82
Gold	201,288	\$ 320.85	1.000	\$ 320.85
Platinum	140,445	\$ 344.51	1.000	\$ 344.51
Subtotal	495,777	\$ 300.06	1.000	\$ 300.06

New				
Metal Level	Member Months	Existing Cohort Adjusted Normalized Allowed PMPM	Morbidity Adjustment	2026 Adjusted Normalized Allowed PMPM
Catastrophic	1,312	\$ 226.21	1.000	\$ 226.21
Bronze	6,661	\$ 187.04	1.000	\$ 187.04
Silver	22,389	\$ 245.82	1.000	\$ 245.82
Gold	38,936	\$ 320.85	1.000	\$ 320.85
Platinum	27,057	\$ 344.51	1.000	\$ 344.51
Subtotal	96,355	\$ 299.52	1.000	\$ 299.52

Transfer				
Metal Level	Member Months	2025 Normalized Allowed PMPM	Morbidity Adjustment	2026 Adjusted Normalized Allowed PMPM
Catastrophic	275	\$ 513.87	1.250	\$ 642.34
Bronze	1,205	\$ 173.61	1.250	\$ 217.02
Silver	3,003	\$ 260.22	1.250	\$ 325.28
Gold	5,497	\$ 268.53	1.250	\$ 335.66
Platinum	3,445	\$ 398.57	1.250	\$ 498.22
Subtotal	13,425	\$ 296.55	1.250	\$ 370.69

Total				
Metal Level	Member Months	2025 Normalized Allowed PMPM	Morbidity Adjustment	2026 Adjusted Normalized Allowed PMPM
Catastrophic	4,350	\$ 244.39	1.033	\$ 252.51
Bronze	42,187	\$ 186.66	1.007	\$ 187.90
Silver	142,352	\$ 246.12	1.006	\$ 247.49
Gold	245,721	\$ 319.68	1.005	\$ 321.18
Platinum	170,947	\$ 345.60	1.006	\$ 347.61
Subtotal	605,557	\$ 299.90	1.005	\$ 301.54

Year	Adjusted Normalized PMPM	Year over Year Change
2024	\$ 299.11	n/a
2025	\$ 299.62	0.2%
2026	\$ 301.54	0.6%

Morbidity Adjustment Change	0.8%
Morbidity Adjustment Factor	1.0081

Exhibit 5 - Induced Utilization Adjustment Factor

Year	Actuarial Value	Induced Demand Factor	
(1) 2024	82.89%	1.1003	
(2) Projected 2026	82.12%	1.0948	
(3) Adjustment*		0.9950	(2)/(1)

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

Exhibit 6 - Demographic Adjustment

	Period	Cohort	Demo Factor*	Weight	Average Age**
(1)	Base Period	All	1.6774	100.0%	34.5
(2)	Rating Period	Existing	1.7333	81.9%	
		New	1.4204	15.9%	
		Transfer	1.5375	2.2%	
(3)	Rating Period	All	1.6792	100.0%	34.5
(4)	Demographic Adjustment***	All	1.0011		

(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)	\$ 0.66	
(2)	Projection Period Capitations PMPM (EHBs only)	\$ 0.59	
(3)	Adjustment to Capitation Category	0.9014	(2)/(1)
Drug Rebates adjustment			
(4)	Experience Period Allowed Rx PMPM (Pre-Rebates)	\$ 170.03	
(5)	Morbidity	1.0081	Exhibit 4
(6)	Induced Demand	0.9950	Exhibit 5
(7)	Demographics	1.0011	Exhibit 6
(8)	Rx Trend (Force of Trend)	1.2310	Exhibit 8
(9)	Projected Target Allowed Rx PMPM using Multiplicative Factors (Pre-Rebates)	\$ 210.18	(4)*(5)*(6)*(7)*(8)
(10)	Target Projection Period Rx Rebates PMPM	\$ 63.46	
(11)	Target Post-Rebates Allowed Rx PMPM using Target Projection Period Rx Rebates PMPM	\$ 146.72	(9)-(10)
(12)	Experience Period Rx Rebates PMPM	\$ 49.92	
(13)	Experience Period Allowed Rx PMPM (Post-Rebates)	\$ 120.11	(4)-(12)
(14)	Morbidity	1.0081	Exhibit 4
(15)	Induced Demand	0.9950	Exhibit 5
(16)	Demographics	1.0011	Exhibit 6
(17)	Rx Trend (Force of Trend)	1.2310	Exhibit 8
(18)	Projection Period Allowed Rx PMPM using Multiplicative Factors (Post-Rebates)	\$ 148.48	(13)*(14)*(15)*(16)*(17)
(19)	Adjustment to Drug Category	0.9882	(11)/(18)
Additional Medical Claims Adjustments			
(1)	Experience Period Allowed Medical PMPM (excluding Capitations)	\$ 439.19	
(2)	Provision for Adverse Claims Deviation Adjustment Factor	1.0511	
(3)	Adjusted Allowed Medical PMPM	\$ 461.66	

	PMPM	Adjustment	
Inpatient Hospital	\$ 77.51	1.0511	
Outpatient Hospital	\$ 150.81	1.0511	
Professional	\$ 217.95	1.0511	
Other Medical	\$ 55.12	1.0511	
Capitation	\$ 0.66	0.9014	(3)
Prescription Drug	\$ 148.48	0.9882	(19)
Total	\$ 650.52	1.0366	

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	\$ 74.04	13.2%	1.0440	0.9780	1.0424
Outpatient Hospital	\$ 125.04	22.4%	1.0320	1.0620	1.2011
Professional	\$ 196.11	35.1%	1.0010	1.0510	1.1067
Other Medical	\$ 43.40	7.8%	1.0630	1.0580	1.2648
Capitation	\$ 0.66	0.1%	1.0000	1.0000	1.0000
Prescription Drug	\$ 120.11	21.5%	1.0340	1.0730	1.2310
Total	\$ 559.36	100.0%			1.0762
Proposed Trend					1.0762

Exhibit 9 - Risk Adjustment

Statewide 2024

Metallic Tier	Member Months		PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM	Statewide PMPM 2024
Catastrophic	3,631		0.353	0.738	1.000	1.000	0.570	0.353	0.421			\$ 169.69
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	3,324	10.3%	0.359	0.738	1.000	1.000	0.570	0.359	0.421	\$10,016	\$3.01
Bronze	15,666	48.4%	0.894	1.258	1.000	1.000	0.600	0.894	0.755	-\$2,410,367	-\$153.86
Silver	6,876	21.2%	1.025	1.252	1.000	1.030	0.700	1.055	0.903	-\$1,303,266	-\$189.55
Gold	5,300	16.4%	1.378	1.092	1.000	1.080	0.800	1.488	0.943	-\$221,187	-\$41.74
Platinum	1,204	3.7%	3.517	1.229	1.000	1.150	0.900	4.045	1.272	\$928,865	\$771.25
Total	32,369	100%	1.044	1.175	1.000	1.025	0.662	1.088	0.802	-\$2,995,939	-\$92.56

Statewide 2026

Metallic Tier	Member Months		PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM	Statewide PMPM 2026
Catastrophic	4,728		0.474	0.734	1.000	1.000	0.570	0.474	0.419			\$ 189.13
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	4,350	14.6%	0.479	0.734	1.000	1.000	0.570	0.479	0.418	\$9,297	\$2.14
Bronze	12,876	43%	0.805	1.227	1.000	1.000	0.600	0.805	0.736	-\$2,403,870	-\$186.69
Silver	5,229	17%	0.973	1.297	1.000	1.030	0.700	1.002	0.935	-\$1,292,771	-\$247.23
Gold	6,051	20%	1.324	1.066	1.000	1.080	0.800	1.430	0.921	-\$138,799	-\$22.94
Platinum	1,380	5%	3.262	1.175	1.000	1.150	0.900	3.751	1.216	\$1,238,320	\$897.33
Total	29,886	100%	1.005	1.132	1.000	1.028	0.667	1.055	0.784	-\$2,587,823	-\$86.59

Adjustment Factor applied to Market Adjusted Index Rate

Projected Index Rate	Projected Transfer PMPM (Allowed basis)	Risk Adjustment User Fee (Allowed basis)	Adjustment Factor*
\$674.34	-\$143.54	\$0.32	1.2133

Estimated HCRP Receivable	Estimated HCRP Charge	HCRP Net Charge PMPM
\$0	\$90,000	-\$3.01

*Adjustment Factor = (\$674.34 - \$-143.54+ \$0.32) / \$674.34

Exhibit 10A - Desired Incurred Claims Ratio

	2026	
	PMPM	% of Revenue
Allowed Claims	\$ 601.05	
Paid/Allowed Ratio	70.2%	
Paid Claims & Capitations	\$ 421.87	
Risk Adjustment Transfer & HCRP (Paid Basis)	\$ (89.60)	
Reinsurance Recoveries (Paid Basis)	\$ -	
Paid Claims & Capitations (Post-3Rs)	\$ 511.47	84.8%
Administrative Expense	\$ 59.66	9.9%
Broker Commissions & Fee	\$ 2.21	0.4%
Contribution to Reserve (Post-Tax)	\$ 9.65	1.6%
Investment Income Credit	\$ (0.60)	-0.1%
Risk Charge	\$ -	0.0%
<u>Non-ACA Taxes & Fees</u>		
State Premium Tax	\$ 12.06	2.0%
State Assessment Fee	\$ 0.60	0.1%
Reinsurance Program Fee	\$ -	0.0%
State Income Tax	\$ -	0.0%
Federal Income Tax	\$ 2.41	0.4%
<u>ACA Taxes & Fees</u>		
Health Insurer Tax	\$ -	0.0%
Risk Adjustment User Fee	\$ 0.20	0.0%
Exchange Assessment Fee	\$ 4.97	0.8%
Federal Exchange User Fee	\$ -	0.0%
PCORI Tax	\$ 0.34	0.1%
BlueRewards/Incentive Program	\$ 0.02	0.0%
Total Revenue	\$ 602.98	100.0%
Plan Level Admin Load Adjustment	1.1785	
Projected Member Months	29,886	
Average Members	2,491	
% Total 2026	100.0%	

Exhibit 10B - Federal MLR

	Total 2026 PMPM / %
<u>Traditional MLR Development</u>	
Paid Claims & Capitations (Post-3Rs) \$	511.47
Total Revenue \$	602.98
<hr/>	
Traditional MLR (i.e. DICR)	84.8%
 <u>Federal MLR Development</u>	
Numerator Adjustments	
BlueRewards/Incentive Program \$	0.02
Quality Improvement Expenses \$	1.21
Removal of non-care costs under MLR guidelines \$	(0.78)
 Denominator Adjustments	
Non-ACA Taxes & Fees \$	15.07
ACA Taxes & Fees \$	5.51
 Federal MLR Numerator \$	 511.92
Federal MLR Denominator \$	582.40
<hr/>	
Federal MLR	87.9%
 Projected Member Months	 29,886

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

	Total 2026 PMPM / %
<u>Traditional MLR Development</u>	
Paid Claims & Capitations (Post-3Rs) \$	632.88
Total Revenue \$	781.40
<hr/>	
Traditional MLR (i.e. DICR)	81.0%
 <u>Federal MLR Development</u>	
Numerator Adjustments	
BlueRewards/Incentive Program \$	0.31
Quality Improvement Expenses \$	2.50
Removal of non-care costs under MLR guidelines \$	(6.67)
 Denominator Adjustments	
Non-ACA Taxes & Fees \$	22.54
ACA Taxes & Fees \$	6.99
 Federal MLR Numerator \$	 629.03
Federal MLR Denominator \$	751.87
<hr/>	
Federal MLR	83.7%
 Projected Member Months	 605,557

Exhibit 11 - Plan Adjusted Index Rates

HIOS Plan ID	Plan Name	Plan Type	Metallic Tier	Exchange	Network	Market Adjusted Index Rate	Internal Pricing AV	Network Factor	Induced Utilization	Non-EHB	Catastrophic Adjustment	Capped Dependents	Admin	Plan Adjusted Index Rate
86052DC0400001	BlueChoice HMO Essential Silver 4850	HMO	SILVER	On	Open Access	\$818.20	0.7610	0.9343	0.9604	1.0046	1.0000	1.0000	1.1785	\$661.41
86052DC0400002	BlueChoice HMO Essential Gold 500	HMO	GOLD	On	Open Access	\$818.20	0.8997	0.9343	0.9982	1.0041	1.0000	1.0000	1.1785	\$812.33
86052DC0400004	BlueChoice HMO Young Adult 10150 Virtual Connect Plus	HMO	CATASTROPHIC	On	Open Access	\$818.20	0.6241	0.9343	0.9243	1.0075	0.5862	1.0000	1.1785	\$306.92
86052DC0400007	BlueChoice HMO Essential Bronze 7500	HMO	BRONZE	On	Open Access	\$818.20	0.6830	0.9343	0.9243	1.0050	1.0000	1.0000	1.1785	\$571.52
86052DC0400008	BlueChoice HMO Essential Platinum 0	HMO	PLATINUM	On	Open Access	\$818.20	0.9738	0.9343	1.0629	1.0039	1.0000	1.0000	1.1785	\$935.98
86052DC0400010	BlueChoice HMO HSA Bronze 6350	HMO	BRONZE	On	Open Access	\$818.20	0.6552	0.9343	0.9243	1.0051	1.0000	1.0000	1.1785	\$548.34
86052DC0400011	BlueChoice HMO HSA Gold 1700 Virtual Connect Plus	HMO	GOLD	On	Open Access	\$818.20	0.8216	0.9343	0.9982	1.0043	1.0000	1.0000	1.1785	\$741.97

Exhibit 12 - AV Values

HIOS Plan ID	Suffix	HIOS Plan Name	HHS AV
86052DC0400001	01	BlueChoice HMO Essential Silver 4850	0.719
86052DC0400001	02	BlueChoice HMO Essential Silver 4850 NAO	1.000
86052DC0400001	03	BlueChoice HMO Essential Silver 4850 NAL	0.719
86052DC0400001	04	BlueChoice HMO Essential Silver 4850 A	0.740
86052DC0400001	05	BlueChoice HMO Essential Silver 4850 B	0.877
86052DC0400001	06	BlueChoice HMO Essential Silver 4850 C	0.949
86052DC0400002	01	BlueChoice HMO Essential Gold 500	0.819
86052DC0400002	02	BlueChoice HMO Essential Gold 500 NAO	1.000
86052DC0400002	03	BlueChoice HMO Essential Gold 500 NAL	0.819
86052DC0400004	01	BlueChoice HMO Young Adult 10150 Virtual Connect Plus	0.611
86052DC0400007	01	BlueChoice HMO Essential Bronze 7500	0.648
86052DC0400007	02	BlueChoice HMO Essential Bronze 7500 NAO	1.000
86052DC0400007	03	BlueChoice HMO Essential Bronze 7500 NAL	0.648
86052DC0400008	01	BlueChoice HMO Essential Platinum 0	0.917
86052DC0400008	02	BlueChoice HMO Essential Platinum 0 NAO	1.000
86052DC0400008	03	BlueChoice HMO Essential Platinum 0 NAL	0.917
86052DC0400010	01	BlueChoice HMO HSA Bronze 6350	0.650
86052DC0400010	02	BlueChoice HMO Bronze 6350 NAO	1.000
86052DC0400010	03	BlueChoice HMO Bronze 6350 NAL	0.650
86052DC0400011	01	BlueChoice HMO HSA Gold 1700 Virtual Connect Plus	0.819
86052DC0400011	02	BlueChoice HMO Gold 1700 NAO Virtual Connect Plus	1.000
86052DC0400011	03	BlueChoice HMO 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	1.0853	81.9%	
		New	0.9318	15.9%	
		Transfer	0.9920	2.2%	
(2)	Rating Period	All	1.0588	100.0%	42.1
(3)	Nearest Rounded	All	1.0530		42.0
(4)	Calibration***	All	0.9945		

(3)/(2)

(3)/(2)

Premium Rate Demonstration				
	HIOS Plan Name	BlueChoice HMO Essential Silver 4850		
(5)	Plan Adjusted Index Rate			\$661.41
(6)	Calibration			0.9945
(7)	Calibrated Rate			\$657.76
(8)	Age 40 Factor/Rounded Avg Age Factor = (0.975/1.053)			0.9259
(9)	Age 40 Premium Rate			\$609.04

(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	161,652	1.0000	1.0000
Non-CDH	443,905	1.0000	1.0000
	605,557	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)
86052DC040000101	86052DC0400001	BlueChoice HMO Essential Silver 4850	SILVER	1.0300	4,345	0.9520	0.9604
86052DC040000102	86052DC0400001	BlueChoice HMO Essential Silver 4850 NAO	SILVER	1.0300	-	0.9520	0.9604
86052DC040000103	86052DC0400001	BlueChoice HMO Essential Silver 4850 NAL	SILVER	1.0300	-	0.9520	0.9604
86052DC040000104	86052DC0400001	BlueChoice HMO Essential Silver 4850 A	SILVER	1.0300	486	0.9520	0.9604
86052DC040000105	86052DC0400001	BlueChoice HMO Essential Silver 4850 B	SILVER	1.1500	129	1.0629	0.9604
86052DC040000106	86052DC0400001	BlueChoice HMO Essential Silver 4850 C	SILVER	1.1500	269	1.0629	0.9604
86052DC040000201	86052DC0400002	BlueChoice HMO Essential Gold 500	GOLD	1.0800	4,602	0.9982	0.9982
86052DC040000202	86052DC0400002	BlueChoice HMO Essential Gold 500 NAO	GOLD	1.0800	-	0.9982	0.9982
86052DC040000203	86052DC0400002	BlueChoice HMO Essential Gold 500 NAL	GOLD	1.0800	-	0.9982	0.9982
86052DC040000401	86052DC0400004	BlueChoice HMO Young Adult 10150 Virtual Connect Plus	CATASTROPHIC	1.0000	4,350	0.9243	0.9243
86052DC040000701	86052DC0400007	BlueChoice HMO Essential Bronze 7500	BRONZE	1.0000	5,018	0.9243	0.9243
86052DC040000702	86052DC0400007	BlueChoice HMO Essential Bronze 7500 NAO	BRONZE	1.0000	-	0.9243	0.9243
86052DC040000703	86052DC0400007	BlueChoice HMO Essential Bronze 7500 NAL	BRONZE	1.0000	-	0.9243	0.9243
86052DC040000801	86052DC0400008	BlueChoice HMO Essential Platinum 0	PLATINUM	1.1500	1,380	1.0629	1.0629
86052DC040000802	86052DC0400008	BlueChoice HMO Essential Platinum 0 NAO	PLATINUM	1.1500	-	1.0629	1.0629
86052DC040000803	86052DC0400008	BlueChoice HMO Essential Platinum 0 NAL	PLATINUM	1.1500	-	1.0629	1.0629
86052DC040001001	86052DC0400010	BlueChoice HMO HSA Bronze 6350	BRONZE	1.0000	7,858	0.9243	0.9243
86052DC040001002	86052DC0400010	BlueChoice HMO Bronze 6350 NAO	BRONZE	1.0000	-	0.9243	0.9243
86052DC040001003	86052DC0400010	BlueChoice HMO Bronze 6350 NAL	BRONZE	1.0000	-	0.9243	0.9243
86052DC040001101	86052DC0400011	BlueChoice HMO HSA Gold 1700 Virtual Connect Plus	GOLD	1.0800	1,449	0.9982	0.9982
86052DC040001102	86052DC0400011	BlueChoice HMO Gold 1700 NAO Virtual Connect Plus	GOLD	1.0800	-	0.9982	0.9982
86052DC040001103	86052DC0400011	BlueChoice HMO Gold 1700 NAL Virtual Connect Plus	GOLD	1.0800	-	0.9982	0.9982

Appendix - Network Factors

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

Network Type	Projected Member Months	Relative to Lock In / Referral	Relative to Average*
Lock In / Referral	47,695	1.0000	0.8898
Open Access	128,747	1.0500	0.9343
Open Access Opt-Out	31,303	1.0615	0.9444
Open Access Plus	78,648	1.0729	0.9546
Open Access Advantage	319,164	1.1909	1.0596
Total	605,557	1.1239	

*Factors are applied as plan level adjustments

Appendix - Catastrophic Plans Adjustment

Step 1: Normalize Experience Period Catastrophic PMPM

	Catastrophic	Non-Catastrophic	Total (single risk pool)
Member Months	3,260	609,981	613,241
Distribution	0.5%	99.5%	
Completed Allowed	\$666,234	\$342,757,907	\$343,424,140
Allowed PMPM	\$204.37	\$561.92	\$560.01
Age Rating Factor	0.7438	1.0606	1.0589
Induced Demand Factor	1.0000	1.0814	1.0809
Actuarial Value	1.0000	1.0000	1.0000
Net Factor	0.7438	1.1469	1.1447
Normalized Factor	1.5390	0.9981	1.0000
Normalized PMPM	\$314.53	\$560.87	\$560.01

Step 2: Apply Credibility to Normalized Catastrophic PMPM

(1)	Normalized Catastrophic PMPM	\$314.53	
(2)	Member Months	3,260	
(3)	Full Credibility (Member Months)	24,000	
(4)	Credibility	36.9%	
(5)	Normalized Non-Catastrophic PMPM	\$560.87	
(6)	Morbidity Adjustment*	0.5997	(a)/(b)
(7)	Morbidity-Adjusted Non-Catastrophic PMPM	\$336.34	(5)*(6)
(8)	Credibility-Adjusted Catastrophic PMPM	\$328.30	(1)*(4)+(1-(4))*(7)

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

(9)	Normalized SRP PMPM	\$560.01	
(10)	Catastrophic Adjustment (Calculated)	0.5862	(8)/(9)
(11)	Catastrophic Adjustment (Selected)	0.5862	

Total Individual ACA BlueChoice Experience (202401-202412 Paid Through: 202502)

Metal Level	Member Months	Normalized Allowed PMPM	
Catastrophic	45,166	\$201.03	(a)
Bronze	446,211	\$177.72	
Silver	247,203	\$387.21	
Gold	937,616	\$396.07	
Platinum	1,205	\$651.91	
Non-Catastrophic Total	1,632,235	\$335.22	(b)

