

State: Rhode Island **Filing Company:** Blue Cross & Blue Shield of Rhode Island
TOI/Sub-TOI: H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense
Product Name: Direct Pay
Project Name/Number: Direct Pay 2011 Filing/DP 11-18-11

Filing at a Glance

Company: Blue Cross & Blue Shield of Rhode Island
 Product Name: Direct Pay
 State: Rhode Island
 TOI: H15I Individual Health - Hospital/Surgical/Medical Expense
 Sub-TOI: H15I.001 Health - Hospital/Surgical/Medical Expense
 Filing Type: Rate
 Date Submitted: 04/15/2013
 SERFF Tr Num: BCBS-128984378
 SERFF Status: Assigned
 State Tr Num:
 State Status: Open-Pending Actuary Review
 Co Tr Num: DP 1-1-2014
 Implementation: 01/01/2014
 Date Requested:
 Author(s): Monica Neronha, Jessie Knowles, Kimberly Holway, Jeffrey McLane, Catherine Mitchell, Donna Goliger, Sean Neylon
 Reviewer(s): Patrick Tigue (primary), Charles DeWeese, Bela Gorman, Maria Casale, Herbert Olson
 Disposition Date:
 Disposition Status:
 Implementation Date:

State: Rhode Island **Filing Company:** Blue Cross & Blue Shield of Rhode Island
TOI/Sub-TOI: H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense
Product Name: Direct Pay
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General Information

Project Name: Direct Pay 2011 Filing	Status of Filing in Domicile: Not Filed
Project Number: DP 11-18-11	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type: Individual
Overall Rate Impact: 18.1%	Filing Status Changed: 04/16/2013
	State Status Changed: 04/16/2013
Deemer Date:	Created By: Jessie Knowles
Submitted By: Jessie Knowles	Corresponding Filing Tracking Number:
	PPACA: Non-Grandfathered Immed Mkt Reforms
PPACA Notes: null	
Exchange Intentions:	All plans, except BlueSolutions for HSA Direct 2300, will be offered on the Exchange.

Filing Description:

The filing letter and the actuarial schedules, comprises a filing of subscription rates by Blue Cross & Blue Shield of Rhode Island ("Blue Cross") for direct pay subscribers in the individual market. This filing includes proposed rates to become effective January 1, 2014.

Company and Contact

Filing Contact Information

Donna Goliger, Actuarial Projects Analyst Donna.Goliger@bcbsri.org
 500 Exchange St. 401-459-5391 [Phone]
 Providence, RI 02903

Filing Company Information

Blue Cross & Blue Shield of Rhode Island	CoCode: 53473	State of Domicile: Rhode Island
500 Exchange Street	Group Code:	Island
Providence, RI 02903	Group Name:	Company Type: Health Insurance
(401) 459-1000 ext. [Phone]	FEIN Number: 05-0158952	State ID Number:

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:

State: Rhode Island

Filing Company: Blue Cross & Blue Shield of Rhode Island

TOI/Sub-TOI: H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense

Product Name: Direct Pay

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Correspondence Summary

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Rate	CMS template	Jessie Knowles	05/15/2013	05/15/2013
Rate	Actuarial Memo Addendum	Jessie Knowles	05/15/2013	05/15/2013

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
2013 Form and Rate Review Processes Outstanding Filing Materials Memo- BCBSRI	Note To Filer	Patrick Tigue	04/22/2013	04/22/2013
Filing Fee	Note To Reviewer	Jessie Knowles	04/16/2013	04/16/2013
You have not sent a fee.?	Note To Filer	Adrienne Evans	04/16/2013	04/16/2013

State: Rhode Island**Filing Company:** Blue Cross & Blue Shield of Rhode Island**TOI/Sub-TOI:** H151 Individual Health - Hospital/Surgical/Medical Expense/H151.001 Health - Hospital/Surgical/Medical Expense**Product Name:** Direct Pay**Project Name/Number:** Direct Pay 2011 Filing/DP 11-18-11

Amendment Letter

Submitted Date: 05/15/2013

Comments:

Attached is the CMS template and Actuarial Memorandum Addendum.

Changed Items:

No Form Schedule Items Changed.

Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	CMS template		New		plan_management_data_templates_unified_final_5_15_13.pdf,	05/15/2013 By:
2	Actuarial Memo Addendum		New		2014 Direct Pay Actuarial Memo Addendum.pdf,	05/15/2013 By:

No Supporting Documents Changed.

State: Rhode Island **Filing Company:** Blue Cross & Blue Shield of Rhode Island
TOI/Sub-TOI: H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense
Product Name: Direct Pay
Project Name/Number: Direct Pay 2011 Filing/DP 11-18-11

Note To Filer

Created By:

Patrick Tigie on 04/22/2013 09:55 PM

Last Edited By:

Patrick Tigie

Submitted On:

04/22/2013 09:56 PM

Subject:

2013 Form and Rate Review Processes Outstanding Filing Materials Memo- BCBSRI

Comments:

Please see the attached memo.

To: Kimberly A. Holway, Senior Program Manager, Federal Healthcare Reform, Blue Cross Blue Shield of Rhode Island and John Lynch, Chief Actuary, Blue Cross Blue Shield of Rhode Island

CC: Herb Olson, Executive Counsel, State of Rhode Island Office of the Health Insurance Commissioner, Monica A. Neronha, Vice President, Legal Services, Blue Cross Blue Shield of Rhode Island

From: Linda Johnson, Operations Director, State of Rhode Island Office of the Health Insurance Commissioner and Patrick M. Tigue, Principal Policy Associate, State of Rhode Island Office of the Health Insurance Commissioner

Subject: 2013 Form and Rate Review Processes Outstanding Filing Materials- Blue Cross Blue Shield of Rhode Island

Date: April 22, 2013

Below please find a listing of 2013 form and rate review processes filing materials that you have yet to file in the proper manner or at all through the System for Electronic Rate and Form Filing (SERFF). These materials are divided into those that could have been filed on April 15, 2013, which are now due on May 1, 2013 and those that could not have been filed on April 15, 2013, which are now due on May 15, 2013. These materials are critical to implementation of the Affordable Care Act (ACA) and to the State of Rhode Island Office of the Health Insurance Commissioner's (OHIC) review of ACA-compliant forms and rates. The Commissioner has the authority to commence proceedings under State of Rhode Island General Laws § 42-14-16 in the case of a violation of an issuer's obligation to make a complete filing in a timely manner and in accordance with State of Rhode Island laws and regulations.

Outstanding Materials That Should Have Been Filed on April 15, 2013 (Now Due on May 1, 2013)

- **Individual Market:**

- Identification by the issuer of any and all changes to Subscriber Agreements previously submitted as part of the Preliminary Form Filing process by submitting a red-lined version and a clean version of the Subscriber Agreements. Also, the issuer must identify in the General Information Filing Description section of SERFF any Subscriber Agreement that was not previously filed as part of the Preliminary Form Filing process.

- **Small Group Market:**

- Identification by the issuer of any and all changes to Subscriber Agreements previously submitted as part of the Preliminary Form Filing process by submitting a red-lined version and a clean version of the Subscriber Agreements. Also, the issuer must identify in the General Information Filing Description section of SERFF any Subscriber Agreement that was not previously filed as part of the Preliminary Form Filing process.

Outstanding Materials That Could Not Have Been Filed on April 15, 2013 (Now Due on May 15, 2013)

- **Individual Market:**

- Essential Community Providers Template
- Network Template

- Plans/Benefit Template
- Prescription Drug Template
- Rate Data Templates
- Reconciliation of all other requests noted in the SERFF Preliminary Form Filing Note to Filer dated April 9, 2013 that has not been determined as Outstanding Materials now due on May 1, 2013
- Rate Filing Justification- Part I, Uniform Rate Review Template
- **Small Group Market:**
 - Essential Community Providers Template
 - Network Template
 - Plans/Benefit Template
 - Prescription Drug Template
 - Rate Data Templates
 - Reconciliation of all other requests noted in the SERFF Preliminary Form Filing Note to Filer dated April 8, 2013 that has not been determined as Outstanding Materials now due on May 1, 2013
 - Rate Filing Justification- Part I, Uniform Rate Review Template

Should you have any questions on how to proceed based on this memo, please do not hesitate to contact Linda Johnson at (401) 462-9642 or linda.johnson@ohic.ri.gov for issues related to the form review process and Patrick Tigue at (401) 462-9639 or patrick.tigue@ohic.ri.gov for issues related to the rate review process. Thank you for your attention to this matter.

State: Rhode Island **Filing Company:** Blue Cross & Blue Shield of Rhode Island
TOI/Sub-TOI: H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense
Product Name: Direct Pay
Project Name/Number: Direct Pay 2011 Filing/DP 11-18-11

Note To Reviewer

Created By:

Jessie Knowles on 04/16/2013 10:48 AM

Last Edited By:

Jessie Knowles

Submitted On:

04/16/2013 10:48 AM

Subject:

Filing Fee

Comments:

The \$40 fee for the form filing covers both the form and rate filings. The SERFF Tracking Number is: BCBS-128984114

State: Rhode Island **Filing Company:** Blue Cross & Blue Shield of Rhode Island
TOI/Sub-TOI: H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense
Product Name: Direct Pay
Project Name/Number: Direct Pay 2011 Filing/DP 11-18-11

Note To Filer

Created By:

Adrienne Evans on 04/16/2013 09:25 AM

Last Edited By:

Adrienne Evans

Submitted On:

04/16/2013 09:25 AM

Subject:

You have not sent a fee.?

Comments:

Please forward a fee.

State: Rhode Island **Filing Company:** Blue Cross & Blue Shield of Rhode Island
TOI/Sub-TOI: H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense
Product Name: Direct Pay
Project Name/Number: Direct Pay 2011 Filing/DP 11-18-11

Post Submission Update Request Processed On 05/02/2013

Status: Allowed
Created By: Jessie Knowles
Processed By: Maria Casale
Comments: Allowed into SERFF per Bela Gorman, 5-2-2013 email.

Company Rate Information:

Company Name:Blue Cross & Blue Shield of Rhode Island

Field Name	Requested Change	Prior Value
Written Premium Change for this Program	\$11585205	\$1158520

State: Rhode Island **Filing Company:** Blue Cross & Blue Shield of Rhode Island
TOI/Sub-TOI: H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense
Product Name: Direct Pay
Project Name/Number: Direct Pay 2011 Filing/DP 11-18-11

Post Submission Update Request Processed On 05/09/2013

Status: Allowed
Created By: Jessie Knowles
Processed By: Maria Casale
Comments: Allowed for change in Benefit to "Increase".

Company Rate Information:

Company Name:Blue Cross & Blue Shield of Rhode Island

Field Name	Requested Change	Prior Value
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REQUESTED RATE CHANGE INFORMATION:

Benefit Change:	Increase	Decrease
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State: Rhode Island **Filing Company:** Blue Cross & Blue Shield of Rhode Island
TOI/Sub-TOI: H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense
Product Name: Direct Pay
Project Name/Number: Direct Pay 2011 Filing/DP 11-18-11

Rate Information

Rate data applies to filing.

Filing Method: SERFF
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: -1.200%
Effective Date of Last Rate Revision: 04/01/2012
Filing Method of Last Filing: SERFF

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Blue Cross & Blue Shield of Rhode Island	Increase	18.100%	18.100%	\$11,585,205	10,182	\$64,006,656	57.400%	-61.900%

Product Type:	HMO	PPO	EPO	POS	HSA	HDHP	FFS	Other
Covered Lives:		12,142			3,679			
Policy Holders:		7,834			2,348			

State: Rhode Island Filing Company: Blue Cross & Blue Shield of Rhode Island
 TOI/Sub-TOI: H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense
 Product Name: Direct Pay
 Project Name/Number: Direct Pay 2011 Filing/DP 11-18-11

Rate Review Detail

COMPANY:

Company Name: Blue Cross & Blue Shield of Rhode Island
 HHS Issuer Id: 15287
 Product Names: VantageBlue Direct 1000
 BlueSolutions for HSA Direct 1500
 VantageBlue SelectRI Direct 500
 VantageBlue Direct 3000
 BlueSolutions for HSA Direct 2600
 VantageBlue SelectRI Direct 3000
 VantageBlue Direct 5900
 BlueSolutions for HSA Direct 5000
 VantageBlue SelectRI Direct 5900
 BlueSolutions for HSA Direct 2300 (off exchange only)
 Catastrophic Plan

Trend Factors: Individual Plan Allowed Trend (annual): Medical trend is 7.4%; Rx trend (including new PBM) is -1.2%; overall trend is 5.6%

FORMS:

New Policy Forms: DP BXO BSHSA DEN (1-14), DP OOE BSHSA DEN (1-14), DP OOE BSHSA (1-14), DP OOE VB DEN (1-14), DP OOE VB (1-14), DP OOE VBS DEN (1-14), DP OOE VBS (1-14), DP OOE HMC2C - CAT DEN (1-14), DP OOE HMC2C - CAT (1-14)

Affected Forms:

Other Affected Forms:

REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual
 Member Months: 405,387
 Benefit Change: Increase
 Percent Change Requested: Min: -61.9 Max: 57.4 Avg: 18.1

PRIOR RATE:

Total Earned Premium: 64,276,496.00
 Total Incurred Claims: 65,104,248.00
 Annual \$: Min: 1,151.16 Max: 11,508.84 Avg: 4,062.73

REQUESTED RATE:

Projected Earned Premium: 156,807,745.00
 Projected Incurred Claims: 142,700,278.00
 Annual \$: Min: 1,189.92 Max: 10,688.76 Avg: 4,641.72

SERFF Tracking #:

BCBS-128984378

State Tracking #:

Company Tracking #:

DP 1-1-2014

State:

Rhode Island

Filing Company:

Blue Cross & Blue Shield of Rhode Island

TOI/Sub-TOI:

H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense

Product Name:

Direct Pay

Project Name/Number:

Direct Pay 2011 Filing/DP 11-18-11

Rate/Rule Schedule

State: Rhode Island

Filing Company: Blue Cross & Blue Shield of Rhode Island

TOI/Sub-TOI: H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense

Product Name: Direct Pay

Project Name/Number: Direct Pay 2011 Filing/DP 11-18-11

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		cover memo		New		2014 Direct Pay Cover Memo FINAL w signature 4_15_13.pdf,
2		health supplement		New		2013 Rate Review Process RI Annual Health Statement Supplement FINAL.pdf,
3		actuarial memo		New		2014 Direct Pay Actuarial Memorandum Final.pdf, 2014 Direct Pay Actuarial Memorandum Appendices.pdf,
4		consumer narrative		New		DP Consumer Narrative FINAL 4_14_13.pdf,
5		rate attestation		New		DP Rate Attestation 4_15_13.pdf,
6		OHIC template		New		Revised 2013 Rate Review Process OHIC Template 3-11-13 Final Direct Pay Filing Version.pdf,
7		CMS template		New		plan_management_data_templates_unified final 5_15_13.pdf,

SERFF Tracking #:

BCBS-128984378

State Tracking #:

Company Tracking #:

DP 1-1-2014

State:

Rhode Island

Filing Company:

Blue Cross & Blue Shield of Rhode Island

TOI/Sub-TOI:

H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense

Product Name:

Direct Pay

Project Name/Number:

Direct Pay 2011 Filing/DP 11-18-11

8		Actuarial Memo Addendum		New		2014 Direct Pay Actuarial Memo Addendum.pdf,
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April 15, 2013

Mr. Christopher F. Koller
Health Insurance Commissioner
Office of Health Insurance Commissioner
1511 Pontiac Avenue, Bldg. 69-1
Cranston, Rhode Island 02920

Subject: Rates Applicable to Direct Pay Business:
October, 1 2013 – December 31, 2013
January 1, 2014 – December 31, 2014

Dear Commissioner Koller:

This letter and the enclosed documents comprise a rate filing by Blue Cross & Blue Shield of Rhode Island (“BCBSRI”) and related rating information to be used in the individual market (also referred to as “Direct Pay”).

The current rates available in the Direct Pay market were approved on February 29, 2012, and are effective through September 30, 2013. In order to simplify the transition to Affordable Care Act (ACA) requirements and minimize member disruption, BCBSRI is requesting approval to continue the currently approved rates through December 31, 2013.

The AccessBlue premium assistance program will also remain in effect until December 31, 2013, and then will be eliminated. With the subsidies available under the ACA, this program will no longer be necessary.

All subsequent portions of this letter and this filing are referring to rates to be effective January 1, 2014 through December 31, 2014.

As you know, premium is driven primarily by medical expenses paid on behalf of our members. This equates to more than 85% of each premium dollar. In fact, in 2012, 96% of each direct pay premium dollar was used to pay for medical services our members received. Medical expenses are driven by both utilization (frequency and volume) of services and the cost of those services.

Key Drivers for this Filing:

We have identified the following key factors driving our medical expenses:

- Increases in inpatient costs per admission of 0.8%.
- Increases in outpatient costs associated with injections and chemotherapy; including a 21% increase in price along with a 5% reduction in utilization.
- Increases in outpatient surgery costs of approximately 9% from 2011 to 2012.
- Increases in specialty pharmacy drug costs of 17% coupled with a utilization increase of 6%.
- Increases in the state child immunization assessment results in a 0.7% increase in medical spend.

In addition to medical expense increases, BCBSRI has experienced historical losses in prior years that are contributing to the increase needed for 2014. As a result of these increased medical expenses, along with other factors discussed further in this letter, this filing reflects an overall average rate increase of 18.1%. As you know, the actual increase experienced by current members will vary based upon the age of each member the plan selected, whether the member is receiving AccessBlue premium assistance, and whether the individual is eligible for federal subsidies. The impact for current members will range from more than

a 50% reduction to more than 50% increase.

Impact of the ACA:

In addition to the medical expense increases discussed above, this filing reflects the impacts of the ACA. The Health Insurer Tax, Transitional Reinsurance Fee, the Patient Centered Outcomes Research Trust Fund Fee and the federal Risk Adjuster Fee combine to add 3.7% to premiums for direct pay plans. The increase in this filing as a result of new ACA taxes and fees is offset by the temporary reinsurance payments that BCBSRI projects it will receive. It is important to note that the reinsurance program is temporary. During the subsequent two filing periods, the reinsurance program has sequential reductions and is phased out completely for the 2017 filing, eliminating the credit that has been applied to this filing.

BCBSRI has significant concerns with the uncertainty of the risks associated with the implementation of individual exchanges and their associated impact to our cash flow and reserve position. Some examples include:

- The vast majority of individuals expected to enroll in 2014 are currently uninsured and the health needs of this population are unknown.
- Our current membership will likely experience behavior and utilization changes associated with richer benefits and premium subsidies.
- The wide range of premium changes associated with the new rating rules established under the ACA will have an impact to our existing membership.
- Small Group members are expected to shift to Direct Pay. The majority will be from groups with 1 member who have higher costs than the current Direct Pay market.

Financial Stability:

BCBSRI is required by Rhode Island law to offer coverage in the individual market, and is committed to doing so; but, this obligation must be discharged in a fiscally prudent manner, balancing the need for affordability with the stability of the company. In prior filings, BCBSRI has made adjustments, both voluntarily and at the direction of the Office of Health Insurance Commissioner (“OHIC”), to subsidize rates in the individual market in order to keep rates affordable. The uncertainty caused by the ACA coupled with the anticipated growth of the individual market has the potential to significantly disrupt BCBSRI’s financial stability.

Between 2010 and 2012, BCBSRI experienced an operating loss for Direct Pay of more than \$10 million, with an additional loss of nearly \$8 million projected for 2013. These losses have put a strain on BCBSRI’s reserves as well as our other lines of business for years. BCBSRI ranks last among Blue Cross and Blue Shield plans nationwide in financial strength as measured by Risk Based Capital (“RBC”). BCBSRI strongly believes these reserve levels are below an acceptable range given the current regulatory environment and uncertainty of risk associated with the ACA. As of March 31, 2013, our reserve level was 18.1% of premium. We have taken steps to strengthen our reserve position by selling some bonds which have a market value exceeding their statutory carrying values. This is a one-time, largely cosmetic step and does not obviate the need for improved financial results. We are still significantly below the recommended minimum reserve level of 23% of premium, cited in the Lewin Study for OHIC in August 2006. This study was done long before the establishment of the ACA and would likely result in a higher recommendation if updated today. In addition to the usual risks attendant to the health insurance business, the ACA poses new, massive uncertainties because it profoundly changes the way health insurance products are designed, priced and sold.

Continued underwriting losses cannot be sustained. Therefore, in order to ensure BCBSRI’s financial stability, a contribution to reserve is included in this filing of 2.34%. This is 2% above the contribution approved in prior filings, although there has been no actual contribution to reserves due to the operating losses described above. This requested contribution to reserve is still below the current approved

contribution to reserve in the group market. In addition, this filing reflects fully allocated expenses for the individual market.

Addressing Affordability:


We recognize that providing affordable healthcare coverage is critical to our customers, members, and the Rhode Island economy. For these reasons, we have undertaken a number of initiatives designed to aggressively transform our business, improve internal operations, and moderate both medical and administrative expense trends. We continue to work collaboratively with our healthcare delivery system partners to develop and implement new approaches that pay for quality, not quantity, of care. These ongoing and important efforts have proven to be successful and are expected to continue for the coming years. Some of the measurable outcomes include:

- We are committed to reducing operating expenses to achieve a total corporate administrative expense ratio of 12% of premium by 2014;
- Professional Services costs have decreased by 2.7% due to innovative provider contracting arrangements and the establishment of an enhanced radiology management program;
- A new pharmacy benefit management contract with Catamaran will mitigate pharmacy expenses in 2013 and beyond. This contract reduces the average annual premium increase in Direct Pay by 2.3%.

Policy forms applicable to direct pay are being submitted concurrently with this filing. Attachment A to this letter lists the form numbers associated with this filing.

We respectfully ask for your timely consideration and approval of the proposed premium rates as submitted. We believe that the proposed premium rates are in the best interest of both the public and the corporation and consistent with the proper conduct of our business. As always, we are available and prepared to respond to any questions you or your staff may have.

Sincerely,



Jeffrey McLane, FSA, MAAA
Associate Actuary

Attachment A

This rate filing is applicable to the following forms which have been submitted concurrently:

DP BXO BSHSA DEN (1-14)

DP OOE BSHSA DEN (1-14)

DP OOE BSHSA (1-14)

DP OOE VB DEN (1-14)

DP OOE VB (1-14)

DP OOE VBS DEN (1-14)

DP OOE VBS (1-14)

DP OOE HMC2C - CAT DEN (1-14)

DP OOE HMC2C - CAT (1-14)

The filing fee associated with the above form filings (SERFF Tracking Number: BCBS-128984114) is inclusive of the fees for this rate filing.

Rhode Island Health Statement Supplement

Cover Sheet

Company Name	Blue Cross & Blue Shield of Rhode Island		
Enter NAIC#	53473	Reporting Year	2012
Enter DBR registration # (TPAs)			



Office of the Health Insurance Commissioner
1511 Pontiac Ave, Building #69 first floor
Cranston, RI 02920
(401) 462-9517
(401) 462-9645 (fax)
HealthInquiry@ohic.ri.gov

Field	Line of Business Exhibit	1			2			3			4			5			6			
		Comprehensive/Major medical			ASO/TPA			Stop loss/ Excess loss/Reinsurance			Medicare Part C			Medicare Part D			Medicare Supplement Policies			
		RI	Non-RI	All	RI	Non-RI	All	RI	Non-RI	All	RI	Non-RI	All	RI	Non-RI	All	RI	Non-RI	All	
	Membership Data																			
1	Number of Policies or Certificates	71,709	28,810	100,519	53,726	41,640	95,366			-	63,806	490	64,296			-	22,847	3,273	26,120	
	Number of Covered Lives	140,966	55,804	196,770	131,106	89,001	220,107			-	63,806	490	64,296			-	22,847	3,273	26,120	
	Member Months	1,714,263	674,630	2,388,893	1,573,386	1,067,531	2,640,917			-	765,584	6,852	772,436			-	270,141	38,333	308,474	
	Number of Policies or Certificates (Plans with PD benefits)	69,260	20,656	89,916	39,112	7,830	46,942			-	61,298	478	61,776			-	294	55	349	
	Number of Covered Lives (Plans with PD benefits)	137,405	44,129	181,534	97,583	19,910	117,493			-	61,298	478	61,776			-	294	55	349	
	Member Months (Plans with PD benefits)	1,671,108	534,111	2,205,219	1,168,645	238,164	1,406,809			-	734,288	6,668	740,956			-	3,487	663	4,150	
	Premiums/Claims																			
2	Premium			968,181,698			976,187,934			5,740,651			384,937,516			15,069,535			53,964,484	
	Claims/Medical Expenses	607,561,173	228,543,679	836,104,852	604,521,100	321,177,511	925,698,610	1,746,906	-	1,746,906	340,614,326	3,754,606	344,368,932	12,161,754	-	12,161,754	39,898,520	5,980,610	45,879,130	
	Inpatient Facility																			
3	Hospital																			
	1 In-state	120,130,793	8,137,234	128,268,027	112,350,465	7,739,555	120,090,020			-	101,718,035	945,807	102,663,843			-	3,580,528	151,436	3,731,964	
	2 Out-of-state	29,627,002	48,187,328	77,814,330	25,491,434	77,143,129	102,634,564			-	7,582,481	243,240	7,825,721			-	1,428,487	689,760	2,118,247	
	3 Total (Lines 1 + 2)	149,757,795	56,324,562	206,082,357	137,841,899	84,882,684	222,724,584			-	109,300,516	1,189,048	110,489,564			-	5,009,015	841,195	5,850,211	
	SNF																			
	4 In-state	2,271,159	113,322	2,384,481	2,369,521	113,717	2,483,238			-	27,658,325	608,904	28,267,229			-	4,095,901	120,288	4,216,188	
	5 Out-of-state	47,933	516,752	564,685	64,707	719,086	783,792			-	148,248	11,642	159,890			-	159,534	473,389	632,923	
	6 Total (Lines 4 + 5)	2,319,092	630,074	2,949,166	2,434,228	832,802	3,267,030			-	27,806,573	620,546	28,427,119			-	4,255,434	593,677	4,849,111	
	Other																			
	7 In-state	605	-	605	-	-	-			-	-	-	-			-	-	-	-	
8 Out-of-state	605	-	605	-	-	-			-	-	-	-			-	-	-	-		
9 Total (Lines 7 + 8)	1,210	-	1,210	-	-	-			-	-	-	-			-	-	-	-		
10 Total Inpatient Facility (Lines 3 + 6 + 9)	152,078,097	56,954,636	209,032,733	140,276,127	85,715,487	225,991,614			-	137,107,089	1,809,594	138,916,683			-	9,264,450	1,434,872	10,699,322		
	Outpatient Facility																			
4	Hospital																			
	11 In-state	103,520,134	6,724,221	110,244,356	116,746,148	6,887,233	123,633,380			-	44,152,534	339,141	44,491,676			-	6,285,418	214,952	6,500,369	
	12 Out-of-state	26,421,813	50,617,186	77,038,998	23,422,914	84,620,135	108,043,049			-	3,019,458	67,818	3,087,275			-	1,089,056	835,447	1,924,503	
	13 Total (Lines 11 + 12)	129,941,947	57,341,407	187,283,354	140,169,062	91,507,367	231,676,429			-	47,171,992	406,959	47,578,951			-	7,374,473	1,050,399	8,424,872	
	SNF																			
	14 In-state	3,260	-	3,260	28,835	-	28,835			-	1,542,821	47,284	1,590,105			-	34,127	764	34,891	
	15 Out-of-state	-	346	346	-	6,200	6,200			-	1,773	-	1,773			-	3,344	10,503	13,847	
	16 Total (Lines 14 + 15)	3,260	346	3,606	28,835	6,200	35,035			-	1,544,594	47,284	1,591,878			-	37,471	11,266	48,737	
	Freestanding Ambulatory Care Facility																			
	17 In-state	13,877,685	782,798	14,660,482	19,564,056	1,086,389	20,650,444			-	6,303,850	42,241	6,346,091			-	599,207	24,096	623,303	
	18 Out-of-state	1,967,275	2,938,771	4,906,046	3,182,194	6,491,257	9,673,451			-	1,564,588	23,021	1,587,609			-	31,962	16,562	48,524	
	19 Total (Lines 17 + 18)	15,844,960	3,721,569	19,566,528	22,746,250	7,577,645	30,323,895			-	7,868,438	65,263	7,933,701			-	631,169	40,659	671,828	
	Other																			
20 In-state	8,674,373	926,898	9,601,271	6,995,826	288,224	7,284,050			-	18,326,149	185,591	18,511,740			-	1,721,301	33,240	1,754,542		
21 Out-of-state	1,839,255	4,527,935	6,367,190	1,620,743	6,797,248	8,417,991			-	235,599	15,401	251,000			-	82,431	125,542	207,973		
22 Total (Lines 20 + 21)	10,513,628	5,454,834	15,968,461	8,616,569	7,085,472	15,702,041			-	18,561,748	200,992	18,762,740			-	1,803,732	158,782	1,962,515		
23 Total Outpatient Facility (Lines 13 + 16 + 19 + 22)	156,303,794	66,518,155	222,821,950	171,560,716	106,176,684	277,737,400			-	75,146,772	720,498	75,867,270			-	9,846,846	1,261,106	11,107,952		
	Primary Care																			
5	24 Total Primary Care	29,322,775	2,734,251	32,057,027	30,264,628	2,305,718	32,570,346			-	11,434,615	117,141	11,551,755			-	1,895,448	82,940	1,978,388	
	Pharmacy																			
6	25 Total Pharmacy	112,126,142	32,787,907	144,914,049	102,193,138	18,742,299	120,935,437			-	35,026,616	398,702	35,425,319			-	1,161,871	430,764	1,592,635	
	Medical/Surgical other than primary care																			
7	26 In-state	104,727,981	6,778,719	111,506,700	135,117,484	7,882,386	142,999,869			-	67,301,798	470,670	67,772,468			-	15,016,122	486,062	15,502,184	
	27 Out-of-state	22,715,637	60,163,883	82,879,520	22,319,502	99,592,563	121,912,065			-	5,335,495	136,289	5,471,784			-	2,713,785	2,284,864	4,998,649	
	28 Total Other Medical/Surgical (Lines 26 + 27)	127,443,618	66,942,602	194,386,220	157,436,986	107,474,949	264,911,934			-	72,637,293	606,959	73,244,252			-	17,729,906	2,770,927	20,500,833	
	All other payments to medical providers																			
8	29 Total	30,286,746	2,606,127	32,892,873	2,789,505	762,374	3,551,880	1,746,906		1,746,906	9,261,941	101,713	9,363,653	12,161,754		12,161,754			-	

Field	Market Exhibit (For Comprehensive/Major Medical Line of Business)	1			2			3			4		
		Individual			Small Group			Large Group			Association		
		RI	Non-RI	All	RI	Non-RI	All	RI	Non-RI	All	RI	Non-RI	All
1	Membership Data												
	Number of Policies or Certificates	10,250	76	10,326	27,077	4,650	31,727	34,382	24,084	58,466			-
	Number of Covered Lives	15,838	130	15,968	52,640	10,064	62,704	72,488	45,610	118,098			-
	Member Months	184,960	2,262	187,222	644,308	124,733	769,041	884,995	547,635	1,432,630			-
	Number of Policies or Certificates (Plans with PD benefits)	10,250	76	10,326	27,077	4,650	31,727	31,933	15,930	47,863			-
	Number of Covered Lives (Plans with PD benefits)	15,838	130	15,968	52,640	10,064	62,704	68,927	33,935	102,862			-
	Member Months (Plans with PD benefits)	184,960	2,262	187,222	644,308	124,733	769,041	841,840	407,116	1,248,956			-
2	Premiums/Claims												
	Premium			68,052,926			334,330,036			565,798,736			-
	Claims/Medical Expenses	63,084,584	1,112,834	64,197,418	230,764,685	45,489,854	276,254,540	313,711,299	181,940,990	495,652,289	-	-	-
3	Inpatient Facility												
	Hospital												
	1 In-state	12,416,660	85,394	12,502,053	39,724,967	2,609,660	42,334,626	67,989,166	5,442,181	73,431,347			-
	2 Out-of-state	5,160,262	365,558	5,525,819	11,391,944	7,347,339	18,739,283	13,074,797	40,474,431	53,549,228			-
	3 Total (Lines 1 + 2)	17,576,921	450,952	18,027,873	51,116,911	9,956,998	61,073,909	81,063,963	45,916,612	126,980,575	-	-	-
	SNF												
	4 In-state	702,554	-	702,554	578,107	8,737	586,844	990,498	104,585	1,095,083			-
	5 Out-of-state	6,839	-	6,839	11,750	42,242	53,993	29,343	474,510	503,853			-
	6 Total (Lines 4 + 5)	709,393	-	709,393	589,858	50,979	640,837	1,019,841	579,095	1,598,936	-	-	-
	Other												
7 In-state	-	-	-	-	-	-	605	-	605			-	
8 Out-of-state	-	-	-	-	-	-	-	-	-			-	
9 Total (Lines 7 + 8)	-	-	-	-	-	-	605	-	605	-	-	-	
10 Total Inpatient Facility (Lines 3 + 6 + 9)	18,286,314	450,952	18,737,266	51,706,768	10,007,977	61,714,746	82,084,409	46,495,707	128,580,116	-	-	-	
4	Outpatient Facility												
	Hospital												
	11 In-state	8,360,849	37,894	8,398,743	38,985,571	2,521,020	41,506,591	56,173,714	4,165,308	60,339,022			-
	12 Out-of-state	3,284,181	158,808	3,442,988	12,468,833	8,729,282	21,198,115	10,668,799	41,729,297	52,398,095			-
	13 Total (Lines 11 + 12)	11,645,030	196,702	11,841,732	51,454,404	11,250,301	62,704,706	66,842,513	45,894,604	112,737,117	-	-	-
	SNF												
	14 In-state	-	-	-	845	-	845	2,415	-	2,415			-
	15 Out-of-state	-	-	-	-	-	-	-	346	346			-
	16 Total (Lines 14 + 15)	-	-	-	845	-	845	2,415	346	2,761	-	-	-
	Freestanding Ambulatory Care Facility												
	17 In-state	994,943	5,367	1,000,310	4,575,455	273,334	4,848,789	8,307,287	504,097	8,811,384			-
	18 Out-of-state	122,862	2,218	125,080	569,687	228,204	797,891	1,274,726	2,708,349	3,983,075			-
	19 Total (Lines 17 + 18)	1,117,805	7,585	1,125,389	5,145,142	501,538	5,646,680	9,582,013	3,212,445	12,794,458	-	-	-
Other													
20 In-state	1,021,620	2,086	1,023,707	3,774,939	690,734	4,465,672	3,877,814	234,079	4,111,892			-	
21 Out-of-state	337,769	8,144	345,912	860,514	658,004	1,518,518	640,972	3,861,787	4,502,759			-	
22 Total (Lines 20 + 21)	1,359,389	10,230	1,369,619	4,635,453	1,348,738	5,984,191	4,518,785	4,095,866	8,614,651	-	-	-	
23 Total Outpatient Facility (Lines 13 + 16 + 19 + 22)	14,122,223	214,316	14,336,540	61,235,845	13,100,577	74,336,422	80,945,726	53,203,262	134,148,988	-	-	-	
5	Primary Care												
	24 Total Primary Care	2,674,360	21,237	2,695,597	11,320,023	954,551	12,274,574	15,328,393	1,758,463	17,086,856			-
6	Pharmacy												
	25 Total Pharmacy	15,004,107	191,531	15,195,638	45,371,410	8,280,904	53,652,314	51,750,626	24,315,471	76,066,097			-
7	Medical/Surgical other than primary care												
	26 In-state	8,561,337	51,252	8,612,589	40,895,450	2,544,966	43,440,416	55,271,194	4,182,501	59,453,695			-
	27 Out-of-state	3,134,211	157,269	3,291,481	9,509,630	10,129,776	19,639,406	10,071,796	49,876,638	59,948,634			-
	28 Total Other Medical/Surgical (Lines 26 + 27)	11,695,549	208,521	11,904,070	50,405,080	12,674,742	63,079,822	65,342,990	54,059,338	119,402,328	-	-	-
8	All other payments to medical providers												
	29 Total	1,302,031	26,276	1,328,307	10,725,559	471,103	11,196,662	18,259,155	2,108,749	20,367,904			-

5			6			7			8		
Trust			Federal Employee Health Benefit Plan			Other Health Market			Total (Across all markets)		
RI	Non-RI	All	RI	Non-RI	All	RI	Non-RI	All	RI	Non-RI	All
-	-	-	-	-	-	-	-	-	71,709	28,810	100,519
-	-	-	-	-	-	-	-	-	140,966	55,804	196,770
-	-	-	-	-	-	-	-	-	1,714,263	674,630	2,388,893
-	-	-	-	-	-	-	-	-	69,260	20,656	89,916
-	-	-	-	-	-	-	-	-	137,405	44,129	181,534
-	-	-	-	-	-	-	-	-	1,671,108	534,111	2,205,219
-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	94,279,601	-	101,536,145	-	-	-	-	-	1,069,717,843
-	-	-	-	-	94,279,601	-	-	-	701,840,169	228,543,679	930,383,848
-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	120,130,793	8,137,234	128,268,027
-	-	-	-	-	-	-	-	-	29,627,002	48,187,328	77,814,330
-	-	-	-	-	-	-	-	-	149,757,795	56,324,562	206,082,357
-	-	-	-	-	-	-	-	-	2,271,159	113,322	2,384,481
-	-	-	-	-	-	-	-	-	47,933	516,752	564,685
-	-	-	-	-	-	-	-	-	2,319,092	630,074	2,949,166
-	-	-	-	-	-	-	-	-	605	-	605
-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	605	-	605
-	-	-	-	-	-	-	-	-	152,077,492	56,954,636	209,032,128
-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	103,520,134	6,724,221	110,244,356
-	-	-	-	-	-	-	-	-	26,421,813	50,617,186	77,038,998
-	-	-	-	-	-	-	-	-	129,941,947	57,341,407	187,283,354
-	-	-	-	-	-	-	-	-	3,260	-	3,260
-	-	-	-	-	-	-	-	-	-	346	346
-	-	-	-	-	-	-	-	-	3,260	346	3,606
-	-	-	-	-	-	-	-	-	13,877,685	782,798	14,660,482
-	-	-	-	-	-	-	-	-	1,967,275	2,938,771	4,906,046
-	-	-	-	-	-	-	-	-	15,844,960	3,721,569	19,566,528
-	-	-	-	-	-	-	-	-	8,674,373	926,898	9,601,271
-	-	-	-	-	-	-	-	-	1,839,255	4,527,935	6,367,190
-	-	-	-	-	-	-	-	-	10,513,628	5,454,834	15,968,461
-	-	-	-	-	-	-	-	-	156,303,794	66,518,155	222,821,950
-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	29,322,775	2,734,251	32,057,027
-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	112,126,142	32,787,907	144,914,049
-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	104,727,981	6,778,719	111,506,700
-	-	-	-	-	-	-	-	-	22,715,637	60,163,853	82,879,520
-	-	-	-	-	-	-	-	-	127,443,618	66,942,602	194,386,220
-	-	-	94,279,601	-	94,279,601	-	-	-	124,566,347	2,606,127	127,172,474

Actuarial Memorandum – Direct Pay

General Information

Company Identifying Information

- Company Legal Name: Blue Cross & Blue Shield of Rhode Island (“BCBSRI”)
- State: Rhode Island
- HIOS Issuer ID: 15287
- Market: Individual Plans
- Effective Date: January 1, 2014

Company Contact Information

- Primary Contact Name: Jeffrey McLane
- Primary Contact Telephone Number: 401-459-5390
- Primary Contact Email Address: Jeffrey.McLane@BCBSRI.org

Proposed Rate Increase(s)

Effective 1/1/2014 BCBSRI will introduce a new portfolio of plans in the individual market (also referred to as “direct pay”). The overall average increase in premium rates was not developed as increases to the individual plans, but to the entire block of business. Pricing differences among the plans are based on differences in the benefits of the new portfolio. The overall average increase, without benefit changes, is 18.1%. With benefit changes and other ACA reforms, the average premium for the individual market is increasing by 13.1%, but the impact on any given individual currently enrolled in an individual plan will range from a decrease of more than 50% to an increase of more than 50% depending on the age of the enrollee, the plan selected, whether the individual is currently enrolled in BCBSRI’s AccessBlue program, and whether the individual is eligible for federal subsidies.

The overall average increase is driven by a number of significant factors that are outlined below. Further details on each of these factors are given later in this memorandum.

Claims Trend and Base Experience – Projected claims are developed by applying trend factors to the base period experience.

Operating Expense – Due to affordability concerns in prior filings and the Office of the Health Insurance Commissioner (“OHIC”) rate decisions, current rates do not reflect an

appropriate full allocation of expenses. As the individual market grows considerably in size, however, this line of business must cover its share of operating expenses.

State Assessments – Prior rate decisions did not allow rates to reflect the full impact of State Assessments. This filing reflects the full allocation of these assessments as well as increases in those assessments imposed by the State.

Base Modifications – The Affordable Care Act (ACA) will cause large changes in the population of the individual market. These include the migration into the direct pay pool of the members of the Pre-Existing Condition Insurance Plan (“PCIP”) and Sole Proprietors from the Small Group market, other migration from the Group market, and the entrance of individuals who are currently uninsured. Disruption to the current rating rules such as removal of the Underwritten Pool and elimination of gender rating will lead to greater adverse selection than is seen in today’s market. Members who are currently uninsured are also expected to have a level of pent-up demand.

New Taxes and Fees – Rates must now reflect the Health Insurer Fee, the Reinsurance Fee, the Patient Centered Outcomes Research Trust Fund Fee, and the fee for administration of the Risk Adjuster program.

Premium Stabilizers – The temporary federal reinsurance program will provide payments in the individual market that will lower the overall increase needed for 2014 premium rates. BCBSRI is currently the only insurer in the individual market in Rhode Island, and premium rates in this filing were developed to reflect the entire anticipated individual market for 2014. Differences may develop in the risk profile of the membership of different carriers, but it is presumed that any shift in the risk would be offset by a risk adjuster payment. Due to the speculative nature of any assumptions relating to risk adjustment, none are reflected in this filing.

Contribution to Reserves – As a result of affordability concerns, current rates do not reflect any provision for a contribution to reserves. As this segment grows, it is critical to ensure that an appropriate contribution to reserve is included in order to ensure the financial solvency of BCBSRI.

Experience Period Premium and Claims

Paid Through Date

The date through which payments have been made on claims incurred during the experience period is February 28, 2013. The experience period reflects Direct Pay and PCIP claims.

Premiums (net of MLR Rebate) in Experience Period

The earned premium prior to MLR rebates for the calendar year 2012 experience period is \$68,167,816. For Direct Pay, earned premium prior to MLR rebates is calculated as

the sum of contracts times rates. Contracts and rates are categorized by health status (guaranteed issue pool versus preferred pool), plan, age, gender (preferred pool only), and individual versus family. Rates and number of contracts are then multiplied for each cohort (i.e. Preferred (Pool I), VantageBlue Direct 1000, under age 21, Male, and Single.) The premium for each cohort is then summed to produce total quarterly and annual earned premium. For PCIP, earned premium includes two components. The first is the member paid portion, represented as rates multiplied by contracts, for each cohort. The second component reflects revenue that is recorded for the Department of Health and Human Services subsidy in order to meet the shortfall in the difference between a) subscriber premiums received, and b) medical claims and administrative expenses paid net of investment income.

The amount of MLR rebates refunded for the market during the experience period year 2012 is \$0.

Allowed and Incurred Claims Incurred During the Experience Period

The amount of incurred claims processed through our claims system for the experience period 2012 is \$61,630,557. The amount of incurred claims processed outside of our claims system is \$548,404. The best estimate of experience period claims incurred but not paid as of the paid through date of February 28, 2013 is \$926,266.

The amount of allowed claims processed through our claims system for the experience period 2012 is \$80,911,227. The amount of allowed claims processed outside of our claims system is \$844,590. The best estimate of experience period allowed claims incurred but not paid as of the paid through date stated above is \$1,210,878.

Allowed claims are developed by summing paid amount, coinsurance, co-pay and deductible.

In order to estimate claims incurred but not paid, Direct Pay-specific lag triangles are created for each line of business (Inpatient, Outpatient, Medical/Surgical and Prescription Drugs). Three and six month averages based on allowed claims experience for the last three years are used to calculate monthly multiplicative completion factors.

See Appendix A: Base Claims Development.

Benefit Categories

Inpatient services are those received during a patient's hospital stay and these claims fall into the Inpatient Hospital category. Outpatient services are those that a member receives without being admitted to a hospital (e.g., X-rays, lab tests, and some surgical procedures) and these claims fall into the Outpatient Hospital category. Primary care claims are routine healthcare services, including preventive care. Other Medical/Surgical category represents all other claims for professional services that are

not primary care. All retail/mail order pharmacy claims are included in the Prescription Drug category. The benefit category "Other" (Claims not otherwise categorized) represents state assessments, which encompass adult immunizations, child immunizations and a children's health account (used to fund various programs for children.)

Projection Factors

Changes in the Morbidity of the Insured Population

The ACA will cause major changes in the population of the Individual Market in Rhode Island. The development of this filing utilized the combination of five populations.

1) Current Direct Pay Enrollment – It is assumed that the majority of members currently enrolled in Direct Pay will remain in the individual market. However, due to the elimination of the underwritten pool and gender rating, many of the healthier members will see significant rate increases beyond the impact of the average rate increase. This will result in a higher level of selection in those choosing to purchase insurance. To account for this, a high level assumption was made that 15% of the underwritten pool will drop coverage.

2) PCIP – It is assumed that all members of the PCIP plan will transition to the individual market.

3) Sole Proprietors - Sole Proprietors currently may choose between the individual and small group markets. Those who can pass underwriting are more likely to choose the individual market, while those who cannot pass underwriting are more likely to choose a small group plan. Current guidance from the OHIC does not require these members to move to the individual market in 2014. However, with the impacts of ACA (removal of underwriting, reinsurance credits and premium subsidies), many of the sole proprietors will find the Direct Pay market more attractive.

Within BCBSRI's small group data, it is not possible to distinguish a sole proprietor from a group that has only one subscriber. Through discussion with Sales and Marketing, we made an assumption that 60% of the groups with one subscriber are sole proprietors. A further assumption was made that 60% of this membership will move to an individual plan in 2014.

4) Individuals Whose Employers Decide to Drop Coverage – Once these members are dropped from group coverage, they will have similar morbidity and selection issues as the currently insured individuals. Their claims, therefore, are based on the combination of the current Direct Pay population (with the selection adjustment discussed above) and the Sole Proprietors currently in the Small Group market. The high cost individuals in the PCIP plan were not included in the assumption for this population.

5) Currently Uninsured – This population is also assumed to be similar to the currently insured individuals and uses the same assumptions as cohort #4, with an additional assumption for pent-up demand. As these members currently have no coverage, they may have conditions which have not been treated as well as medical issues that have not even been identified to date. The Wakely Report (Actuarial Analysis: Impact of the ACA on Small Group and Non-Group Market Premiums in Rhode Island Dec 13, 2011) indicates an impact of pent-up demand of between 3 and 4 percent. We have used the low end of that range and assumed it would have a 3% impact.

The assumed claims for each of these cohorts were weighted together to determine the population adjustment needed to be applied to the base data for the current population. See Appendix B: Population Adjustment.

The Wakely Report indicated that a best estimate of the morbidity change in Rhode Island due to ACA changes was a 5% increase. Their analysis was intended to be reflective of the impact of the ACA requirements in 2017 and later when the burden of pent-up demand would be reduced. Additionally the Wakely Report did not include the impact of the migration of a large number of sole proprietors from the small group to the individual market. After adjusting for these differences the equivalent morbidity change we are assuming is a 3.5% increase versus Wakely's estimate of 5%.