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

Appendix - Experience Period to Rating Period Plan Mappings

Exp. Period		Current Period		Rating Period	
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
86052DC0400001	BlueChoice HMO Standard Silver \$4,850	86052DC0400001	BlueChoice HMO Essential Silver \$4,850	86052DC0400001	BlueChoice HMO Essential Silver 4850
86052DC0400002	BlueChoice HMO Standard Gold \$500	86052DC0400002	BlueChoice HMO Essential Gold \$500	86052DC0400002	BlueChoice HMO Essential Gold 500
86052DC0400004	BlueChoice HMO Young Adult \$9,450	86052DC0400004	BlueChoice HMO Young Adult \$9,200	86052DC0400004	BlueChoice HMO Young Adult 10150 Virtual Connect Plus
86052DC0400007	BlueChoice HMO Standard Bronze \$7,500	86052DC0400007	BlueChoice HMO Essential Bronze \$7,500	86052DC0400007	BlueChoice HMO Essential Bronze 7500
86052DC0400008	BlueChoice HMO Standard Platinum \$0	86052DC0400008	BlueChoice HMO Essential Platinum \$0	86052DC0400008	BlueChoice HMO Essential Platinum 0
86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,350	86052DC0400010	BlueChoice HMO HSA Bronze \$6,350	86052DC0400010	BlueChoice HMO HSA Bronze 6350
86052DC0400011	BlueChoice HMO HSA Gold \$1,600	86052DC0400011	BlueChoice HMO HSA Gold \$1,650 Virtual Connect	86052DC0400011	BlueChoice HMO HSA Gold 1700 Virtual Connect Plus

Appendix - Annual Rate Change Based on Mapping

Catastrophic	Catastrophic/Avg Renewal	262	303	-1.8%
Bronze	Bronze Members/Avg Renewal	1,241	1,111	3.8%
Silver	Silver Members/Avg Renewal	527	463	4.6%
Gold	Gold Members/Avg Renewal	477	464	5.1%
Platinum	Platinum Members/Avg Renewal	112	110	5.6%
	All Members/Avg Renewal	2,619	2,451	4.1%
	Minimum Renewal			-1.8%
	Maximum Renewal			5.6%

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
86052DC0400001	BlueChoice HMO Essential Silver \$4,850	SILVER	On	86052DC0400001	BlueChoice HMO Essential Silver 4850	SILVER	On	527	463	\$597.20	\$624.66	4.6%
86052DC0400002	BlueChoice HMO Essential Gold \$500	GOLD	On	86052DC0400002	BlueChoice HMO Essential Gold 500	GOLD	On	348	345	\$729.52	\$767.18	5.2%
86052DC0400004	BlueChoice HMO Young Adult \$9,200	CATASTROPHIC	On	86052DC0400004	BlueChoice HMO Young Adult 10150 Virtual Connect Plus	CATASTROPHIC	On	262	303	\$295.27	\$289.86	-1.8%
86052DC0400007	BlueChoice HMO Essential Bronze \$7,500	BRONZE	On	86052DC0400007	BlueChoice HMO Essential Bronze 7500	BRONZE	On	460	424	\$525.87	\$539.75	2.6%
86052DC0400008	BlueChoice HMO Essential Platinum \$0	PLATINUM	On	86052DC0400008	BlueChoice HMO Essential Platinum 0	PLATINUM	On	112	110	\$837.00	\$883.96	5.6%
86052DC0400010	BlueChoice HMO HSA Bronze \$6,350	BRONZE	On	86052DC0400010	BlueChoice HMO HSA Bronze 6350	BRONZE	On	781	687	\$495.04	\$517.87	4.6%
86052DC0400011	BlueChoice HMO HSA Gold \$1,650 Virtual Connect	GOLD	On	86052DC0400011	BlueChoice HMO HSA Gold 1700 Virtual Connect Plus	GOLD	On	129	119	\$666.90	\$700.73	5.1%

Appendix - Maximum Rate Renewal

	2025	2026	% Change
Base Rate	\$837.00	\$883.96	5.6%
Age Factor	0.654	0.727	11.2%
Geographic Factor	1.000	1.000	0.0%
Tobacco Factor	1.000	1.000	0.0%
Total	\$547.40	\$642.64	17.4%

	BlueChoice HMO Essential Platinum	BlueChoice HMO Essential Platinum
Base Rate/Product(s)	\$0	0
Age Change	20	21
Geo Change*	N/A	N/A
Tobacco Change**	N/A	N/A

*we did not geo rate

**we did not tobacco rate

Appendix - Federal Required \$1.00 minimum for abortion

HIOS Plan ID	Plan Name	Exchange	Minimum Charge	Lowest Age Factor	Base Premium	Age Calibration	Plan Adjusted Index Rate	Admin	Catastrophic Adjustment	Network Factor	Non-EHB	Induced Utilization	Benefit	Market Adjusted Index Rate	Exchange User Fee	Risk Adjustment Fee	Reinsurance Factor	Index Rate	\$1 Check	Final Rate, above \$1.00
86052DC0400001	BlueChoice HMO Essential Silver 4850	On	\$1.00	0.6540	\$1.53	0.9444	\$1.62	1.1785	1.0000	0.9343	1.0000	0.9604	0.7610	\$2.01	1.0000	1.2133	1.0000	\$1.66	\$1.00	\$1.66
86052DC0400002	BlueChoice HMO Essential Gold 500	On	\$1.00	0.6540	\$1.53	0.9444	\$1.62	1.1785	1.0000	0.9343	1.0000	0.9982	0.8997	\$1.64	1.0000	1.2133	1.0000	\$1.35	\$1.00	\$1.35
86052DC0400004	BlueChoice HMO Young Adult 10150 Virtual Connect Plus	On	\$1.00	0.6540	\$1.53	0.9444	\$1.62	1.1785	0.5862	0.9343	1.0000	0.9243	0.6241	\$4.35	1.0000	1.2133	1.0000	\$3.59	\$1.00	\$3.59
86052DC0400007	BlueChoice HMO Essential Bronze 7500	On	\$1.00	0.6540	\$1.53	0.9444	\$1.62	1.1785	1.0000	0.9343	1.0000	0.9243	0.6830	\$2.33	1.0000	1.2133	1.0000	\$1.92	\$1.00	\$1.92
86052DC0400008	BlueChoice HMO Essential Platinum 0	On	\$1.00	0.6540	\$1.53	0.9444	\$1.62	1.1785	1.0000	0.9343	1.0000	1.0629	0.9738	\$1.42	1.0000	1.2133	1.0000	\$1.17	\$1.00	\$1.17
86052DC0400010	BlueChoice HMO HSA Bronze 6350	On	\$1.00	0.6540	\$1.53	0.9444	\$1.62	1.1785	1.0000	0.9343	1.0000	0.9243	0.6552	\$2.43	1.0000	1.2133	1.0000	\$2.00	\$1.00	\$2.00
86052DC0400011	BlueChoice HMO HSA Gold 1700 Virtual Connect Plus	On	\$1.00	0.6540	\$1.53	0.9444	\$1.62	1.1785	1.0000	0.9343	1.0000	0.9982	0.8216	\$1.79	1.0000	1.2133	1.0000	\$1.48	\$1.00	\$1.48

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-134516512

ON-Exchange

BlueChoice HMO Essential Plans

DC/CFBC/EXC/HMO/IEA (R. 1/26)
DC/CFBC/DOL APPEAL (R. 1/22)
DC/CFBC/EXC/HMO/DOCS (R. 1/26)
DC/CFBC/EXC/HMO HSA ESS/BRZ 6350 (1/26)
DC/CFBC/EXC/HMO ESS/BRZ 7500 (1/26)
DC/CFBC/EXC/HMO ESS/SIL 4850 (1/26)
DC/CFBC/EXC/HMO ESS/SIL 4850 A (1/26)
DC/CFBC/EXC/HMO ESS/SIL 4850 B (1/26)
DC/CFBC/EXC/HMO ESS/SIL 4850 C (1/26)
DC/CFBC/EXC/HMO ESS/GOLD 500 (1/26)
DC/CFBC/EXC/HMO ESS /PLAT 0 (1/26)
DC/CFBC/EXC/HMO HSA/GOLD 1700 VC+ (1/26)
DC/CFBC/EXC/HMO/NATAMER SOB (1/26)
DC/CFBC/EXC/NATAMER (1/14)
DC/CFBC/MEM/BLCRD (R. 6/18)
DC/CFBC/CD/AUTH AMEND/HMO (R. 1/26)
DC/CFBC/EXC/CD MAP AMEND (1/26)
DC/CFBC/PT PROTECT (9/10)
DC/CFBC/CD/HMO/INCENT (1/23)

BlueChoice HMO Young Adult

DC/CFBC/EXC/HMO/IEA (R. 1/26)
DC/CFBC/DOL APPEAL (R. 1/22)
DC/CFBC/EXC/HMO/DOCS (R. 1/26)
DC/CFBC/EXC/HMO/NATAMER SOB (1/26)
DC/CFBC/EXC/HMO/ YA 10150 VC+ SOB (1/26)
DC/CFBC/EXC/NATAMER (1/14)
DC/CFBC/MEM/BLCRD (R. 6/18)
DC/CFBC/CD/AUTH AMEND/HMO (R. 1/26)
DC/CFBC/EXC/CD MAP AMEND (1/26)
DC/CFBC/PT PROTECT (9/10)
DC/CFBC/CD/HMO/INCENT (1/23)

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Allowed	Incurred	Drug Rebates	Utilization Unit	Utilization
202201	47,521	Inpatient Hospital	\$4,340,080	\$4,166,698	\$4,340,080	\$4,166,698	\$0	Admits	210
202202	47,964	Inpatient Hospital	\$3,504,137	\$3,356,579	\$3,504,137	\$3,356,579	\$0	Admits	198
202203	48,012	Inpatient Hospital	\$3,012,375	\$2,927,457	\$3,012,375	\$2,927,457	\$0	Admits	192
202204	48,089	Inpatient Hospital	\$3,796,866	\$3,700,951	\$3,796,866	\$3,700,951	\$0	Admits	164
202205	48,250	Inpatient Hospital	\$4,181,119	\$4,039,150	\$4,181,097	\$4,039,129	\$0	Admits	194
202206	48,690	Inpatient Hospital	\$3,576,316	\$3,451,828	\$3,576,093	\$3,451,611	\$0	Admits	180
202207	49,027	Inpatient Hospital	\$4,571,041	\$4,436,923	\$4,570,653	\$4,436,546	\$0	Admits	190
202208	49,525	Inpatient Hospital	\$3,763,989	\$3,636,080	\$3,763,611	\$3,635,713	\$0	Admits	189
202209	50,009	Inpatient Hospital	\$5,641,475	\$5,501,861	\$5,638,761	\$5,499,312	\$0	Admits	310
202210	50,370	Inpatient Hospital	\$3,078,356	\$2,922,401	\$3,077,620	\$2,921,747	\$0	Admits	297
202211	50,672	Inpatient Hospital	\$3,592,093	\$3,456,578	\$3,591,346	\$3,455,856	\$0	Admits	265
202212	51,115	Inpatient Hospital	\$4,606,632	\$4,457,812	\$4,605,555	\$4,456,768	\$0	Admits	226
202301	50,554	Inpatient Hospital	\$3,750,493	\$3,605,586	\$3,749,374	\$3,604,509	\$0	Admits	215
202302	50,695	Inpatient Hospital	\$5,335,712	\$5,209,353	\$5,333,229	\$5,206,926	\$0	Admits	225
202303	50,654	Inpatient Hospital	\$4,863,515	\$4,739,092	\$4,861,101	\$4,736,740	\$0	Admits	243
202304	50,757	Inpatient Hospital	\$4,014,352	\$3,887,186	\$4,011,975	\$3,884,883	\$0	Admits	219
202305	50,850	Inpatient Hospital	\$4,060,075	\$3,920,586	\$4,057,309	\$3,917,913	\$0	Admits	258
202306	50,917	Inpatient Hospital	\$3,895,822	\$3,778,662	\$3,892,970	\$3,775,893	\$0	Admits	220
202307	51,042	Inpatient Hospital	\$3,825,282	\$3,649,375	\$3,821,880	\$3,646,126	\$0	Admits	231
202308	51,168	Inpatient Hospital	\$3,817,893	\$3,638,895	\$3,812,579	\$3,633,819	\$0	Admits	262
202309	51,142	Inpatient Hospital	\$4,180,240	\$4,036,971	\$4,165,052	\$4,022,269	\$0	Admits	262
202310	51,342	Inpatient Hospital	\$3,871,242	\$3,742,187	\$3,863,725	\$3,734,896	\$0	Admits	199
202311	51,693	Inpatient Hospital	\$4,523,945	\$4,393,905	\$4,469,814	\$4,341,262	\$0	Admits	290
202312	51,406	Inpatient Hospital	\$3,108,306	\$2,983,408	\$3,092,626	\$2,968,388	\$0	Admits	350
202401	51,116	Inpatient Hospital	\$3,523,494	\$3,378,444	\$3,501,830	\$3,357,908	\$0	Admits	177
202402	51,183	Inpatient Hospital	\$3,849,918	\$3,731,640	\$3,831,915	\$3,714,293	\$0	Admits	204
202403	51,145	Inpatient Hospital	\$3,281,787	\$3,157,349	\$3,259,217	\$3,135,620	\$0	Admits	197
202404	51,140	Inpatient Hospital	\$5,738,381	\$5,610,258	\$5,689,103	\$5,562,077	\$0	Admits	465
202405	51,295	Inpatient Hospital	\$4,095,559	\$3,950,207	\$4,042,847	\$3,899,661	\$0	Admits	292
202406	51,264	Inpatient Hospital	\$3,400,235	\$3,279,756	\$3,352,366	\$3,233,585	\$0	Admits	175
202407	51,273	Inpatient Hospital	\$4,400,943	\$4,257,591	\$4,317,693	\$4,177,189	\$0	Admits	201
202408	50,907	Inpatient Hospital	\$3,282,113	\$3,170,963	\$3,204,237	\$3,095,836	\$0	Admits	185
202409	51,083	Inpatient Hospital	\$3,287,536	\$3,179,177	\$3,169,145	\$3,064,719	\$0	Admits	224
202410	50,979	Inpatient Hospital	\$3,924,125	\$3,807,170	\$3,737,190	\$3,625,876	\$0	Admits	180
202411	50,921	Inpatient Hospital	\$3,096,483	\$2,954,352	\$2,874,124	\$2,742,274	\$0	Admits	237
202412	50,935	Inpatient Hospital	\$3,526,102	\$3,391,189	\$3,086,736	\$2,968,441	\$0	Admits	199
202501	50,661	Inpatient Hospital	\$3,180,723	\$3,042,828	\$2,504,317	\$2,395,862	\$0	Admits	217
202502	50,524	Inpatient Hospital	\$1,296,047	\$1,209,252	\$453,026	\$422,891	\$0	Admits	74

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Allowed	Incurred	Drug Rebates	Utilization Unit	Utilization
202201	47,521	Outpatient Hospital	\$4,112,336	\$3,557,316	\$4,112,336	\$3,557,316	\$0	Visits	3,295
202202	47,964	Outpatient Hospital	\$4,748,686	\$4,152,430	\$4,748,686	\$4,152,430	\$0	Visits	3,229
202203	48,012	Outpatient Hospital	\$4,986,766	\$4,332,721	\$4,986,766	\$4,332,721	\$0	Visits	3,675
202204	48,089	Outpatient Hospital	\$4,549,488	\$3,988,027	\$4,549,488	\$3,988,027	\$0	Visits	3,376
202205	48,250	Outpatient Hospital	\$4,679,576	\$4,097,697	\$4,679,551	\$4,097,675	\$0	Visits	3,624
202206	48,690	Outpatient Hospital	\$4,424,823	\$3,843,224	\$4,424,545	\$3,842,980	\$0	Visits	3,594
202207	49,027	Outpatient Hospital	\$4,722,960	\$4,201,840	\$4,722,540	\$4,201,467	\$0	Visits	3,352
202208	49,525	Outpatient Hospital	\$4,986,703	\$4,433,108	\$4,986,169	\$4,432,630	\$0	Visits	3,568
202209	50,009	Outpatient Hospital	\$4,882,875	\$4,321,345	\$4,881,137	\$4,320,006	\$0	Visits	3,313
202210	50,370	Outpatient Hospital	\$5,282,227	\$4,689,502	\$5,280,780	\$4,688,244	\$0	Visits	3,643
202211	50,672	Outpatient Hospital	\$5,410,624	\$4,814,742	\$5,409,497	\$4,813,737	\$0	Visits	3,549
202212	51,115	Outpatient Hospital	\$5,064,629	\$4,399,961	\$5,063,467	\$4,398,948	\$0	Visits	3,494
202301	50,554	Outpatient Hospital	\$5,468,141	\$4,708,603	\$5,466,523	\$4,707,208	\$0	Visits	3,743
202302	50,695	Outpatient Hospital	\$5,061,557	\$4,381,974	\$5,059,243	\$4,379,966	\$0	Visits	3,514
202303	50,654	Outpatient Hospital	\$6,353,710	\$5,601,756	\$6,350,525	\$5,598,941	\$0	Visits	4,070
202304	50,757	Outpatient Hospital	\$5,258,556	\$4,600,829	\$5,255,465	\$4,598,121	\$0	Visits	3,505
202305	50,850	Outpatient Hospital	\$5,487,816	\$4,741,420	\$5,484,085	\$4,738,199	\$0	Visits	3,947
202306	50,917	Outpatient Hospital	\$5,441,486	\$4,711,334	\$5,437,524	\$4,707,899	\$0	Visits	3,682
202307	51,042	Outpatient Hospital	\$5,159,364	\$4,494,742	\$5,154,731	\$4,490,702	\$0	Visits	3,443
202308	51,168	Outpatient Hospital	\$5,821,748	\$5,051,557	\$5,813,763	\$5,044,630	\$0	Visits	3,892
202309	51,142	Outpatient Hospital	\$5,760,503	\$5,065,768	\$5,738,966	\$5,046,824	\$0	Visits	3,655
202310	51,342	Outpatient Hospital	\$6,018,938	\$5,246,310	\$6,007,284	\$5,236,133	\$0	Visits	4,032
202311	51,693	Outpatient Hospital	\$6,172,020	\$5,406,684	\$6,095,706	\$5,339,683	\$0	Visits	3,861
202312	51,406	Outpatient Hospital	\$6,036,970	\$5,190,186	\$6,007,914	\$5,165,287	\$0	Visits	3,519
202401	51,116	Outpatient Hospital	\$6,892,819	\$5,952,185	\$6,848,591	\$5,914,524	\$0	Visits	4,175
202402	51,183	Outpatient Hospital	\$5,722,013	\$4,868,412	\$5,695,218	\$4,845,970	\$0	Visits	3,972
202403	51,145	Outpatient Hospital	\$6,030,699	\$5,251,960	\$5,988,716	\$5,215,369	\$0	Visits	3,946
202404	51,140	Outpatient Hospital	\$6,316,269	\$5,517,598	\$6,262,032	\$5,470,214	\$0	Visits	4,094
202405	51,295	Outpatient Hospital	\$6,350,331	\$5,477,425	\$6,273,345	\$5,411,442	\$0	Visits	4,047
202406	51,264	Outpatient Hospital	\$6,184,186	\$5,397,996	\$6,097,071	\$5,321,963	\$0	Visits	3,861
202407	51,273	Outpatient Hospital	\$6,685,135	\$5,845,260	\$6,559,654	\$5,735,515	\$0	Visits	4,241
202408	50,907	Outpatient Hospital	\$6,164,477	\$5,390,721	\$6,018,352	\$5,263,086	\$0	Visits	3,896
202409	51,083	Outpatient Hospital	\$5,738,220	\$4,957,683	\$5,531,401	\$4,779,053	\$0	Visits	3,736
202410	50,979	Outpatient Hospital	\$7,077,883	\$6,191,736	\$6,740,635	\$5,896,921	\$0	Visits	4,190
202411	50,921	Outpatient Hospital	\$6,956,365	\$6,127,177	\$6,457,121	\$5,687,459	\$0	Visits	3,967
202412	50,935	Outpatient Hospital	\$6,589,961	\$5,623,212	\$5,771,783	\$4,925,072	\$0	Visits	4,003
202501	50,661	Outpatient Hospital	\$7,803,838	\$6,668,540	\$6,143,083	\$5,249,982	\$0	Visits	4,542
202502	50,524	Outpatient Hospital	\$5,681,773	\$4,564,693	\$1,983,594	\$1,594,659	\$0	Visits	4,160