Changes in Benefits

The experience period was adjusted to include the new coverage of pediatric dental (off exchange only) and pediatric vision, and also to account for the removal of the annual limit on early intervention services. The pediatric dental expense was based on commercial group experience for CY 2012 for members under age 19 with the appropriate dental benefits applied. The pediatric vision expense is based on an estimated pmpm (per member per month) for covering this benefit as supplied to BCBSRI by DavisVision. The additional expense on early intervention claims is based on commercial group experience. (See Paid to Allowed Ratio section below for additional information.)

An adjustment was also made to remove the non-EHB coverage of benefits associated with 45 C.F.R. section 156.280(d)(1). For plans sold on the exchange, the prescribed cost of \$1 will be added to the average premium for each plan (in accordance with 45 C.F.R. section 156.280(e)(4)(iii)). For plans sold off the exchange, the actual cost of the benefit will be added to the average premium for each plan.

Changes in Demographics

No demographic changes were assumed for the population.

Utilization Trends

Utilization projection factors were developed to project base period expenses to the rating period for expected changes in the number of services utilized by covered members (utilization) and changes in the types of services used (mix). Utilization/mix

trend factors were developed separately for inpatient, outpatient, medical/surgical, and prescription drug services. The utilization/mix trend analysis used allowed claims pmpms for outpatient, medical/surgical, and prescription drug lines of business. For inpatient services, admissions per 1,000 members were analyzed to develop the projected utilization trend. A trend for inpatient case mix was developed separately.

In general, experience data from the applicable market segment was used in the utilization trend analysis. For example, experience data from BCBSRI's Direct Pay portfolio formed the basis for the utilization trend assumptions to calculate the Direct Pay rates. However, if the underlying data was determined not to be credible, or if the resulting trend indication was unreasonable, additional data sources were considered.

The utilization/mix trend analysis used allowed claims pmpms that were normalized for changes in claims costs that were due to influences other than utilization or mix. The data for outpatient and medical/surgical services were de-priced to a common price level, namely December 2009. The trend data for all types of services was also normalized for the utilization effects due to cost sharing provisions of the benefit plans inherent in the data. This adjustment was made to remove the distortion caused by a change in the mix of plans over time. The projected impact due to these factors was developed and applied separately in the rate development. The data used for the prescription drug trend was normalized to remove the impact of changes in contractual terms with our Pharmacy Benefit Managers. The prescription drug trend data was also normalized to remove the anticipated effect of new brand name drugs being introduced to the market, and the anticipated availability of new generic drugs as well as pricing changes associated with certain high impact drugs.

The data points used in this analysis were 12-month moving values, beginning with the period ending November 2010. Twenty-five data points, equating to three years of experience, were analyzed. Trend lines were fit to a number of sets of data points utilizing the method of linear least squares, a statistical technique for quantifying trend levels. BCBSRI's standard procedure is to determine the line that best fits the data points using the most recent 13 or more data points, generally with a minimum R-squared value of 0.70 to help assure a reasonable fit to the data points. The principle of least squares states that the line of best fit to a series of observed values is the line where the sum of the squares of the deviations (the differences between the line and the actual values) are minimal, or the least possible.

Given that the underlying data is credible, the annual trend indicated by the least squares line producing the best fit under this procedure is then selected as the basis for the trend assumption, provided the result is actuarially acceptable. Adjustment or modification to this result, or substitution of an alternative assumption, may occur if the original result is not credible, reasonable, or appropriate in our actuarial judgment.

For hospital inpatient, the best fit trend line for admissions per 1,000 members based on the Direct Pay experience data has an r-squared value of 0.522 using 24 data points and indicates an annual trend of -6.1%. There is a corresponding increase in mix of

services of 14%. The r-squared value is lower than the minimum value of 0.70 typically considered a good fit. In addition, due to the low incidence of hospital admissions in the Direct Pay population, we do not consider the experience in the hospital inpatient line of business to be fully credible on its own for predicting future utilization trends. Historically, the calculated Direct Pay regression trends based on the highest r-squared value has resulted in erratic and oftentimes unreasonable results, which indicates the underlying data is too unstable.

To alleviate the credibility issue with the Direct Pay inpatient data, a utilization trend analysis was conducted using experience data for the Direct Pay, Small Group, and Large Group insured market segments. The addition of the more abundant Small Group and Large Group insured data increases the stability of the trend indications and leads to more credible results. The regression analysis for admissions per 1,000 members based on the combined experience of the aforementioned three market segments produces a best fit trend indication of 3.1% using 13 data points, with an r-squared value of 0.771. Since this produces a reasonably good fit to the data as indicated by the r-squared value, and the resulting trend indication is reasonable, a 3% utilization/mix trend was selected for Direct Pay. See Appendix C: Utilization Trends.

For hospital outpatient, the line with the best fit based on the Direct Pay de-priced pmpm data has an r-squared value of 0.770 using 13 data points, with an indicated trend of 4.9%. The r-squared value does not meet the minimum value of 0.70; however, similar to the inpatient data, Direct Pay has historically produced volatile and unreliable results for outpatient utilization/mix due to the relatively low incidence of claims. The comparable analysis using experience for Direct Pay, Small Group, and Large Group Insured produces a much better fit with an r-squared value of 0.978 using 14 data points and an indicated trend of 4.0%. This more reliable trend indication was used for Direct Pay. It is worth noting that this trend selection is also in line with the indicated trend using Direct Pay data alone. See Appendix C: Utilization Trends.

Due to the high volume of claims and the relatively low cost per claim, the Direct Pay data for medical/surgical services has typically been considered credible and the trend indications have historically been reliable. For the Direct Pay medical/surgical de-priced pmpm analysis, the regression line with the best fit has an r-squared value of 0.884 using 14 data points, with an indicated trend of 4.3%. Since the r-squared value meets the minimum value of 0.70 and the result is reasonable, we chose to utilize the calculated annual trend. See Appendix C: Utilization Trends.

Similar to medical/surgical services, there are generally a high volume of prescription drug claims and the average claim cost is typically low. The Direct Pay prescription drug data has therefore been stable and considered credible to conduct regression analyses. For the Direct Pay prescription drug regression analysis, the regression line with the best fit has an r-squared value of 0.977 using 17 data points, with an indicated trend of 8.7%. Since the r-squared value meets the minimum value of 0.70 and the result is reasonable, we chose to utilize the calculated annual trend. See Appendix C: Utilization Trends.

Price/Unit Cost Trends

Price projection factors were developed for inpatient, outpatient, primary care services, and other professional services. These factors represent anticipated unit price increases during the 24 months from the experience period to the rating period. The price projection factors are based on actual unit cost increases, estimates of price increases based on negotiations, and any planned or estimated increases and adjustments to provider contracts. This information was provided by BCBSRI's provider contracting area. I have reviewed the information for reasonableness, but have not independently audited or otherwise verified the information provided.

Other Adjustments

An adjustment factor is also included for the prescription drug line of business to adjust for changes due to our contract with a new Pharmacy Benefit Manager (PBM), Catamaran effective January 1, 2013. An additional price reduction due to the new PBM contract is reflected in the adjustment factor effective January 1, 2014. The pharmacy adjustment factor also includes the anticipated impact of new generic drugs expected to enter the market during the rating period.

Credibility Manual Rate Development

No manual rate was used.

Credibility of Experience

Due to the size of the block in the experience period, no credibility adjustments were used.

Average Deductible Calculation

The diminishing deductible program allows members who do not reach their deductible in a given year to receive a credit in the following year. Each subsequent year that they do not reach their deductible results in an increased credit for the following year. The one year credit is 20%, the two year credit is 40% and the credit for three or more years is 50%. Note that BlueSolutions for HSA plans are subject to the minimum allowable deductible, and the Catastrophic plan is not eligible for the diminishing deductible program.

To account for this program, the average deductible applied to each plan was calculated. Because this program was introduced in 2012 and there is only one year of experience to date, no member will be able to qualify for the full 50% reduction in 2014. The actual 2012 results were used to determine the percentage of members who qualify for a 20% credit in 2013. This percentage was then used to estimate what proportion of

those members getting the credit in 2013 will move on to get the 40% credit in 2014. It was also used to estimate which members not getting a 20% credit in 2013 will qualify for it in 2014. Note that any members who newly enroll in 2014 will not qualify for a deductible credit in 2014.

Paid to Allowed Ratio

The average Paid to Allowed Ratio for the projection period is 0.6837. See Appendix D: Average Paid to Allowed Factor.

The average Projected Allowed Claims per Member for CY 2014, excluding state assessments, is \$518.55. This amount is consistent with the utilization for the average plan in the base period. The average allowed amount is allocated among the new plans using Allowed Claims Relativity Factors. These factors are used to account for expected differences in the level of allowed claims by plan. They were developed for the 2014 plans based on the allowed dollars observed for the existing plans in the experience period. Interpolation based on net-to-allowed factors was used to calculate the factors for the 2014 portfolio. An adjustment is also used to reflect the expected utilization differences due to the benefit designs.

Net-to-allowed factors for each plan are applied to the projected allowed amount to determine the Projected Paid Amount. The net-to-allowed factors vary due to benefit differences, but are reasonably consistent with the metallic actuarial value for each plan. To include the impact of the deductible credit program, the net-to-allowed factors for each plan reflect the projected average deductible that will apply for each plan. The calculation of the average deductible can be found in the next section.

Due to ACA requirements, two additional benefits are also included. Removal of the annual dollar limit on Early Intervention Services benefits resulted in an additional \$0.13 pmpm, and Pediatric Vision added \$0.17 pmpm to the Paid Amount. There is also a reduction of \$0.02 for the non-EHB benefits associated with 45 C.F.R. section 156.280(e)(4)(iii). The result is an average of \$352.01 of Projected Paid Claims pmpm.

The State of Rhode Island provides health services to residents under three programs which are funded by assessments on insured business. A pmpm of \$8.07 for the assessments is added to both Allowed Claims and Paid Claims, bringing the total pmpms to \$526.62 and \$360.16, respectively.

Risk Adjustment and Reinsurance

Projected Risk Adjustments PMPM

BCBSRI is currently the only insurer that participates in the individual market in Rhode Island; therefore, at this time there is no difference between BCBSRI's risk profile and the market average's. This filing developed a projection of the entire individual market. No assumption was made as to the risk selection among carriers. Therefore, the rates developed assume that BCBSRI will have risk scores equal to the market average and there will be no risk adjustment payment. In the event that there is risk selection among carriers, BCBSRI will experience better or worse morbidity than expected, and will see an offsetting risk adjustment payment. A pmpm of \$0.08 was included to reflect the risk adjustment fee, however.

Projected ACA Reinsurance Recoveries Net of Reinsurance Premium (Individual Market and Combined Markets Only)

Using total allowed claims aggregated on a member basis, the reinsurance impacts for Direct Pay Pool 1, Direct Pay Pool 2, and PCIP for base period CY 2012 were calculated. Corresponding calculations were performed for groups with one subscriber (representing Sole Proprietors) for a similar experience period. The allowed claims were projected using price trend only, as utilization trends would not be expected to impact the cost of individual large claims.

The Average Out of Pocket Maximum, \$5,217.00, is calculated as the weighted average of all the Direct Pay plans in each metallic tier (Gold, Silver, and Bronze, as well as Catastrophic). Reinsurance credits are earned by an insurer when a member's total aggregate paid claims for the year fall within the range of between \$60,000 and \$250,000. With the Out of Pocket Maximum, this is equivalent to \$65,217 - \$255,217 of allowed claims. The reinsurance credit pmpm for each segment of the population was calculated as 80% of the dollars in that range, divided by the associated member months. The other population cohorts (Small Group and Uninsured) used weighted average reinsurance credits consistent with the calculation of their claims costs, including the pent-up demand adjustment for the currently uninsured. See Appendix E: Reinsurance Recoveries.

For 2014, the federal Reinsurance Contribution Rate is \$5.25 per member per month.

Non-Benefit Expenses and Profit & Risk

Administrative Expense Load

The expense budgets are created using current market segment allocation ratios and applying those allocations to the anticipated 2014 corporate budget. The corporate budget is based on projected expenses as determined by senior management.

Adjustments are then made to reflect known changes, such as corporate project spend, enrollment shifts, etc.

Market segments can either be charged directly (e.g. 100% of expense is charged to the segment) or through an allocation where the expense is benefiting more than one segment. Each corporate area is allocated based on the function that is being performed (e.g. The Claims area would be allocated based on paid claims, Sales would be allocated based on contracts, etc.). These ratios are then used to distribute the particular area's expenses to the market segment. Expenses exclude premium tax and expenses associated with the new core claim processing system. These components are reflected in separate rating factors.

The market segment expenses are divided by projected enrollment for the same time period. To populate the template the administrative expense pmpm is divided by the average premium pmpm in order to input as a percentage. This ensures we collect the adequate expenses over the rating period.

An anticipated pharmacy rebate of \$3.98 pmpm is included as an offset to administrative expense.

An investment income credit reflecting anticipated earnings from invested funds is also included. This credit is 0.41%, expressed as a percent of projected incurred claims and administrative expense for the rate year.

Profit (or Contribution to Surplus) & Risk Margin

This filing includes a 2.00% contribution to corporate reserves. In addition, BCBSRI is including a 0.34% reserve contribution to reimburse funding for the development and implementation of the new core claims processing system. Thus, the total reserve component for premiums in this filing is 2.34%. This reserve component is 2.00% higher than the 0.34% contribution to reserve that the OHIC approved for 2012 Direct Pay rates (effective April 1, 2012 through September 30, 2013). Direct Pay premiums should not only cover medical and operating expenses, but also contribute toward the corporate reserves. With the implementation of the ACA, we expect the individual market to expand significantly. Unless Direct Pay begins contributing to corporate reserves, the losses BCBSRI has experienced in recent years will be magnified by the expansion of the individual market.

Taxes and Fees

The single risk pool gross premium rate includes 3.79% for state premium taxes and fees related to the ACA. This includes 2% for premium taxes levied by the State of Rhode Island on insured premium pursuant to section 44-17-1 of the Rhode Island General Laws. Also included is the estimated impact of 1.75% of insured premium for insurer taxes pursuant to section 9010 of the ACA. The estimated total liability to BCBSRI for the insurer fee is estimated at \$22.4 million for CY 2014. The total CY 2014 projected premium for market segments included in the federal tax assessment is \$1.602 billion, resulting in an estimated tax of 1.4% of premium. However, since the federal insurer tax

will not be an allowable deduction for federal income tax purposes, the appropriate rating adjustment is 1.75% after adjusting for the 20% federal tax rate applicable to BCBSRI. Finally, the single risk pool gross premium rate includes 0.04% for the Patient Centered Outcomes Research Trust Fund Fee pursuant to section 6301 of the ACA. For fiscal year 2014, the fee imposed will be \$2 per year per covered life. For fiscal years after 2014, this amount will be indexed to health cost inflation. The pmpm value represents 0.04% on a percentage-of-premium basis. See Appendix F: ACA Taxes and Fees.

Note that the NAIC is considering requiring carriers to recognize in their 2014 financial statements the health insurer fees they will pay in 2015. The charges we are proposing in this filing do not attempt to recover the additional expense accruals that would result from such a decision. Requiring the full recognition of 2015 health insurer fees would result in a reserve strain of about \$32 million in 2014.

Projected Loss Ratio

Our projected filed loss ratio using the federally prescribed MLR methodology is 86.1%.

Federal MLR Calculation	
	<u>PMPM</u>
Gross Claims Expense	\$360.58
Risk Adjustment Program Fee	\$0.08
Reinsurance Subsidy	(\$43.41)
Quality Improvement Expenses	\$1.39
State Assessments	(\$8.49)
Access Fees	(\$2.79)
Total Net Claims	\$307.36
Gross Premium	\$387.36
State Assessments	\$8.49
Regulatory Licenses and Fees	\$0.11
Reinsurance Contribution	\$5.25
ACA Insurer Tax	\$6.78
PCORTFF	\$0.17
State Premium Tax	\$7.75
Federal Taxes	\$1.94
Total Net Premium	\$356.88
Federal MLR	86.1%

Index Rate

To be completed with CMS Unified Rate Review Template

AV Metal Values

BCBSRI Acceptable Alternative Methodology for Valuing Plan Designs using the Actuarial Value Calculator

Due to specific plan features and differences between underlying assumptions in the AV calculator and our plan designs, an acceptable alternative methodology was used to generate the AV metal values. The AV calculator was used to generate all AV values and metal levels; however we had to adjust the inputs to the calculator to appropriately reflect the plan designs. The methodology used to develop inputs for the AV calculator is documented below.

1) Tiered Inpatient Hospital/SNF Coinsurance (VantageBlue SelectRI)

The AV calculator tiered functionality does not accommodate tiered coinsurance on select services or different weights on tiers for different services. For VantageBlue SelectRI plans, there are two levels of inpatient coinsurance (tier 1-all BCBSRI contracted hospitals; tier 2-all other participating hospitals). In order to value these plans using the AV calculator, we calculated the average coinsurance and entered that as the inpatient/SNF coinsurance.

	<u>Weight</u>	<u>Coinsurance</u>			
Tier 1	85%	100%	90%	80%	70%
Tier 2	15%	80%	70%	60%	50%
Value entered in AV Calculator:		97%	87%	77%	67%

2) Tiered PCP Copays (VantageBlue, VantageBlue SelectRI)

The AV calculator tiered functionality does not accommodate tiered copays on select services or different weights on tiers for different services. For some plans, there are two levels of PCP copays (tier 1-PCMH and members under 19; tier 2-adult PCP visits to all other participating providers). In order to value these plans using the AV calculator, we calculated the average copay and entered that as the PCP copay. All copays entered were rounded to the nearest dollar.

	<u>Weight</u>	<u>Copay</u>						
Tier 1	50%	\$5	\$5	\$5	\$10	\$10	\$15	\$40
Tier 2	50%	\$15	\$20	\$25	\$20	\$30	\$25	\$60
Value entered in AV Calculator:		\$10	\$13	\$15	\$15	\$20	\$20	\$50

3) Tiered Specialist Visits (VantageBlue SelectRI)

The AV calculator tiered functionality does not accommodate tiered copays on select services or different weights on tiers for different services. For VantageBlue SelectRI plans, there are two levels of specialist copays (tier 1-all BCBSRI contracted specialists; tier 2-all other participating specialists). In order to value these plans using the AV

calculator, we calculated the average copay and entered that as the specialist copay. All copays entered were rounded to the nearest dollar.

	<u>Weight</u>	<u>Copay</u>			
Tier 1	90%	\$20	\$25	\$30	\$65
Tier 2	10%	\$35	\$40	\$50	\$85
Value entered in AV Calculator:		\$22	\$27	\$32	\$67

4) Tiered Copays for Other Services (VantageBlue SelectRI)

The AV calculator tiered functionality does not accommodate tiered copays on select services or different weights on tiers for different services. For VantageBlue SelectRI plans, there are two tiers of providers for imaging, rehabilitative services, laboratory services, x-rays and diagnostic imaging. (See the benefit summary for more detail on provider tiering descriptions.) In order to value these plans using the AV calculator, we calculated the average copay and entered that as the copay for that service. All copays entered were rounded to the nearest dollar.

	<u>Tier 1</u>	<u>Tier 2</u>	<u>Value Entered in AV Calculator</u>
Imaging (CT/PET scans, MRIs)			
Weight	83%	17%	
Copay	\$200	\$600	\$268
Copay	\$75	\$225	\$101
Rehabilitative Speech /Occupational /Physical Therapy			
Weight	93%	7%	
Copay	\$25	\$75	\$28
Copay	\$10	\$30	\$11
Laboratory Outpatient and Professional Services			
Weight	79%	21%	
Copay	\$25	\$75	\$36
Copay	\$10	\$30	\$14

5) X-rays Performed During an Office Visit (VantageBlue SelectRI)

AV Calculator documentation indicates that if a copay is entered for both office visits and x-rays, the AV calculator will assume that those which occur during an office visit will only be charged the office visit copay. The VantageBlue SelectRI plan is designed to charge a copay for both the office visit and the x-ray. To adjust for this difference, we have increased the x-ray copay to account for it being charged to only a portion of all x-rays. This only impacts tier 1 copays, which cover all x-rays and diagnostic imaging in an office setting.

Percent of x-rays performed during an office visit (Based on BCBSRI data)	26%
Factor to adjust for copays not being calculated on these services	1.36

	<u>Tier 1</u>	<u>Tier 2</u>	<u>Adjusted Tier 1 Copay (Copay*1.36)</u>	<u>Value Entered in AV Calculator</u>
X-rays & Diagnostic Imaging				
Weight	86%	14%	86%	
Copay	\$50	\$150	\$68	\$80
Copay	\$25	\$75	\$34	\$40

6) 5-tier Drug Benefit (All plans except Catastrophic and BlueSolutions for HSA 2300))

The AV calculator is set up for 4 tiers of drugs. For most of our plans, however, there are 5 tiers of drugs. Tier 1 is split into low cost tier 1 drugs and high cost tier 1 drugs. In order to value these plans using the AV calculator, we calculated the average copay and entered that as the copay for tier 1 drugs. All copays entered were rounded to the nearest dollar.

	<u>Tier 1 - Low Cost</u>	<u>Tier 1 - High Cost</u>	<u>Value Entered in AV Calculator for Tier 1</u>
Weight	23%	77%	
Copays	\$1	\$5	\$4
Copays	\$2	\$6	\$5
Copays	\$3	\$8	\$7
Copays	\$3	\$12	\$10
Copays	\$5	\$18	\$15
Copays	\$13	\$35	\$30

7) Flat Dollar Copays on Prescription Drugs Post-Deductible (Blue Solutions for HSA)

Based on the documentation for the AV calculator, a service that has both a deductible and a flat dollar copay will be valued as though the copay is paid first and does not apply to the deductible, with the remaining portion of the cost applying to the deductible. In our HSA plan designs, we have flat dollar copays on prescription drugs that are only post-deductible. To correctly value this plan using the AV calculator, we have determined the equivalent coinsurance coverage for each prescription drug coverage combination and used that in place of the flat dollar copays.

<u>Prescription drug benefit</u>	<u>Coinsurance Equivalent/ Value Entered in AV Calculator</u>
\$3/\$12/\$35/\$60/\$100	65%/71%/71%/71%
\$3/\$8/\$30/\$50/\$75	73%/76%/76%/76%
\$2/\$6/\$15/\$30/\$50	82%/87%/85%/81%

A display of the Direct Pay plan portfolio can be found in Appendix G: Plan Portfolio for 2014. Screenshots of the AV calculations can be found in Appendix H: AV Calculator Results.

AV Pricing Values

BCBSRI develops the plan relativity values used in rating through the use of a cost model. That model simulates the payment of medical and drug claims for a standard population for different plan cost sharing provisions. The model estimates plan payments by applying each plan's deductibles, coinsurance, copays, and out of pocket maximums to the claims experience of the model's standard population.

Our cost model is built from the actual allowed claims incurred across our total Commercial business (Direct Pay, Small Group, and total Large Group) over a twelve month period, updated each year. This data is used to develop a claim probability distribution split by type of service, utilization and cost per service. Since it is well established that member cost sharing has an impact on the utilization of medical services, our methodology adjusts the utilization factor to the appropriate level based on the particular plan to be rated. We then re-adjudicate the claims for that plan design.

We make use of multiple data sources to develop and to keep up-to-date the assumptions built into our pricing model. The foundation of our model was a rating manual purchased from a nationally known actuarial consulting firm. While we have largely retained that manual's overall structure, the underlying claim costs and utilization assumptions are updated and re-calibrated on an ongoing basis.

We calibrate the utilization effects of different cost sharing levels by comparing our actual claim experience on different plan designs adjusted to remove the effects of health status selection. The process begins by examining our actual loss ratio experience by plan design for our Small Group block. We start there because we sell a broad range of standard plans to groups that are all community rated. Unfortunately the utilization differences we measure here are impacted not only by plan design features but also by health status differences among groups purchasing plans of different benefit richness.

We remove the effects of these health status differences by adjusting the overall slope of our initially determined utilization differences in order to be synchronized with the utilization slope developed by performing the same exercise for our Large Group block of business for groups with a single benefit option. We assume that these cases are immune, or largely immune, to health status differences by plan design. We cannot base our utilization factor determination wholly on our Large Group experience because many of these groups have customized benefit designs. This makes it difficult for us to

develop credible experience for any particular benefit plan. However by aggregating the experience of groups with similar plan designs we are able to determine a broad relationship between utilization rates and cost sharing levels which we feel allows us to remove selection effects from the more detailed analysis we are able to perform on our Small Group business. Final adjustments to the utilization assumptions in our pricing model are made based on actuarial judgment and comparisons with the pricing practices of other carriers.

Base Essential Health Benefit (EHB) Rate

The Base EHB Rate is defined as the rate for a 21-year old (age factor of 1.000) for 100% allowed dollars for EHB with a utilization assumption consistent with a plan with a 70% actuarial value. The calculation of the Base EHB rate starts with the Single Risk Pool Gross Premium Average Rate PMPM from the second tab of the rating template. This is the average rate applicable to the benefits to be offered in the individual market in CY 2014. Three adjustments are made to this rate to convert it to the Base EHB Rate.

First, an Average Benefit Factor is applied to convert the Gross Premium Average Rate to an allowed dollar basis. This factor also incorporates a utilization adjustment to bring the costs in line with a plan consistent with a 70% actuarial value. Second, a normalization factor is applied to convert the rate to be applicable to a 21-year old (age factor of 1.000). This normalization factor reflects the current age distribution of the Direct Pay portfolio and the federal default uniform age rating curve factors. Finally, the rate is adjusted to reflect the rating rules related to family composition. The premium for family coverage will be computed by adding the premiums for each member of a family, with the exception that only the three oldest children under age 21 shall be counted in developing a family premium. An adjustment must therefore be made to the Base EHB rate so that overall, the revenue collected from the proposed rates equates to the required revenue. This adjustment factor is calculated as the ratio of the revenue expected to be collected from the projected membership to the revenue that would be collected if premium were attributed to every family member.

The development of the Base EHB Rate and the Average Benefit Factor is shown in Appendix I: Base EHB Rate and Benefit Factors. The calculation of the age normalization factor and family composition adjustment is shown in Appendix J: Age Normalization Factors.

As directed, the relativity values quoted in the Rate Review Process OHIC Template have been calculated in relation to a base essential health benefits (EHB) rate that is defined as the rate for a 21 year old (i.e. age factor of 1.000) for 100% allowed dollars with a utilization assumption set at the anticipated for a plan with a 70% actuarial value.

Membership Projections

Method of Analysis

Membership Projections were calculated for the following Direct Pay categories: Direct Pay Pool 1, Direct Pay Pool 2, PCIP, Groups of 1, Other Small Group, and Uninsured. Each category calculation will be discussed in detail below.

Whole Market December 2014 Projections

Direct Pay: Pool 1 and Pool 2

The base period membership allocation of Direct Pay Pool 1 (49.5%) and Direct Pay Pool 2 (50.5%) was used to initially split the forecasted membership. To account for the selection described in the Projection Factors section of this memorandum, it was assumed that 15% of Direct Pay Pool 2 will drop coverage for 2014.

PCIP

The projected PCIP membership was taken from an internal forecast model. Projected membership for CY 2014 was assumed to be equal to the average projected monthly membership for CY 2013.

Sole Proprietors

BCBSRI's small group data does not differentiate Sole Proprietors from Groups of 1. It was assumed that 60% of the groups with one member are Sole Proprietors. It is believed that BCBSRI has the vast majority of these members in RI. While these members are not required to move into the Individual market in 2014, it is assumed that many of them will. The membership projection assumed that 60% of the Sole Proprietors (on a member month basis) will move in 2014 (i.e. equating to 60% of 60% of the groups with one member).

Other Small Group

The projected number of members is taken from an internal forecast model.

Uninsured

The total membership in the individual market was taken from an internal forecast model. The projected number of uninsured members was calculated by the total number of projected members minus the sum of the other insured groups.

BCBSRI CY 2014 Members

It is assumed that enrollment will remain steady throughout the year for Direct Pay Pool 1, Direct Pay Pool 2, PCIP, and Sole Proprietors, so member months is equal to 12 times the year-end membership. While the majority of currently uninsured are assumed to enroll for January 1, 2014, some of this membership will enroll during 2014. The total projected member months (405,387) is based on an internal forecast.

Projected Members by Product

Gold plans are assumed to have 30% of total individual market members (distributed equally among the Gold plans). Silver plans are assumed to have 36% of total individual market members (distributed equally among the Silver plans). Bronze plans are assumed to have 30% of total individual market members (with the off exchange Bronze plan having 5% of Bronze membership and the remaining plans' members distributed equally with the other 95%). The Catastrophic plan is assumed to have 4% of total individual market members.

Terminated Products

ACA rules allow a plan's benefits to be changed to meet the ACA requirements. This was done for all but one plan. BlueValue 2500 could not be revised to meet federal requirements and still meet its intended affordability goals. Therefore, BlueValue 2500 will be withdrawn from the Individual market at the end of 2013.

Plan Type

Not applicable to the Rate Review Process OHIC Template.

Warning Alerts

To be completed with CMS Unified Rate Review Template

Effective Rate Review Information (optional)


Reliance

In developing this rate filing I relied on information drawn from various areas within BCBSRI, including Provider Contracting, Legal, Strategic Marketing, Financial Forecasting and Budgets. Such information included projections of provider price increases, enrollment, and operating expenses. All this information was collected and conveyed to me in accordance with our established methods and reviewed for reasonableness by me. I consider this information to be reliable.

Actuarial Certification

I, Jeffrey McLane, am a member in good standing, of the American Academy of Actuaries and meet the Academy qualification standards for rendering this opinion. To the best of my knowledge and judgment, the projected Base EHB Rate in the Rate Review Process OHIC Template was developed in compliance with all applicable State and Federal statutes and regulations, in particular 45 CFR 156.80(d)(1) and in compliance with applicable Actuarial Standards of Practice. It is my opinion that the proposed premium rates are reasonable in relation to the benefits proposed to be offered and the population anticipated to be covered, and are neither excessive nor deficient. Plan level rates were developed using only the Base EHB Rate and allowable adjustments as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2).

The Federal AV calculator was used to generate all AV values and metal levels. As documented in this memorandum, certain inputs to the calculator were adjusted to appropriately reflect the plan designs.



Signature of Actuary

4/15/2013
Date

Actuarial Memorandum-Direct Pay Appendices

Appendix A: Base Claims Development

Appendix B: Population Risk/Morbidity Factor

Appendix C: Utilization Trends

Appendix D: Average Paid to Allowed Factor

Appendix E: Reinsurance Recoveries

Appendix F: ACA Taxes and Fees

Appendix G: Plan Portfolio for 2014

Appendix H: Actuarial Value Calculator Results

Appendix I: Base EHB Rate and Benefit Factors

Appendix J: Age Normalization Factors

**Appendix A: Claims Development Exhibit for Actuarial Memorandum
for 2014 Rate Filing**

Incurred	A. On-system Claims											
	Paid						Allowed					
	Inpatient	Outpatient	PCP	Other Professional	Rx	Other Claims	Inpatient	Outpatient	PCP	Other Professional	Rx	Other Claims
1/1/2012	\$1,633,654	\$1,027,568	\$222,968	\$1,074,721	\$1,102,450	N/A	\$1,797,370	\$1,490,170	\$316,232	\$1,909,958	\$1,500,881	N/A
2/1/2012	\$1,352,645	\$937,740	\$205,504	\$990,540	\$1,063,724	N/A	\$1,452,090	\$1,313,955	\$279,667	\$1,689,116	\$1,415,995	N/A
3/1/2012	\$1,961,905	\$1,136,206	\$258,690	\$1,246,902	\$1,221,716	N/A	\$2,103,934	\$1,460,912	\$326,019	\$1,969,072	\$1,583,380	N/A
4/1/2012	\$1,094,428	\$941,852	\$196,417	\$946,744	\$1,250,573	N/A	\$1,246,998	\$1,364,686	\$284,716	\$1,719,612	\$1,577,612	N/A
5/1/2012	\$1,402,059	\$1,017,370	\$230,218	\$1,109,665	\$1,210,216	N/A	\$1,559,435	\$1,449,349	\$315,683	\$1,906,644	\$1,549,425	N/A
6/1/2012	\$1,506,191	\$1,024,669	\$222,226	\$1,071,142	\$1,159,752	N/A	\$1,627,073	\$1,382,554	\$291,793	\$1,762,352	\$1,484,939	N/A
7/1/2012	\$1,048,332	\$1,091,870	\$196,851	\$948,832	\$1,213,194	N/A	\$1,169,639	\$1,464,047	\$264,790	\$1,599,260	\$1,530,906	N/A
8/1/2012	\$1,432,771	\$1,180,646	\$231,776	\$1,117,175	\$1,280,598	N/A	\$1,581,620	\$1,573,138	\$301,561	\$1,821,352	\$1,610,368	N/A
9/1/2012	\$1,583,348	\$1,082,448	\$216,490	\$1,043,494	\$1,214,106	N/A	\$1,746,185	\$1,418,084	\$274,920	\$1,660,443	\$1,514,656	N/A
10/1/2012	\$2,018,118	\$1,247,759	\$250,742	\$1,208,591	\$1,270,042	N/A	\$2,174,655	\$1,673,764	\$311,525	\$1,881,529	\$1,582,691	N/A
11/1/2012	\$1,977,718	\$1,260,389	\$244,507	\$1,178,540	\$1,255,323	N/A	\$2,107,798	\$1,589,408	\$298,377	\$1,802,120	\$1,553,863	N/A
12/1/2012	\$1,520,851	\$1,127,685	\$215,093	\$1,036,762	\$1,116,052	N/A	\$1,605,370	\$1,422,114	\$263,005	\$1,588,480	\$1,393,932	N/A

Incurred	B. IBNR Adjustment (Divisional)											
	Paid						Allowed					
	Inpatient	Outpatient	PCP	Other Professional	Rx	Other Claims	Inpatient	Outpatient	PCP	Other Professional	Rx	Other Claims
1/1/2012	1.0024	1.0021	0.9974	0.9974	0.9995	N/A	1.0000	0.9994	0.9977	0.9977	1.0000	N/A
2/1/2012	0.9918	1.0012	0.9959	0.9959	0.9995	N/A	0.9898	0.9991	0.9969	0.9969	1.0000	N/A
3/1/2012	0.9961	1.0171	0.9951	0.9951	0.9995	N/A	0.9898	0.9991	0.9965	0.9965	1.0000	N/A
4/1/2012	0.9955	1.0169	0.9951	0.9951	0.9995	N/A	0.9894	0.9991	0.9963	0.9963	1.0000	N/A
5/1/2012	0.9912	1.0166	0.9932	0.9932	0.9994	N/A	0.9849	0.9989	0.9956	0.9956	1.0000	N/A
6/1/2012	0.9878	1.0166	0.9912	0.9912	0.9993	N/A	0.9814	0.9985	0.9942	0.9942	1.0000	N/A
7/1/2012	0.9797	1.0150	0.9898	0.9898	0.9992	N/A	0.9742	0.9974	0.9932	0.9932	1.0000	N/A
8/1/2012	0.9679	1.0138	0.9871	0.9871	0.9991	N/A	0.9632	0.9963	0.9917	0.9917	0.9998	N/A
9/1/2012	0.9634	1.0072	0.9826	0.9826	0.9989	N/A	0.9583	0.9917	0.9883	0.9883	0.9997	N/A
10/1/2012	0.9613	0.9974	0.9758	0.9758	0.9987	N/A	0.9552	0.9838	0.9824	0.9824	0.9993	N/A
11/1/2012	0.9485	0.9818	0.9667	0.9667	0.9985	N/A	0.9408	0.9694	0.9741	0.9741	0.9990	N/A
12/1/2012	0.8225	0.9541	0.9491	0.9491	0.9981	N/A	0.8768	0.9455	0.9564	0.9564	0.9985	N/A

Incurred	C. Out-of-System Liability Factor (Multiplicative)											
	Paid						Allowed					
	Inpatient	Outpatient	PCP	Other Professional	Rx	Other Claims	Inpatient	Outpatient	PCP	Other Professional	Rx	Other Claims
CY 2012	1.0018	1.0015	1.2110	0.9937	1.0000	N/A	1.0018	1.0015	1.2110	1.0013	1.0000	N/A

Incurred	D. Total CY 2012 Claims Liability [(A/B)*C]											
	Paid						Allowed					
	Inpatient	Outpatient	PCP	Other Professional	Rx	Other Claims	Inpatient	Outpatient	PCP	Other Professional	Rx	Other Claims
1/1/2012	\$1,632,717	\$1,026,961	\$270,718	\$1,070,803	\$1,103,010	N/A	\$1,800,605	\$1,493,302	\$383,828	\$1,916,802	\$1,500,881	N/A
2/1/2012	\$1,366,253	\$938,018	\$249,889	\$988,417	\$1,064,282	N/A	\$1,469,769	\$1,317,177	\$339,720	\$1,696,529	\$1,415,995	N/A
3/1/2012	\$1,973,132	\$1,118,817	\$314,807	\$1,245,195	\$1,222,353	N/A	\$2,129,549	\$1,464,494	\$396,204	\$1,978,607	\$1,583,380	N/A
4/1/2012	\$1,101,350	\$927,594	\$239,037	\$945,490	\$1,251,164	N/A	\$1,262,690	\$1,368,032	\$346,079	\$1,728,286	\$1,577,612	N/A
5/1/2012	\$1,417,004	\$1,002,245	\$280,695	\$1,110,265	\$1,210,895	N/A	\$1,586,274	\$1,453,194	\$383,971	\$1,917,513	\$1,549,503	N/A
6/1/2012	\$1,527,603	\$1,009,490	\$271,505	\$1,073,919	\$1,160,535	N/A	\$1,660,979	\$1,386,778	\$355,412	\$1,774,894	\$1,485,013	N/A
7/1/2012	\$1,071,968	\$1,077,357	\$240,845	\$952,643	\$1,214,193	N/A	\$1,202,776	\$1,470,139	\$322,846	\$1,612,262	\$1,530,982	N/A
8/1/2012	\$1,482,947	\$1,166,284	\$284,352	\$1,124,731	\$1,281,786	N/A	\$1,645,004	\$1,581,428	\$368,237	\$1,838,938	\$1,610,690	N/A
9/1/2012	\$1,646,520	\$1,076,319	\$266,809	\$1,055,343	\$1,215,436	N/A	\$1,825,449	\$1,432,097	\$336,859	\$1,682,243	\$1,515,110	N/A
10/1/2012	\$2,103,248	\$1,252,924	\$311,181	\$1,230,850	\$1,271,673	N/A	\$2,280,867	\$1,703,965	\$384,004	\$1,917,680	\$1,583,879	N/A
11/1/2012	\$2,088,749	\$1,285,729	\$306,294	\$1,211,522	\$1,257,244	N/A	\$2,244,464	\$1,642,039	\$370,950	\$1,852,490	\$1,555,418	N/A
12/1/2012	\$1,852,343	\$1,183,691	\$274,432	\$1,085,493	\$1,118,159	N/A	\$1,834,343	\$1,506,343	\$333,009	\$1,663,013	\$1,396,096	N/A

Blue Cross and Blue Shield of Rhode Island
Appendix B: Population Adjustment
for January 1, 2014 Billing Cycle

Base Period Population		
	Member <u>Months</u>	Claims <u>PMPM</u>
Direct Pay-Pool 1	91,784	\$598.42
Direct Pay-Pool 2	93,630	\$260.03
High Risk	1,833	\$2,015.36
Base Period	187,247	\$443.09

Projected Population		
	Member <u>Months</u>	Claims <u>PMPM</u>
Direct Pay-Pool 1	55,593	\$598.42
Direct Pay-Pool 2	48,205	\$260.03
Sole Proprietors	21,368	\$488.31
High Risk	1,128	\$2,015.36
Small Group	12,267	\$453.29
Uninsured	266,827	\$466.89
Total	405,387	\$465.35

Population Adjustment	1.0503
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Appendix C: Utilization Trends

Regression Analysis

Direct Pay (Pool 1 and Pool 2)

Excludes Accounts with Large OOS Populations.

Depriced, Adjusted for benefits, and not adjusted for age/gender.

PMPM Data

12 mos Ending	# of points	<u>Inpatient</u>				<u>Outpatient</u>				<u>Professional</u>				<u>Pharmacy</u>			
		<u>Allowed</u> PMPM	<u>R-Squared</u>	<u>best fit</u>	<u>Indicated</u> Trend	<u>Allowed</u> PMPM	<u>R-Squared</u>	<u>best fit</u>	<u>Indicated</u> Trend	<u>Allowed</u> PMPM	<u>R-Squared</u>	<u>best fit</u>	<u>Indicated</u> Trend	<u>Allowed</u> PMPM	<u>R-Squared</u>	<u>best fit</u>	<u>Indicated</u> Trend
Nov-10	25	\$79.56	0.459		-8.1%	\$81.71	0.008		-0.2%	\$133.83	0.627		1.9%	\$83.69	0.977		10.4%
Dec-10	24	\$82.97	0.458		-8.6%	\$81.62	0.005		-0.2%	\$134.02	0.621		1.9%	\$84.58	0.976		10.2%
Jan-11	23	\$82.47	0.412		-8.3%	\$82.33	0.003		-0.2%	\$134.66	0.618		2.0%	\$86.35	0.976		10.0%
Feb-11	22	\$82.62	0.360		-7.8%	\$82.44	0.000		0.0%	\$134.40	0.641		2.2%	\$87.89	0.976		9.8%
Mar-11	21	\$80.12	0.298		-7.1%	\$82.74	0.007		0.3%	\$134.72	0.652		2.3%	\$89.56	0.976		9.6%
Apr-11	20	\$82.29	0.255		-6.8%	\$82.59	0.041		0.7%	\$134.55	0.679		2.5%	\$90.67	0.975		9.4%
May-11	19	\$81.99	0.178		-5.6%	\$82.37	0.115		1.2%	\$135.24	0.698		2.7%	\$92.05	0.975		9.2%
Jun-11	18	\$81.93	0.097		-4.0%	\$81.71	0.236		1.8%	\$134.97	0.759		3.0%	\$93.52	0.976		8.9%
Jul-11	17	\$78.32	0.022		-1.8%	\$80.93	0.360		2.3%	\$134.34	0.812		3.4%	\$95.15	0.977	x	8.7%
Aug-11	16	\$78.39	0.000		-0.3%	\$81.31	0.440		2.8%	\$134.51	0.835		3.6%	\$96.63	0.975		8.4%
Sep-11	15	\$78.74	0.025		1.9%	\$80.33	0.599		3.5%	\$134.22	0.867		4.0%	\$97.88	0.971		8.3%
Oct-11	14	\$76.39	0.191		4.9%	\$80.45	0.668		4.1%	\$133.67	0.884	x	4.3%	\$98.67	0.965		8.2%
Nov-11	13	\$74.39	0.473	x	7.9%	\$80.14	0.770	x	4.9%	\$133.56	0.872		4.4%	\$99.59	0.957		8.0%
Dec-11	12	\$68.46	0.775			\$79.57	0.855			\$132.89	0.843			\$100.20	0.946		
Jan-12	11	\$68.86	0.734			\$79.56	0.888			\$134.20	0.812			\$101.47	0.939		
Feb-12	10	\$68.08	0.673			\$79.87	0.917			\$135.23	0.755			\$102.39	0.928		
Mar-12	9	\$72.49	0.550			\$79.05	0.975			\$135.68	0.663			\$103.37	0.925		
Apr-12	8	\$71.90	0.592			\$79.30	0.966			\$136.40	0.524			\$105.01	0.968		
May-12	7	\$72.87	0.565			\$80.07	0.953			\$138.17	0.301			\$106.34	0.986		
Jun-12	6	\$72.70	0.624			\$80.66	0.930			\$138.18	0.169			\$106.45	0.998		
Jul-12	5	\$73.30	0.659			\$81.86	0.931			\$138.66	0.010			\$106.95	0.997		
Aug-12	4	\$73.17	0.797			\$82.38	0.890			\$139.28	0.001			\$107.49	0.995		
Sep-12	3	\$72.04	0.966			\$82.37	1.000			\$138.10	0.535			\$107.87	0.995		
Oct-12	2	\$76.63	1.000			\$83.06	1.000			\$139.13	1.000			\$108.45	1.000		
Nov-12	1	\$78.99	#DIV/0!			\$83.70	#DIV/0!			\$138.88	#DIV/0!			\$108.90	#DIV/0!		

Regression Analysis

Direct Pay (Pool 1 and Pool 2)

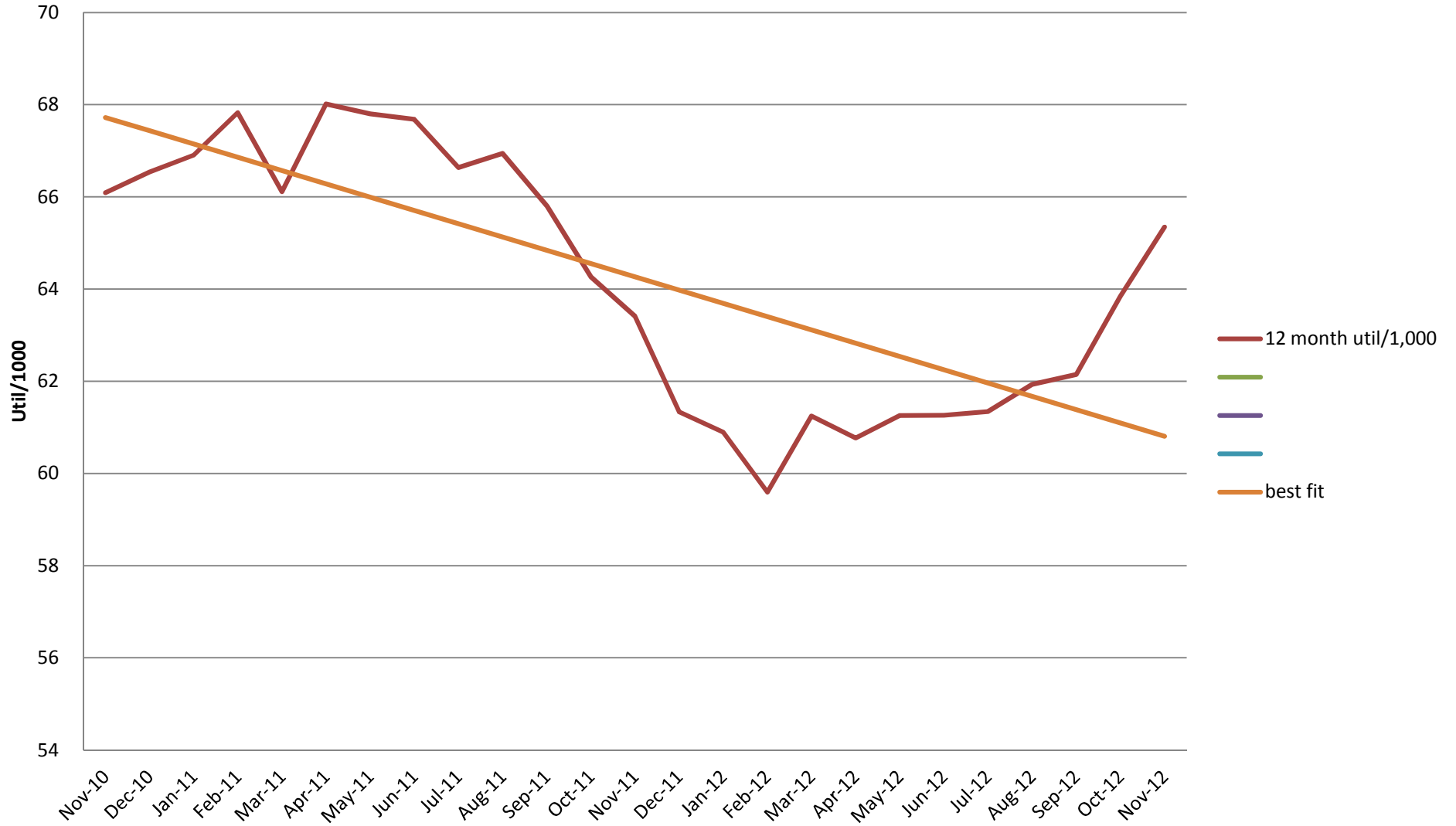
Excludes Accounts with Large OOS Populations.