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Allowed	Incurred	Drug Rebates	Utilization Unit	Utilization
202201	47,521	Professional	\$9,276,209	\$7,477,637	\$9,276,209	\$7,477,637	\$0	Visits	60,851
202202	47,964	Professional	\$8,426,671	\$6,625,366	\$8,426,671	\$6,625,366	\$0	Visits	52,592
202203	48,012	Professional	\$9,567,989	\$7,589,666	\$9,567,989	\$7,589,666	\$0	Visits	59,489
202204	48,089	Professional	\$9,126,312	\$7,381,973	\$9,126,312	\$7,381,973	\$0	Visits	54,370
202205	48,250	Professional	\$9,323,222	\$7,589,772	\$9,323,196	\$7,589,751	\$0	Visits	56,622
202206	48,690	Professional	\$9,054,599	\$7,350,347	\$9,054,036	\$7,349,887	\$0	Visits	54,717
202207	49,027	Professional	\$8,281,085	\$6,725,356	\$8,280,355	\$6,724,757	\$0	Visits	50,146
202208	49,525	Professional	\$9,119,906	\$7,333,950	\$9,118,953	\$7,333,178	\$0	Visits	56,807
202209	50,009	Professional	\$8,982,042	\$7,223,057	\$8,978,043	\$7,220,166	\$0	Visits	56,893
202210	50,370	Professional	\$9,195,254	\$7,428,867	\$9,192,596	\$7,426,807	\$0	Visits	59,965
202211	50,672	Professional	\$9,015,838	\$7,262,972	\$9,013,963	\$7,261,456	\$0	Visits	56,711
202212	51,115	Professional	\$8,534,263	\$6,701,110	\$8,532,299	\$6,699,563	\$0	Visits	51,103
202301	50,554	Professional	\$9,288,770	\$7,138,704	\$9,286,010	\$7,136,580	\$0	Visits	59,025
202302	50,695	Professional	\$8,934,793	\$6,979,083	\$8,930,685	\$6,975,860	\$0	Visits	53,662
202303	50,654	Professional	\$9,837,074	\$7,707,724	\$9,832,121	\$7,703,826	\$0	Visits	60,889
202304	50,757	Professional	\$8,932,542	\$7,072,325	\$8,927,277	\$7,068,148	\$0	Visits	52,286
202305	50,850	Professional	\$9,904,148	\$7,826,331	\$9,897,349	\$7,820,945	\$0	Visits	58,790
202306	50,917	Professional	\$9,195,240	\$7,240,678	\$9,188,536	\$7,235,383	\$0	Visits	54,960
202307	51,042	Professional	\$8,428,942	\$6,640,709	\$8,421,375	\$6,634,728	\$0	Visits	52,086
202308	51,168	Professional	\$9,405,142	\$7,445,068	\$9,392,085	\$7,434,692	\$0	Visits	57,671
202309	51,142	Professional	\$8,918,819	\$7,083,186	\$8,885,282	\$7,056,368	\$0	Visits	54,175
202310	51,342	Professional	\$10,120,588	\$8,058,878	\$10,101,019	\$8,043,245	\$0	Visits	61,043
202311	51,693	Professional	\$10,074,795	\$8,003,200	\$9,948,863	\$7,902,476	\$0	Visits	57,514
202312	51,406	Professional	\$8,541,859	\$6,542,983	\$8,503,407	\$6,514,191	\$0	Visits	50,830
202401	51,116	Professional	\$10,354,716	\$7,905,801	\$10,288,607	\$7,856,093	\$0	Visits	62,437
202402	51,183	Professional	\$9,899,144	\$7,563,786	\$9,853,463	\$7,529,756	\$0	Visits	59,196
202403	51,145	Professional	\$9,818,502	\$7,583,281	\$9,750,230	\$7,530,420	\$0	Visits	58,124
202404	51,140	Professional	\$10,448,128	\$8,084,351	\$10,358,411	\$8,014,915	\$0	Visits	60,979
202405	51,295	Professional	\$10,289,988	\$7,984,467	\$10,169,014	\$7,891,845	\$0	Visits	61,262
202406	51,264	Professional	\$9,493,651	\$7,442,462	\$9,359,924	\$7,337,644	\$0	Visits	54,936
202407	51,273	Professional	\$9,842,131	\$7,713,224	\$9,658,353	\$7,569,538	\$0	Visits	58,059
202408	50,907	Professional	\$9,621,372	\$7,583,550	\$9,393,834	\$7,404,909	\$0	Visits	56,544
202409	51,083	Professional	\$9,810,993	\$7,800,913	\$9,458,128	\$7,520,640	\$0	Visits	56,691
202410	50,979	Professional	\$11,478,130	\$9,142,220	\$10,930,970	\$8,706,712	\$0	Visits	65,264
202411	50,921	Professional	\$9,628,699	\$7,562,021	\$8,937,960	\$7,019,704	\$0	Visits	56,054
202412	50,935	Professional	\$9,917,024	\$7,640,287	\$8,684,300	\$6,690,004	\$0	Visits	55,911
202501	50,661	Professional	\$10,964,308	\$8,349,080	\$8,630,804	\$6,572,785	\$0	Visits	63,650
202502	50,524	Professional	\$12,283,009	\$9,247,743	\$4,295,091	\$3,235,714	\$0	Visits	75,757

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Allowed	Incurred	Drug Rebates	Utilization Unit	Utilization
202201	47,521	Other Medical	\$1,394,145	\$1,239,574	\$1,394,145	\$1,239,574	\$0	Services	4,469
202202	47,964	Other Medical	\$1,559,653	\$1,403,750	\$1,559,653	\$1,403,750	\$0	Services	5,015
202203	48,012	Other Medical	\$1,673,172	\$1,505,686	\$1,673,172	\$1,505,686	\$0	Services	5,880
202204	48,089	Other Medical	\$1,515,346	\$1,386,552	\$1,515,346	\$1,386,552	\$0	Services	5,322
202205	48,250	Other Medical	\$3,657,026	\$3,523,838	\$3,657,005	\$3,523,818	\$0	Services	5,106
202206	48,690	Other Medical	\$1,831,110	\$1,696,798	\$1,830,993	\$1,696,688	\$0	Services	5,427
202207	49,027	Other Medical	\$1,534,246	\$1,421,904	\$1,534,111	\$1,421,778	\$0	Services	4,779
202208	49,525	Other Medical	\$1,761,006	\$1,616,239	\$1,760,818	\$1,616,067	\$0	Services	6,086
202209	50,009	Other Medical	\$1,835,886	\$1,715,726	\$1,835,318	\$1,715,188	\$0	Services	5,372
202210	50,370	Other Medical	\$1,646,387	\$1,528,177	\$1,645,935	\$1,527,767	\$0	Services	5,586
202211	50,672	Other Medical	\$1,735,599	\$1,603,599	\$1,735,239	\$1,603,266	\$0	Services	5,602
202212	51,115	Other Medical	\$1,641,488	\$1,482,339	\$1,641,106	\$1,481,994	\$0	Services	5,405
202301	50,554	Other Medical	\$1,759,012	\$1,563,956	\$1,758,490	\$1,563,491	\$0	Services	5,758
202302	50,695	Other Medical	\$1,597,230	\$1,453,148	\$1,596,498	\$1,452,481	\$0	Services	5,419
202303	50,654	Other Medical	\$2,143,921	\$1,979,088	\$2,142,839	\$1,978,085	\$0	Services	6,350
202304	50,757	Other Medical	\$1,596,225	\$1,466,167	\$1,595,286	\$1,465,303	\$0	Services	5,555
202305	50,850	Other Medical	\$2,014,918	\$1,887,811	\$2,013,533	\$1,886,513	\$0	Services	6,093
202306	50,917	Other Medical	\$1,905,761	\$1,764,344	\$1,904,369	\$1,763,054	\$0	Services	6,081
202307	51,042	Other Medical	\$1,959,776	\$1,832,280	\$1,958,018	\$1,830,636	\$0	Services	5,697
202308	51,168	Other Medical	\$1,895,030	\$1,746,481	\$1,892,392	\$1,744,047	\$0	Services	6,973
202309	51,142	Other Medical	\$1,797,561	\$1,685,979	\$1,790,712	\$1,679,550	\$0	Services	5,900
202310	51,342	Other Medical	\$2,012,489	\$1,864,779	\$2,008,577	\$1,861,152	\$0	Services	6,644
202311	51,693	Other Medical	\$2,009,065	\$1,868,795	\$1,983,793	\$1,845,262	\$0	Services	6,427
202312	51,406	Other Medical	\$1,792,489	\$1,636,642	\$1,784,530	\$1,629,254	\$0	Services	6,226
202401	51,116	Other Medical	\$1,902,156	\$1,709,415	\$1,890,075	\$1,698,762	\$0	Services	6,549
202402	51,183	Other Medical	\$1,792,261	\$1,619,803	\$1,784,126	\$1,612,622	\$0	Services	6,361
202403	51,145	Other Medical	\$1,966,672	\$1,830,539	\$1,952,953	\$1,817,758	\$0	Services	6,447
202404	51,140	Other Medical	\$2,135,849	\$1,989,254	\$2,117,502	\$1,972,166	\$0	Services	6,759
202405	51,295	Other Medical	\$2,503,810	\$2,358,196	\$2,475,192	\$2,331,290	\$0	Services	7,456
202406	51,264	Other Medical	\$2,047,010	\$1,895,327	\$2,018,195	\$1,868,649	\$0	Services	6,924
202407	51,273	Other Medical	\$2,409,844	\$2,265,845	\$2,365,193	\$2,223,874	\$0	Services	7,243
202408	50,907	Other Medical	\$2,387,052	\$2,239,216	\$2,330,362	\$2,186,052	\$0	Services	6,853
202409	51,083	Other Medical	\$2,253,297	\$2,121,624	\$2,172,631	\$2,045,672	\$0	Services	6,312
202410	50,979	Other Medical	\$2,496,385	\$2,356,016	\$2,377,683	\$2,244,017	\$0	Services	6,958
202411	50,921	Other Medical	\$2,285,110	\$2,146,765	\$2,121,445	\$1,993,048	\$0	Services	6,662
202412	50,935	Other Medical	\$2,435,285	\$2,255,336	\$2,131,575	\$1,974,051	\$0	Services	7,247
202501	50,661	Other Medical	\$2,252,979	\$2,061,635	\$1,773,802	\$1,623,157	\$0	Services	7,706
202502	50,524	Other Medical	\$1,881,751	\$1,726,224	\$658,547	\$604,604	\$0	Services	8,450

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Allowed	Incurred	Drug Rebates	Utilization Unit	Utilization
202201	47,521	Prescription Drug	\$6,389,695	\$5,701,184	\$6,389,695	\$5,701,184	\$1,454,869	Scripts	32,156
202202	47,964	Prescription Drug	\$5,894,662	\$5,320,395	\$5,894,662	\$5,320,395	\$1,357,483	Scripts	27,667
202203	48,012	Prescription Drug	\$7,225,849	\$6,617,191	\$7,225,849	\$6,617,191	\$1,613,482	Scripts	31,561
202204	48,089	Prescription Drug	\$6,350,225	\$5,840,273	\$6,350,225	\$5,840,273	\$1,530,194	Scripts	30,719
202205	48,250	Prescription Drug	\$6,815,273	\$6,341,488	\$6,815,273	\$6,341,488	\$1,638,696	Scripts	32,812
202206	48,690	Prescription Drug	\$7,081,062	\$6,591,931	\$7,081,059	\$6,591,927	\$1,672,668	Scripts	32,239
202207	49,027	Prescription Drug	\$6,576,667	\$6,102,788	\$6,576,664	\$6,102,784	\$1,581,170	Scripts	30,971
202208	49,525	Prescription Drug	\$7,072,726	\$6,590,752	\$7,072,723	\$6,590,748	\$1,721,171	Scripts	32,250
202209	50,009	Prescription Drug	\$6,788,626	\$6,321,464	\$6,788,626	\$6,321,464	\$1,621,313	Scripts	34,404
202210	50,370	Prescription Drug	\$6,723,898	\$6,240,733	\$6,723,895	\$6,240,729	\$1,531,673	Scripts	37,530
202211	50,672	Prescription Drug	\$7,164,078	\$6,669,596	\$7,164,078	\$6,669,596	\$1,589,781	Scripts	35,025
202212	51,115	Prescription Drug	\$7,142,546	\$6,533,893	\$7,142,546	\$6,533,893	\$1,514,816	Scripts	36,487
202301	50,554	Prescription Drug	\$7,583,750	\$6,748,580	\$7,583,746	\$6,748,576	\$1,802,412	Scripts	34,369
202302	50,695	Prescription Drug	\$6,954,836	\$6,326,161	\$6,954,832	\$6,326,157	\$1,721,087	Scripts	30,910
202303	50,654	Prescription Drug	\$8,052,699	\$7,418,641	\$8,052,699	\$7,418,641	\$1,941,161	Scripts	35,001
202304	50,757	Prescription Drug	\$7,322,889	\$6,784,840	\$7,322,889	\$6,784,840	\$1,948,424	Scripts	32,461
202305	50,850	Prescription Drug	\$8,333,365	\$7,756,757	\$8,333,365	\$7,756,757	\$2,151,632	Scripts	34,366
202306	50,917	Prescription Drug	\$8,066,786	\$7,529,202	\$8,066,786	\$7,529,202	\$2,097,597	Scripts	33,712
202307	51,042	Prescription Drug	\$7,486,055	\$6,948,621	\$7,486,055	\$6,948,621	\$2,110,076	Scripts	32,757
202308	51,168	Prescription Drug	\$8,103,280	\$7,496,180	\$8,103,280	\$7,496,180	\$2,268,594	Scripts	34,891
202309	51,142	Prescription Drug	\$7,588,567	\$7,057,941	\$7,588,567	\$7,057,941	\$2,100,238	Scripts	36,807
202310	51,342	Prescription Drug	\$8,755,140	\$8,210,299	\$8,755,140	\$8,210,298	\$2,381,079	Scripts	45,488
202311	51,693	Prescription Drug	\$8,209,386	\$7,679,680	\$8,209,386	\$7,679,680	\$2,316,603	Scripts	39,840
202312	51,406	Prescription Drug	\$8,090,171	\$7,333,996	\$8,090,171	\$7,333,996	\$2,161,329	Scripts	37,138
202401	51,116	Prescription Drug	\$8,288,452	\$7,447,245	\$8,288,452	\$7,447,245	\$2,447,169	Scripts	37,760
202402	51,183	Prescription Drug	\$7,719,611	\$7,027,045	\$7,719,611	\$7,027,045	\$2,272,971	Scripts	33,950
202403	51,145	Prescription Drug	\$8,189,443	\$7,545,718	\$8,189,443	\$7,545,718	\$2,327,436	Scripts	35,124
202404	51,140	Prescription Drug	\$8,167,468	\$7,556,074	\$8,167,468	\$7,556,074	\$2,503,728	Scripts	36,290
202405	51,295	Prescription Drug	\$8,565,829	\$7,959,039	\$8,565,824	\$7,959,034	\$2,492,045	Scripts	36,720
202406	51,264	Prescription Drug	\$8,166,220	\$7,608,826	\$8,166,215	\$7,608,821	\$2,262,032	Scripts	34,030
202407	51,273	Prescription Drug	\$9,004,697	\$8,354,821	\$9,004,692	\$8,354,816	\$2,572,144	Scripts	36,207
202408	50,907	Prescription Drug	\$8,793,827	\$8,133,135	\$8,793,827	\$8,133,135	\$2,511,634	Scripts	35,956
202409	51,083	Prescription Drug	\$9,345,471	\$8,773,873	\$9,345,466	\$8,773,868	\$2,468,577	Scripts	40,908
202410	50,979	Prescription Drug	\$9,988,988	\$9,405,905	\$9,988,988	\$9,405,905	\$3,065,139	Scripts	44,620
202411	50,921	Prescription Drug	\$9,099,097	\$8,553,182	\$9,099,097	\$8,553,182	\$2,841,493	Scripts	38,406
202412	50,935	Prescription Drug	\$8,939,983	\$8,200,114	\$8,939,982	\$8,200,114	\$2,845,596	Scripts	37,849
202501	50,661	Prescription Drug	\$9,329,603	\$8,535,885	\$9,329,603	\$8,535,885	\$2,898,363	Scripts	38,370
202502	50,524	Prescription Drug	\$8,872,862	\$8,157,271	\$8,872,861	\$8,157,270	\$2,778,771	Scripts	35,771

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Allowed	Incurred	Drug Rebates	Utilization Unit	Utilization
202201	47,521	Capitations	\$41,642	\$41,642	\$41,642	\$41,642	\$0	Benefit Period	47,521
202202	47,964	Capitations	\$42,059	\$42,059	\$42,059	\$42,059	\$0	Benefit Period	47,964
202203	48,012	Capitations	\$42,036	\$42,036	\$42,036	\$42,036	\$0	Benefit Period	48,012
202204	48,089	Capitations	\$42,049	\$42,049	\$42,049	\$42,049	\$0	Benefit Period	48,089
202205	48,250	Capitations	\$42,163	\$42,163	\$42,163	\$42,163	\$0	Benefit Period	48,250
202206	48,690	Capitations	\$42,499	\$42,499	\$42,499	\$42,499	\$0	Benefit Period	48,690
202207	49,027	Capitations	\$42,755	\$42,755	\$42,755	\$42,755	\$0	Benefit Period	49,027
202208	49,525	Capitations	\$43,164	\$43,164	\$43,164	\$43,164	\$0	Benefit Period	49,525
202209	50,009	Capitations	\$43,564	\$43,564	\$43,564	\$43,564	\$0	Benefit Period	50,009
202210	50,370	Capitations	\$43,840	\$43,840	\$43,840	\$43,840	\$0	Benefit Period	50,370
202211	50,672	Capitations	\$44,028	\$44,028	\$44,028	\$44,028	\$0	Benefit Period	50,672
202212	51,115	Capitations	\$44,373	\$44,373	\$44,373	\$44,373	\$0	Benefit Period	51,115
202301	50,554	Capitations	\$36,036	\$36,036	\$36,036	\$36,036	\$0	Benefit Period	50,554
202302	50,695	Capitations	\$36,104	\$36,104	\$36,104	\$36,104	\$0	Benefit Period	50,695
202303	50,654	Capitations	\$36,083	\$36,083	\$36,083	\$36,083	\$0	Benefit Period	50,654
202304	50,757	Capitations	\$36,154	\$36,154	\$36,154	\$36,154	\$0	Benefit Period	50,757
202305	50,850	Capitations	\$36,184	\$36,184	\$36,184	\$36,184	\$0	Benefit Period	50,850
202306	50,917	Capitations	\$36,212	\$36,212	\$36,212	\$36,212	\$0	Benefit Period	50,917
202307	51,042	Capitations	\$36,282	\$36,282	\$36,282	\$36,282	\$0	Benefit Period	51,042
202308	51,168	Capitations	\$36,366	\$36,366	\$36,366	\$36,366	\$0	Benefit Period	51,168
202309	51,142	Capitations	\$36,334	\$36,334	\$36,334	\$36,334	\$0	Benefit Period	51,142
202310	51,342	Capitations	\$36,411	\$36,411	\$36,411	\$36,411	\$0	Benefit Period	51,342
202311	51,693	Capitations	\$36,538	\$36,538	\$36,538	\$36,538	\$0	Benefit Period	51,693
202312	51,406	Capitations	\$36,261	\$36,261	\$36,261	\$36,261	\$0	Benefit Period	51,406
202401	51,116	Capitations	\$36,048	\$36,048	\$36,048	\$36,048	\$0	Benefit Period	51,116
202402	51,183	Capitations	\$36,190	\$36,190	\$36,190	\$36,190	\$0	Benefit Period	51,183
202403	51,145	Capitations	\$36,113	\$36,113	\$36,113	\$36,113	\$0	Benefit Period	51,145
202404	51,140	Capitations	\$36,087	\$36,087	\$36,087	\$36,087	\$0	Benefit Period	51,140
202405	51,295	Capitations	\$36,222	\$36,222	\$36,222	\$36,222	\$0	Benefit Period	51,295
202406	51,264	Capitations	\$36,222	\$36,222	\$36,222	\$36,222	\$0	Benefit Period	51,264
202407	51,273	Capitations	\$36,171	\$36,171	\$36,171	\$36,171	\$0	Benefit Period	51,273
202408	50,907	Capitations	\$35,920	\$35,920	\$35,920	\$35,920	\$0	Benefit Period	50,907
202409	51,083	Capitations	\$36,065	\$36,065	\$36,065	\$36,065	\$0	Benefit Period	51,083
202410	50,979	Capitations	\$35,944	\$35,944	\$35,944	\$35,944	\$0	Benefit Period	50,979
202411	50,921	Capitations	\$35,899	\$35,899	\$35,899	\$35,899	\$0	Benefit Period	50,921
202412	50,935	Capitations	\$35,891	\$35,891	\$35,891	\$35,891	\$0	Benefit Period	50,935
202501	50,661	Capitations	\$32,220	\$32,220	\$32,220	\$32,220	\$0	Benefit Period	50,661
202502	50,524	Capitations	\$32,188	\$32,188	\$32,188	\$32,188	\$0	Benefit Period	50,524

Appendix - Total Experience

Month	Members	Contracts	Ultimate Allowed	Drug Rebates	Post-Rx Rebate Ultimate Allowed	Post-Rx Rebate Ultimate Incurred	Premium	Loss Ratio
202201	47,521	29,934	\$25,554,107	\$1,454,869	\$24,099,238	\$20,729,182	\$24,082,720	86.1%
202202	47,964	30,297	\$24,175,867	\$1,357,483	\$22,818,383	\$19,543,095	\$24,256,619	80.6%
202203	48,012	30,255	\$26,508,186	\$1,613,482	\$24,894,704	\$21,401,275	\$24,325,964	88.0%
202204	48,089	30,242	\$25,380,287	\$1,530,194	\$23,850,093	\$20,809,630	\$24,445,569	85.1%
202205	48,250	30,278	\$28,698,379	\$1,638,696	\$27,059,683	\$23,995,413	\$24,520,765	97.9%
202206	48,690	30,581	\$26,010,409	\$1,672,668	\$24,337,741	\$21,303,958	\$24,770,381	86.0%
202207	49,027	30,753	\$25,728,753	\$1,581,170	\$24,147,583	\$21,350,395	\$24,769,940	86.2%
202208	49,525	30,984	\$26,747,496	\$1,721,171	\$25,026,325	\$21,932,122	\$25,079,892	87.4%
202209	50,009	31,223	\$28,174,468	\$1,621,313	\$26,553,155	\$23,505,702	\$25,383,513	92.6%
202210	50,370	31,401	\$25,969,962	\$1,531,673	\$24,438,289	\$21,321,846	\$25,528,152	83.5%
202211	50,672	31,571	\$26,962,260	\$1,589,781	\$25,372,478	\$22,261,734	\$25,718,231	86.6%
202212	51,115	31,812	\$27,033,932	\$1,514,816	\$25,519,116	\$22,104,671	\$26,038,139	84.9%
202301	50,554	31,601	\$27,886,203	\$1,802,412	\$26,083,790	\$21,999,053	\$26,763,607	82.2%
202302	50,695	31,712	\$27,920,231	\$1,721,087	\$26,199,144	\$22,664,736	\$26,934,670	84.1%
202303	50,654	31,723	\$31,287,001	\$1,941,161	\$29,345,840	\$25,541,223	\$27,117,278	94.2%
202304	50,757	31,760	\$27,160,719	\$1,948,424	\$25,212,296	\$21,899,077	\$27,282,664	80.3%
202305	50,850	31,806	\$29,836,506	\$2,151,632	\$27,684,874	\$24,017,458	\$27,407,748	87.6%
202306	50,917	31,787	\$28,541,307	\$2,097,597	\$26,443,710	\$22,962,834	\$27,789,603	82.6%
202307	51,042	31,804	\$26,895,700	\$2,110,076	\$24,785,624	\$21,491,931	\$28,088,175	76.5%
202308	51,168	31,914	\$29,079,459	\$2,268,594	\$26,810,865	\$23,145,951	\$28,337,983	81.7%
202309	51,142	31,889	\$28,282,024	\$2,100,238	\$26,181,786	\$22,865,941	\$28,618,894	79.9%
202310	51,342	32,059	\$30,814,808	\$2,381,079	\$28,433,728	\$24,777,784	\$28,960,823	85.6%
202311	51,693	32,300	\$31,025,751	\$2,316,603	\$28,709,148	\$25,072,200	\$29,536,656	84.9%
202312	51,406	32,098	\$27,606,056	\$2,161,329	\$25,444,727	\$21,562,147	\$30,491,970	70.7%
202401	51,116	32,055	\$30,997,686	\$2,447,169	\$28,550,517	\$23,981,969	\$30,922,102	77.6%
202402	51,183	32,085	\$29,019,137	\$2,272,971	\$26,746,166	\$22,573,906	\$31,032,451	72.7%
202403	51,145	32,061	\$29,323,217	\$2,327,436	\$26,995,781	\$23,077,526	\$31,141,845	74.1%
202404	51,140	32,089	\$32,842,183	\$2,503,728	\$30,338,455	\$26,289,895	\$31,251,900	84.1%
202405	51,295	32,106	\$31,841,737	\$2,492,045	\$29,349,692	\$25,273,511	\$31,498,731	80.2%
202406	51,264	32,050	\$29,327,524	\$2,262,032	\$27,065,492	\$23,398,557	\$31,707,624	73.8%
202407	51,273	31,991	\$32,378,922	\$2,572,144	\$29,806,778	\$25,900,769	\$31,906,787	81.2%
202408	50,907	31,775	\$30,284,762	\$2,511,634	\$27,773,129	\$24,041,872	\$31,839,347	75.5%
202409	51,083	31,785	\$30,471,582	\$2,468,577	\$28,003,006	\$24,400,758	\$32,138,513	75.9%
202410	50,979	31,743	\$35,001,454	\$3,065,139	\$31,936,315	\$27,873,853	\$32,313,998	86.3%
202411	50,921	31,676	\$31,101,653	\$2,841,493	\$28,260,160	\$24,537,904	\$32,542,799	75.4%
202412	50,935	31,602	\$31,444,246	\$2,845,596	\$28,598,650	\$24,300,434	\$33,265,230	73.1%
202501	50,661	31,600	\$33,563,671	\$2,898,363	\$30,665,308	\$25,791,825	\$33,669,309	76.6%
202502	50,524	31,510	\$30,047,630	\$2,778,771	\$27,268,859	\$22,158,600	\$33,656,206	65.8%

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:** CareFirst BlueChoice, Inc. (CFBC) - NAIC # 96202
- **State:** District of Columbia
- **HIOS Issuer ID:** 86052
- **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 an increase 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, down 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

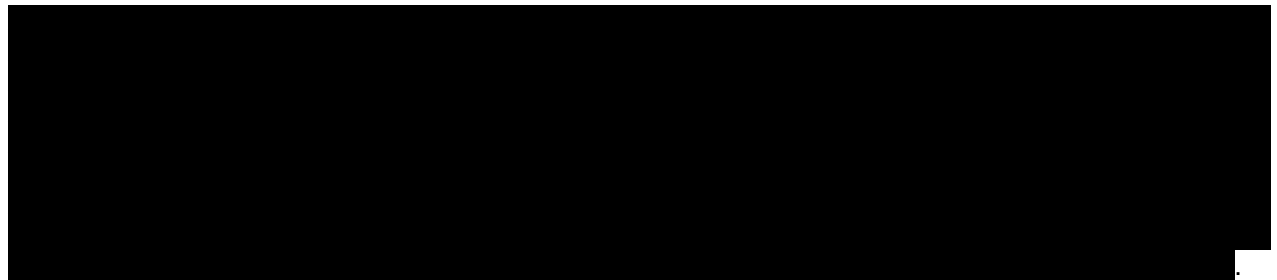
The Market-wide Adjusted Index Rate for the Individual market is [REDACTED] and is derived by multiplying the projection period index rate with the market level adjustments for the risk adjustment program. Details for the risk adjustment program can be found below.

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 BlueChoice 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 Open Access 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
- **Catastrophic adjustment:** The catastrophic factor has been developed from the experience of the catastrophic population and is applied only to the catastrophic plan as required. See the Appendix in the Memorandum for more details. All other factors applied to the Market Adjusted Index Rate are the same across all plans.

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

4.4.5 Calibration

Age Curve Calibration

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

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

Geographic Factor Calibration

We have elected not to rate for geographic region.

Tobacco Use Rating Factor Calibration

We have elected not to rate for tobacco usage.

4.4.6 Consumer Adjusted Premium Rate Development

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

4.5 Projected Loss Ratio

The projected loss ratio for the rates provided in this file, using the Federally-prescribed MLR methodology, is [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.

State:	District of Columbia	Filing Company:	CareFirst BlueChoice, Inc.
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO		
Product Name:	2835 - DC ACA Individual BlueChoice		
Project Name/Number:	2835 - DC BC IND64-ACA ON-EXCHANGE/2835		

Supporting Document Schedules

Satisfied - Item:	Actuarial Justification
Comments:	
Attachment(s):	2026 AV Screenshots - DC Individual BlueChoice.pdf 2835 - DC BlueChoice - Ind - Rate Sheets - 5-1.xlsx 2835 - DC Ind 2026 - BlueChoice - Index & Plan Comparison - 5-1.pdf 2835_Ind_DC_BlueChoice_1.1.26_Actuarial_Memorandum_SERFF - 5-1.xlsx 2835_Individual_DC_BlueChoice_1.1.26_Actuarial_Memorandum_5-1.pdf BC Ind - DISB rate filing checklist - 2026.pdf Appendix K DC Carrier Template PY2026 - BlueChoice - 5-1.xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Cover Letter
Comments:	
Attachment(s):	2835 - ACA_Cover Letter_Ind_DC_BlueChoice.pdf
Item Status:	
Status Date:	

Satisfied - Item:	District of Columbia Plain Language Summary
Comments:	
Attachment(s):	2835 - DC Ind - BlueChoice - PartII Rate Justification - 5-1.pdf
Item Status:	
Status Date:	

Satisfied - Item:	URRT
Comments:	
Attachment(s):	2835 - DC BlueChoice Ind URRT SERFF - 5-1.pdf 2835 - DC BlueChoice Ind URRT SERFF - 5-1.xlsm
Item Status:	
Status Date:	

State:	District of Columbia	Filing Company:	CareFirst BlueChoice, Inc.
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO		
Product Name:	2835 - DC ACA Individual BlueChoice		
Project Name/Number:	2835 - DC BC IND64-ACA ON-EXCHANGE/2835		

Attachment 2835 - DC BlueChoice - Ind - Rate Sheets - 5-1.xlsx is not a PDF document and cannot be reproduced here.

Attachment 2835_Ind_DC_BlueChoice_1.1.26_Actuarial_Memorandum_SERFF - 5-1.xlsx is not a PDF document and cannot be reproduced here.

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

Attachment 2835 - DC BlueChoice Ind URRT SERFF - 5-1.xlsm is not a PDF document and cannot be reproduced here.

BlueChoice, Inc.
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 96202)
Rate Filing #2835

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 (\$)		\$10,150.00
Coinsurance (% , Insurer's Cost Share)		100.00%
MOOP (\$)		\$10,150.00
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 checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

☐

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):

3

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: 61.05%
Metal Tier: Bronze

Additional Notes:

Calculation Time: 0.2461 seconds

Final 2026 AV Calculator

61.05%

Plan Description:

Name: BlueChoice HMO Young Adult 10150 Virtual Connect Plus
Plan HIOS ID: 86052DC0400004
Issuer HIOS ID: 86052

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?

☒

Apply Inpatient Copay per Day?

☐

Apply Skilled Nursing Facility Copay per Day?

☐

Use Separate MOOP for Medical and Drug Spending?

☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

☒

Desired Metal Tier

Bronze

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$6,350.00
		80.00%
		\$7,300.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

☒

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: BlueChoice HMO HSA Bronze 6350
Plan HIOS ID: 86052DC0400010
Issuer HIOS ID: 86052

User Inputs for Plan Parameters

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

Desired Metal Tier

Bronze

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

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?☐

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:

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: BlueChoice HMO Essential Bronze 7500

Plan HIOS ID: 86052DC0400007

Issuer HIOS ID: 86052

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate MOOP for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

☐

☐

☐

☐

☐

Desired Metal Tier

Silver

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$4,850.00	\$350.00	
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: BlueChoice HMO Essential Silver 4850
Plan HIOS ID: 86052DC040000101
Issuer HIOS ID: 86052

User Inputs for Plan Parameters

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

Desired Metal Tier

Silver

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
\$4,050.00	\$350.00	
80.00%	100.00%	
\$7,750.00		

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 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:

Actuarial Value:

Metal Tier:

CSR Level of 73% (200-250% FPL), Calculation Successful.
73.96%
Silver

Additional Notes:

Calculation Time:

0.2383 seconds

Final 2026 AV Calculator

73.96%

Plan Description:

Name: BlueChoice HMO Essential Silver 4850 A
Plan HIOS ID: 86052DC040000104
Issuer HIOS ID: 86052

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?

☐

Apply Inpatient Copay per Day?

☐

Apply Skilled Nursing Facility Copay per Day?

☐

Use Separate MOOP for Medical and Drug Spending?

☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

☒

Desired Metal Tier

Gold

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$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: BlueChoice HMO Essential Silver 4850 B
Plan HIOS ID: 86052DC040000105
Issuer HIOS ID: 86052

User Inputs for Plan Parameters

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

Desired Metal Tier

Platinum

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

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

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	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: BlueChoice HMO Essential Silver 4850 C
Plan HIOS ID: 86052DC040000106
Issuer HIOS ID: 86052

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?

☐

Apply Inpatient Copay per Day?

☒

Apply Skilled Nursing Facility Copay per Day?

☒

Use Separate MOOP for Medical and Drug Spending?

☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

☐

Desired Metal Tier

Gold

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$500.00	\$0.00
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?	<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:

81.87%

Metal Tier:

Gold

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

Additional Notes:

Calculation Time:

0.2305 seconds

Final 2026 AV Calculator

81.87%

Plan Description:

Name: BlueChoice HMO Essential Gold 500
Plan HIOS ID: 86052DC0400002
Issuer HIOS ID: 86052

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?

☐

Apply Inpatient Copay per Day?

☒

Apply Skilled Nursing Facility Copay per Day?

☒

Use Separate MOOP for Medical and Drug Spending?

☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

☐

Desired Metal Tier

Platinum

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

Deductible (\$)

Coinsurance (% , Insurer's Cost Share)

MOOP (\$)

MOOP if Separate (\$)

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

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$19.31	<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:

Actuarial Value:

Metal Tier:

Calculation Successful.

91.67%

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: BlueChoice HMO Essential Platinum 0

Plan HIOS ID: 86052DC0400008

Issuer HIOS ID: 86052

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		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

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

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

☐

Specialty Rx Coinsurance Maximum:

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

☒

Days (1-10):

5

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

☐

Visits (1-10):

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

☐

Copays (1-10):

Plan Description:

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

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2026 AV Calculator

Calculation Successful.

81.65%

Gold

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

0.0781 seconds

81.65%

Plan Description:

Name: BlueChoice HMO HSA Gold 1700 Virtual Connect Plus
Plan HIOS ID: 86052DC0400011
Issuer HIOS ID: 86052

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?

☒

Apply Inpatient Copay per Day?

☒

Apply Skilled Nursing Facility Copay per Day?

☒

Use Separate MOOP for Medical and Drug Spending?

☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

☐

Desired Metal Tier

Gold

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$1,700.00
		100.00%
		\$3,650.00

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:

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: 0.0742 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: BlueChoice HMO HSA Gold 1700 Virtual Connect Plus
Plan HIOS ID: 86052DC0400011
Issuer HIOS ID: 86052

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

		2026	2025	% Change
(1)	Base Period Total Allowed	\$560.01	\$532.50	5.2%
(2)	Base Period Non-EHB PMPM	\$0.65	\$0.15	335.0%
(3)	Experience Period Index Rate	\$559.36	\$532.35	5.1%
(4)	Change in Morbidity	1.0081	1.0156	-0.7%
(5)	Additional Population Adjustment	1.0000	1.0000	0.0%
(6)	Induced Demand	0.9950	0.9949	0.0%
(7)	Projection Period Utilization and Network Adjustment	1.0000	1.0000	0.0%
(8)	Demographic Adjustment	1.0011	1.0089	-0.8%
(9)	Area Adjustment	1.0000	1.0000	0.0%
(10)	Additional "Other" Adjustments	1.0366	1.0140	2.2%
(11)	Annualized Trend	7.6%	6.6%	
(12)	Months of Trend	24	24.0	
(13)	Unit cost & Utilization/1,000 Trend Factor	1.1581	1.1368	1.9%
(14)	Projection Period Index Rate	\$674.34	\$625.61	7.8%
		9.8%	8.4%	
(15)	Risk Adjustment Program	1.2133	1.3391	-9.4%
(16)	Federal Exchange User Fee	1.0000	1.0000	0.0%
(17)	Market Adjusted Index Rate	\$818.20	\$837.75	-2.3%
	Without Risk Adjustment	\$674.34	\$625.61	7.8%
	Base Rate Change	4.1%	3.6%	

2026 DC Individual BlueChoice
Plan Adjusted Index Rate Changes

						Market Adjusted Index Rate			Benefits			Network			Induced Utilization			HSA Factor			Non-EHB			Catastrophic Adjustment			Admin			Age Calibration			Total Change		
Index	HIOS Plan ID	Plan Name	Type	Metallic Tier	On/Off	Projected Members - 12/2025	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	86052DC0400001	BlueChoice HMO Essential Silver 4850	HMO	SILVER	On	463	\$818.20	\$837.75	-2.33%	0.761	0.769	-1.08%	0.934	0.934	0.06%	0.960	0.958	0.24%	1.000	1.000	0.00%	1.005	1.004	0.06%	1.000	1.000	0.00%	1.178	1.096	7.56%	0.944	0.942	0.29%		
2	86052DC0400002	BlueChoice HMO Essential Gold 500	HMO	GOLD	On	345	\$818.20	\$837.75	-2.33%	0.900	0.901	-0.20%	0.934	0.934	0.06%	0.998	0.999	-0.10%	1.000	1.000	0.00%	1.004	1.004	0.06%	1.000	1.000	0.00%	1.178	1.096	7.56%	0.944	0.942	0.29%		
3	86052DC0400004	BlueChoice HMO Young Adult 10150 Virtual Connect Plus	HMO	CATASTROPHIC	On	303	\$818.20	\$837.75	-2.33%	0.624	0.639	-2.29%	0.934	0.934	0.06%	0.924	0.925	-0.10%	1.000	1.000	0.00%	1.007	1.007	0.08%	0.586	0.615	-4.67%	1.178	1.096	7.56%	0.944	0.942	0.29%		
4	86052DC0400007	BlueChoice HMO Essential Bronze 7500	HMO	BRONZE	On	424	\$818.20	\$837.75	-2.33%	0.683	0.701	-2.60%	0.934	0.934	0.06%	0.924	0.925	-0.10%	1.000	1.000	0.00%	1.005	1.004	0.06%	1.000	1.000	0.00%	1.178	1.096	7.56%	0.944	0.942	0.29%		
5	86052DC0400008	BlueChoice HMO Essential Platinum 0	HMO	PLATINUM	On	110	\$818.20	\$837.75	-2.33%	0.974	0.972	0.22%	0.934	0.934	0.06%	1.063	1.064	-0.10%	1.000	1.000	0.00%	1.004	1.003	0.06%	1.000	1.000	0.00%	1.178	1.096	7.56%	0.944	0.942	0.29%		
6	86052DC0400010	BlueChoice HMO HSA Bronze 6350	HMO	BRONZE	On	687	\$818.20	\$837.75	-2.33%	0.655	0.660	-0.72%	0.934	0.934	0.06%	0.924	0.925	-0.10%	1.000	1.000	0.00%	1.005	1.005	0.06%	1.000	1.000	0.00%	1.178	1.096	7.56%	0.944	0.942	0.29%		
7	86052DC0400011	BlueChoice HMO HSA Gold 1700 Virtual Connect Plus	HMO	GOLD	On	119	\$818.20	\$837.75	-2.33%	0.822	0.824	-0.28%	0.934	0.934	0.06%	0.998	0.999	-0.10%	1.000	1.000	0.00%	1.004	1.004	0.06%	1.000	1.000	0.00%	1.178	1.096	7.56%	0.944	0.942	0.29%		
						2,451	\$818.20	\$837.75	-2.33%	0.733	0.741	-1.17%	0.934	0.934	0.06%	0.951	0.952	-0.04%	1.00	1.00	0.00%	1.005	1.004	0.06%	0.949	0.952	-0.58%	1.178	1.096	7.56%	0.944	0.942	0.29%		

Key Drivers:

- 1.) Increase in the base period experience of the combined pool
- 2.) Trend
- 3.) Lower projected risk adjustment payable
- 4.) Increase 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:** CareFirst BlueChoice, Inc. (CFBC) - NAIC # 96202
- **State:** District of Columbia
- **HIOS Issuer ID:** 86052
- **Market:** Individual, Non-Medigap (On Exchange)
- **Effective Date:** 1/1/26 – 12/31/26
- **Company Filing Number:** 2835
- **SERFF Filing Number:** CFAP-134502528

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 4.1% on average. The range is -1.8% to 5.6%. This filing applies to all new and renewing, in-force business in the guaranteed renewable, non-grandfathered, ACA, metaled benefit plans. The number of policyholders affected by this rate change is 2,022.

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 payable, and 4) increase 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: \$381,561,329

Experience Period Member Months: 613,241

Current Date Members: 50,524

Allowed and Incurred Claims Incurred During the Experience Period

Allowed Claims

- **Processed through issuer's claim system:** \$334,982,348
- **Processed outside issuer's claim system:** \$0
- **IBNR:** \$8,441,793

Incurred Claims

- **Processed through issuer's claim system:** \$288,465,649
- **Processed outside issuer's claim system:** \$0
- **IBNR:** \$7,185,304

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 7.6%, which is an increase compared to the 6.6% trend assumed in our prior filing. Current observed medical trends as of 202412 are 7.0%, up from 2.9% in 202312. Current observed drug trends are 10.1% as of 202412, down from 12.0% in 202312. The composite medical and drug trend is 7.8% as of 202412, up from 5.2% in 202312.

When normalized for induced demand, network, and demographics, the observed composite trends of 7.8% in 202412 and 5.2% in 202312 become 7.2% and 5.0%, 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 9.8%.

4.4.3.2 Adjustments to Trended EHB Allowed Claims PMPM

Morbidity Adjustment:

Exhibit 4 in our memorandum contains support for this adjustment. To measure the projected morbidity of our population, we split our projected population into cohorts defined by metal tier and membership type. Membership type is defined as new member, existing member, or transfer from other lines of business. Consistent with the rules in the 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 1.250.
- Once these PMPMs are set, the final morbidity calculation is driven by the projected member months at these levels.

The total morbidity change from 2024 to 2026 is expected to be 0.8%, 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 \$559.36 and the projection period index rate is \$674.34. 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 \$818.20 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 BlueChoice payable transfer PMPM for the Individual market will decrease from -\$92.56 in 2024 to -\$86.59 in 2026. Combined with the -\$86.59 is a projected HCRP net PMPM payable of -\$3.01, which results in a total projected risk adjustment payable of -\$89.60.

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

If a merged Individual and Small Group risk adjustment methodology was used, the rate change for Individual BlueChoice is estimated to be -5.9%.

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 Open Access 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
- **Catastrophic adjustment:** The catastrophic factor has been developed from the experience of the catastrophic population and is applied only to the catastrophic plan as required. See the Appendix in the Memorandum for more details. All other factors applied to the Market Adjusted Index Rate are the same across all plans.

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

4.4.5 Calibration

Age Curve Calibration

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

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

Geographic Factor Calibration

We have elected not to rate for geographic region.

Tobacco Use Rating Factor Calibration

We have elected not to rate for tobacco usage.

4.4.6 Consumer Adjusted Premium Rate Development

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

4.5 Projected Loss Ratio

The projected loss ratio for the rates provided in this file, using the Federally-prescribed MLR methodology, is 87.9% for the Individual market and 83.7% 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.