Depriced, Adjusted for benefits, and not adjusted for age/gender.

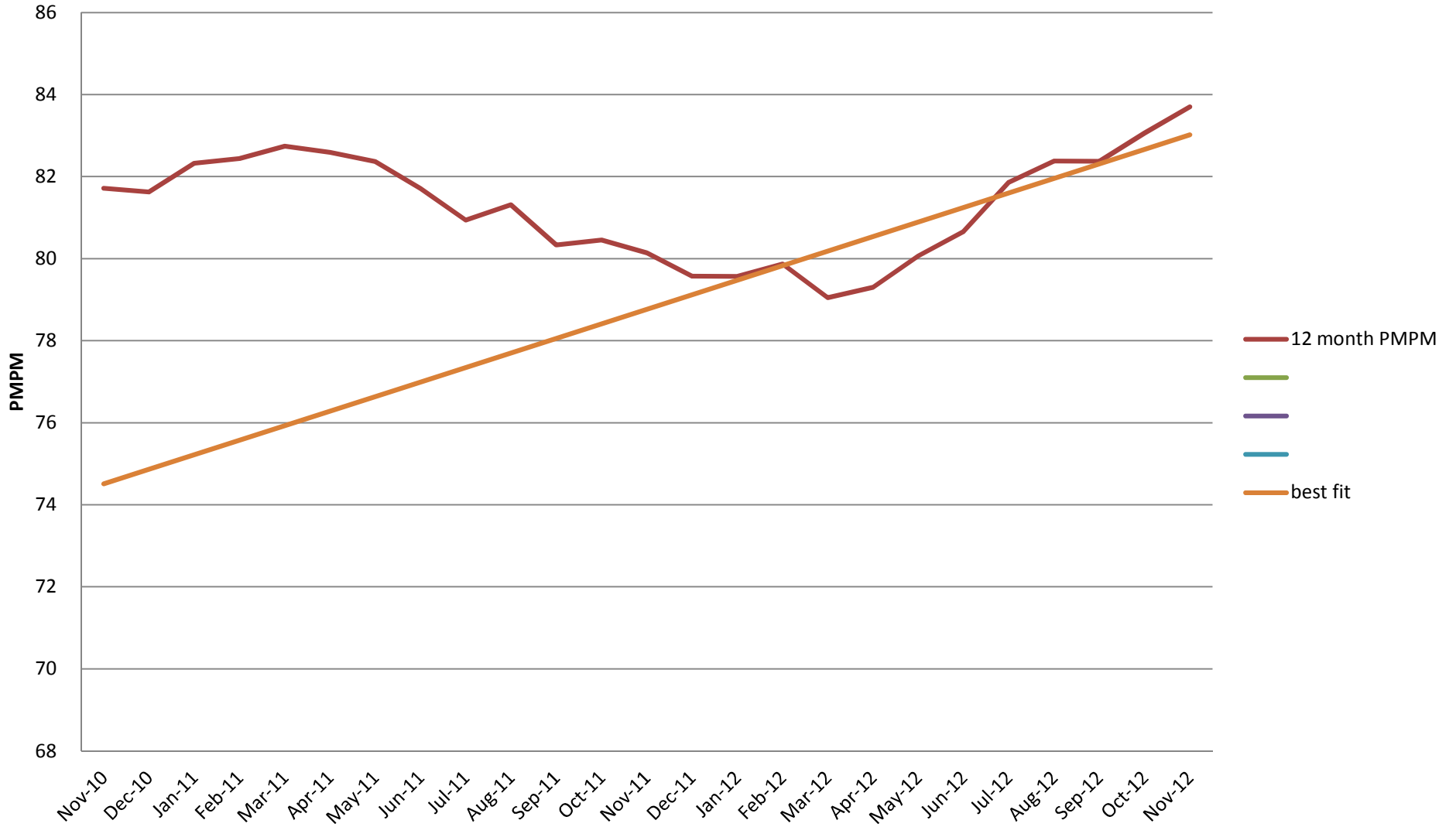
Utilization Data

12 mos Ending	# of points	<u>Inpatient</u>				<u>Outpatient</u>				<u>Professional</u>				<u>Pharmacy</u>			
		<u>Admits/</u> <u>1,000</u>	<u>R-</u> <u>Squared</u>	<u>best</u> <u>fit</u>	<u>Indicated</u> <u>Trend</u>	<u>Util/</u> <u>1,000</u>	<u>R-Squared</u>	<u>best</u> <u>fit</u>	<u>Indicated</u> <u>Trend</u>	<u>Util/</u> <u>1,000</u>	<u>R-Squared</u>	<u>best</u> <u>fit</u>	<u>Indicated</u> <u>Trend</u>	<u>Util/</u> <u>1,000</u>	<u>R-Squared</u>	<u>best</u> <u>fit</u>	<u>Indicated</u> <u>Trend</u>
Nov-10	25	66.1	0.519		-5.7%	2,268	0.342		-0.4%	11,143	0.875		2.4%	14,613	0.731	x	2.2%
Dec-10	24	66.5	0.522	x	-6.1%	2,266	0.312		-0.4%	11,143	0.885		2.5%	14,630	0.701		2.1%
Jan-11	23	66.9	0.511		-6.3%	2,253	0.286		-0.4%	11,136	0.894		2.6%	14,760	0.676		1.8%
Feb-11	22	67.8	0.486		-6.4%	2,255	0.358		-0.5%	11,130	0.897		2.7%	14,846	0.637		1.6%
Mar-11	21	66.1	0.436		-6.2%	2,271	0.432	x	-0.6%	11,153	0.896		2.8%	14,943	0.588		1.5%
Apr-11	20	68.0	0.414		-6.4%	2,267	0.378		-0.6%	11,133	0.898		2.9%	14,963	0.523		1.3%
May-11	19	67.8	0.342		-5.7%	2,278	0.341		-0.6%	11,186	0.890		3.0%	15,065	0.445		1.1%
Jun-11	18	67.7	0.256		-4.8%	2,283	0.237		-0.5%	11,217	0.893		3.1%	15,115	0.350		0.9%
Jul-11	17	66.6	0.157		-3.6%	2,259	0.095		-0.2%	11,185	0.903	x	3.3%	15,137	0.243		0.7%
Aug-11	16	66.9	0.071		-2.3%	2,258	0.052		-0.2%	11,220	0.897		3.4%	15,173	0.121		0.4%
Sep-11	15	65.8	0.002		-0.3%	2,253	0.021		-0.1%	11,248	0.895		3.5%	15,225	0.016		0.1%
Oct-11	14	64.3	0.061		1.8%	2,257	0.017		-0.1%	11,230	0.898		3.7%	15,290	0.032		-0.2%
Nov-11	13	63.4	0.271		3.7%	2,261	0.001		0.0%	11,222	0.884		3.8%	15,343	0.222		-0.5%
Dec-11	12	61.3	0.616			2,250	0.051			11,198	0.854			15,360	0.427		
Jan-12	11	60.9	0.724			2,255	0.066			11,274	0.825			15,395	0.672		
Feb-12	10	59.6	0.791			2,253	0.188			11,359	0.780			15,440	0.811		
Mar-12	9	61.2	0.726			2,243	0.403			11,394	0.698			15,409	0.793		
Apr-12	8	60.8	0.804			2,250	0.317			11,447	0.574			15,438	0.872		
May-12	7	61.3	0.806			2,247	0.462			11,559	0.366			15,437	0.835		
Jun-12	6	61.3	0.864			2,240	0.521			11,535	0.280			15,372	0.738		
Jul-12	5	61.3	0.911			2,250	0.226			11,594	0.013			15,389	0.863		
Aug-12	4	61.9	0.928			2,256	0.180			11,647	0.007			15,395	0.827		
Sep-12	3	62.1	0.999			2,246	0.975			11,560	0.746			15,319	0.833		
Oct-12	2	63.8	1.000			2,252	1.000			11,620	1.000			15,316	1.000		
Nov-12	1	65.3	#DIV/0!			2,262	#DIV/0!			11,620	#DIV/0!			15,290	#DIV/0!		

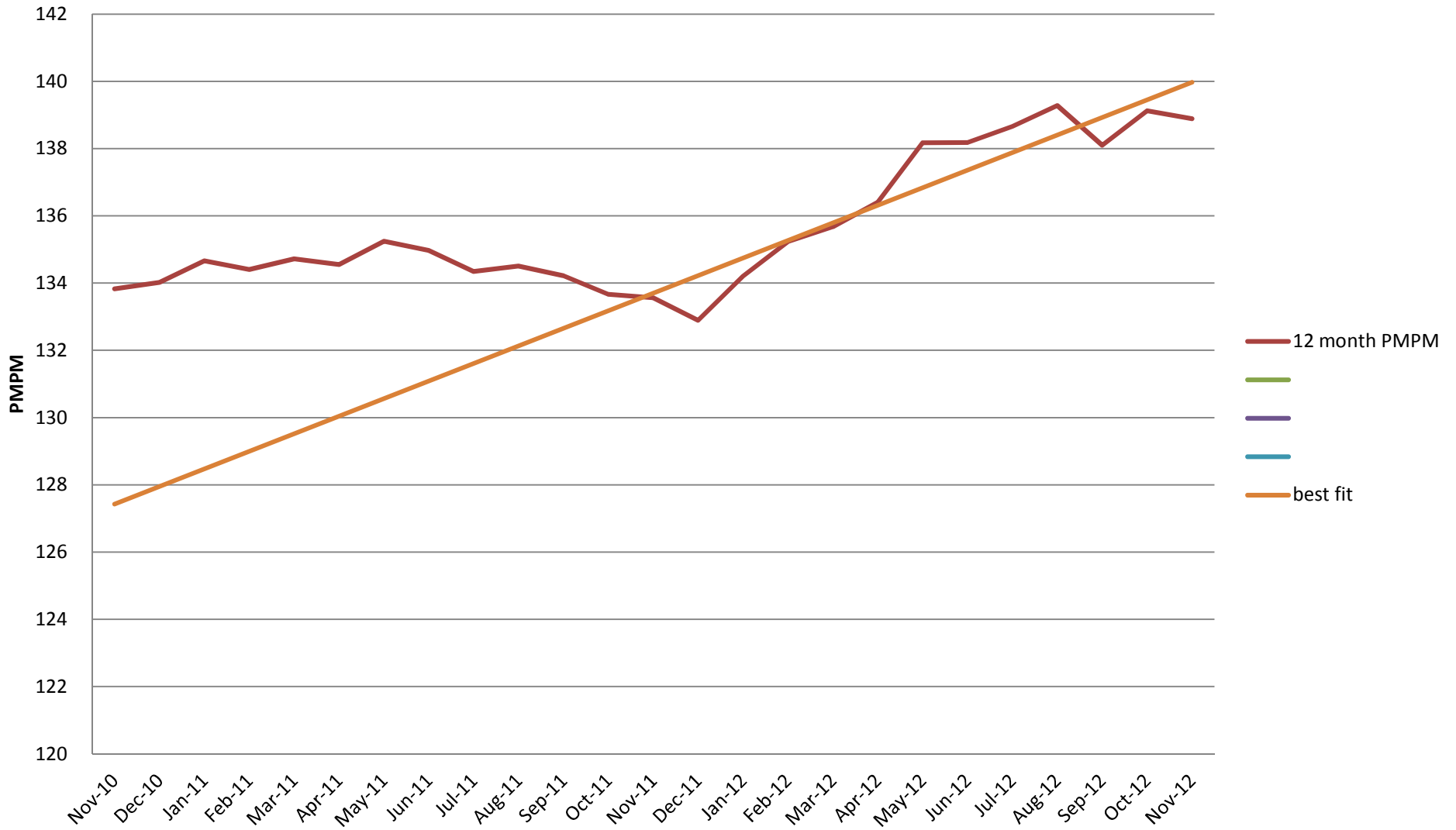
Inpatient Util/1000
Direct Pay (Pool 1 and Pool 2)
Excludes Accounts with Large OOS Populations.
Depriced, Adjusted for benefits, and not adjusted for age/gender.



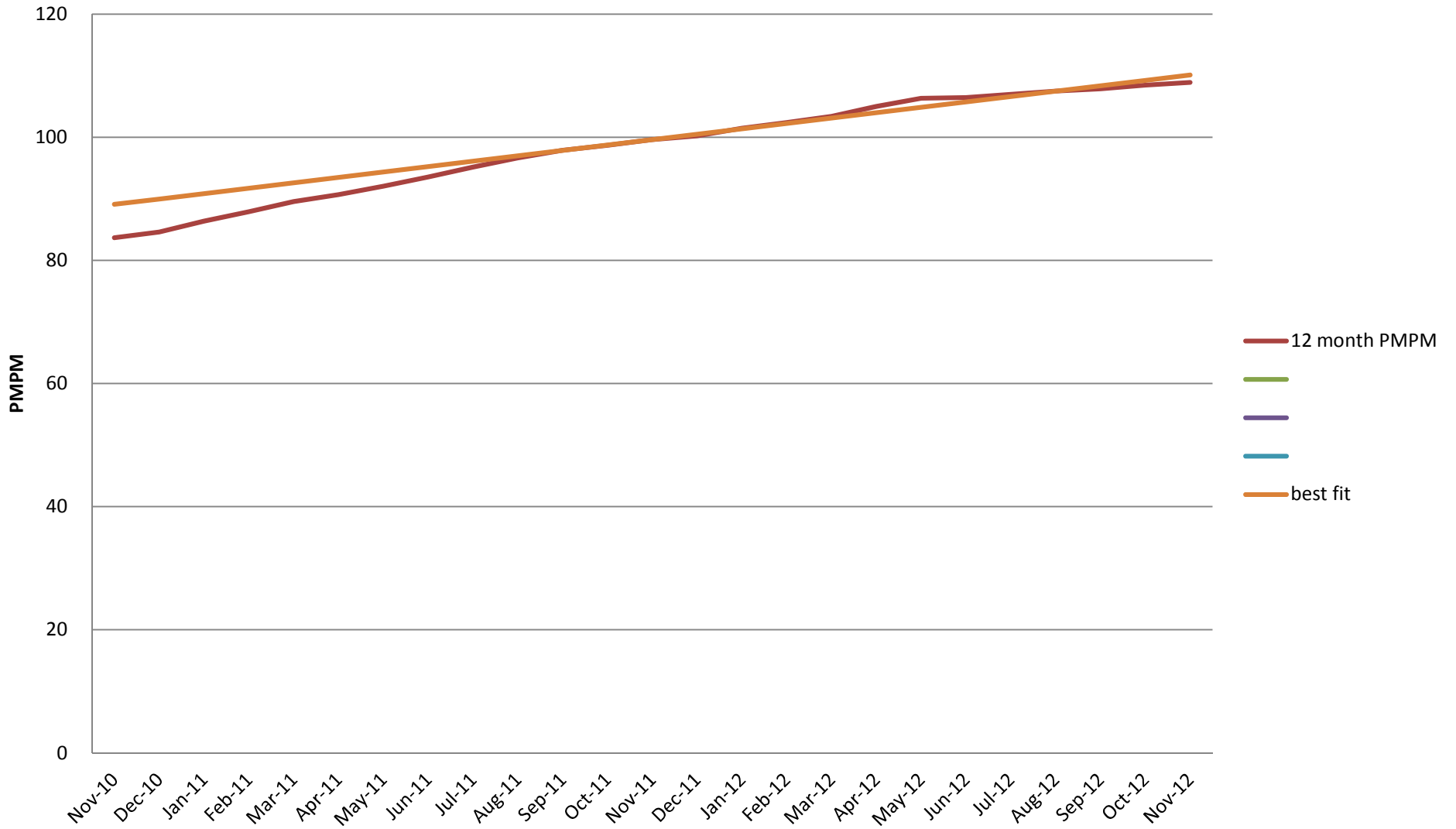
Outpatient PMPM
Direct Pay (Pool 1 and Pool 2)
Excludes Accounts with Large OOS Populations.
Depriced, Adjusted for benefits, and not adjusted for age/gender.



Professional PMPM
Direct Pay (Pool 1 and Pool 2)
Excludes Accounts with Large OOS Populations.
Depriced, Adjusted for benefits, and not adjusted for age/gender.



Pharmacy PMPM
Direct Pay (Pool 1 and Pool 2)
Excludes Accounts with Large OOS Populations.
Depriced, Adjusted for benefits, and not adjusted for age/gender.



Regression Analysis

LG Insured, Small Group, Direct Pay (Pool 1 and Pool 2)

Excludes Accounts with Large OOS Populations.

Depriced, Adjusted for benefits, and not adjusted for age/gender.

PMPM Data

12 mos Ending	# of points	<u>Inpatient</u>				<u>Outpatient</u>				<u>Professional</u>				<u>Pharmacy</u>			
		<u>Allowed</u> PMPM	<u>R-Squared</u>	<u>best fit</u>	<u>Indicated</u> Trend	<u>Allowed</u> PMPM	<u>R-Squared</u>	<u>best fit</u>	<u>Indicated</u> Trend	<u>Allowed</u> PMPM	<u>R-Squared</u>	<u>best fit</u>	<u>Indicated</u> Trend	<u>Allowed</u> PMPM	<u>R-Squared</u>	<u>best fit</u>	<u>Indicated</u> Trend
Nov-10	25	\$73.37	0.010		-0.2%	\$85.59	0.972		3.2%	\$137.43	0.946	x	2.3%	\$80.78	0.994		8.7%
Dec-10	24	\$74.10	0.019		-0.2%	\$85.87	0.969		3.2%	\$137.77	0.942		2.3%	\$81.10	0.995		8.8%
Jan-11	23	\$73.37	0.010		-0.2%	\$85.86	0.965		3.2%	\$137.54	0.939		2.3%	\$81.58	0.996		8.9%
Feb-11	22	\$73.96	0.020		-0.3%	\$86.16	0.960		3.2%	\$137.94	0.931		2.3%	\$81.98	0.996	x	9.0%
Mar-11	21	\$74.46	0.014		-0.2%	\$86.89	0.954		3.2%	\$138.63	0.923		2.4%	\$82.98	0.996		9.0%
Apr-11	20	\$74.75	0.001		-0.1%	\$86.95	0.950		3.2%	\$138.40	0.923		2.4%	\$83.45	0.996		9.1%
May-11	19	\$74.50	0.012		0.2%	\$87.61	0.943		3.2%	\$139.20	0.913		2.4%	\$84.37	0.995		9.1%
Jun-11	18	\$74.27	0.067		0.6%	\$87.98	0.946		3.4%	\$139.37	0.918		2.6%	\$85.07	0.995		9.2%
Jul-11	17	\$73.11	0.166		0.9%	\$87.76	0.961		3.5%	\$138.92	0.925		2.7%	\$85.66	0.995		9.3%
Aug-11	16	\$73.73	0.154		1.0%	\$88.08	0.962		3.7%	\$139.23	0.913		2.7%	\$86.41	0.994		9.3%
Sep-11	15	\$73.77	0.224		1.3%	\$88.12	0.972		3.8%	\$139.21	0.900		2.7%	\$87.21	0.993		9.3%
Oct-11	14	\$73.27	0.335		1.7%	\$88.04	0.978	x	4.0%	\$139.20	0.877		2.7%	\$87.80	0.991		9.4%
Nov-11	13	\$74.02	0.377	x	2.0%	\$87.90	0.975		4.1%	\$139.59	0.850		2.5%	\$88.54	0.989		9.3%
Dec-11	12	\$72.97	0.666			\$88.18	0.972			\$139.84	0.819			\$89.29	0.987		
Jan-12	11	\$72.96	0.720			\$88.86	0.980			\$140.94	0.825			\$90.46	0.989		
Feb-12	10	\$72.48	0.782			\$89.47	0.977			\$142.01	0.784			\$91.66	0.991		
Mar-12	9	\$72.49	0.742			\$89.41	0.973			\$141.68	0.759			\$92.53	0.990		
Apr-12	8	\$72.79	0.658			\$90.03	0.977			\$142.15	0.657			\$93.57	0.992		
May-12	7	\$72.83	0.547			\$90.38	0.966			\$142.72	0.502			\$94.58	0.991		
Jun-12	6	\$72.93	0.328			\$90.43	0.967			\$142.31	0.455			\$95.10	0.986		
Jul-12	5	\$74.61	0.006			\$90.80	0.943			\$142.99	0.090			\$95.96	0.980		
Aug-12	4	\$74.04	0.252			\$91.14	0.889			\$143.64	0.052			\$96.86	0.960		
Sep-12	3	\$74.12	0.032			\$91.22	0.840			\$143.04	0.308			\$97.13	0.970		
Oct-12	2	\$74.67	1.000			\$91.79	1.000			\$143.54	1.000			\$98.11	1.000		
Nov-12	1	\$74.22	#DIV/0!			\$91.87	#DIV/0!			\$143.32	#DIV/0!			\$98.63	#DIV/0!		

Regression Analysis

LG Insured, Small Group, Direct Pay (Pool 1 and Pool 2)

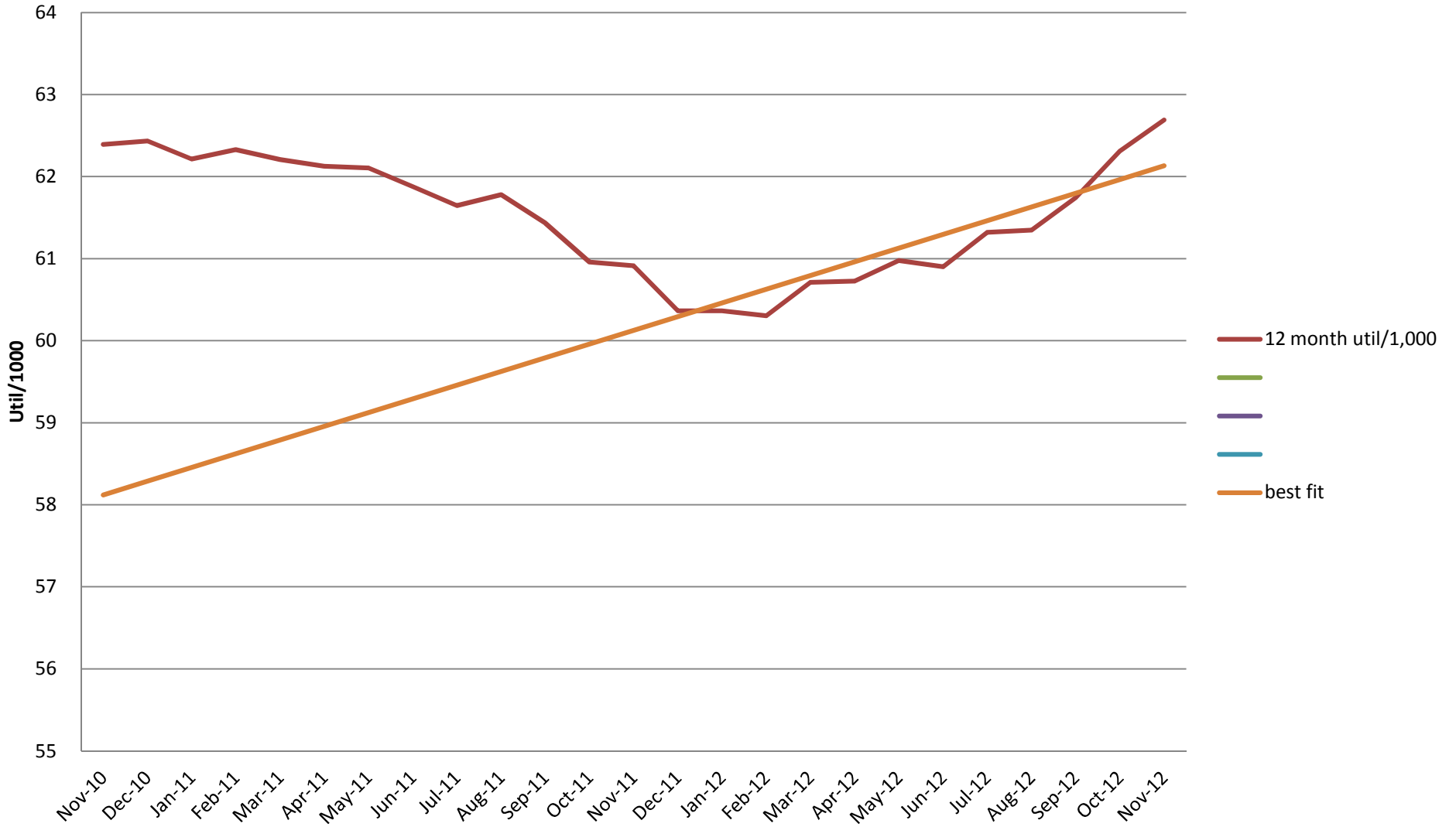
Excludes Accounts with Large OOS Populations.

Depriced, Adjusted for benefits, and not adjusted for age/gender.

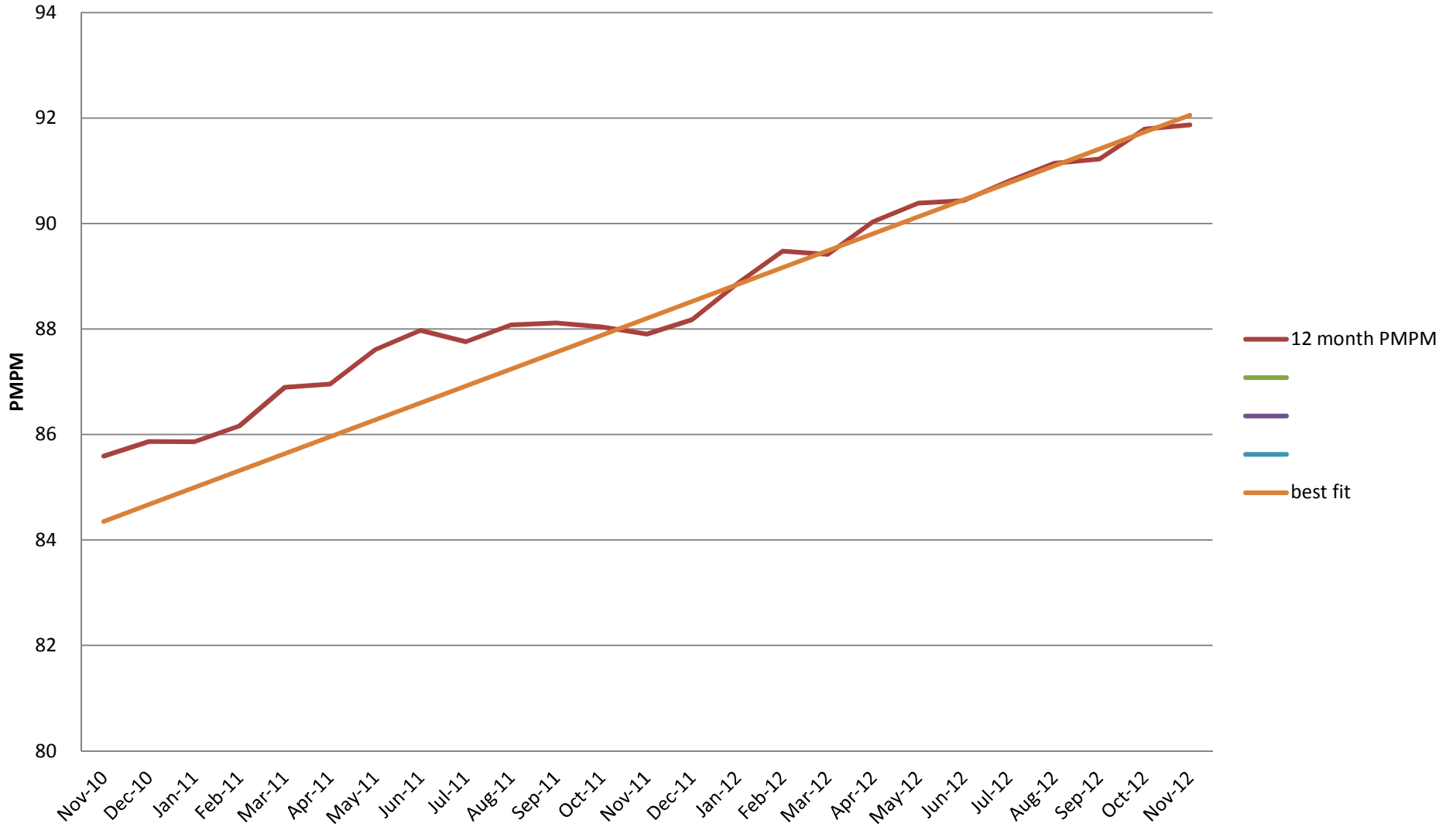
Utilization Data

12 mos Ending	# of points	<u>Inpatient</u>				<u>Outpatient</u>				<u>Professional</u>				<u>Pharmacy</u>			
		<u>Admits/</u> <u>1,000</u>	<u>R-</u> <u>Squared</u>	<u>best</u> <u>fit</u>	<u>Indicated</u> <u>Trend</u>	<u>Util/</u> <u>1,000</u>	<u>R-Squared</u>	<u>best</u> <u>fit</u>	<u>Indicated</u> <u>Trend</u>	<u>Util/</u> <u>1,000</u>	<u>R-Squared</u>	<u>best</u> <u>fit</u>	<u>Indicated</u> <u>Trend</u>	<u>Util/</u> <u>1,000</u>	<u>R-Squared</u>	<u>best</u> <u>fit</u>	<u>Indicated</u> <u>Trend</u>
Nov-10	25	62.4	0.150		-0.8%	2,340	0.252		0.3%	11,615	0.870		1.5%	13,557	0.986	x	2.7%
Dec-10	24	62.4	0.111		-0.7%	2,347	0.223		0.3%	11,614	0.884		1.6%	13,581	0.985		2.7%
Jan-11	23	62.2	0.070		-0.6%	2,342	0.238		0.4%	11,560	0.897	x	1.7%	13,639	0.983		2.7%
Feb-11	22	62.3	0.040		-0.4%	2,345	0.220		0.4%	11,554	0.887		1.7%	13,671	0.980		2.7%
Mar-11	21	62.2	0.012		-0.2%	2,353	0.217		0.4%	11,593	0.871		1.7%	13,731	0.978		2.7%
Apr-11	20	62.1	0.000		0.0%	2,349	0.275		0.5%	11,587	0.858		1.7%	13,745	0.977		2.7%
May-11	19	62.1	0.011		0.2%	2,357	0.311		0.6%	11,646	0.836		1.7%	13,811	0.974		2.8%
Jun-11	18	61.9	0.060		0.6%	2,354	0.454		0.7%	11,646	0.829		1.8%	13,821	0.979		2.9%
Jul-11	17	61.6	0.144		1.0%	2,345	0.609		0.9%	11,618	0.814		1.8%	13,818	0.981		2.9%
Aug-11	16	61.8	0.248		1.4%	2,344	0.662		1.0%	11,644	0.779		1.8%	13,827	0.979		3.0%
Sep-11	15	61.4	0.457		2.0%	2,340	0.708		1.2%	11,650	0.736		1.7%	13,847	0.975		3.0%
Oct-11	14	61.0	0.660		2.6%	2,337	0.715	x	1.3%	11,657	0.676		1.6%	13,873	0.970		2.9%
Nov-11	13	60.9	0.771	x	3.1%	2,332	0.692		1.3%	11,671	0.595		1.4%	13,921	0.967		2.8%
Dec-11	12	60.4	0.900			2,330	0.612			11,689	0.488			13,956	0.964		
Jan-12	11	60.4	0.915			2,342	0.499			11,785	0.371			14,019	0.973		
Feb-12	10	60.3	0.920			2,351	0.362			11,866	0.182			14,108	0.984		
Mar-12	9	60.7	0.900			2,345	0.320			11,821	0.281			14,118	0.982		
Apr-12	8	60.7	0.919			2,348	0.130			11,835	0.115			14,156	0.974		
May-12	7	61.0	0.919			2,357	0.000			11,878	0.006			14,183	0.963		
Jun-12	6	60.9	0.959			2,355	0.052			11,836	0.034			14,191	0.947		
Jul-12	5	61.3	0.941			2,365	0.679			11,878	0.146			14,243	0.944		
Aug-12	4	61.3	0.994			2,371	0.938			11,911	0.259			14,288	0.894		
Sep-12	3	61.7	0.988			2,362	0.997			11,849	0.220			14,289	0.937		
Oct-12	2	62.3	1.000			2,359	1.000			11,883	1.000			14,332	1.000		
Nov-12	1	62.7	#DIV/0!			2,355	#DIV/0!			11,865	#DIV/0!			14,348	#DIV/0!		

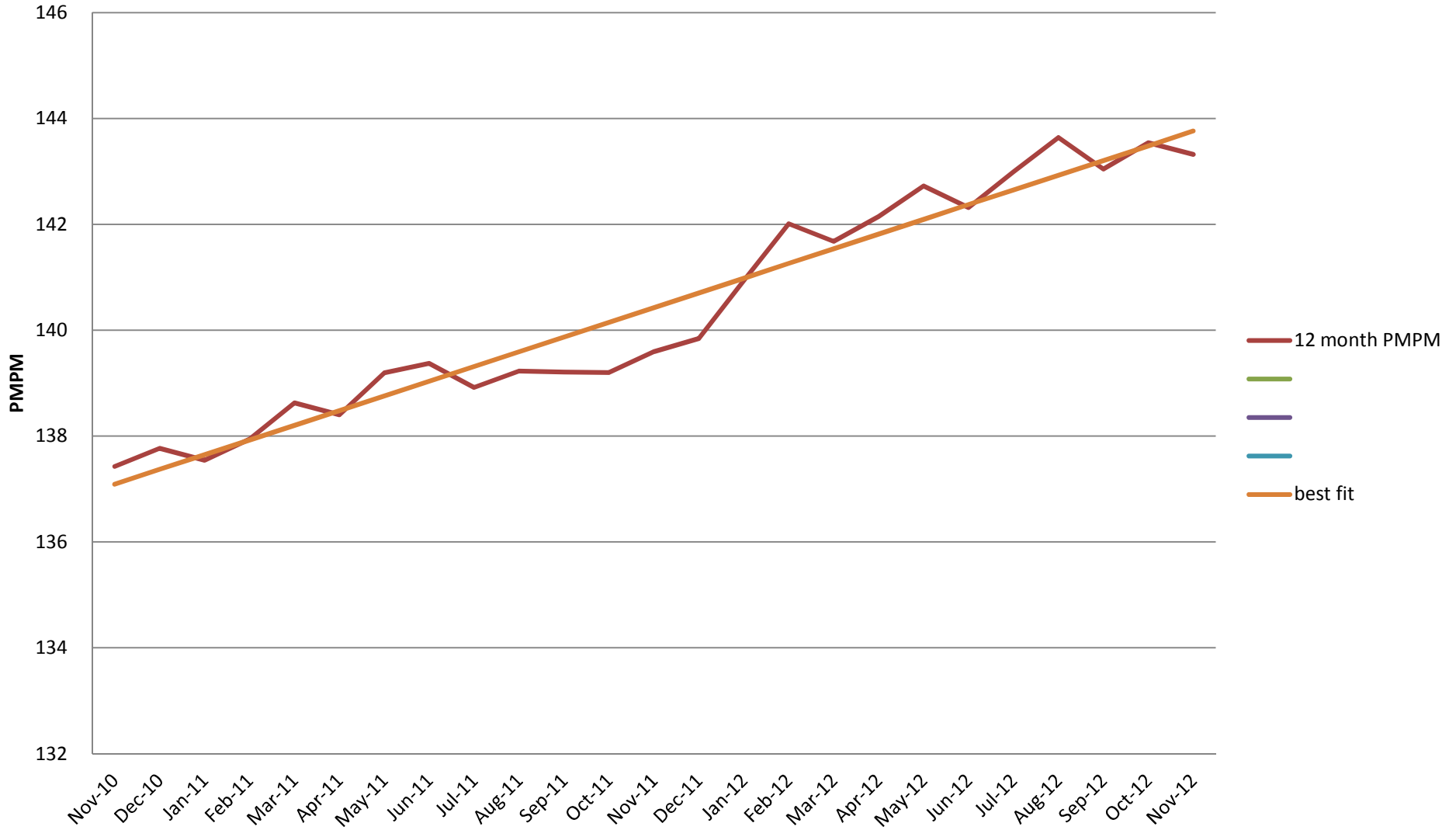
Inpatient Util/1000
LG Insured, Small Group, Direct Pay (Pool 1 and Pool 2)
Excludes Accounts with Large OOS Populations.
Depriced, Adjusted for benefits, and not adjusted for age/gender.



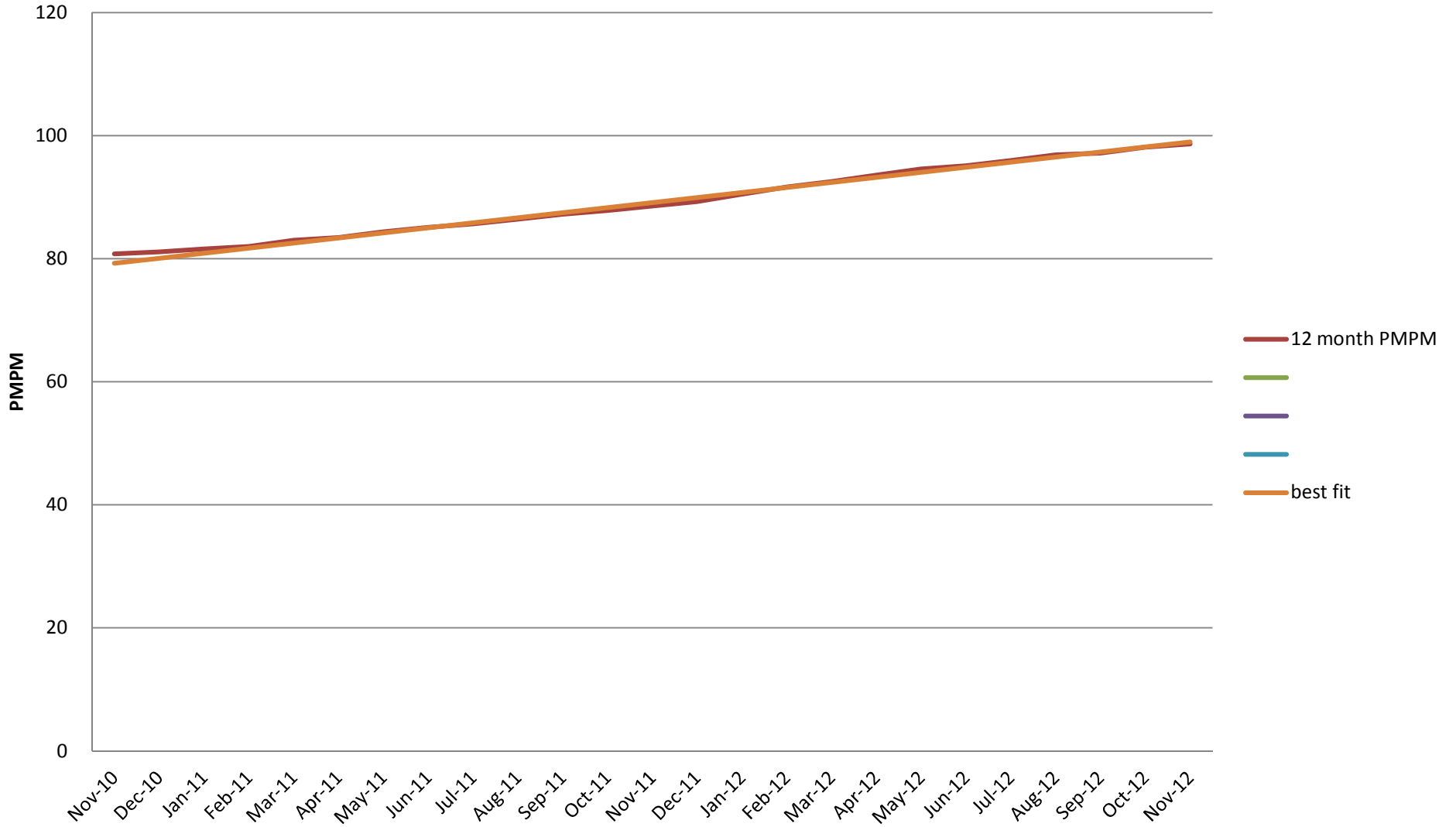
Outpatient PMPM
LG Insured, Small Group, Direct Pay (Pool 1 and Pool 2)
Excludes Accounts with Large OOS Populations.
Depriced, Adjusted for benefits, and not adjusted for age/gender.



Professional PMPM
LG Insured, Small Group, Direct Pay (Pool 1 and Pool 2)
Excludes Accounts with Large OOS Populations.
Depriced, Adjusted for benefits, and not adjusted for age/gender.



Pharmacy PMPM
LG Insured, Small Group, Direct Pay (Pool 1 and Pool 2)
Excludes Accounts with Large OOS Populations.
Depriced, Adjusted for benefits, and not adjusted for age/gender.



Blue Cross and Blue Shield of Rhode Island
Appendix D: Calculation of Paid to Allowed Average Factor in Projection Period
for January 1, 2014 Billing Cycle

Projected Allowed Claims PMPM (Excluding Assessments)	\$518.55
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Metallic Level	Exchange Offering	Plan Name	Projected Member Distribution	Allowed Claims Relativity Factor	Individual Product Level					Projected Paid
					Projected Allowed	Utilization Adjustment	Net-to Allowed	Additional EHB	Less Non-EHB	
Gold	On/Off	VantageBlue Direct 1000	10.0%	1.0000	\$640.30	1.0290	0.7923	\$0.30	(\$0.02)	\$522.33
Gold	On/Off	VantageBlue SelectRI Direct 500	10.0%	1.0564	\$676.41	1.0157	0.8196	\$0.30	(\$0.02)	\$563.39
Gold	On/Off	BlueSolutions for HSA Direct 1500	10.0%	1.0215	\$654.07	0.9591	0.8027	\$0.30	(\$0.02)	\$503.82
Silver	On/Off	VantageBlue Direct 3000	12.0%	0.8243	\$527.80	0.9604	0.7074	\$0.30	(\$0.02)	\$358.87
Silver	On/Off	VantageBlue Select RI 3000	12.0%	0.8954	\$573.32	0.9312	0.7417	\$0.30	(\$0.02)	\$396.27
Silver	On/Off	BlueSolutions for HSA 2600	12.0%	0.8144	\$521.46	0.8975	0.7026	\$0.30	(\$0.02)	\$329.09
Bronze	On/Off	VantageBlue SelectRI Direct 5900	9.5%	0.6636	\$424.90	0.8056	0.6421	\$0.30	(\$0.02)	\$220.07
Bronze	On/Off	BlueSolutions for HSA Direct 5000	9.5%	0.5483	\$351.08	0.8148	0.5979	\$0.30	(\$0.02)	\$171.31
Bronze	On/Off	VantageBlue Direct 5900	9.5%	0.5553	\$355.56	0.8217	0.6006	\$0.30	(\$0.02)	\$175.74
Bronze	Off	BlueSolutions for HSA 2300	1.5%	0.6288	\$402.62	0.8549	0.6288	\$0.30	(\$0.02)	\$216.71
Catastrophic	On/Off	<u>Catastrophic</u>	<u>4.0%</u>	<u>0.5165</u>	<u>\$330.72</u>	<u>0.7642</u>	0.5743	\$0.30	(\$0.02)	<u>\$145.43</u>
		Total	100.0%	0.8099	\$518.55					\$352.01
		Assessments			\$8.07					\$8.07

**Blue Cross and Blue Shield of Rhode Island
Appendix E: Direct Pay Reinsurance Impact for 2014**

Plan Name	Rate Year Distribution	OOP Max*
VantageBlue Direct 1000	10.0%	\$4,000
VantageBlue SelectRI Direct 500	10.0%	\$4,000
BlueSolutions for HSA Direct 1500	10.0%	\$2,250
VantageBlue Direct 3000	12.0%	\$6,400
VantageBlue Select RI 3000	12.0%	\$6,400
BlueSolutions for HSA 2600	12.0%	\$4,000
VantageBlue SelectRI Direct 5900	9.5%	\$6,400
BlueSolutions for HSA Direct 5000	9.5%	\$6,400
VantageBlue Direct 5900	9.5%	\$6,400
BlueSolutions for HSA 2300	1.5%	\$6,400
<u>Catastrophic</u>	<u>4.0%</u>	<u>\$6,400</u>
All Plans	100.0%	\$5,217

Adjusted and Price Trended Allowed Claims						
Base Period Member Months	\$0 - \$65,217	\$65,217 - \$255,217	Greater than \$255,217	Total	PMPM Reinsurance Impacts	
DP Pool 1	91,784	47,782,803	6,950,489	1,440,526	56,173,818	\$60.58
DP Pool 2	93,630	21,670,635	1,968,181	1,390,259	25,029,075	\$16.82
Sm Grp- Grps of 1	116,838	50,834,104	6,620,501	2,094,014	59,548,619	\$45.33
High Risk	1,833	2,582,209	1,060,297	168,560	3,811,067	\$462.76

	Projected Member Months	PMPM Reinsurance Impacts
DP Pool 1	55,593	\$60.58
DP Pool 2	48,205	\$16.82
Sm Grp- Grps of 1	21,368	\$45.33
High Risk	1,128	\$462.76
Sm Grp- Drop	12,267	\$41.55
Uninsured	266,827	\$42.80
Total	405,387	\$43.41

* OOP Max is the Out of Pocket Maximum for individual members in each plan. The total OOP Max is a weighted average of all the offered plans.

Blue Cross and Blue Shield of Rhode Island
Appendix F: ACA Related Taxes and Fees
for January 1, 2014 Billing Cycle

Calculation of Insurer Fee Allocation for BCBSRI (Thousands) ¹		
	<u>Industry</u>	<u>Rhode Island</u>
Total Premium	\$701,385,210	\$1,575,511
Excludable LOB	\$90,270,686	\$63,717
Assessed Premium after LOB exclusions	\$611,114,524	\$1,511,794
Medicare/Medicaid/SCHIP Excluded	\$29,132,481	\$0
Tiering Exclusions (\$25M+ 50% \$50 M)	\$12,925,511	\$37,500
Tax Exempt Company Exclusions	\$43,661,450	\$0
Total Eligible Premium	\$525,395,083	\$1,474,294
\$8 billion Insurer Fee Allocation	\$8,000,000	\$22,449

Health Insurer Fee as a Percentage of Premium		
	<u>2014</u>	<u>2015</u>
Total Aggregate Fee (\$millions)	\$8,000	\$11,300
Estimated BCBSRI Allocation	\$22.4	\$31.6
Grossed-Up Allocation	\$28.0	\$39.5
Projected BCBSRI Eligible Premium	\$1,602	\$1,689
Percent of Premium	1.40%	1.87%
Percent of Premium (Grossed-Up for Taxes)	1.75%	2.34%

Patient-Centered Outcomes Research Fee				
	<u>2012</u>	<u>2013</u>	<u>2014 ²</u>	<u>2015 ³</u>
Fee for Policies Ending October 1st	\$1.00	\$2.00	\$2.13	\$2.23
Calendar Year Fee Per Covered Life	\$0.25	\$1.25	\$2.03	\$2.16
Program PMPM Fee	\$0.02	\$0.10	\$0.17	\$0.18

¹ Estimate provided by BCBSA based on CY 2011 reported premiums.

² Fee for fiscal year 2013 increased by the latest projected increase in per capita National Health Expenditures for 2014 of 6.4%.

³ Fee for fiscal year 2014 increased by the latest projected increase in per capita National Health Expenditures for 2015 of 4.7%.