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

**Rate Filing # 2835
D.C. Individual Products
Rate Filing Effective 1/1/2026**

Actuarial Memorandum

CareFirst BlueChoice, Inc.
(NAIC # 96202)
H.R. 3950 - Public Law 111-148 - Patient Protection and Affordable Care Act (ACA)
D.C. Individual Products
Rate Filing Effective 1/1/2026
Actuarial Certification

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

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

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

I further certify the following:

1. The projected Index Rate is:
 - a. In compliance with all applicable state and Federal statutes and regulations (45 CFR 156.80 and 147.102)
 - b. Developed in compliance with the applicable Actuarial Standards of Practice
 - c. Reasonable in relation to the benefits provided and the population anticipated to be covered
 - d. Neither excessive nor deficient
2. The Index Rate and only the allowable modifiers as described in 45 CFR § 156.80(d)(1) and 45 CFR § 156.80(d)(2) were used to generate plan level rates. These rates have been calibrated to account for age (geography and tobacco are not applicable).
3. Consistent with 45 CFR § 156.135, the 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 12:47:04
-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	\$ 560.01	2
(2)	Base Period Non-EHB PMPM	\$ 0.65	2
(3)	Experience Period Index Rate	\$ 559.36	
(4)	Change in Morbidity	1.0081	4
(5)	Additional Population Adjustment	1.0000	
(6)	Induced Demand	0.9950	5
(7)	Projection Period Utilization and Network Adjustment	1.0000	
(8)	Demographic Adjustment	1.0011	6
(9)	Area Adjustment	1.0000	
(10)	Additional "Other" Adjustments	1.0366	7
(11)	Annualized Trend	7.6%	8
(12)	Months of Trend	24.0	
(13)	Unit cost & Utilization/1,000 Trend Factor	1.1581	
(14)	Projection Period Index Rate	\$ 674.34	
(15)	Reinsurance Program	1.0000	
(16)	Risk Adjustment Program	1.2133	9
(17)	Federal Exchange User Fee	1.0000	
(18)	Market Adjusted Index Rate	\$ 818.20	
	Without Risk Adjustment	\$ 674.34	

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

Exhibit 2 - Base Period Experience

Service Category	Incurred	Allowed	Allowed PMPM	Utilization Description	Utilization per 1,000	Average Cost/Service		
Inpatient Hospital	\$	45,406,676	\$	74.04	Admits	53.54	\$	16,595.58
Outpatient Hospital	\$	76,708,358	\$	125.09	Visits	941.76	\$	1,593.87
Professional	\$	120,602,478	\$	196.66	Visits	13,804.53	\$	170.96
Other Medical	\$	26,614,731	\$	43.40	Services	1,600.08	\$	325.48
Capitation	\$	432,773	\$	0.71	Benefit Period	1,000	\$	8.47
Prescription Drug	\$	73,659,124	\$	120.11	Prescriptions	8,763.01	\$	164.48
Total (EHB & Non-EHB)	\$	343,424,140	\$	560.01				
EHB Allowed	\$	343,023,396	\$	559.36				
Non-EHB Allowed	\$	400,745	\$	0.65				
Incurred Net	\$	295,650,954	\$	482.11				
Net/Allowed		86.1%						
Experience Period Member Months		613,241						
Experience Period Revenue	\$	381,561,329						

Exhibit 3 - Non-EHB Adjustment

HIOS Plan ID	Plan Name	Exchange	2026 Index Rate	2026 Non-EHB PMPM	2026 Non-EHB Adjustment
86052DC0400001	BlueChoice HMO Essential Silver 4850	On	\$ 674.34	\$ 3.10	1.0046
86052DC0400002	BlueChoice HMO Essential Gold 500	On	\$ 674.34	\$ 2.79	1.0041
86052DC0400004	BlueChoice HMO Young Adult 10150 Virtual Connect Plus	On	\$ 674.34	\$ 5.03	1.0075
86052DC0400007	BlueChoice HMO Essential Bronze 7500	On	\$ 674.34	\$ 3.36	1.0050
86052DC0400008	BlueChoice HMO Essential Platinum 0	On	\$ 674.34	\$ 2.61	1.0039
86052DC0400010	BlueChoice HMO HSA Bronze 6350	On	\$ 674.34	\$ 3.44	1.0051
86052DC0400011	BlueChoice HMO HSA Gold 1700 Virtual Connect Plus	On	\$ 674.34	\$ 2.92	1.0043

Exhibit 4 - Morbidity Adjustment Factor

Base Year

Metal Level	Member Months	2024 Normalized Allowed PMPM
Catastrophic	3,260	\$ 171.02
Bronze	44,416	\$ 197.40
Silver	149,262	\$ 245.73
Gold	247,341	\$ 321.12
Platinum	168,793	\$ 343.29
Subtotal	613,072	\$ 299.11

Current Year YTD

Existing				
Metal Level	Member Months	2024 Normalized Allowed PMPM	Morbidity Adjustment	2025 Adjusted Normalized Allowed PMPM
Catastrophic	359	\$ 205.83	1.000	\$ 205.83
Bronze	6,186	\$ 187.33	1.000	\$ 187.33
Silver	20,750	\$ 245.46	1.000	\$ 245.46
Gold	34,290	\$ 322.53	1.000	\$ 322.53
Platinum	23,401	\$ 341.38	1.000	\$ 341.38
Subtotal	84,986	\$ 298.57	1.000	\$ 298.57

New				
Metal Level	Member Months	Existing Cohort Adjusted Normalized PMPM	Morbidity Adjustment	2025 Adjusted Normalized Allowed PMPM
Catastrophic	128	\$ 205.83	1.000	\$ 205.83
Bronze	1,001	\$ 187.33	1.000	\$ 187.33
Silver	2,492	\$ 245.46	1.000	\$ 245.46
Gold	5,007	\$ 322.53	1.000	\$ 322.53
Platinum	2,786	\$ 341.38	1.000	\$ 341.38
Subtotal	11,414	\$ 297.14	1.000	\$ 297.14

Transfer				
Metal Level	Member Months	2024 Normalized Allowed PMPM	Morbidity Adjustment	2025 Adjusted Normalized Allowed PMPM
Catastrophic	35	\$ 513.87	1.000	\$ 513.87
Bronze	144	\$ 173.61	1.000	\$ 173.61
Silver	630	\$ 260.22	1.000	\$ 260.22
Gold	1,477	\$ 268.53	1.000	\$ 268.53
Platinum	2,145	\$ 398.57	1.000	\$ 398.57
Subtotal	4,431	\$ 329.16	1.000	\$ 329.16

Total				
Metal Level	Member Months	2024 Normalized Allowed PMPM	Morbidity Adjustment	2025 Adjusted Normalized Allowed PMPM
Catastrophic	522	\$ 226.48	1.000	\$ 226.48
Bronze	7,331	\$ 187.06	1.000	\$ 187.06
Silver	23,872	\$ 245.85	1.000	\$ 245.85
Gold	40,774	\$ 320.58	1.000	\$ 320.58
Platinum	28,332	\$ 345.71	1.000	\$ 345.71
Subtotal	100,831	\$ 299.75	1.000	\$ 299.75

Remainder of Current Year

Existing		
Metal Level	Member Months	2025 Adjusted Normalized Allowed PMPM
Catastrophic	1,474	\$ 205.83
Bronze	29,045	\$ 187.33
Silver	99,521	\$ 245.46
Gold	165,788	\$ 322.53
Platinum	115,716	\$ 341.38
Subtotal	411,544	\$ 299.23

New		
Metal Level	Member Months	2025 Adjusted Normalized Allowed PMPM
Catastrophic	1,286	\$ 205.83
Bronze	6,266	\$ 187.33
Silver	16,215	\$ 245.46
Gold	31,257	\$ 322.53
Platinum	18,664	\$ 341.38
Subtotal	73,688	\$ 296.81

Transfer		
Metal Level	Member Months	2025 Adjusted Normalized Allowed PMPM
Catastrophic	195	\$ 513.87
Bronze	759	\$ 173.61
Silver	2,846	\$ 260.22
Gold	6,143	\$ 268.53
Platinum	7,164	\$ 398.57
Subtotal	17,107	\$ 320.19

Total		
Metal Level	Member Months	2025 Adjusted Normalized Allowed PMPM
Catastrophic	2,955	\$ 226.16
Bronze	36,070	\$ 187.04
Silver	118,582	\$ 245.81
Gold	203,188	\$ 320.90
Platinum	141,544	\$ 344.27
Subtotal	502,339	\$ 299.59

Total Current Year

Total	Member Months	2025 Adjusted Normalized Allowed PMPM
Catastrophic	3,477	\$ 226.21
Bronze	43,401	\$ 187.04
Silver	142,454	\$ 245.82
Gold	243,962	\$ 320.85
Platinum	169,876	\$ 344.51
Subtotal	603,170	\$ 299.62

Rating Year

Existing				
Metal Level	Member Months	2025 Normalized Allowed PMPM	Morbidity Adjustment	2026 Adjusted Normalized Allowed PMPM
Catastrophic	2,763	\$ 226.21	1.000	\$ 226.21
Bronze	34,321	\$ 187.04	1.000	\$ 187.04
Silver	116,960	\$ 245.82	1.000	\$ 245.82
Gold	201,288	\$ 320.85	1.000	\$ 320.85
Platinum	140,445	\$ 344.51	1.000	\$ 344.51
Subtotal	495,777	\$ 300.06	1.000	\$ 300.06

New				
Metal Level	Member Months	Existing Cohort Adjusted Normalized Allowed PMPM	Morbidity Adjustment	2026 Adjusted Normalized Allowed PMPM
Catastrophic	1,312	\$ 226.21	1.000	\$ 226.21
Bronze	6,661	\$ 187.04	1.000	\$ 187.04
Silver	22,389	\$ 245.82	1.000	\$ 245.82
Gold	38,936	\$ 320.85	1.000	\$ 320.85
Platinum	27,057	\$ 344.51	1.000	\$ 344.51
Subtotal	96,355	\$ 299.52	1.000	\$ 299.52

Transfer				
Metal Level	Member Months	2025 Normalized Allowed PMPM	Morbidity Adjustment	2026 Adjusted Normalized Allowed PMPM
Catastrophic	275	\$ 513.87	1.250	\$ 642.34
Bronze	1,205	\$ 173.61	1.250	\$ 217.02
Silver	3,003	\$ 260.22	1.250	\$ 325.28
Gold	5,497	\$ 268.53	1.250	\$ 335.66
Platinum	3,445	\$ 398.57	1.250	\$ 498.22
Subtotal	13,425	\$ 296.55	1.250	\$ 370.69

Total				
Metal Level	Member Months	2025 Normalized Allowed PMPM	Morbidity Adjustment	2026 Adjusted Normalized Allowed PMPM
Catastrophic	4,350	\$ 244.39	1.033	\$ 252.51
Bronze	42,187	\$ 186.66	1.007	\$ 187.90
Silver	142,352	\$ 246.12	1.006	\$ 247.49
Gold	245,721	\$ 319.68	1.005	\$ 321.18
Platinum	170,947	\$ 345.60	1.006	\$ 347.61
Subtotal	605,557	\$ 299.90	1.005	\$ 301.54

Year	Adjusted Normalized PMPM	Year over Year Change
2024	\$ 299.11	n/a
2025	\$ 299.62	0.2%
2026	\$ 301.54	0.6%

Morbidity Adjustment Change	0.8%
Morbidity Adjustment Factor	1.0081

Exhibit 5 - Induced Utilization Adjustment Factor

Year	Actuarial Value	Induced Demand Factor	
(1) 2024	82.89%	1.1003	
(2) Projected 2026	82.12%	1.0948	
(3) Adjustment*		0.9950	(2)/(1)

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

Exhibit 6 - Demographic Adjustment

	Period	Cohort	Demo Factor*	Weight	Average Age**
(1)	Base Period	All	1.6774	100.0%	34.5
(2)	Rating Period	Existing	1.7333	81.9%	
		New	1.4204	15.9%	
		Transfer	1.5375	2.2%	
(3)	Rating Period	All	1.6792	100.0%	34.5
(4)	Demographic Adjustment***	All	1.0011		

(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)	\$	0.66
(2)	Projection Period Capitations PMPM (EHBs only)	\$	0.59
(3)	Adjustment to Capitation Category	0.9014	(2)/(1)
Drug Rebates adjustment			
(4)	Experience Period Allowed Rx PMPM (Pre-Rebates)	\$	170.03
(5)	Morbidity		1.0081 Exhibit 4
(6)	Induced Demand		0.9950 Exhibit 5
(7)	Demographics		1.0011 Exhibit 6
(8)	Rx Trend (Force of Trend)		1.2310 Exhibit 8
(9)	Projected Target Allowed Rx PMPM using Multiplicative Factors (Pre-Rebates)	\$	210.18 (4)*(5)*(6)*(7)*(8)
(10)	Target Projection Period Rx Rebates PMPM	\$	63.46
(11)	Target Post-Rebates Allowed Rx PMPM using Target Projection Period Rx Rebates PMPM	\$	146.72 (9)-(10)
(12)	Experience Period Rx Rebates PMPM	\$	49.92
(13)	Experience Period Allowed Rx PMPM (Post-Rebates)	\$	120.11 (4)-(12)
(14)	Morbidity		1.0081 Exhibit 4
(15)	Induced Demand		0.9950 Exhibit 5
(16)	Demographics		1.0011 Exhibit 6
(17)	Rx Trend (Force of Trend)		1.2310 Exhibit 8
(18)	Projection Period Allowed Rx PMPM using Multiplicative Factors (Post-Rebates)	\$	148.48 (13)*(14)*(15)*(16)*(17)
(19)	Adjustment to Drug Category	0.9882	(11)/(18)
Additional Medical Claims Adjustments			
(1)	Experience Period Allowed Medical PMPM (excluding Capitations)	\$	439.19
(2)	Provision for Adverse Claims Deviation Adjustment Factor		1.0511
(3)	Adjusted Allowed Medical PMPM	\$	461.66

	PMPM	Adjustment	
Inpatient Hospital	\$ 77.51	1.0511	
Outpatient Hospital	\$ 150.81	1.0511	
Professional	\$ 217.95	1.0511	
Other Medical	\$ 55.12	1.0511	
Capitation	\$ 0.66	0.9014	(3)
Prescription Drug	\$ 148.48	0.9882	(19)
Total	\$ 650.52	1.0366	

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	\$ 74.04	13.2%	1.0440	0.9780	1.0424
Outpatient Hospital	\$ 125.04	22.4%	1.0320	1.0620	1.2011
Professional	\$ 196.11	35.1%	1.0010	1.0510	1.1067
Other Medical	\$ 43.40	7.8%	1.0630	1.0580	1.2648
Capitation	\$ 0.66	0.1%	1.0000	1.0000	1.0000
Prescription Drug	\$ 120.11	21.5%	1.0340	1.0730	1.2310
Total	\$ 559.36	100.0%			1.0762
Proposed Trend					1.0762

Exhibit 9 - Risk Adjustment

Statewide 2024

Metallic Tier	Member Months		PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM	Statewide PMPM 2024
Catastrophic	3,631		0.353	0.738	1.000	1.000	0.570	0.353	0.421			\$ 169.69
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	3,324	10.3%	0.359	0.738	1.000	1.000	0.570	0.359	0.421	\$10,016	\$3.01
Bronze	15,666	48.4%	0.894	1.258	1.000	1.000	0.600	0.894	0.755	-\$2,410,367	-\$153.86
Silver	6,876	21.2%	1.025	1.252	1.000	1.030	0.700	1.055	0.903	-\$1,303,266	-\$189.55
Gold	5,300	16.4%	1.378	1.092	1.000	1.080	0.800	1.488	0.943	-\$221,187	-\$41.74
Platinum	1,204	3.7%	3.517	1.229	1.000	1.150	0.900	4.045	1.272	\$928,865	\$771.25
Total	32,369	100%	1.044	1.175	1.000	1.025	0.662	1.088	0.802	-\$2,995,939	-\$92.56

Statewide 2026

Metallic Tier	Member Months		PLRS	ARF	GCF	IDF	AV	PWRS	PWORS	Transfer \$	PMPM	Statewide PMPM 2026
Catastrophic	4,728		0.474	0.734	1.000	1.000	0.570	0.474	0.419			\$ 189.13
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	4,350	14.6%	0.479	0.734	1.000	1.000	0.570	0.479	0.418	\$9,297	\$2.14
Bronze	12,876	43%	0.805	1.227	1.000	1.000	0.600	0.805	0.736	-\$2,403,870	-\$186.69
Silver	5,229	17%	0.973	1.297	1.000	1.030	0.700	1.002	0.935	-\$1,292,771	-\$247.23
Gold	6,051	20%	1.324	1.066	1.000	1.080	0.800	1.430	0.921	-\$138,799	-\$22.94
Platinum	1,380	5%	3.262	1.175	1.000	1.150	0.900	3.751	1.216	\$1,238,320	\$897.33
Total	29,886	100%	1.005	1.132	1.000	1.028	0.667	1.055	0.784	-\$2,587,823	-\$86.59

Adjustment Factor applied to Market Adjusted Index Rate

Projected Index Rate	Projected Transfer PMPM (Allowed basis)	Risk Adjustment User Fee (Allowed basis)	Adjustment Factor*
\$674.34	-\$143.54	\$0.32	1.2133

Estimated HCRP Receivable	Estimated HCRP Charge	HCRP Net Charge PMPM
\$0	\$90,000	-\$3.01

*Adjustment Factor = (\$674.34 - \$-143.54+ \$0.32) / \$674.34

Exhibit 10A - Desired Incurred Claims Ratio

	2026	
	PMPM	% of Revenue
Allowed Claims	\$ 601.05	
Paid/Allowed Ratio	70.2%	
Paid Claims & Capitations	\$ 421.87	
Risk Adjustment Transfer & HCRP (Paid Basis)	\$ (89.60)	
Reinsurance Recoveries (Paid Basis)	\$ -	
Paid Claims & Capitations (Post-3Rs)	\$ 511.47	84.8%
Administrative Expense	\$ 59.66	9.9%
Broker Commissions & Fee	\$ 2.21	0.4%
Contribution to Reserve (Post-Tax)	\$ 9.65	1.6%
Investment Income Credit	\$ (0.60)	-0.1%
Risk Charge	\$ -	0.0%
<u>Non-ACA Taxes & Fees</u>		
State Premium Tax	\$ 12.06	2.0%
State Assessment Fee	\$ 0.60	0.1%
Reinsurance Program Fee	\$ -	0.0%
State Income Tax	\$ -	0.0%
Federal Income Tax	\$ 2.41	0.4%
<u>ACA Taxes & Fees</u>		
Health Insurer Tax	\$ -	0.0%
Risk Adjustment User Fee	\$ 0.20	0.0%
Exchange Assessment Fee	\$ 4.97	0.8%
Federal Exchange User Fee	\$ -	0.0%
PCORI Tax	\$ 0.34	0.1%
BlueRewards/Incentive Program	\$ 0.02	0.0%
Total Revenue	\$ 602.98	100.0%
Plan Level Admin Load Adjustment	1.1785	
Projected Member Months	29,886	
Average Members	2,491	
% Total 2026	100.0%	

Exhibit 10B - Federal MLR

	Total 2026 PMPM / %
<u>Traditional MLR Development</u>	
Paid Claims & Capitations (Post-3Rs) \$	511.47
Total Revenue \$	602.98
<hr/>	
Traditional MLR (i.e. DICR)	84.8%
 <u>Federal MLR Development</u>	
Numerator Adjustments	
BlueRewards/Incentive Program \$	0.02
Quality Improvement Expenses \$	1.21
Removal of non-care costs under MLR guidelines \$	(0.78)
 Denominator Adjustments	
Non-ACA Taxes & Fees \$	15.07
ACA Taxes & Fees \$	5.51
 Federal MLR Numerator \$	 511.92
Federal MLR Denominator \$	582.40
<hr/>	
Federal MLR	87.9%
 Projected Member Months	 29,886

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

	Total 2026 PMPM / %
<u>Traditional MLR Development</u>	
Paid Claims & Capitations (Post-3Rs) \$	632.88
Total Revenue \$	781.40
<hr/>	
Traditional MLR (i.e. DICR)	81.0%
 <u>Federal MLR Development</u>	
Numerator Adjustments	
BlueRewards/Incentive Program \$	0.31
Quality Improvement Expenses \$	2.50
Removal of non-care costs under MLR guidelines \$	(6.67)
 Denominator Adjustments	
Non-ACA Taxes & Fees \$	22.54
ACA Taxes & Fees \$	6.99
 Federal MLR Numerator \$	 629.03
Federal MLR Denominator \$	751.87
<hr/>	
Federal MLR	83.7%
 Projected Member Months	 605,557

Exhibit 11 - Plan Adjusted Index Rates

HIOS Plan ID	Plan Name	Plan Type	Metallic Tier	Exchange	Network	Market Adjusted Index Rate	Internal Pricing AV	Network Factor	Induced Utilization	Non-EHB	Catastrophic Adjustment	Capped Dependents	Admin	Plan Adjusted Index Rate
86052DC0400001	BlueChoice HMO Essential Silver 4850	HMO	SILVER	On	Open Access	\$818.20	0.7610	0.9343	0.9604	1.0046	1.0000	1.0000	1.1785	\$661.41
86052DC0400002	BlueChoice HMO Essential Gold 500	HMO	GOLD	On	Open Access	\$818.20	0.8997	0.9343	0.9982	1.0041	1.0000	1.0000	1.1785	\$812.33
86052DC0400004	BlueChoice HMO Young Adult 10150 Virtual Connect Plus	HMO	CATASTROPHIC	On	Open Access	\$818.20	0.6241	0.9343	0.9243	1.0075	0.5862	1.0000	1.1785	\$306.92
86052DC0400007	BlueChoice HMO Essential Bronze 7500	HMO	BRONZE	On	Open Access	\$818.20	0.6830	0.9343	0.9243	1.0050	1.0000	1.0000	1.1785	\$571.52
86052DC0400008	BlueChoice HMO Essential Platinum 0	HMO	PLATINUM	On	Open Access	\$818.20	0.9738	0.9343	1.0629	1.0039	1.0000	1.0000	1.1785	\$935.98
86052DC0400010	BlueChoice HMO HSA Bronze 6350	HMO	BRONZE	On	Open Access	\$818.20	0.6552	0.9343	0.9243	1.0051	1.0000	1.0000	1.1785	\$548.34
86052DC0400011	BlueChoice HMO HSA Gold 1700 Virtual Connect Plus	HMO	GOLD	On	Open Access	\$818.20	0.8216	0.9343	0.9982	1.0043	1.0000	1.0000	1.1785	\$741.97

Exhibit 12 - AV Values

HIOS Plan ID	Suffix	HIOS Plan Name	HHS AV
86052DC0400001	01	BlueChoice HMO Essential Silver 4850	0.719
86052DC0400001	02	BlueChoice HMO Essential Silver 4850 NAO	1.000
86052DC0400001	03	BlueChoice HMO Essential Silver 4850 NAL	0.719
86052DC0400001	04	BlueChoice HMO Essential Silver 4850 A	0.740
86052DC0400001	05	BlueChoice HMO Essential Silver 4850 B	0.877
86052DC0400001	06	BlueChoice HMO Essential Silver 4850 C	0.949
86052DC0400002	01	BlueChoice HMO Essential Gold 500	0.819
86052DC0400002	02	BlueChoice HMO Essential Gold 500 NAO	1.000
86052DC0400002	03	BlueChoice HMO Essential Gold 500 NAL	0.819
86052DC0400004	01	BlueChoice HMO Young Adult 10150 Virtual Connect Plus	0.611
86052DC0400007	01	BlueChoice HMO Essential Bronze 7500	0.648
86052DC0400007	02	BlueChoice HMO Essential Bronze 7500 NAO	1.000
86052DC0400007	03	BlueChoice HMO Essential Bronze 7500 NAL	0.648
86052DC0400008	01	BlueChoice HMO Essential Platinum 0	0.917
86052DC0400008	02	BlueChoice HMO Essential Platinum 0 NAO	1.000
86052DC0400008	03	BlueChoice HMO Essential Platinum 0 NAL	0.917
86052DC0400010	01	BlueChoice HMO HSA Bronze 6350	0.650
86052DC0400010	02	BlueChoice HMO Bronze 6350 NAO	1.000
86052DC0400010	03	BlueChoice HMO Bronze 6350 NAL	0.650
86052DC0400011	01	BlueChoice HMO HSA Gold 1700 Virtual Connect Plus	0.819
86052DC0400011	02	BlueChoice HMO Gold 1700 NAO Virtual Connect Plus	1.000
86052DC0400011	03	BlueChoice HMO 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	1.0853	81.9%	
		New	0.9318	15.9%	
		Transfer	0.9920	2.2%	
(2)	Rating Period	All	1.0588	100.0%	42.1
(3)	Nearest Rounded	All	1.0530		42.0
(4)	Calibration***	All	0.9945		

(3)/(2)

Premium Rate Demonstration		
	HIOS Plan Name	BlueChoice HMO Essential Silver 4850
(5)	Plan Adjusted Index Rate	\$661.41
(6)	Calibration	0.9945
(7)	Calibrated Rate	\$657.76
(8)	Age 40 Factor/Rounded Avg Age Factor = (0.975/1.053)	0.9259
(9)	Age 40 Premium Rate	\$609.04