Appendix G: Direct Pay 2014 Portfolio of Plans

Proposed Plan Design	Coins	Med Ded (In/Out Network)	OOP Max (In/Out Network)	PCMH/ Non-PCMH/ Spec	Chiro	Ancillary*	Urgi/ER	5 Tier Rx	Rx Ded	Metallic Level	Actuarial Value	Exchange
VantageBlue Direct	80/60	<u>\$1,000/\$2,000</u> \$2,000/\$4,000	<u>\$4,000/\$8,000</u> \$6,000/\$12,000	\$15/25/40	std	std	\$75/\$200	\$3/12/35/60/100	n/a	Gold	80.2%	On/Off
BlueSolutions for HSA Direct	100/60	<u>\$1,500/\$3,000</u> \$3,000/\$6,000	<u>\$2,250/\$4,500</u> \$4,500/\$9,000	0% after ded	std	std	0% after ded	\$3/12/35/60/100	n/a	Gold	80.1%	On/Off
VantageBlue SelectRI Direct	80/60 /40	<u>\$500/\$1,000</u> \$1,000/\$2,000	<u>\$4,000/\$8,000</u> \$6,000/\$12,000	PCMH \$10/\$30 Specialist: \$30/\$50	Tier \$30 Tier \$50	refer to grid	\$75/\$200	\$3/12/35/60/100	n/a	Gold	78.7%	On/Off
VantageBlue Direct	80/60	<u>\$3,000/\$6,000</u> \$6,000/\$12,000	<u>\$6,400/\$12,800</u> \$9,600/\$19,200	\$15/25/40	std	std	\$75/\$200	\$5/18/40/80/200	n/a	Silver	72.0%	On/Off
BlueSolutions for HSA Direct	90/60	<u>\$2,600/\$5,200</u> \$5,200/\$10,400	<u>\$4,000/\$8,000</u> \$6,000/\$12,000	10% after ded	std	std	10% after ded	\$3/12/35/60/100	n/a	Silver	68.4%	On/Off
VantageBlue SelectRI Direct	80/60/40	<u>\$3,000/\$6,000</u> \$6,000/\$12,000	<u>\$6,400/\$12,800</u> \$9,600/\$19,200	PCMH \$10/\$30 Specialist: \$30/\$50	Tier \$30 Tier \$50	refer to grid	\$75/\$200	\$5/18/40/80/200	n/a	Silver	70.4%	On/Off
VantageBlue Direct	70/50	<u>\$5,900/\$11,800</u> \$7,000/\$14,000	<u>\$6,400/\$12,800</u> \$9,600/\$19,200	\$40/60/75	\$50	std	\$125/\$350	\$13/35/50%/50%/250	\$500 Brand	Bronze	61.8%	On/Off
BlueSolutions for HSA Direct	100/60	<u>\$5,000/\$10,000</u> \$8,000/\$16,000	<u>\$6,400/\$12,800</u> \$9,600/\$19,200	0% after ded	std	std	0% after ded	\$3/12/35/60/100	n/a	Bronze	61.1%	On/Off
VantageBlue SelectRI Direct	70/50/30	<u>\$5,900/\$11,800</u> \$7,000/\$14,000	<u>\$6,400/\$12,800</u> \$9,600/\$19,200	PCMH \$40/\$60 Specialist: \$65/\$85	Tier \$40 Tier \$60	refer to grid	\$125/\$350	\$13/35/50%/50%/250	\$500 Brand	Bronze	60.8%	On/Off
BlueSolutions for HSA Direct	50/25	<u>\$2,300/\$4,600</u> \$6,400/\$9,200	<u>\$6,400/\$12,800</u> \$9,600/\$19,200	50% after ded	std	std	50% after ded	50% after ded	n/a	Bronze	62.0%	Off
Catastrophic	100/80	\$6,400/\$12,800 In network coverage only	\$6,400/\$12,800 In network coverage only	\$25 applies to oop max	std	std	0% after ded	0% after deductible	n/a	Catastrophic	59.9%	On/Off

*Copays apply to lab and x-rays / PT/OT/ST / high end radiology

Appendix H: AV Calculator Results

BCBSRI Vantage Blue Direct 1000

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 OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Gold

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	80.00%	100.00%	
OOP Maximum (\$)	\$4,000.00		
OOP Maximum if Separate (\$)			

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	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
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" 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"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" 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"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

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

Output

Status/Error Messages: Calculation Successful.
 Actuarial Value: 80.2%
 Metal Tier: Gold

BCBSRI Blue Solutions for HSA Direct 1500

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 OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Gold

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			\$1,500.00
Coinsurance (%; Insurer's Cost Share)			100.00%
OOP Maximum (\$)			\$2,250.00
OOP Maximum if Separate (\$)			

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	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
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" 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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	65%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

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

Output

Status/Error Messages: Calculation Successful.
 Actuarial Value: 80.1%
 Metal Tier: Gold

BCBSRI VantageBlue SelectRI Direct 500

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 OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Gold

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS 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)	80.00%	100.00%	
OOP Maximum (\$)	\$4,000.00		
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (%; Insurer's Cost Share)			
OOP Maximum (\$)			
OOP Maximum if Separate (\$)			

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Type of Benefit	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
Medical	<input type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	77%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$32.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$32.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$268.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$28.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$28.00	<input checked="" type="checkbox"/>	<input checked="" 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"/>		\$36.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	77%		<input checked="" type="checkbox"/>	<input checked="" 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"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

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

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

78.7%

Gold

BCBSRI VantageBlue Direct 3000

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 OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Silver

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$3,000.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	80.00%	100.00%	
OOP Maximum (\$)	\$6,400.00		
OOP Maximum if Separate (\$)			

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	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
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" 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"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" 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"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

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

Output

Status/Error Messages: Calculation Successful.
 Actuarial Value: 72.0%
 Metal Tier: Silver

BCBSRI BlueSolutions for HSA Direct 2600

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 OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Silver

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			\$2,600.00
Coinsurance (%; Insurer's Cost Share)			90.00%
OOP Maximum (\$)			\$4,000.00
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (%; Insurer's Cost Share)			
OOP Maximum (\$)			
OOP Maximum if Separate (\$)			

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Type of Benefit	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
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" 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"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" 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"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" 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"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	65%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

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

Output

Status/Error Messages: Calculation Successful.
 Actuarial Value: 68.4%
 Metal Tier: Silver

BCBSRI VantageBlue SelectRI Direct 3000

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 OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Silver

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$3,000.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	80.00%	100.00%	
OOP Maximum (\$)	\$6,400.00		
OOP Maximum if Separate (\$)			

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	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
Medical	<input type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	77%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$32.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$32.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$268.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$28.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$28.00	<input checked="" type="checkbox"/>	<input checked="" 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"/>		\$36.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	77%		<input checked="" type="checkbox"/>	<input checked="" 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"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

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

Output

Status/Error Messages: Calculation Successful.
 Actuarial Value: 70.3%
 Metal Tier: Silver

BCBSRI VantageBlue Direct 5900

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 OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Bronze

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$5,900.00	\$500.00	
Coinsurance (%; Insurer's Cost Share)	70.00%	50.00%	
OOP Maximum (\$)	\$6,400.00		
OOP Maximum if Separate (\$)			

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	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
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" 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"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" 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"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

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

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

61.8%

Bronze

BCBSRI BlueSolutions for HSA Direct 5000

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 OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Bronze

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			\$5,000.00
Coinsurance (%; Insurer's Cost Share)			100.00%
OOP Maximum (\$)			\$6,400.00
OOP Maximum if Separate (\$)			

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	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
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" 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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	65%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

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

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

61.1%

Bronze

BCBSRI VantageBlue SelectRI Direct 5900

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 OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Bronze

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$5,900.00	\$500.00	
Coinsurance (%; Insurer's Cost Share)	70.00%	50.00%	
OOP Maximum (\$)	\$6,400.00		
OOP Maximum if Separate (\$)			

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	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
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	67%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$67.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$67.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$268.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$28.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$28.00	<input checked="" type="checkbox"/>	<input checked="" 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"/>		\$36.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	67%		<input checked="" type="checkbox"/>	<input checked="" 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"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

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

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

61.0%

Bronze

BCBSRI BlueSolutions for HSA Direct 2300

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 OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Bronze

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			\$2,300.00
Coinsurance (%; Insurer's Cost Share)			50.00%
OOP Maximum (\$)			\$6,400.00
OOP Maximum if Separate (\$)			

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for Important Instructions](#)

Type of Benefit	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
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" 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"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" 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"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" 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"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

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

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

62.0%

Bronze

BCBSRI VantageBlue for Direct CSR 73%

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 OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Silver

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$3,000.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	90.00%	100.00%	
OOP Maximum (\$)	\$5,200.00		
OOP Maximum if Separate (\$)			

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for Important Instructions](#)

Type of Benefit	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
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" 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"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" 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"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

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

Output

Status/Error Messages:

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

Actuarial Value:

74.0%

Metal Tier:

Silver

BCBSRI VantageBlue Direct CSR 87%

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 OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Gold

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS 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)	90.00%	100.00%	
OOP Maximum (\$)	\$2,250.00		
OOP Maximum if Separate (\$)			

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	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
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" 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"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" 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"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$7.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

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

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

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

87.1%

Gold

BCBSRI VantageBlue Direct CSR 94%

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 OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Platinum

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$100.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$750.00		
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (%; Insurer's Cost Share)			
OOP Maximum (\$)			
OOP Maximum if Separate (\$)			

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Type of Benefit	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
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" 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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

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

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

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

94.2%

Platinum

BCBSRI BlueSolutions for HSA Direct CSR 73%

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 OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Silver

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			\$2,000.00
Coinsurance (%; Insurer's Cost Share)			90.00%
OOP Maximum (\$)			\$3,000.00
OOP Maximum if Separate (\$)			

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	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
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" 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"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" 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"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" 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"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	65%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

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

Output

Status/Error Messages:

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

Actuarial Value:

73.0%

Metal Tier:

Silver

BCBSRI BlueSolutions for HSA Direct CSR 87%

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 OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Gold

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			\$250.00
Coinsurance (%; Insurer's Cost Share)			100.00%
OOP Maximum (\$)			\$2,250.00
OOP Maximum if Separate (\$)			

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	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
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" 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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	73%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	76%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	76%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	76%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

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

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

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

87.5%

Gold

BCBSRI BlueSolutions for HSA Direct CSR 94%

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 OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Platinum

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			\$100.00
Coinsurance (%; Insurer's Cost Share)			100.00%
OOP Maximum (\$)			\$750.00
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (%; Insurer's Cost Share)			
OOP Maximum (\$)			
OOP Maximum if Separate (\$)			

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Type of Benefit	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
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" 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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	82%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	87%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	85%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	81%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

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

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

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

94.2%

Platinum

BCBSRI VantageBlue SelectRI Direct CSR 73%

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 OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Silver

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$3,000.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	80.00%	100.00%	
OOP Maximum (\$)	\$5,200.00		
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (%; Insurer's Cost Share)			
OOP Maximum (\$)			
OOP Maximum if Separate (\$)			

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Type of Benefit	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
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	77%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$27.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$27.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$268.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$28.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$28.00	<input checked="" type="checkbox"/>	<input checked="" 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"/>		\$36.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	77%		<input checked="" type="checkbox"/>	<input checked="" 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"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

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

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

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

72.8%

Silver

BCBSRI VantageBlue SelectRI Direct CSR 87%

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 OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Gold

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS 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)	90.00%	100.00%	
OOP Maximum (\$)	\$2,250.00		
OOP Maximum if Separate (\$)			

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	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
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	87%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$13.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$27.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$27.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$101.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$11.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$11.00	<input checked="" type="checkbox"/>	<input checked="" 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"/>		\$14.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	87%		<input checked="" type="checkbox"/>	<input checked="" 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"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$7.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

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

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

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

86.1%

Gold

BCBSRI VantageBlue SelectRI Direct CSR 94%

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 OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Platinum

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$100.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$750.00		
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (%; Insurer's Cost Share)			
OOP Maximum (\$)			
OOP Maximum if Separate (\$)			

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Type of Benefit	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
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	97%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$22.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$22.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$101.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$11.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$11.00	<input checked="" type="checkbox"/>	<input checked="" 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"/>		\$14.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	97%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

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

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

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

93.7%

Platinum

Blue Cross and Blue Shield of Rhode Island
Appendix I: Development of Base EHB Rate and Benefit Factors
for January 1, 2014 Billing Cycle

Base EHB Rate Development	
Gross Avg. Rate	\$386.81
Average EHB Benefit Factor	0.6958
Age 21 Normalization	1.6829
Family Composition Adjustment	0.9980
Base EHB Rate	\$330.97

Benefit Factor Development								
	Projected Members	Net to Allowed	Utilization Factor	EHB Benefit Factor	EHB Product Base Rate	Additional Benefits	Base Plan Rate	Plan Relativity Factor
VantageBlue Direct 1000	40,539	0.7923	1.1020	0.8731	\$288.98	\$0.01	\$288.99	0.8732
VantageBlue SelectRI Direct 500	40,539	0.8196	1.0878	0.8915	\$295.07	\$0.01	\$295.08	0.8916
BlueSolutions for HSA Direct 1500	40,539	0.8027	1.0271	0.8245	\$272.87	\$0.01	\$272.88	0.8245
VantageBlue Direct 3000	48,646	0.7074	1.0285	0.7276	\$240.81	\$0.01	\$240.82	0.7276
VantageBlue Select RI 3000	48,646	0.7417	0.9973	0.7397	\$244.81	\$0.01	\$244.82	0.7397
BlueSolutions for HSA 2600	48,646	0.7026	0.9611	0.6753	\$223.50	\$0.01	\$223.51	0.6753
VantageBlue SelectRI Direct 5900	38,512	0.6421	0.8627	0.5539	\$183.34	\$0.01	\$183.35	0.5540
BlueSolutions for HSA Direct 5000	38,512	0.5979	0.8725	0.5217	\$172.66	\$0.01	\$172.67	0.5217
VantageBlue Direct 5900	38,512	0.6006	0.8799	0.5285	\$174.91	\$0.01	\$174.92	0.5285
BlueSolutions for HSA 2300	6,081	0.6288	0.9155	0.5757	\$190.53	\$0.01	\$190.54	0.5757
<u>Catastrophic</u>	<u>16,215</u>	<u>0.5743</u>	<u>0.8184</u>	<u>0.4700</u>	<u>\$155.57</u>	<u>\$0.01</u>	<u>\$155.58</u>	<u>0.4701</u>
Total	405,387	0.7069	0.9750	0.6958	\$230.30	\$0.01	\$230.31	0.6959

Consumer Narrative Justification – Individual Market

Blue Cross & Blue Shield of Rhode Island (“BCBSRI”) has submitted its annual rate filing for the individual market (also known as direct pay). This document provides an overview of that filing.

Scope and Range of the Rate Increase:

The overall average rate increase reflected in the filing is 18.1%. The actual increase experienced by an individual currently enrolled will vary based upon the age of each individual enrolled, the plan selected, whether the individual is currently enrolled in BCBSRI’s AccessBlue premium assistance program, and whether the individual is eligible for federal subsidies. The impact for an individual will range from more than a 50% reduction to more than 50% increase. This filing impacts approximately 16,192 individuals currently enrolled with BCBSRI. This rate increase will take effect January 1, 2014 and rates will remain in effect until December 31, 2014.

The range of impacts associated with this filing is the result of rating changes to comply with State and federal law, including:

- Merging our community rated pool (Pool 1) and our medically underwritten pool (Pool 2), which means the elimination of medical (health status) underwriting;
- Elimination of gender rating;
- Compression of age rating to a 3:1 ratio;
- Implementation of single year age bands;
- Migration of individuals currently enrolled in the Pre-Existing Condition Insurance Program; and
- Changes to the method of calculating family premium.

Key Drivers for this Filing:

The rate increase for 2014 is attributable to two main factors – the continued escalation in the total cost of health care in Rhode Island and the new taxes and fees associated with the Patient Protection & Affordable Care Act (“ACA”).

Health Care Costs

Premium is driven primarily by the cost of medical services paid on behalf of our members. These medical expenses constitute more than 85% of each premium dollar collected in the direct pay market. Medical expenses are driven by how often and how much health care is received (utilization) and the price a healthcare provider charges for those services (cost).

BCBSRI has identified the following key factors driving medical expenses:

- Increases in inpatient costs per admission of 0.8%.
- Increases in the per member per month cost for outpatient prescription injections and chemotherapy treatment. This includes a 21% increase in price along with a 5% reduction in utilization.
- Increases in outpatient surgery cost of approximately 9% from 2011 to 2012.
- Increases in specialty pharmacy drug costs of approximately 17%, coupled with a utilization increase of 6%.
- Increases in the state child immunization assessment result in a 0.7% increase in medical spend.

Another key factor contributing to the increase in this filing is the historical losses experienced by BCBSRI in prior years, which is further discussed below. The projected medical loss ratio

("MLR") for the individual market in 2014 (using the calculation under the ACA) is 86.1%, exceeding the minimum requirement of 80% for the individual market under the ACA.

Impact of the ACA

In addition to the medical expense increases described above, there are significant premium increases driven by the onset of taxes and fees due to the ACA. The Health Insurer Tax, Transitional Reinsurance Fee, the Patient Centered Outcomes Research Trust Fund Fee and the federal Risk Adjuster Fee combine to add approximately 3.7% to the premium increase for individuals.

The increase in this filing as a result of new ACA taxes and fees is offset by the reinsurance payments that BCBSRI projects it will receive. It is important to note that the reinsurance program is temporary, and as it is phased out there will be an additional 11% increase needed in future years. But for the impact of the reinsurance payments, the overall average rate increase needed in this filing would have been more than 30%.

Moreover, there are significant unknowns, and therefore large risks, resulting from the implementation of the ACA. The vast majority of people that will be in the individual market in 2014 are currently uninsured and the health needs of this population are unknown. In the short term, there is some protection from the federal premium stabilizer programs, but that will only last for a few years.

Financial Stability:

BCBSRI is required by Rhode Island law to offer coverage in the individual market, and is committed to doing so; but, this obligation must be discharged in a fiscally prudent manner, balancing the need for affordability with the stability of the company. The uncertainty caused by the ACA's new rules and requirements, as well as the anticipated enrollment growth within the direct pay market have the potential to put BCBSRI's financial stability at significant risk. In prior filings, BCBSRI has made various adjustments (both voluntarily and at the direction of the Office of the Health Insurance Commissioner ("OHIC")) to subsidize direct pay rates in order to keep rates affordable. This is no longer an option. Today's direct pay premiums do not include a contribution to our reserves nor do they include the full cost of fees charged by the State. While the premium does contain a factor to cover a portion of BCBSRI's operating costs, the amount is insufficient and will grow in impact as individual enrollment expands in the coming years.

Between 2010 and 2012, BCBSRI experienced an operating loss for Direct Pay of more than \$10 million, with an additional loss of nearly \$8 million projected for 2013. These losses have put a strain on BCBSRI's surplus and other lines of business for years. With the significant (as much as three times) projected increase in the size of this market, these inadequacies cannot continue.

The potential for future financial losses is cause for concern because BCBSRI ranks last among Blue Cross and Blue Shield plans nationwide in financial strength. Reserves are established to ensure that BCBSRI can pay the medical claims of our members. BCBSRI's current reserve level is below an acceptable range given the current regulatory environment and uncertainty associated with the ACA. As of March 31, 2013, our reserve level was 18.1% of premium, significantly below the recommended minimum reserve level of 23% of premium, cited in the Lewin Study for OHIC in August 2006. This study was done long before the establishment of the ACA and would likely result in a higher recommendation if updated today.

In order to further improve BCBSRI's reserves, a contribution to reserve is included in this filing of 2.34%. This is 2% above the contribution approved in prior filings, although there has been no actual contribution to reserves due to the operating losses described above. This contribution to reserve is still below the current approved contribution to reserve in the group market. In addition, this filing reflects fully allocated expenses for the individual market to ensure financial stability.

Changes in Benefits:

Concurrent with this filing, BCBSRI submitted new plans to the OHIC for approval. The plan filing includes changes to existing plans as well as the addition of new plans. The filed plans reflect the following changes to comply with state and federal law:

- Elimination of annual dollar maximums on all essential health benefits;
- Implementation of out of pocket maximums; and
- Other adjustments necessary to come into range of the actuarial value or "metallic tiers".

Benefit changes will take effect on January 1, 2014. Individuals will have the choice of any plan offered in the individual market. Individuals currently enrolled in BCBSRI's plan BlueValue Direct will receive notice that this plan is being eliminated because it does not meet the requirements of the ACA. We will assist current members in selecting a new plan that meet their needs, and will automatically transition them to a plan similar to their current plan if they do not make a selection.

Addressing Affordability:

BCBSRI recognizes that providing affordable healthcare coverage is critical to our group customers, members, and the Rhode Island economy. For these reasons, we have undertaken a number of initiatives designed to aggressively transform our business, improve internal operations, and moderate both medical and administrative expense trends. We continue to work collaboratively with our healthcare delivery system partners to develop and implement new approaches that pay for quality, not quantity, of care. These ongoing and important efforts have proven to be successful and are expected to continue for the coming years. Some of the measurable outcomes include:

- We are committed to reducing operating expenses to achieve a total corporate administrative ratio of 12% of premium by 2014;
- Professional services costs have decreased by 2.7% due to innovative provider contracting arrangements and the establishment of an enhanced radiology management program; and
- A new pharmacy benefit management contract with Catamaran will mitigate pharmacy expenses in 2013 and beyond. This reduces the average annual premium increase in Direct Pay by 2.3%.



OFFICE OF THE
HEALTH INSURANCE COMMISSIONER
STATE OF RHODE ISLAND

**Issuer and Plan Compliance Attestation
Rates
Individual and Small Group Markets**

Health Insurance Issuer name: Blue Cross & Blue Shield of Rhode Island

Health Insurance Plan name: All Individual (Direct Pay) Plans

SERFF form tracking number: BCBS-128984378

I, Monica A. Neronha, am a duly authorized officer of the above-identified Health Insurance Issuer ("Issuer") of an individual health insurance plan, or of a small group health insurance plan. I do hereby attest that I am knowledgeable as to the current federal and state laws and regulations applicable to the above-identified Health Insurance Plan ("Plan"). To the best of my knowledge and belief, I hereby attest that the Plan is in compliance with such federal and state laws and regulations, and I furthermore hereby attest and swear under oath that, to the best of my knowledge and belief:

Rate Attestations

1. The Issuer is participating in good faith in OHIC's Affordability Standards, in accordance with OHIC Regulation 2, Section 9.
2. The Issuer is in compliance with the Hospital Contracting Terms required as conditions of the Issuer's rate approvals.
3. The Issuer is participating and in good standing with the risk adjustment program, and the reinsurance program, or if the filing is made before the commencement of such programs the Issuer agrees to participate in such programs.
4. The Issuer is, or if the filing is made before January 1, 2014 the Issuer agrees to be in compliance with federal and state rating and underwriting requirements, and with the prohibition on variability of rates by geographic area.
5. In connection with Qualified Health Plans only (in the case of Plans proposed to issued only outside the Exchange, the Issuer may indicate that responses to the following attestations are "not applicable"):
 - a. The Issuer is, or if the filing is made before the commencement of such programs the Issuer agrees to be in compliance with requirements relating to the segregated accounting of premium allocations for abortion services.

- b. The Issuer is, or if the filing is made before the commencement of such programs the Issuer agrees to be in compliance with uniform Plan pricing requirements for Plans offered inside and outside the Exchange. Evidence of compliance is attached as Exhibit A (e.g. an actuarial memorandum demonstrating compliance with such pricing requirements).
- c. The Issuer is in compliance with Exchange requirements with respect to the offering of associated gold or silver actuarial value plans. Evidence of compliance is attached as Exhibit B (e.g. a statement identifying the associated health insurance plan filed with SERFF).
- d. The Issuer is, or if the filing is made before the commencement of such programs the Issuer agrees to be in compliance with federal plan rate year requirements.