(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	161,652	1.0000	1.0000
Non-CDH	443,905	1.0000	1.0000
	605,557	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)
86052DC040000101	86052DC0400001	BlueChoice HMO Essential Silver 4850	SILVER	1.0300	4,345	0.9520	0.9604
86052DC040000102	86052DC0400001	BlueChoice HMO Essential Silver 4850 NAO	SILVER	1.0300	-	0.9520	0.9604
86052DC040000103	86052DC0400001	BlueChoice HMO Essential Silver 4850 NAL	SILVER	1.0300	-	0.9520	0.9604
86052DC040000104	86052DC0400001	BlueChoice HMO Essential Silver 4850 A	SILVER	1.0300	486	0.9520	0.9604
86052DC040000105	86052DC0400001	BlueChoice HMO Essential Silver 4850 B	SILVER	1.1500	129	1.0629	0.9604
86052DC040000106	86052DC0400001	BlueChoice HMO Essential Silver 4850 C	SILVER	1.1500	269	1.0629	0.9604
86052DC040000201	86052DC0400002	BlueChoice HMO Essential Gold 500	GOLD	1.0800	4,602	0.9982	0.9982
86052DC040000202	86052DC0400002	BlueChoice HMO Essential Gold 500 NAO	GOLD	1.0800	-	0.9982	0.9982
86052DC040000203	86052DC0400002	BlueChoice HMO Essential Gold 500 NAL	GOLD	1.0800	-	0.9982	0.9982
86052DC040000401	86052DC0400004	BlueChoice HMO Young Adult 10150 Virtual Connect Plus	CATASTROPHIC	1.0000	4,350	0.9243	0.9243
86052DC040000701	86052DC0400007	BlueChoice HMO Essential Bronze 7500	BRONZE	1.0000	5,018	0.9243	0.9243
86052DC040000702	86052DC0400007	BlueChoice HMO Essential Bronze 7500 NAO	BRONZE	1.0000	-	0.9243	0.9243
86052DC040000703	86052DC0400007	BlueChoice HMO Essential Bronze 7500 NAL	BRONZE	1.0000	-	0.9243	0.9243
86052DC040000801	86052DC0400008	BlueChoice HMO Essential Platinum 0	PLATINUM	1.1500	1,380	1.0629	1.0629
86052DC040000802	86052DC0400008	BlueChoice HMO Essential Platinum 0 NAO	PLATINUM	1.1500	-	1.0629	1.0629
86052DC040000803	86052DC0400008	BlueChoice HMO Essential Platinum 0 NAL	PLATINUM	1.1500	-	1.0629	1.0629
86052DC040001001	86052DC0400010	BlueChoice HMO HSA Bronze 6350	BRONZE	1.0000	7,858	0.9243	0.9243
86052DC040001002	86052DC0400010	BlueChoice HMO Bronze 6350 NAO	BRONZE	1.0000	-	0.9243	0.9243
86052DC040001003	86052DC0400010	BlueChoice HMO Bronze 6350 NAL	BRONZE	1.0000	-	0.9243	0.9243
86052DC040001101	86052DC0400011	BlueChoice HMO HSA Gold 1700 Virtual Connect Plus	GOLD	1.0800	1,449	0.9982	0.9982
86052DC040001102	86052DC0400011	BlueChoice HMO Gold 1700 NAO Virtual Connect Plus	GOLD	1.0800	-	0.9982	0.9982
86052DC040001103	86052DC0400011	BlueChoice HMO Gold 1700 NAL Virtual Connect Plus	GOLD	1.0800	-	0.9982	0.9982

Appendix - Network Factors

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

Network Type	Projected Member Months	Relative to Lock In / Referral	Relative to Average*
Lock In / Referral	47,695	1.0000	0.8898
Open Access	128,747	1.0500	0.9343
Open Access Opt-Out	31,303	1.0615	0.9444
Open Access Plus	78,648	1.0729	0.9546
Open Access Advantage	319,164	1.1909	1.0596
Total	605,557	1.1239	

*Factors are applied as plan level adjustments

Appendix - Catastrophic Plans Adjustment

Step 1: Normalize Experience Period Catastrophic PMPM

	Catastrophic	Non-Catastrophic	Total (single risk pool)
Member Months	3,260	609,981	613,241
Distribution	0.5%	99.5%	
Completed Allowed	\$666,234	\$342,757,907	\$343,424,140
Allowed PMPM	\$204.37	\$561.92	\$560.01
Age Rating Factor	0.7438	1.0606	1.0589
Induced Demand Factor	1.0000	1.0814	1.0809
Actuarial Value	1.0000	1.0000	1.0000
Net Factor	0.7438	1.1469	1.1447
Normalized Factor	1.5390	0.9981	1.0000
Normalized PMPM	\$314.53	\$560.87	\$560.01

Step 2: Apply Credibility to Normalized Catastrophic PMPM

(1)	Normalized Catastrophic PMPM	\$314.53	
(2)	Member Months	3,260	
(3)	Full Credibility (Member Months)	24,000	
(4)	Credibility	36.9%	
(5)	Normalized Non-Catastrophic PMPM	\$560.87	
(6)	Morbidity Adjustment*	0.5997	(a)/(b)
(7)	Morbidity-Adjusted Non-Catastrophic PMPM	\$336.34	(5)*(6)
(8)	Credibility-Adjusted Catastrophic PMPM	\$328.30	(1)*(4)+(1-(4))*(7)

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

(9)	Normalized SRP PMPM	\$560.01	
(10)	Catastrophic Adjustment (Calculated)	0.5862	(8)/(9)
(11)	Catastrophic Adjustment (Selected)	0.5862	

Total Individual ACA BlueChoice Experience (202401-202412 Paid Through: 202502)

Metal Level	Member Months	Normalized Allowed PMPM	
Catastrophic	45,166	\$201.03	(a)
Bronze	446,211	\$177.72	
Silver	247,203	\$387.21	
Gold	937,616	\$396.07	
Platinum	1,205	\$651.91	
Non-Catastrophic Total	1,632,235	\$335.22	(b)

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

Appendix - Experience Period to Rating Period Plan Mappings

Exp. Period		Current Period		Rating Period	
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
86052DC0400001	BlueChoice HMO Standard Silver \$4,850	86052DC0400001	BlueChoice HMO Essential Silver \$4,850	86052DC0400001	BlueChoice HMO Essential Silver 4850
86052DC0400002	BlueChoice HMO Standard Gold \$500	86052DC0400002	BlueChoice HMO Essential Gold \$500	86052DC0400002	BlueChoice HMO Essential Gold 500
86052DC0400004	BlueChoice HMO Young Adult \$9,450	86052DC0400004	BlueChoice HMO Young Adult \$9,200	86052DC0400004	BlueChoice HMO Young Adult 10150 Virtual Connect Plus
86052DC0400007	BlueChoice HMO Standard Bronze \$7,500	86052DC0400007	BlueChoice HMO Essential Bronze \$7,500	86052DC0400007	BlueChoice HMO Essential Bronze 7500
86052DC0400008	BlueChoice HMO Standard Platinum \$0	86052DC0400008	BlueChoice HMO Essential Platinum \$0	86052DC0400008	BlueChoice HMO Essential Platinum 0
86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,350	86052DC0400010	BlueChoice HMO HSA Bronze \$6,350	86052DC0400010	BlueChoice HMO HSA Bronze 6350
86052DC0400011	BlueChoice HMO HSA Gold \$1,600	86052DC0400011	BlueChoice HMO HSA Gold \$1,650 Virtual Connect	86052DC0400011	BlueChoice HMO HSA Gold 1700 Virtual Connect Plus

Appendix - Annual Rate Change Based on Mapping

Catastrophic	Catastrophic/Avg Renewal	262	303	-1.8%
Bronze	Bronze Members/Avg Renewal	1,241	1,111	3.8%
Silver	Silver Members/Avg Renewal	527	463	4.6%
Gold	Gold Members/Avg Renewal	477	464	5.1%
Platinum	Platinum Members/Avg Renewal	112	110	5.6%
	All Members/Avg Renewal	2,619	2,451	4.1%
	Minimum Renewal			-1.8%
	Maximum Renewal			5.6%

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
86052DC0400001	BlueChoice HMO Essential Silver \$4,850	SILVER	On	86052DC0400001	BlueChoice HMO Essential Silver 4850	SILVER	On	527	463	\$597.20	\$624.66	4.6%
86052DC0400002	BlueChoice HMO Essential Gold \$500	GOLD	On	86052DC0400002	BlueChoice HMO Essential Gold 500	GOLD	On	348	345	\$729.52	\$767.18	5.2%
86052DC0400004	BlueChoice HMO Young Adult \$9,200	CATASTROPHIC	On	86052DC0400004	BlueChoice HMO Young Adult 10150 Virtual Connect Plus	CATASTROPHIC	On	262	303	\$295.27	\$289.86	-1.8%
86052DC0400007	BlueChoice HMO Essential Bronze \$7,500	BRONZE	On	86052DC0400007	BlueChoice HMO Essential Bronze 7500	BRONZE	On	460	424	\$525.87	\$539.75	2.6%
86052DC0400008	BlueChoice HMO Essential Platinum \$0	PLATINUM	On	86052DC0400008	BlueChoice HMO Essential Platinum 0	PLATINUM	On	112	110	\$837.00	\$883.96	5.6%
86052DC0400010	BlueChoice HMO HSA Bronze \$6,350	BRONZE	On	86052DC0400010	BlueChoice HMO HSA Bronze 6350	BRONZE	On	781	687	\$495.04	\$517.87	4.6%
86052DC0400011	BlueChoice HMO HSA Gold \$1,650 Virtual Connect	GOLD	On	86052DC0400011	BlueChoice HMO HSA Gold 1700 Virtual Connect Plus	GOLD	On	129	119	\$666.90	\$700.73	5.1%

Appendix - Maximum Rate Renewal

	2025	2026	% Change
Base Rate	\$837.00	\$883.96	5.6%
Age Factor	0.654	0.727	11.2%
Geographic Factor	1.000	1.000	0.0%
Tobacco Factor	1.000	1.000	0.0%
Total	\$547.40	\$642.64	17.4%

	BlueChoice HMO Essential Platinum	BlueChoice HMO Essential Platinum
Base Rate/Product(s)	\$0	0
Age Change	20	21
Geo Change*	N/A	N/A
Tobacco Change**	N/A	N/A

*we did not geo rate

**we did not tobacco rate

Appendix - Federal Required \$1.00 minimum for abortion

HIOS Plan ID	Plan Name	Exchange	Minimum Charge	Lowest Age Factor	Base Premium	Age Calibration	Plan Adjusted Index Rate	Admin	Catastrophic Adjustment	Network Factor	Non-EHB	Induced Utilization	Benefit	Market Adjusted Index Rate	Exchange User Fee	Risk Adjustment Fee	Reinsurance Factor	Index Rate	\$1 Check	Final Rate, above \$1.00
86052DC0400001	BlueChoice HMO Essential Silver 4850	On	\$1.00	0.6540	\$1.53	0.9444	\$1.62	1.1785	1.0000	0.9343	1.0000	0.9604	0.7610	\$2.01	1.0000	1.2133	1.0000	\$1.66	\$1.00	\$1.66
86052DC0400002	BlueChoice HMO Essential Gold 500	On	\$1.00	0.6540	\$1.53	0.9444	\$1.62	1.1785	1.0000	0.9343	1.0000	0.9982	0.8997	\$1.64	1.0000	1.2133	1.0000	\$1.35	\$1.00	\$1.35
86052DC0400004	BlueChoice HMO Young Adult 10150 Virtual Connect Plus	On	\$1.00	0.6540	\$1.53	0.9444	\$1.62	1.1785	0.5862	0.9343	1.0000	0.9243	0.6241	\$4.35	1.0000	1.2133	1.0000	\$3.59	\$1.00	\$3.59
86052DC0400007	BlueChoice HMO Essential Bronze 7500	On	\$1.00	0.6540	\$1.53	0.9444	\$1.62	1.1785	1.0000	0.9343	1.0000	0.9243	0.6830	\$2.33	1.0000	1.2133	1.0000	\$1.92	\$1.00	\$1.92
86052DC0400008	BlueChoice HMO Essential Platinum 0	On	\$1.00	0.6540	\$1.53	0.9444	\$1.62	1.1785	1.0000	0.9343	1.0000	1.0629	0.9738	\$1.42	1.0000	1.2133	1.0000	\$1.17	\$1.00	\$1.17
86052DC0400010	BlueChoice HMO HSA Bronze 6350	On	\$1.00	0.6540	\$1.53	0.9444	\$1.62	1.1785	1.0000	0.9343	1.0000	0.9243	0.6552	\$2.43	1.0000	1.2133	1.0000	\$2.00	\$1.00	\$2.00
86052DC0400011	BlueChoice HMO HSA Gold 1700 Virtual Connect Plus	On	\$1.00	0.6540	\$1.53	0.9444	\$1.62	1.1785	1.0000	0.9343	1.0000	0.9982	0.8216	\$1.79	1.0000	1.2133	1.0000	\$1.48	\$1.00	\$1.48

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-134516512

ON-Exchange

BlueChoice HMO Essential Plans

DC/CFBC/EXC/HMO/IEA (R. 1/26)
DC/CFBC/DOL APPEAL (R. 1/22)
DC/CFBC/EXC/HMO/DOCS (R. 1/26)
DC/CFBC/EXC/HMO HSA ESS/BRZ 6350 (1/26)
DC/CFBC/EXC/HMO ESS/BRZ 7500 (1/26)
DC/CFBC/EXC/HMO ESS/SIL 4850 (1/26)
DC/CFBC/EXC/HMO ESS/SIL 4850 A (1/26)
DC/CFBC/EXC/HMO ESS/SIL 4850 B (1/26)
DC/CFBC/EXC/HMO ESS/SIL 4850 C (1/26)
DC/CFBC/EXC/HMO ESS/GOLD 500 (1/26)
DC/CFBC/EXC/HMO ESS /PLAT 0 (1/26)
DC/CFBC/EXC/HMO HSA/GOLD 1700 VC+ (1/26)
DC/CFBC/EXC/HMO/NATAMER SOB (1/26)
DC/CFBC/EXC/NATAMER (1/14)
DC/CFBC/MEM/BLCRD (R. 6/18)
DC/CFBC/CD/AUTH AMEND/HMO (R. 1/26)
DC/CFBC/EXC/CD MAP AMEND (1/26)
DC/CFBC/PT PROTECT (9/10)
DC/CFBC/CD/HMO/INCENT (1/23)

BlueChoice HMO Young Adult

DC/CFBC/EXC/HMO/IEA (R. 1/26)
DC/CFBC/DOL APPEAL (R. 1/22)
DC/CFBC/EXC/HMO/DOCS (R. 1/26)
DC/CFBC/EXC/HMO/NATAMER SOB (1/26)
DC/CFBC/EXC/HMO/ YA 10150 VC+ SOB (1/26)
DC/CFBC/EXC/NATAMER (1/14)
DC/CFBC/MEM/BLCRD (R. 6/18)
DC/CFBC/CD/AUTH AMEND/HMO (R. 1/26)
DC/CFBC/EXC/CD MAP AMEND (1/26)
DC/CFBC/PT PROTECT (9/10)
DC/CFBC/CD/HMO/INCENT (1/23)

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Allowed	Incurred	Drug Rebates	Utilization Unit	Utilization
202201	47,521	Inpatient Hospital	\$4,340,080	\$4,166,698	\$4,340,080	\$4,166,698	\$0	Admits	210
202202	47,964	Inpatient Hospital	\$3,504,137	\$3,356,579	\$3,504,137	\$3,356,579	\$0	Admits	198
202203	48,012	Inpatient Hospital	\$3,012,375	\$2,927,457	\$3,012,375	\$2,927,457	\$0	Admits	192
202204	48,089	Inpatient Hospital	\$3,796,866	\$3,700,951	\$3,796,866	\$3,700,951	\$0	Admits	164
202205	48,250	Inpatient Hospital	\$4,181,119	\$4,039,150	\$4,181,097	\$4,039,129	\$0	Admits	194
202206	48,690	Inpatient Hospital	\$3,576,316	\$3,451,828	\$3,576,093	\$3,451,611	\$0	Admits	180
202207	49,027	Inpatient Hospital	\$4,571,041	\$4,436,923	\$4,570,653	\$4,436,546	\$0	Admits	190
202208	49,525	Inpatient Hospital	\$3,763,989	\$3,636,080	\$3,763,611	\$3,635,713	\$0	Admits	189
202209	50,009	Inpatient Hospital	\$5,641,475	\$5,501,861	\$5,638,761	\$5,499,312	\$0	Admits	310
202210	50,370	Inpatient Hospital	\$3,078,356	\$2,922,401	\$3,077,620	\$2,921,747	\$0	Admits	297
202211	50,672	Inpatient Hospital	\$3,592,093	\$3,456,578	\$3,591,346	\$3,455,856	\$0	Admits	265
202212	51,115	Inpatient Hospital	\$4,606,632	\$4,457,812	\$4,605,555	\$4,456,768	\$0	Admits	226
202301	50,554	Inpatient Hospital	\$3,750,493	\$3,605,586	\$3,749,374	\$3,604,509	\$0	Admits	215
202302	50,695	Inpatient Hospital	\$5,335,712	\$5,209,353	\$5,333,229	\$5,206,926	\$0	Admits	225
202303	50,654	Inpatient Hospital	\$4,863,515	\$4,739,092	\$4,861,101	\$4,736,740	\$0	Admits	243
202304	50,757	Inpatient Hospital	\$4,014,352	\$3,887,186	\$4,011,975	\$3,884,883	\$0	Admits	219
202305	50,850	Inpatient Hospital	\$4,060,075	\$3,920,586	\$4,057,309	\$3,917,913	\$0	Admits	258
202306	50,917	Inpatient Hospital	\$3,895,822	\$3,778,662	\$3,892,970	\$3,775,893	\$0	Admits	220
202307	51,042	Inpatient Hospital	\$3,825,282	\$3,649,375	\$3,821,880	\$3,646,126	\$0	Admits	231
202308	51,168	Inpatient Hospital	\$3,817,893	\$3,638,895	\$3,812,579	\$3,633,819	\$0	Admits	262
202309	51,142	Inpatient Hospital	\$4,180,240	\$4,036,971	\$4,165,052	\$4,022,269	\$0	Admits	262
202310	51,342	Inpatient Hospital	\$3,871,242	\$3,742,187	\$3,863,725	\$3,734,896	\$0	Admits	199
202311	51,693	Inpatient Hospital	\$4,523,945	\$4,393,905	\$4,469,814	\$4,341,262	\$0	Admits	290
202312	51,406	Inpatient Hospital	\$3,108,306	\$2,983,408	\$3,092,626	\$2,968,388	\$0	Admits	350
202401	51,116	Inpatient Hospital	\$3,523,494	\$3,378,444	\$3,501,830	\$3,357,908	\$0	Admits	177
202402	51,183	Inpatient Hospital	\$3,849,918	\$3,731,640	\$3,831,915	\$3,714,293	\$0	Admits	204
202403	51,145	Inpatient Hospital	\$3,281,787	\$3,157,349	\$3,259,217	\$3,135,620	\$0	Admits	197
202404	51,140	Inpatient Hospital	\$5,738,381	\$5,610,258	\$5,689,103	\$5,562,077	\$0	Admits	465
202405	51,295	Inpatient Hospital	\$4,095,559	\$3,950,207	\$4,042,847	\$3,899,661	\$0	Admits	292
202406	51,264	Inpatient Hospital	\$3,400,235	\$3,279,756	\$3,352,366	\$3,233,585	\$0	Admits	175
202407	51,273	Inpatient Hospital	\$4,400,943	\$4,257,591	\$4,317,693	\$4,177,189	\$0	Admits	201
202408	50,907	Inpatient Hospital	\$3,282,113	\$3,170,963	\$3,204,237	\$3,095,836	\$0	Admits	185
202409	51,083	Inpatient Hospital	\$3,287,536	\$3,179,177	\$3,169,145	\$3,064,719	\$0	Admits	224
202410	50,979	Inpatient Hospital	\$3,924,125	\$3,807,170	\$3,737,190	\$3,625,876	\$0	Admits	180
202411	50,921	Inpatient Hospital	\$3,096,483	\$2,954,352	\$2,874,124	\$2,742,274	\$0	Admits	237
202412	50,935	Inpatient Hospital	\$3,526,102	\$3,391,189	\$3,086,736	\$2,968,441	\$0	Admits	199
202501	50,661	Inpatient Hospital	\$3,180,723	\$3,042,828	\$2,504,317	\$2,395,862	\$0	Admits	217
202502	50,524	Inpatient Hospital	\$1,296,047	\$1,209,252	\$453,026	\$422,891	\$0	Admits	74

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Allowed	Incurred	Drug Rebates	Utilization Unit	Utilization
202201	47,521	Outpatient Hospital	\$4,112,336	\$3,557,316	\$4,112,336	\$3,557,316	\$0	Visits	3,295
202202	47,964	Outpatient Hospital	\$4,748,686	\$4,152,430	\$4,748,686	\$4,152,430	\$0	Visits	3,229
202203	48,012	Outpatient Hospital	\$4,986,766	\$4,332,721	\$4,986,766	\$4,332,721	\$0	Visits	3,675
202204	48,089	Outpatient Hospital	\$4,549,488	\$3,988,027	\$4,549,488	\$3,988,027	\$0	Visits	3,376
202205	48,250	Outpatient Hospital	\$4,679,576	\$4,097,697	\$4,679,551	\$4,097,675	\$0	Visits	3,624
202206	48,690	Outpatient Hospital	\$4,424,823	\$3,843,224	\$4,424,545	\$3,842,980	\$0	Visits	3,594
202207	49,027	Outpatient Hospital	\$4,722,960	\$4,201,840	\$4,722,540	\$4,201,467	\$0	Visits	3,352
202208	49,525	Outpatient Hospital	\$4,986,703	\$4,433,108	\$4,986,169	\$4,432,630	\$0	Visits	3,568
202209	50,009	Outpatient Hospital	\$4,882,875	\$4,321,345	\$4,881,137	\$4,320,006	\$0	Visits	3,313
202210	50,370	Outpatient Hospital	\$5,282,227	\$4,689,502	\$5,280,780	\$4,688,244	\$0	Visits	3,643
202211	50,672	Outpatient Hospital	\$5,410,624	\$4,814,742	\$5,409,497	\$4,813,737	\$0	Visits	3,549
202212	51,115	Outpatient Hospital	\$5,064,629	\$4,399,961	\$5,063,467	\$4,398,948	\$0	Visits	3,494
202301	50,554	Outpatient Hospital	\$5,468,141	\$4,708,603	\$5,466,523	\$4,707,208	\$0	Visits	3,743
202302	50,695	Outpatient Hospital	\$5,061,557	\$4,381,974	\$5,059,243	\$4,379,966	\$0	Visits	3,514
202303	50,654	Outpatient Hospital	\$6,353,710	\$5,601,756	\$6,350,525	\$5,598,941	\$0	Visits	4,070
202304	50,757	Outpatient Hospital	\$5,258,556	\$4,600,829	\$5,255,465	\$4,598,121	\$0	Visits	3,505
202305	50,850	Outpatient Hospital	\$5,487,816	\$4,741,420	\$5,484,085	\$4,738,199	\$0	Visits	3,947
202306	50,917	Outpatient Hospital	\$5,441,486	\$4,711,334	\$5,437,524	\$4,707,899	\$0	Visits	3,682
202307	51,042	Outpatient Hospital	\$5,159,364	\$4,494,742	\$5,154,731	\$4,490,702	\$0	Visits	3,443
202308	51,168	Outpatient Hospital	\$5,821,748	\$5,051,557	\$5,813,763	\$5,044,630	\$0	Visits	3,892
202309	51,142	Outpatient Hospital	\$5,760,503	\$5,065,768	\$5,738,966	\$5,046,824	\$0	Visits	3,655
202310	51,342	Outpatient Hospital	\$6,018,938	\$5,246,310	\$6,007,284	\$5,236,133	\$0	Visits	4,032
202311	51,693	Outpatient Hospital	\$6,172,020	\$5,406,684	\$6,095,706	\$5,339,683	\$0	Visits	3,861
202312	51,406	Outpatient Hospital	\$6,036,970	\$5,190,186	\$6,007,914	\$5,165,287	\$0	Visits	3,519
202401	51,116	Outpatient Hospital	\$6,892,819	\$5,952,185	\$6,848,591	\$5,914,524	\$0	Visits	4,175
202402	51,183	Outpatient Hospital	\$5,722,013	\$4,868,412	\$5,695,218	\$4,845,970	\$0	Visits	3,972
202403	51,145	Outpatient Hospital	\$6,030,699	\$5,251,960	\$5,988,716	\$5,215,369	\$0	Visits	3,946
202404	51,140	Outpatient Hospital	\$6,316,269	\$5,517,598	\$6,262,032	\$5,470,214	\$0	Visits	4,094
202405	51,295	Outpatient Hospital	\$6,350,331	\$5,477,425	\$6,273,345	\$5,411,442	\$0	Visits	4,047
202406	51,264	Outpatient Hospital	\$6,184,186	\$5,397,996	\$6,097,071	\$5,321,963	\$0	Visits	3,861
202407	51,273	Outpatient Hospital	\$6,685,135	\$5,845,260	\$6,559,654	\$5,735,515	\$0	Visits	4,241
202408	50,907	Outpatient Hospital	\$6,164,477	\$5,390,721	\$6,018,352	\$5,263,086	\$0	Visits	3,896
202409	51,083	Outpatient Hospital	\$5,738,220	\$4,957,683	\$5,531,401	\$4,779,053	\$0	Visits	3,736
202410	50,979	Outpatient Hospital	\$7,077,883	\$6,191,736	\$6,740,635	\$5,896,921	\$0	Visits	4,190
202411	50,921	Outpatient Hospital	\$6,956,365	\$6,127,177	\$6,457,121	\$5,687,459	\$0	Visits	3,967
202412	50,935	Outpatient Hospital	\$6,589,961	\$5,623,212	\$5,771,783	\$4,925,072	\$0	Visits	4,003
202501	50,661	Outpatient Hospital	\$7,803,838	\$6,668,540	\$6,143,083	\$5,249,982	\$0	Visits	4,542
202502	50,524	Outpatient Hospital	\$5,681,773	\$4,564,693	\$1,983,594	\$1,594,659	\$0	Visits	4,160

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Allowed	Incurred	Drug Rebates	Utilization Unit	Utilization
202201	47,521	Professional	\$9,276,209	\$7,477,637	\$9,276,209	\$7,477,637	\$0	Visits	60,851
202202	47,964	Professional	\$8,426,671	\$6,625,366	\$8,426,671	\$6,625,366	\$0	Visits	52,592
202203	48,012	Professional	\$9,567,989	\$7,589,666	\$9,567,989	\$7,589,666	\$0	Visits	59,489
202204	48,089	Professional	\$9,126,312	\$7,381,973	\$9,126,312	\$7,381,973	\$0	Visits	54,370
202205	48,250	Professional	\$9,323,222	\$7,589,772	\$9,323,196	\$7,589,751	\$0	Visits	56,622
202206	48,690	Professional	\$9,054,599	\$7,350,347	\$9,054,036	\$7,349,887	\$0	Visits	54,717
202207	49,027	Professional	\$8,281,085	\$6,725,356	\$8,280,355	\$6,724,757	\$0	Visits	50,146
202208	49,525	Professional	\$9,119,906	\$7,333,950	\$9,118,953	\$7,333,178	\$0	Visits	56,807
202209	50,009	Professional	\$8,982,042	\$7,223,057	\$8,978,043	\$7,220,166	\$0	Visits	56,893
202210	50,370	Professional	\$9,195,254	\$7,428,867	\$9,192,596	\$7,426,807	\$0	Visits	59,965
202211	50,672	Professional	\$9,015,838	\$7,262,972	\$9,013,963	\$7,261,456	\$0	Visits	56,711
202212	51,115	Professional	\$8,534,263	\$6,701,110	\$8,532,299	\$6,699,563	\$0	Visits	51,103
202301	50,554	Professional	\$9,288,770	\$7,138,704	\$9,286,010	\$7,136,580	\$0	Visits	59,025
202302	50,695	Professional	\$8,934,793	\$6,979,083	\$8,930,685	\$6,975,860	\$0	Visits	53,662
202303	50,654	Professional	\$9,837,074	\$7,707,724	\$9,832,121	\$7,703,826	\$0	Visits	60,889
202304	50,757	Professional	\$8,932,542	\$7,072,325	\$8,927,277	\$7,068,148	\$0	Visits	52,286
202305	50,850	Professional	\$9,904,148	\$7,826,331	\$9,897,349	\$7,820,945	\$0	Visits	58,790
202306	50,917	Professional	\$9,195,240	\$7,240,678	\$9,188,536	\$7,235,383	\$0	Visits	54,960
202307	51,042	Professional	\$8,428,942	\$6,640,709	\$8,421,375	\$6,634,728	\$0	Visits	52,086
202308	51,168	Professional	\$9,405,142	\$7,445,068	\$9,392,085	\$7,434,692	\$0	Visits	57,671
202309	51,142	Professional	\$8,918,819	\$7,083,186	\$8,885,282	\$7,056,368	\$0	Visits	54,175
202310	51,342	Professional	\$10,120,588	\$8,058,878	\$10,101,019	\$8,043,245	\$0	Visits	61,043
202311	51,693	Professional	\$10,074,795	\$8,003,200	\$9,948,863	\$7,902,476	\$0	Visits	57,514
202312	51,406	Professional	\$8,541,859	\$6,542,983	\$8,503,407	\$6,514,191	\$0	Visits	50,830
202401	51,116	Professional	\$10,354,716	\$7,905,801	\$10,288,607	\$7,856,093	\$0	Visits	62,437
202402	51,183	Professional	\$9,899,144	\$7,563,786	\$9,853,463	\$7,529,756	\$0	Visits	59,196
202403	51,145	Professional	\$9,818,502	\$7,583,281	\$9,750,230	\$7,530,420	\$0	Visits	58,124
202404	51,140	Professional	\$10,448,128	\$8,084,351	\$10,358,411	\$8,014,915	\$0	Visits	60,979
202405	51,295	Professional	\$10,289,988	\$7,984,467	\$10,169,014	\$7,891,845	\$0	Visits	61,262
202406	51,264	Professional	\$9,493,651	\$7,442,462	\$9,359,924	\$7,337,644	\$0	Visits	54,936
202407	51,273	Professional	\$9,842,131	\$7,713,224	\$9,658,353	\$7,569,538	\$0	Visits	58,059
202408	50,907	Professional	\$9,621,372	\$7,583,550	\$9,393,834	\$7,404,909	\$0	Visits	56,544
202409	51,083	Professional	\$9,810,993	\$7,800,913	\$9,458,128	\$7,520,640	\$0	Visits	56,691
202410	50,979	Professional	\$11,478,130	\$9,142,220	\$10,930,970	\$8,706,712	\$0	Visits	65,264
202411	50,921	Professional	\$9,628,699	\$7,562,021	\$8,937,960	\$7,019,704	\$0	Visits	56,054
202412	50,935	Professional	\$9,917,024	\$7,640,287	\$8,684,300	\$6,690,004	\$0	Visits	55,911
202501	50,661	Professional	\$10,964,308	\$8,349,080	\$8,630,804	\$6,572,785	\$0	Visits	63,650
202502	50,524	Professional	\$12,283,009	\$9,247,743	\$4,295,091	\$3,235,714	\$0	Visits	75,757

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Allowed	Incurred	Drug Rebates	Utilization Unit	Utilization
202201	47,521	Other Medical	\$1,394,145	\$1,239,574	\$1,394,145	\$1,239,574	\$0	Services	4,469
202202	47,964	Other Medical	\$1,559,653	\$1,403,750	\$1,559,653	\$1,403,750	\$0	Services	5,015
202203	48,012	Other Medical	\$1,673,172	\$1,505,686	\$1,673,172	\$1,505,686	\$0	Services	5,880
202204	48,089	Other Medical	\$1,515,346	\$1,386,552	\$1,515,346	\$1,386,552	\$0	Services	5,322
202205	48,250	Other Medical	\$3,657,026	\$3,523,838	\$3,657,005	\$3,523,818	\$0	Services	5,106
202206	48,690	Other Medical	\$1,831,110	\$1,696,798	\$1,830,993	\$1,696,688	\$0	Services	5,427
202207	49,027	Other Medical	\$1,534,246	\$1,421,904	\$1,534,111	\$1,421,778	\$0	Services	4,779
202208	49,525	Other Medical	\$1,761,006	\$1,616,239	\$1,760,818	\$1,616,067	\$0	Services	6,086
202209	50,009	Other Medical	\$1,835,886	\$1,715,726	\$1,835,318	\$1,715,188	\$0	Services	5,372
202210	50,370	Other Medical	\$1,646,387	\$1,528,177	\$1,645,935	\$1,527,767	\$0	Services	5,586
202211	50,672	Other Medical	\$1,735,599	\$1,603,599	\$1,735,239	\$1,603,266	\$0	Services	5,602
202212	51,115	Other Medical	\$1,641,488	\$1,482,339	\$1,641,106	\$1,481,994	\$0	Services	5,405
202301	50,554	Other Medical	\$1,759,012	\$1,563,956	\$1,758,490	\$1,563,491	\$0	Services	5,758
202302	50,695	Other Medical	\$1,597,230	\$1,453,148	\$1,596,498	\$1,452,481	\$0	Services	5,419
202303	50,654	Other Medical	\$2,143,921	\$1,979,088	\$2,142,839	\$1,978,085	\$0	Services	6,350
202304	50,757	Other Medical	\$1,596,225	\$1,466,167	\$1,595,286	\$1,465,303	\$0	Services	5,555
202305	50,850	Other Medical	\$2,014,918	\$1,887,811	\$2,013,533	\$1,886,513	\$0	Services	6,093
202306	50,917	Other Medical	\$1,905,761	\$1,764,344	\$1,904,369	\$1,763,054	\$0	Services	6,081
202307	51,042	Other Medical	\$1,959,776	\$1,832,280	\$1,958,018	\$1,830,636	\$0	Services	5,697
202308	51,168	Other Medical	\$1,895,030	\$1,746,481	\$1,892,392	\$1,744,047	\$0	Services	6,973
202309	51,142	Other Medical	\$1,797,561	\$1,685,979	\$1,790,712	\$1,679,550	\$0	Services	5,900
202310	51,342	Other Medical	\$2,012,489	\$1,864,779	\$2,008,577	\$1,861,152	\$0	Services	6,644
202311	51,693	Other Medical	\$2,009,065	\$1,868,795	\$1,983,793	\$1,845,262	\$0	Services	6,427
202312	51,406	Other Medical	\$1,792,489	\$1,636,642	\$1,784,530	\$1,629,254	\$0	Services	6,226
202401	51,116	Other Medical	\$1,902,156	\$1,709,415	\$1,890,075	\$1,698,762	\$0	Services	6,549
202402	51,183	Other Medical	\$1,792,261	\$1,619,803	\$1,784,126	\$1,612,622	\$0	Services	6,361
202403	51,145	Other Medical	\$1,966,672	\$1,830,539	\$1,952,953	\$1,817,758	\$0	Services	6,447
202404	51,140	Other Medical	\$2,135,849	\$1,989,254	\$2,117,502	\$1,972,166	\$0	Services	6,759
202405	51,295	Other Medical	\$2,503,810	\$2,358,196	\$2,475,192	\$2,331,290	\$0	Services	7,456
202406	51,264	Other Medical	\$2,047,010	\$1,895,327	\$2,018,195	\$1,868,649	\$0	Services	6,924
202407	51,273	Other Medical	\$2,409,844	\$2,265,845	\$2,365,193	\$2,223,874	\$0	Services	7,243
202408	50,907	Other Medical	\$2,387,052	\$2,239,216	\$2,330,362	\$2,186,052	\$0	Services	6,853
202409	51,083	Other Medical	\$2,253,297	\$2,121,624	\$2,172,631	\$2,045,672	\$0	Services	6,312
202410	50,979	Other Medical	\$2,496,385	\$2,356,016	\$2,377,683	\$2,244,017	\$0	Services	6,958
202411	50,921	Other Medical	\$2,285,110	\$2,146,765	\$2,121,445	\$1,993,048	\$0	Services	6,662
202412	50,935	Other Medical	\$2,435,285	\$2,255,336	\$2,131,575	\$1,974,051	\$0	Services	7,247
202501	50,661	Other Medical	\$2,252,979	\$2,061,635	\$1,773,802	\$1,623,157	\$0	Services	7,706
202502	50,524	Other Medical	\$1,881,751	\$1,726,224	\$658,547	\$604,604	\$0	Services	8,450

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Allowed	Incurred	Drug Rebates	Utilization Unit	Utilization
202201	47,521	Prescription Drug	\$6,389,695	\$5,701,184	\$6,389,695	\$5,701,184	\$1,454,869	Scripts	32,156
202202	47,964	Prescription Drug	\$5,894,662	\$5,320,395	\$5,894,662	\$5,320,395	\$1,357,483	Scripts	27,667
202203	48,012	Prescription Drug	\$7,225,849	\$6,617,191	\$7,225,849	\$6,617,191	\$1,613,482	Scripts	31,561
202204	48,089	Prescription Drug	\$6,350,225	\$5,840,273	\$6,350,225	\$5,840,273	\$1,530,194	Scripts	30,719
202205	48,250	Prescription Drug	\$6,815,273	\$6,341,488	\$6,815,273	\$6,341,488	\$1,638,696	Scripts	32,812
202206	48,690	Prescription Drug	\$7,081,062	\$6,591,931	\$7,081,059	\$6,591,927	\$1,672,668	Scripts	32,239
202207	49,027	Prescription Drug	\$6,576,667	\$6,102,788	\$6,576,664	\$6,102,784	\$1,581,170	Scripts	30,971
202208	49,525	Prescription Drug	\$7,072,726	\$6,590,752	\$7,072,723	\$6,590,748	\$1,721,171	Scripts	32,250
202209	50,009	Prescription Drug	\$6,788,626	\$6,321,464	\$6,788,626	\$6,321,464	\$1,621,313	Scripts	34,404
202210	50,370	Prescription Drug	\$6,723,898	\$6,240,733	\$6,723,895	\$6,240,729	\$1,531,673	Scripts	37,530
202211	50,672	Prescription Drug	\$7,164,078	\$6,669,596	\$7,164,078	\$6,669,596	\$1,589,781	Scripts	35,025
202212	51,115	Prescription Drug	\$7,142,546	\$6,533,893	\$7,142,546	\$6,533,893	\$1,514,816	Scripts	36,487
202301	50,554	Prescription Drug	\$7,583,750	\$6,748,580	\$7,583,746	\$6,748,576	\$1,802,412	Scripts	34,369
202302	50,695	Prescription Drug	\$6,954,836	\$6,326,161	\$6,954,832	\$6,326,157	\$1,721,087	Scripts	30,910
202303	50,654	Prescription Drug	\$8,052,699	\$7,418,641	\$8,052,699	\$7,418,641	\$1,941,161	Scripts	35,001
202304	50,757	Prescription Drug	\$7,322,889	\$6,784,840	\$7,322,889	\$6,784,840	\$1,948,424	Scripts	32,461
202305	50,850	Prescription Drug	\$8,333,365	\$7,756,757	\$8,333,365	\$7,756,757	\$2,151,632	Scripts	34,366
202306	50,917	Prescription Drug	\$8,066,786	\$7,529,202	\$8,066,786	\$7,529,202	\$2,097,597	Scripts	33,712
202307	51,042	Prescription Drug	\$7,486,055	\$6,948,621	\$7,486,055	\$6,948,621	\$2,110,076	Scripts	32,757
202308	51,168	Prescription Drug	\$8,103,280	\$7,496,180	\$8,103,280	\$7,496,180	\$2,268,594	Scripts	34,891
202309	51,142	Prescription Drug	\$7,588,567	\$7,057,941	\$7,588,567	\$7,057,941	\$2,100,238	Scripts	36,807
202310	51,342	Prescription Drug	\$8,755,140	\$8,210,299	\$8,755,140	\$8,210,298	\$2,381,079	Scripts	45,488
202311	51,693	Prescription Drug	\$8,209,386	\$7,679,680	\$8,209,386	\$7,679,680	\$2,316,603	Scripts	39,840
202312	51,406	Prescription Drug	\$8,090,171	\$7,333,996	\$8,090,171	\$7,333,996	\$2,161,329	Scripts	37,138
202401	51,116	Prescription Drug	\$8,288,452	\$7,447,245	\$8,288,452	\$7,447,245	\$2,447,169	Scripts	37,760
202402	51,183	Prescription Drug	\$7,719,611	\$7,027,045	\$7,719,611	\$7,027,045	\$2,272,971	Scripts	33,950
202403	51,145	Prescription Drug	\$8,189,443	\$7,545,718	\$8,189,443	\$7,545,718	\$2,327,436	Scripts	35,124
202404	51,140	Prescription Drug	\$8,167,468	\$7,556,074	\$8,167,468	\$7,556,074	\$2,503,728	Scripts	36,290
202405	51,295	Prescription Drug	\$8,565,829	\$7,959,039	\$8,565,824	\$7,959,034	\$2,492,045	Scripts	36,720
202406	51,264	Prescription Drug	\$8,166,220	\$7,608,826	\$8,166,215	\$7,608,821	\$2,262,032	Scripts	34,030
202407	51,273	Prescription Drug	\$9,004,697	\$8,354,821	\$9,004,692	\$8,354,816	\$2,572,144	Scripts	36,207
202408	50,907	Prescription Drug	\$8,793,827	\$8,133,135	\$8,793,827	\$8,133,135	\$2,511,634	Scripts	35,956
202409	51,083	Prescription Drug	\$9,345,471	\$8,773,873	\$9,345,466	\$8,773,868	\$2,468,577	Scripts	40,908
202410	50,979	Prescription Drug	\$9,988,988	\$9,405,905	\$9,988,988	\$9,405,905	\$3,065,139	Scripts	44,620
202411	50,921	Prescription Drug	\$9,099,097	\$8,553,182	\$9,099,097	\$8,553,182	\$2,841,493	Scripts	38,406
202412	50,935	Prescription Drug	\$8,939,983	\$8,200,114	\$8,939,982	\$8,200,114	\$2,845,596	Scripts	37,849
202501	50,661	Prescription Drug	\$9,329,603	\$8,535,885	\$9,329,603	\$8,535,885	\$2,898,363	Scripts	38,370
202502	50,524	Prescription Drug	\$8,872,862	\$8,157,271	\$8,872,861	\$8,157,270	\$2,778,771	Scripts	35,771

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Allowed	Incurred	Drug Rebates	Utilization Unit	Utilization
202201	47,521	Capitations	\$41,642	\$41,642	\$41,642	\$41,642	\$0	Benefit Period	47,521
202202	47,964	Capitations	\$42,059	\$42,059	\$42,059	\$42,059	\$0	Benefit Period	47,964
202203	48,012	Capitations	\$42,036	\$42,036	\$42,036	\$42,036	\$0	Benefit Period	48,012
202204	48,089	Capitations	\$42,049	\$42,049	\$42,049	\$42,049	\$0	Benefit Period	48,089
202205	48,250	Capitations	\$42,163	\$42,163	\$42,163	\$42,163	\$0	Benefit Period	48,250
202206	48,690	Capitations	\$42,499	\$42,499	\$42,499	\$42,499	\$0	Benefit Period	48,690
202207	49,027	Capitations	\$42,755	\$42,755	\$42,755	\$42,755	\$0	Benefit Period	49,027
202208	49,525	Capitations	\$43,164	\$43,164	\$43,164	\$43,164	\$0	Benefit Period	49,525
202209	50,009	Capitations	\$43,564	\$43,564	\$43,564	\$43,564	\$0	Benefit Period	50,009
202210	50,370	Capitations	\$43,840	\$43,840	\$43,840	\$43,840	\$0	Benefit Period	50,370
202211	50,672	Capitations	\$44,028	\$44,028	\$44,028	\$44,028	\$0	Benefit Period	50,672
202212	51,115	Capitations	\$44,373	\$44,373	\$44,373	\$44,373	\$0	Benefit Period	51,115
202301	50,554	Capitations	\$36,036	\$36,036	\$36,036	\$36,036	\$0	Benefit Period	50,554
202302	50,695	Capitations	\$36,104	\$36,104	\$36,104	\$36,104	\$0	Benefit Period	50,695
202303	50,654	Capitations	\$36,083	\$36,083	\$36,083	\$36,083	\$0	Benefit Period	50,654
202304	50,757	Capitations	\$36,154	\$36,154	\$36,154	\$36,154	\$0	Benefit Period	50,757
202305	50,850	Capitations	\$36,184	\$36,184	\$36,184	\$36,184	\$0	Benefit Period	50,850
202306	50,917	Capitations	\$36,212	\$36,212	\$36,212	\$36,212	\$0	Benefit Period	50,917
202307	51,042	Capitations	\$36,282	\$36,282	\$36,282	\$36,282	\$0	Benefit Period	51,042
202308	51,168	Capitations	\$36,366	\$36,366	\$36,366	\$36,366	\$0	Benefit Period	51,168
202309	51,142	Capitations	\$36,334	\$36,334	\$36,334	\$36,334	\$0	Benefit Period	51,142
202310	51,342	Capitations	\$36,411	\$36,411	\$36,411	\$36,411	\$0	Benefit Period	51,342
202311	51,693	Capitations	\$36,538	\$36,538	\$36,538	\$36,538	\$0	Benefit Period	51,693
202312	51,406	Capitations	\$36,261	\$36,261	\$36,261	\$36,261	\$0	Benefit Period	51,406
202401	51,116	Capitations	\$36,048	\$36,048	\$36,048	\$36,048	\$0	Benefit Period	51,116
202402	51,183	Capitations	\$36,190	\$36,190	\$36,190	\$36,190	\$0	Benefit Period	51,183
202403	51,145	Capitations	\$36,113	\$36,113	\$36,113	\$36,113	\$0	Benefit Period	51,145
202404	51,140	Capitations	\$36,087	\$36,087	\$36,087	\$36,087	\$0	Benefit Period	51,140
202405	51,295	Capitations	\$36,222	\$36,222	\$36,222	\$36,222	\$0	Benefit Period	51,295
202406	51,264	Capitations	\$36,222	\$36,222	\$36,222	\$36,222	\$0	Benefit Period	51,264
202407	51,273	Capitations	\$36,171	\$36,171	\$36,171	\$36,171	\$0	Benefit Period	51,273
202408	50,907	Capitations	\$35,920	\$35,920	\$35,920	\$35,920	\$0	Benefit Period	50,907
202409	51,083	Capitations	\$36,065	\$36,065	\$36,065	\$36,065	\$0	Benefit Period	51,083
202410	50,979	Capitations	\$35,944	\$35,944	\$35,944	\$35,944	\$0	Benefit Period	50,979
202411	50,921	Capitations	\$35,899	\$35,899	\$35,899	\$35,899	\$0	Benefit Period	50,921
202412	50,935	Capitations	\$35,891	\$35,891	\$35,891	\$35,891	\$0	Benefit Period	50,935
202501	50,661	Capitations	\$32,220	\$32,220	\$32,220	\$32,220	\$0	Benefit Period	50,661
202502	50,524	Capitations	\$32,188	\$32,188	\$32,188	\$32,188	\$0	Benefit Period	50,524

Appendix - Total Experience

Month	Members	Contracts	Ultimate Allowed	Drug Rebates	Post-Rx Rebate Ultimate Allowed	Post-Rx Rebate Ultimate Incurred	Premium	Loss Ratio
202201	47,521	29,934	\$25,554,107	\$1,454,869	\$24,099,238	\$20,729,182	\$24,082,720	86.1%
202202	47,964	30,297	\$24,175,867	\$1,357,483	\$22,818,383	\$19,543,095	\$24,256,619	80.6%
202203	48,012	30,255	\$26,508,186	\$1,613,482	\$24,894,704	\$21,401,275	\$24,325,964	88.0%
202204	48,089	30,242	\$25,380,287	\$1,530,194	\$23,850,093	\$20,809,630	\$24,445,569	85.1%
202205	48,250	30,278	\$28,698,379	\$1,638,696	\$27,059,683	\$23,995,413	\$24,520,765	97.9%
202206	48,690	30,581	\$26,010,409	\$1,672,668	\$24,337,741	\$21,303,958	\$24,770,381	86.0%
202207	49,027	30,753	\$25,728,753	\$1,581,170	\$24,147,583	\$21,350,395	\$24,769,940	86.2%
202208	49,525	30,984	\$26,747,496	\$1,721,171	\$25,026,325	\$21,932,122	\$25,079,892	87.4%
202209	50,009	31,223	\$28,174,468	\$1,621,313	\$26,553,155	\$23,505,702	\$25,383,513	92.6%
202210	50,370	31,401	\$25,969,962	\$1,531,673	\$24,438,289	\$21,321,846	\$25,528,152	83.5%
202211	50,672	31,571	\$26,962,260	\$1,589,781	\$25,372,478	\$22,261,734	\$25,718,231	86.6%
202212	51,115	31,812	\$27,033,932	\$1,514,816	\$25,519,116	\$22,104,671	\$26,038,139	84.9%
202301	50,554	31,601	\$27,886,203	\$1,802,412	\$26,083,790	\$21,999,053	\$26,763,607	82.2%
202302	50,695	31,712	\$27,920,231	\$1,721,087	\$26,199,144	\$22,664,736	\$26,934,670	84.1%
202303	50,654	31,723	\$31,287,001	\$1,941,161	\$29,345,840	\$25,541,223	\$27,117,278	94.2%
202304	50,757	31,760	\$27,160,719	\$1,948,424	\$25,212,296	\$21,899,077	\$27,282,664	80.3%
202305	50,850	31,806	\$29,836,506	\$2,151,632	\$27,684,874	\$24,017,458	\$27,407,748	87.6%
202306	50,917	31,787	\$28,541,307	\$2,097,597	\$26,443,710	\$22,962,834	\$27,789,603	82.6%
202307	51,042	31,804	\$26,895,700	\$2,110,076	\$24,785,624	\$21,491,931	\$28,088,175	76.5%
202308	51,168	31,914	\$29,079,459	\$2,268,594	\$26,810,865	\$23,145,951	\$28,337,983	81.7%
202309	51,142	31,889	\$28,282,024	\$2,100,238	\$26,181,786	\$22,865,941	\$28,618,894	79.9%
202310	51,342	32,059	\$30,814,808	\$2,381,079	\$28,433,728	\$24,777,784	\$28,960,823	85.6%
202311	51,693	32,300	\$31,025,751	\$2,316,603	\$28,709,148	\$25,072,200	\$29,536,656	84.9%
202312	51,406	32,098	\$27,606,056	\$2,161,329	\$25,444,727	\$21,562,147	\$30,491,970	70.7%
202401	51,116	32,055	\$30,997,686	\$2,447,169	\$28,550,517	\$23,981,969	\$30,922,102	77.6%
202402	51,183	32,085	\$29,019,137	\$2,272,971	\$26,746,166	\$22,573,906	\$31,032,451	72.7%
202403	51,145	32,061	\$29,323,217	\$2,327,436	\$26,995,781	\$23,077,526	\$31,141,845	74.1%
202404	51,140	32,089	\$32,842,183	\$2,503,728	\$30,338,455	\$26,289,895	\$31,251,900	84.1%
202405	51,295	32,106	\$31,841,737	\$2,492,045	\$29,349,692	\$25,273,511	\$31,498,731	80.2%
202406	51,264	32,050	\$29,327,524	\$2,262,032	\$27,065,492	\$23,398,557	\$31,707,624	73.8%
202407	51,273	31,991	\$32,378,922	\$2,572,144	\$29,806,778	\$25,900,769	\$31,906,787	81.2%
202408	50,907	31,775	\$30,284,762	\$2,511,634	\$27,773,129	\$24,041,872	\$31,839,347	75.5%
202409	51,083	31,785	\$30,471,582	\$2,468,577	\$28,003,006	\$24,400,758	\$32,138,513	75.9%
202410	50,979	31,743	\$35,001,454	\$3,065,139	\$31,936,315	\$27,873,853	\$32,313,998	86.3%
202411	50,921	31,676	\$31,101,653	\$2,841,493	\$28,260,160	\$24,537,904	\$32,542,799	75.4%
202412	50,935	31,602	\$31,444,246	\$2,845,596	\$28,598,650	\$24,300,434	\$33,265,230	73.1%
202501	50,661	31,600	\$33,563,671	\$2,898,363	\$30,665,308	\$25,791,825	\$33,669,309	76.6%
202502	50,524	31,510	\$30,047,630	\$2,778,771	\$27,268,859	\$22,158,600	\$33,656,206	65.8%

**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. In the small group market, please also provide weighted average rate increase requested for 2026Q1 over 2025Q1; etc.	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. ¹	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

¹ 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"> • Salaries, wages, employment taxes, and other employee benefits • Commissions • Taxes, licenses, and other regulatory fees • Cost containment programs / quality improvement activities • All other administrative expenses • Total 	Yes	Exhibit10A - DICR_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. Provide in Excel and PDF format.	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. Provide in Excel and PDF format.	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. Provide in Excel format only.	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 th 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">• 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;• Certification of the level of coverage by a member of the American Academy of Actuaries using generally accepted actuarial principles; and• Demonstration that the plan has a reasonable annual limitation on cost-sharing.	No	Not applicable

CERTIFYING SIGNATURE

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

Cory Bream

(Print Name)

Cory
Bream

(Signature)

Digitally signed
by Cory Bream
Date: 2025.05.01
08:55:16 -04'00'

May 1, 2025

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



Re: CareFirst BlueChoice, 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:** CareFirst BlueChoice, Inc. (CFBC)
- b. **NAIC Company Code:** 96202
- c. **Unique Company Filing Number:** 2835
- d. **Date Submitted:** 5/1/2025
- e. **Proposed Effective Date:** 1/1/2026
- f. **Type of Product:** HMO – On Exchange
- g. **Individual or Group:** Individual, Non-Medigap
- h. **Scope and Purpose of Filing:** This filing has been submitted to propose the rate actions listed below in section k for all non-grandfathered ACA compliant plans offered by CFBC.
- i. **Indication Whether Initial Filing or Change:** This filing proposes a change to existing rates (from our previous SERFF Filing #CFAP-134064986).
- j. **Indication if no DC Policyholders:** This filing proposes rate actions to our plans sold in DC. DC policyholders of CFBC ACA plans will be impacted.
- k. **Overall Premium Impact of Filing on DC Policyholders:** Proposed average rate increase for 2026 is 4.1%.
- l. **Contact Information:**
 - a. Name: Cory Bream, ASA, MAAA
 - b. Telephone Number: 410-998-5308
 - c. Email: 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 08:45:11
-04'00'

Cory Bream, ASA, MAAA
Assistant Actuary

DC BlueChoice

Rate Filing Justification Part II (Plain Language Summary)

Pursuant to 45 CFR 154.215, health insurance issuers are required to file Rate Filing Justifications. Part II of the Rate Filing Justification for rate increases and new submissions must contain a written description that includes a simple and brief narrative describing the data and assumptions that were used to develop the proposed rates. The Part II template below must be filled out and uploaded as an Adobe PDF file under the Consumer Disclosure Form section of the Supporting Documentation tab.

Name of Company	CareFirst BlueChoice, Inc.
SERFF tracking number	CFAP-134502528
Submission Date	5/1/2025
Product Name	BlueChoice

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

Scope and Range of the Increase:

The 4.1 % 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 payable, and 4) increase in the admin factor.

This filing will impact:

of policyholder's 2,022 # of covered lives 2,451

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 4.1 %
- Minimum Rate Change: The smallest premium increase (or largest decrease), by percentage, that any one policy holder would experience if the filing is approved (1.8) %
- Maximum Rate Change: The largest premium increase, by percentage, that any one policy holder would experience if the filing is approved 17.4 %

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 \$20.0 million in premium was collected and \$13.0 million in claims were paid out, along with \$3.0 million paid in risk adjustment, for a loss ratio of 80.1%. However, the rate increase of the product is driven partially by the combined Individual and Small group experience, which collected \$381.6 million in premium and paid out \$295.7 million in claims and paid \$19.0 million in risk adjustment for a loss ratio of 82.5%.

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

The proposed rate increases are aimed to bring the combined loss ratio for Individual/Small Group to a projected 81.0%.

Components of Increase

The request is made up of the following components:

Trend Increases –	7.6	% of the	4.1	% total filed increase
1. Medical Utilization Changes –Defined as the increase in total plan claim costs not attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts. Examples include changes in the mix of services utilized, or an increase/decrease in the frequency of service utilization.				
This component is	2.5	% of the	4.1	% total filed increase.
2. Medical Price Changes – Defined as the increase in total plan claim costs attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts.				
This component is	4.9	% of the	4.1	% total filed increase.

Other Increases –	(3.3)	% of the	4.1	% total filed increase
1. Medical Benefit Changes Required by Law – Defined as any new mandated plan benefit changes, as mandated by either State or Federal Regulation.				
This component is	0.0	% of the	4.1	% total filed increase.
2. Medical Benefit Changes Not Required by Law – Defined as changes in plan benefit design made by the company, which are not required by either State or Federal Regulation.				
This component is	-1.2	% of the	4.1	% 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	-0.8	% of the	4.1	% 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	7.8	% of the	4.1	% total filed increase.
5. Other – Defined as:				
The Risk Adjustment payable was lower than anticipated.				
This component is	-8.5	% of the	4.1	% total filed increase.

1	B		C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
2	Unified Rate Review v6.1																			
3	Company Legal Name:		CareFirst BlueChoice, Inc.																	
4	HIOS Issuer ID:		86052	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				\$343,424,140.43				\$10,708.25											
15	Reinsurance				\$0.00				\$0.00											
16	Incurred Claims in Experience Period				\$295,650,953.51				\$9,218.64											
17	Risk Adjustment				-\$19,028,661.77				-\$593.33											
18	Experience Period Premium				\$381,561,329.17				\$11,897.39											
19	Experience Period Member Months				32,071															
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		\$74.04		0.978		1.044		0.978		1.044				\$77.19					
25	Outpatient Hospital		\$125.04		1.062		1.032		1.062		1.032				\$150.18					
26	Professional		\$196.11		1.051		1.001		1.051		1.001				\$217.04					
27	Other Medical		\$43.40		1.058		1.063		1.058		1.063				\$54.89					
28	Capitation		\$0.66		1.000		1.000		1.000		1.000				\$0.66					
29	Prescription Drug		\$120.11		1.073		1.034		1.073		1.034				\$147.85					
30	Total		\$559.36												\$647.81					
31																				
32	Morbidity Adjustment														1.008					
33	Demographic Shift														1.001					
34	Plan Design Changes														0.995					
35	Other														1.037					
36	Adjusted Trended EHB Allowed Claims PMPM for		1/1/2026												\$674.34					
37																				
38	Manual EHB Allowed Claims PMPM														\$674.34					
39	Applied Credibility %														0.00%					
40																				
41																				
42	Projected Index Rate for		1/1/2026				\$674.34				\$20,153,325.24									
43	Reinsurance						\$0.00				\$0.00									
44	Risk Adjustment Payment/Charge						-\$143.86				-\$4,299,271.13									
45	Exchange User Fees						0.00%				\$0.00									
46	Market Adjusted Index Rate						\$818.20				\$24,452,596.37									
47																				
48	Projected Member Months						29,886													
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:

CareFirst BlueChoice, Inc.

HIOS Issuer ID:

86052

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

Field # Section I: General Product and Plan Information

1.1 Product Name		BlueChoice HMO						
1.2 Product ID		86052DC040						
1.3 Plan Name		BlueChoice HMO	BlueChoice HMO	BlueChoice HMO	BlueChoice HMO	BlueChoice HMO	BlueChoice HMO	BlueChoice HMO
1.4 Plan ID (Standard Component ID)		86052DC0400001	86052DC0400002	86052DC0400004	86052DC0400007	86052DC0400008	86052DC0400010	86052DC0400011
1.5 Metal		Silver	Gold	Catastrophic	Bronze	Platinum	Bronze	Gold
1.6 AV Metal Value		0.719	0.819	0.611	0.648	0.917	0.650	0.819
1.7 Plan Category		Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing
1.8 Plan Type		HMO	HMO	HMO	HMO	HMO	HMO	HMO
1.9 Exchange Plan?		Yes	Yes	Yes	Yes	Yes	Yes	Yes
1.10 Effective Date of Proposed Rates		1/1/2026	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)		4.60%	5.16%	-1.83%	2.64%	5.61%	4.61%	5.07%
1.12 Product Rate Increase %		4.13%						
1.13 Submission Level Rate Increase %		4.13%						

Worksheet 1 Totals

Section II: Experience Period and Current Plan Level Information

2.1 Plan ID (Standard Component ID)	Total	86052DC0400001	86052DC0400002	86052DC0400004	86052DC0400007	86052DC0400008	86052DC0400010	86052DC0400011
2.2 Allowed Claims	\$16,539,810	\$3,455,573	\$3,369,464	\$554,939	\$2,586,083	\$1,945,159	\$3,851,976	\$776,614
2.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.4 Member Cost Sharing	\$3,499,635	\$739,068	\$267,242	\$256,276	\$651,107	\$73,847	\$1,303,510	\$208,585
2.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.6 Incurred Claims	\$13,040,175	\$2,716,505	\$3,102,223	\$298,663	\$1,934,976	\$1,871,312	\$2,548,466	\$568,030
2.7 Risk Adjustment Transfer Amount	-\$2,995,939	-\$1,303,266	-\$156,087	\$10,016	-\$883,506	\$928,865	-\$1,526,860	-\$65,099
2.8 Premium	\$20,015,742	\$4,846,095	\$2,767,632	\$619,866	\$3,451,075	\$1,179,231	\$6,003,431	\$1,148,413
2.9 Experience Period Member Months	32,071	6,806	3,714	3,260	5,695	1,205	9,842	1,549
2.10 Current Enrollment	2,619	527	348	262	460	112	781	129
2.11 Current Premium PMPM	\$589.66	\$634.19	\$774.71	\$313.55	\$558.43	\$888.84	\$525.70	\$708.21
2.12 Loss Ratio	76.62%	76.68%	118.79%	47.42%	75.36%	88.77%	56.93%	52.43%
Per Member Per Month								
2.13 Allowed Claims	\$515.72	\$507.72	\$907.23	\$170.23	\$454.10	\$1,614.24	\$391.38	\$501.37
2.14 Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2.15 Member Cost Sharing	\$109.12	\$108.59	\$71.96	\$78.61	\$114.33	\$61.28	\$132.44	\$134.66
2.16 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2.17 Incurred Claims	\$406.60	\$399.13	\$835.28	\$91.61	\$339.77	\$1,552.96	\$258.94	\$366.71
2.18 Risk Adjustment Transfer Amount	-\$93.42	-\$191.49	-\$42.03	\$3.07	-\$155.14	\$770.84	-\$155.14	-\$42.03
2.19 Premium	\$624.11	\$712.03	\$745.19	\$190.14	\$605.98	\$978.61	\$609.98	\$741.39

Section III: Plan Adjustment Factors

3.1 Plan ID (Standard Component ID)		86052DC0400001	86052DC0400002	86052DC0400004	86052DC0400007	86052DC0400008	86052DC0400010	86052DC0400011
3.2 Market Adjusted Index Rate		\$818.20						
3.3 AV and Cost Sharing Design of Plan		0.7309	0.8980	0.5769	0.6313	1.0350	0.6056	0.8201
3.4 Provider Network Adjustment		0.9343	0.9343	0.9343	0.9343	0.9343	0.9343	0.9343
3.5 Benefits in Addition to EHB		1.0046	1.0041	1.0075	1.0050	1.0039	1.0051	1.0043
Administrative Costs								
3.6 Administrative Expense		10.16%	10.16%	10.16%	10.16%	10.16%	10.16%	10.16%
3.7 Taxes and Fees		3.38%	3.38%	3.38%	3.38%	3.38%	3.38%	3.38%
3.8 Profit & Risk Load		1.60%	1.60%	1.60%	1.60%	1.60%	1.60%	1.60%
3.9 Catastrophic Adjustment		1.0000	1.0000	0.5862	1.0000	1.0000	1.0000	1.0000
3.10 Plan Adjusted Index Rate		\$661.41	\$812.33	\$306.92	\$571.51	\$935.98	\$548.34	\$741.97

3.11 Age Calibration Factor	0.9444	0.9444						
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		\$624.65	\$767.18	\$289.86	\$539.75	\$883.96	\$517.87	\$700.73

Section IV: Projected Plan Level Information

4.1 Plan ID (Standard Component ID)	Total	86052DC0400001	86052DC0400002	86052DC0400004	86052DC0400007	86052DC0400008	86052DC0400010	86052DC0400011
4.2 Allowed Claims	\$17,962,809	\$3,170,820	\$2,900,360	\$2,538,463	\$2,928,277	\$926,101	\$4,585,572	\$913,216
4.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.4 Member Cost Sharing	\$5,354,935	\$757,895	\$291,033	\$1,609,653	\$928,215	\$24,299	\$1,580,898	\$162,942
4.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.6 Incurred Claims	\$12,607,874	\$2,412,924	\$2,609,327	\$928,810	\$2,000,062	\$901,802	\$3,004,674	\$750,274
4.7 Risk Adjustment Transfer Amount	-\$2,677,823	-\$1,308,518	-\$119,420	-\$3,803	-\$951,941	\$1,234,164	-\$1,490,704	-\$37,601
4.8 Premium	\$18,075,415	\$3,458,526	\$3,738,325	\$1,335,087	\$2,867,857	\$1,291,649	\$4,308,862	\$1,075,108
4.9 Projected Member Months	29,886	5,229	4,602	4,350	5,018	1,380	7,858	1,449
4.10 Loss Ratio	81.88%	112.23%	72.10%	69.77%	104.39%	35.70%	106.62%	72.32%
Per Member Per Month								
4.11 Allowed Claims	\$601.04	\$606.39	\$630.24	\$583.55	\$583.55	\$671.09	\$583.55	\$630.24
4.12 Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.13 Member Cost Sharing	\$179.18	\$144.94	\$63.24	\$370.04	\$184.98	\$17.61	\$201.18	\$112.45
4.14 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.15 Incurred Claims	\$421.87	\$461.45	\$567.00	\$213.52	\$398.58	\$653.48	\$382.37	\$517.79
4.16 Risk Adjustment Transfer Amount	-\$89.60	-\$250.24	-\$25.95	-\$0.87	-\$189.71	\$894.32	-\$189.71	-\$25.95
4.17 Premium	\$604.81	\$661.41	\$812.33	\$306.92	\$571.51	\$935.98	\$548.34	\$741.97

Rating Area Data Collection

*Specify the total number of Rating
Select only the Rating Areas you are
To validate, select the Validate button
To finalize, select the Finalize button*

Rating Area	Rating Factor
Rating Area 1	1.0000