The Issuer, and the Officer attesting on behalf of the Issuer, hereby acknowledge that: (i) the Office of the Health Insurance Commissioner has relied on this Attestation in reviewing this filing, and (ii) should it be determined that an approved filing is materially false, misleading, or incorrect in any manner, appropriate corrective and disciplinary action, as authorized by the Commissioner, may be taken against the Issuer and the Officer completing this Certification, including but not limited to referral to appropriate authorities for perjury proceedings. R.I. Gen. Laws § 42-14-16, and R.I. Gen. Laws § 42-14-11(c).

Subscribed and sworn to under oath this 15th day of April, 2013.

Signature of Officer attesting on behalf of the Issuer:



Date of Signature: April 15, 2013
Printed Name: Monica A. Neronha
Title: Vice President, Legal Services
Mailing Address: 500 Exchange Street, Providence, RI 02903
Direct Telephone Number: 401-459-1287
Email Address: Monica.Neronha@bcbsri.org



Notary Public *Russell P. Marsella*
comm exp 8/22/14

Exhibit A

Compliance with the uniform Plan pricing requirements for Plans offered inside and outside the Exchange is attested to in the Actuarial Certification portion of the Actuarial Memorandum contained in this rate filing. In that Actuarial Certification, BCBSRI's actuary attests that the pricing for Plans inside and outside Exchange was developed in compliance with all federal and state laws, and in particular, with 45 CFR § 156.80(d)(1), the federal regulation requiring that issuers develop rates based on a single risk pool for each market.

Exhibit B

The following gold and silver actuarial value plans are being offered in accordance with Exchange requirements:

Gold:

- | | |
|---|-------------------------|
| 1. VantageBlue Direct 1000/2000 | Plan ID: 15287RI0270003 |
| 2. BlueSolutions for HSA Direct 1500/3000 | Plan ID: 15287RI0020005 |
| 3. VantageBlue SelectRI Direct 500/1000 | Plan ID: 15287RI0300001 |

Silver:

- | | |
|---|-------------------------|
| 1. VantageBlue Direct 3000/6000 | Plan ID: 1528RI0270004 |
| 2. BlueSolutions for HSA Direct 2600/5200 | Plan ID: 15287RI0020006 |
| 3. VantageBlue SelectRI Direct 3000/6000 | Plan ID: 1528RI0300002 |

Rhode Island Individual, Small and Large Group Rate Filing Template Part I

Part 1. Historical Information

Experience Period for Developing Rates

From 1/1/2012 To 12/31/2012

Utilization/Experience Data by Quarter (Experience Period only)

A. Incurred Data

Quarter	End Date	IP Days	Member Months	Earned Premium	Incurred Claims Total	Incurred Claims IP	Incurred Claims OP	Incurred Claims Primary Care	Incurred Claims Other M/S	Incurred Claims Rx	Capitation	Claims not Otherwise categorized (explain)	Loss Ratio	Quality Improvement Expense*	Other Cost Containment Expense*	Other Claim Adjustment Expense*	Other Operating Expense*	Investment Income Credit	Commissions	Contribution to Reserves	
1 (Oldest)	3/31/2012	2,120	45,555	\$16,742,824	\$15,919,015	\$4,972,101	\$3,083,797	\$835,414	\$3,304,415	\$3,389,644	\$0	\$333,643	95.1%	\$113,987	\$297,300	\$445,048	\$1,958,546	\$0	\$0	(\$1,991,072)	
2	6/30/2012	1,296	45,851	\$16,857,015	\$14,861,118	\$4,045,956	\$2,939,329	\$791,237	\$3,129,674	\$3,622,594	\$0	\$332,328	88.2%	\$106,950	\$60,992	\$475,757	\$2,464,026	\$0	\$0	(\$1,111,828)	
3	9/30/2012	1,417	47,773	\$17,004,235	\$15,499,064	\$4,201,435	\$3,319,960	\$792,006	\$3,132,717	\$3,711,415	\$0	\$341,531	91.1%	\$63,017	\$603,827	\$447,842	\$1,913,828	\$0	\$0	(\$1,523,342)	
4	12/31/2012	1,648	48,068	\$17,563,742	\$18,174,098	\$6,044,340	\$3,722,344	\$891,906	\$3,527,865	\$3,647,077	\$0	\$340,566	103.5%	\$126,883	\$360,865	\$471,619	\$2,178,829	\$0	\$0	(\$3,748,552)	
5																					
6																					
7																					
8																					

* These categories should conform generally to the reporting in the NAIC statement Underwriting & Investment Exhibit Part 3- Analysis of Expenses and/or to the Supplemental Health Care Exhibit, Lines 6.3 and 8.1

B. Allowed Data

Quarter	End Date	Allowed Claims Total	Allowed Claims IP	Allowed Claims OP	Allowed Claims Primary Care	Allowed Claims Other M/S	Allowed Claims Rx	Capitation	Claims not Otherwise categorized (explain)**
1 (Oldest)	3/31/2012	\$21,220,487	\$5,399,924	\$4,274,973	\$1,119,753	\$5,591,938	\$4,500,256	\$0	\$333,643
2	6/30/2012	\$20,168,558	\$4,509,943	\$4,208,004	\$1,085,462	\$5,420,692	\$4,612,128	\$0	\$332,328
3	9/30/2012	\$20,316,593	\$4,673,229	\$4,483,665	\$1,027,942	\$5,133,443	\$4,656,783	\$0	\$341,531
4	12/31/2012	\$22,609,125	\$6,359,674	\$4,852,346	\$1,087,963	\$5,433,183	\$4,535,393	\$0	\$340,566
5									
6									
7									
8									

* These categories should conform generally to the reporting in the NAIC statement Underwriting & Investment Exhibit Part 3- Analysis of Expenses and/or to the Supplemental Health Care Exhibit, Lines 6.3 and 8.1

** The benefit category "Other" represents state assessments, which covers adult immunizations, child immunizations, and a children's health account (used to fund various programs for children).

Part 2. Prospective Information

A. Trend Factors for Projection Purposes (Annualized)

	IP	OP	Primary Care	Other M/S	Rx	Capitation	Claims not Categorized	Weighted Total
Total	6.8%	8.2%	14.6%	5.9%	-1.2%	0.0%	5.9%	5.5%
Price Only	3.7%	4.0%	9.9%	1.5%	0.0%	0.0%	1.5%	2.7%
Utilization	3.0%	4.0%	4.3%	4.3%	8.7%	0.0%	4.3%	4.9%
Other**	0.0%	0.0%	0.0%	0.0%	-9.1%	0.0%	0.0%	-2.0%
Other**								0.0%
Other**								0.0%
Weights	24.8%	21.1%	5.1%	25.6%	21.7%	0.0%	1.6%	100%

** All elements should add or compound to the total. If anything is to be reported as "Other" please provide a description.

B. The following items for the period to which the rate filing applies, by quarter:

<u>Quarter</u>	<u>Beginning Date</u>	<u>Average % Rate Increase</u>	<u>Expected Pure Medical Cost Ratio</u>	<u>Expected Contribution to Reserves %</u>	<u>Quality Improvement Expense %*</u>	<u>Other Cost Containment Expense %*</u>	<u>Other Claim Adjustment Expense %*</u>	<u>Other Operating Expense %*</u>	<u>Average Commissions %*</u>	<u>Investment Income Credit %</u>	<u>Premium Tax %</u>
1	1/1/2014	18.1%	83.2%	2.8%	0.4%	1.2%	1.6%	7.4%	0.0%	-0.4%	3.8%
2											
3											
4											
Weighted Average											

* These categories should conform generally to the reporting in the NAIC statement Underwriting & Investment Exhibit Part 3 - Analysis of Expenses and to the Supplemental Health Care Exhibit, Lines 6.3 and 8.1
The sum of the expenses, commissions, contributions to reserves, investment income credit, taxes and the medical loss ratio should be 100%.

C. Average Rate Increase Components

The following items should reconcile to the Weighted Average Percent Rate Increase for the year:

	<u>Price</u>	<u>Utilization, Mix</u>	<u>Total</u>
Hospital Inpatient Price	2.2%	1.8%	4.1%
Hospital Outpatient	2.2%	2.1%	4.3%
Primary Care	0.7%	0.3%	1.0%
Med/Surg Other Than Primary Care	1.2%	3.5%	4.8%
Pharmacy			-0.6%
Administrative Expense (Aggregated)			3.2%
Contribution to Reserves			3.0%
Taxes and Assessments			6.0%
Legally Mandated Changes			
Reinsurance Benefit			-12.7%
Population Adjustment			5.1%
Prior Period Adjustment (+/-)			
Total			18.1%

Rate Template Part III: Proposed Rate Change and Enrollment by Base Plan Rate PMPM

Carrier Name	Blue Cross & Blue Shield of Rhode Island	HMO/POS/PPO
Plan Type(s)	PPO	Small/Individual
Market Seg	Individual	
Rate Effect	1/1/2014	

Plan Number	Plan Type (HMO, POS, PPO, Indemnity, Other)	Pre-1/1/14 Carrier Plan Code or Name ⁴	Discontinued, New, Existing (D, N, E)	1/1/14 Carrier Plan Code or Name ⁴	Metallic Tier	Metallic Tier Actuarial Value	Standard AV, Approach (1), Approach (2)	Exchange Y or N	Proposed Plan Relativity Factor for 1/1/14	Plan Relativity Factor for 1/1/13	Total Number of Members/Enrolled			1/1/14 Number of Members/Enrolled	
											Covered Policyholders + Dependents ¹	Total Number of Subscribers/Enrolled Policyholders ¹	Total Number of Groups ¹	Covered Policyholders + Dependents ²	1/1/14 Number of Subscribers/Enrolled Policyholders ²
Totals											33,782	21,846	0	33,782	21,846
Totals weighted by Total Members/Enrolled Policyholders + Covered Dependents															
Totals weighted by Impacted Members/Enrolled Policyholders + Covered Dependents															
Base Rate for EHB Plan									1.0000						
Plan 1	PPO	VantageBlue Direct 1500	E	VantageBlue Direct 1000	Gold	0.802	Approach 1	Y	0.8732		3,378	2,185		3,378	2,185
Plan 2	PPO	VantageBlue Direct 1000	E	VantageBlue SelectRI Direct 500	Gold	0.787	Approach 1	Y	0.8916		3,378	2,185		3,378	2,185
Plan 3	PPO		N	BlueSolutions for HSA Direct 1500	Gold	0.801	Approach 1	Y	0.8245		3,378	2,185		3,378	2,185
Plan 4	PPO	HealthMate Direct 2500	E	VantageBlue Direct 3000	Silver	0.720	Approach 1	Y	0.7276		4,054	2,622		4,054	2,622
Plan 5	PPO		N	VantageBlue Select RI 3000	Silver	0.703	Approach 1	Y	0.7397		4,054	2,622		4,054	2,622
Plan 6	PPO	BlueSolutions for HSA Direct 3000	E	BlueSolutions for HSA 2600	Silver	0.684	Approach 1	Y	0.6753		4,054	2,622		4,054	2,622
Plan 7	PPO		N	VantageBlue SelectRI Direct 5900	Bronze	0.610	Approach 1	Y	0.5540		3,209	2,075		3,209	2,075
Plan 8	PPO	BlueSolutions for HSA Direct 5000	E	BlueSolutions for HSA Direct 5000	Bronze	0.611	Approach 1	Y	0.5217		3,209	2,075		3,209	2,075
Plan 9	PPO		N	VantageBlue Direct 5900	Bronze	0.618	Approach 1	Y	0.5285		3,209	2,075		3,209	2,075
Plan 10	PPO	BlueValue Direct 2500	D	BlueSolutions for HSA 2300	Bronze	0.620	Standard AV	N	0.5757		507	328		507	328
Plan 11	PPO		N	Catastrophic	Catastrophic	0.599	Standard AV	Y	0.4701		1,351	874		1,351	874
Plan 12															
Plan 13															
Plan 14															
Plan 15															
Plan 16															
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Plan 49															
Plan 50															

Notes:

- The Members, Subscribers and Groups counts by health coverage plan should be based on the total membership in Rhode Island for the market segment (Individual or Small Group) and product(s) being filed, regardless of renewal date.
- The 1/1/14 Members, Subscribers and Groups counts by health coverage plan should be based on the membership renewing 1/1/14. This should be a subset of columns M-O
- The Base Premium Rates should be normalized for rating factors. The intent is for OHIC to be able to calculate final rates by utilizing the base rate PMPM's in this exhibit and all applicable rating factors, as described in the rating formula.
- The carrier should provide a plan name or code for each plan in column C. The carrier plan name or code in column C will correspond to an assigned plan index in column A. We do not expect this plan index to change between rate filings.
- The base rate PMPM should exclude the pediatric dental rider rate.

Rate Template Part IV: Administrative Costs Request

1. Please provide 2012 Actual and 2014 proposed individual, small and large group administrative costs on a per member per month (PMPM) basis, allocated among the National Association of Insurance Commissioners (NAIC) financial statement administrative cost categories. Please explain any significant changes from the financial filing for 2012 (increases/decreases of more than 5% in a particular category).

	2012 Actual			2014 Proposed			% Change		
	Individual	Small Group	Large Group	Individual	Small Group	Large Group	Individual	Small Group	Large Group
Total Estimated Member Months	188,396	772,297	1,439,325	405,387	633,642	1,395,609	115.2%	-18.0%	-3.0%
Total Estimated Premiums (\$pmpm)	\$361.22	\$432.90	\$393.08	\$363.56	\$462.74	\$419.56	0.6%	6.9%	6.7%
Total General Administrative Expense (\$pmpm)	\$44.37	\$56.10	\$43.96	\$37.25	\$46.97	\$41.20	-16.1%	-16.3%	-6.3%
Total Cost Containment Expense (\$pmpm)	\$9.30	\$9.52	\$8.47	\$7.18	\$8.84	\$6.97	-22.8%	-7.1%	-17.6%
Total Other Claim Adjustment Expense (\$pmpm)	\$9.77	\$16.64	\$17.30	\$7.62	\$10.29	\$12.81	-22.0%	-38.2%	-26.0%
Total Admin Expense (\$pmpm)	\$63.44	\$82.25	\$69.73	\$52.05	\$66.10	\$60.98	-18.0%	-19.6%	-12.5%
Breakdown of General Administrative Expense (\$ pmpm)									
a. Payroll and benefits	\$16.55	\$23.96	\$15.21	\$13.19	\$17.33	\$14.46	-20.3%	-27.7%	-5.0%
b. Outsourced Services (EDP, claims etc.)	\$6.48	\$10.93	\$10.51	\$5.17	\$7.90	\$9.63	-20.3%	-27.7%	-8.4%
c. Auditing and consulting	\$4.33	\$5.46	\$3.67	\$3.45	\$3.95	\$3.44	-20.3%	-27.7%	-6.4%
d. Commissions	\$0.00	\$8.76	\$7.13	\$0.00	\$9.19	\$7.28	0.0%	5.0%	2.2%
e. Marketing and Advertising	\$0.54	\$0.54	\$0.57	\$0.43	\$0.39	\$0.48	-20.3%	-27.7%	-16.1%
f. Legal Expenses	\$0.49	\$0.53	\$0.49	\$0.39	\$0.39	\$0.41	-20.3%	-27.7%	-16.4%
g. Taxes, Licenses and Fees	\$6.78	\$7.57	\$8.16	\$7.27	\$9.25	\$8.39	7.2%	22.3%	2.8%
h. Reimbursements by Uninsured Plans	\$0.00	(\$12.00)	(\$9.66)	\$0.00	(\$8.92)	(\$9.45)	0.0%	-25.7%	-2.2%
i. Other Admin Expenses	\$9.20	\$10.34	\$7.88	\$7.33	\$7.48	\$6.57	-20.3%	-27.7%	-16.6%
Projected Expenses				\$52.05	\$66.10	\$60.98			
Premium Taxes				(\$7.27)	(\$9.25)	(\$8.39)			
Rx Rebates				(\$3.98)	(\$3.76)	(\$3.76)			
Investment Income				(\$1.64)	(\$1.02)	(\$1.01)			
Total Proposed Charge for Administrative Expenses				\$39.16	\$52.07	\$47.82			

2. Please provide actual 2008-2012 fully insured commercial administrative costs in accordance with the following table. This should be consistent with the annual statement filings to OHIC for administrative costs, providing additional detail on the components of administrative costs using the categories defined by the NAIC financial statement and as allocated to commercially insured business only. Specifically, the information provided should agree with the "Exhibit of Premiums, Enrollment and Utilization" and the "Analysis of Operations by Line of Business" schedules included in the annual statements on file with OHIC. Where there are variances, a reconciliation and explanation should be provided.

Fully Insured Commercial Administrative Cost History (Comprehensive Column)					
	2008	2009	2010	2011	2012
Total Premiums	1,079,151,863	1,025,508,205	994,470,562	984,903,252	968,153,344
Total General Administrative Expense	121,463,184	132,106,574	133,474,919	121,420,201	114,963,600
General Admin Exp. Ratio	11.26%	12.88%	13.42%	12.33%	11.87%
Total Fully Insured Member Months	3,049,827	2,775,423	2,603,304	2,468,947	2,385,036
General Administrative Expense (\$pmpm)	\$39.83	\$47.60	\$51.27	\$49.18	\$48.20
Breakdown of General Administrative Expenses (\$ pmpm)					
a. Payroll and benefits	\$17.40	\$21.04	\$18.84	\$19.82	\$18.25
b. Outsourced Services (EDP, claims etc.)	\$8.93	\$8.62	\$12.13	\$10.75	\$10.39
c. Auditing and consulting	\$5.75	\$6.38	\$6.18	\$4.55	\$4.33
d. Commissions	\$6.06	\$6.78	\$6.96	\$7.21	\$7.14
e. Marketing and Advertising	\$0.99	\$0.89	\$0.72	\$0.76	\$0.56
f. Legal Expenses	\$0.33	\$0.25	\$0.32	\$0.40	\$0.51
g. Taxes, Licenses and Fees	\$3.68	\$7.49	\$7.79	\$8.28	\$7.91
h. Reimbursements by Uninsured Plans	(\$12.49)	(\$10.76)	(\$11.78)	(\$11.59)	(\$9.71)
i. Other Admin Expenses	\$9.18	\$6.90	\$10.11	\$8.98	\$8.83
Cost Containment Expense	\$4.30	\$5.73	\$7.58	\$7.82	\$8.93
Other Claim Adjustment Expense	\$13.38	\$18.19	\$17.42	\$20.04	\$16.60
Total Self Insured Member Months for all affiliated companies doing business in RI	2,677,918	2,449,361	2,625,170	2,641,700	2,645,242

Blue Cross and Blue Shield of Rhode Island
Direct Pay
Subscription Rates by Age-On Exchange
for January 1, 2014 Billing Cycle

		1/2014-12/2014 Product Base Rates										
		\$289.57	\$295.66	\$273.46	\$241.40	\$245.40	\$224.09	\$183.93	\$173.25	\$175.50	\$191.12	\$156.16
Rate Tier	Age Factor	VantageBlue			BlueSolutions			VantageBlue			BlueSolutions	
		Direct 1000	SelectRI Direct 500	for HSA Direct 1500	VantageBlue Direct 3000	VantageBlue Select RI 3000	BlueSolutions for HSA 2600	SelectRI Direct 5900	for HSA Direct 5000	VantageBlue Direct 5900	BlueSolutions for HSA 2300	Catastrophic
Individual: under 21	0.635	\$183.88	\$187.74	\$173.65	\$153.29	\$155.83	\$142.30	\$116.80	\$110.01	\$111.44	\$99.16	
Individual: 21	1.000	\$289.57	\$295.66	\$273.46	\$241.40	\$245.40	\$224.09	\$183.93	\$173.25	\$175.50	\$156.16	
Individual: 22	1.000	\$289.57	\$295.66	\$273.46	\$241.40	\$245.40	\$224.09	\$183.93	\$173.25	\$175.50	\$156.16	
Individual: 23	1.000	\$289.57	\$295.66	\$273.46	\$241.40	\$245.40	\$224.09	\$183.93	\$173.25	\$175.50	\$156.16	
Individual: 24	1.000	\$289.57	\$295.66	\$273.46	\$241.40	\$245.40	\$224.09	\$183.93	\$173.25	\$175.50	\$156.16	
Individual: 25	1.004	\$290.73	\$296.84	\$274.55	\$242.37	\$246.38	\$224.99	\$184.67	\$173.94	\$176.20	\$156.78	
Individual: 26	1.024	\$296.52	\$302.76	\$280.02	\$247.19	\$251.29	\$229.47	\$188.34	\$177.41	\$179.71	\$159.91	
Individual: 27	1.048	\$303.47	\$309.85	\$286.59	\$252.99	\$257.18	\$234.85	\$192.76	\$181.57	\$183.92	\$163.66	
Individual: 28	1.087	\$314.76	\$321.38	\$297.25	\$262.40	\$266.75	\$243.59	\$199.93	\$188.32	\$190.77	\$169.75	
Individual: 29	1.119	\$324.03	\$330.84	\$306.00	\$270.13	\$274.60	\$250.76	\$205.82	\$193.87	\$196.38	\$174.74	
Individual: 30	1.135	\$328.66	\$335.57	\$310.38	\$273.99	\$278.53	\$254.34	\$208.76	\$196.64	\$199.19	\$177.24	
Individual: 31	1.159	\$335.61	\$342.67	\$316.94	\$279.78	\$284.42	\$259.72	\$213.17	\$200.80	\$203.40	\$180.99	
Individual: 32	1.183	\$342.56	\$349.77	\$323.50	\$285.58	\$290.31	\$265.10	\$217.59	\$204.95	\$207.62	\$184.74	
Individual: 33	1.198	\$346.90	\$354.20	\$327.61	\$289.20	\$293.99	\$268.46	\$220.35	\$207.55	\$210.25	\$187.08	
Individual: 34	1.214	\$351.54	\$358.93	\$331.98	\$293.06	\$297.92	\$272.05	\$223.29	\$210.33	\$213.06	\$189.58	
Individual: 35	1.222	\$353.85	\$361.30	\$334.17	\$294.99	\$299.88	\$273.84	\$224.76	\$211.71	\$214.46	\$190.83	
Individual: 36	1.230	\$356.17	\$363.66	\$336.36	\$296.92	\$301.84	\$275.63	\$226.23	\$213.10	\$215.87	\$192.08	
Individual: 37	1.238	\$358.49	\$366.03	\$338.54	\$298.85	\$303.81	\$277.42	\$227.71	\$214.48	\$217.27	\$193.33	
Individual: 38	1.246	\$360.80	\$368.39	\$340.73	\$300.78	\$305.77	\$279.22	\$229.18	\$215.87	\$218.67	\$194.58	
Individual: 39	1.262	\$365.44	\$373.12	\$345.11	\$304.65	\$309.69	\$282.80	\$232.12	\$218.64	\$221.48	\$197.07	
Individual: 40	1.278	\$370.07	\$377.85	\$349.48	\$308.51	\$313.62	\$286.39	\$235.06	\$221.41	\$224.29	\$199.57	
Individual: 41	1.302	\$377.02	\$384.95	\$356.04	\$314.30	\$319.51	\$291.77	\$239.48	\$225.57	\$228.50	\$203.32	
Individual: 42	1.325	\$383.68	\$391.75	\$362.33	\$319.86	\$325.16	\$296.92	\$243.71	\$229.56	\$232.54	\$206.91	
Individual: 43	1.357	\$392.95	\$401.21	\$371.09	\$327.58	\$333.01	\$304.09	\$249.59	\$235.10	\$238.15	\$211.91	
Individual: 44	1.397	\$404.53	\$413.04	\$382.02	\$337.24	\$342.82	\$313.05	\$256.95	\$242.03	\$245.17	\$218.16	
Individual: 45	1.444	\$418.14	\$426.93	\$394.88	\$348.58	\$354.36	\$323.59	\$265.59	\$250.17	\$253.42	\$225.50	
Individual: 46	1.500	\$434.36	\$443.49	\$410.19	\$362.10	\$368.10	\$336.14	\$275.90	\$259.88	\$263.25	\$234.24	
Individual: 47	1.563	\$452.60	\$462.12	\$427.42	\$377.31	\$383.56	\$350.25	\$287.48	\$270.79	\$274.31	\$244.08	
Individual: 48	1.635	\$473.45	\$483.40	\$447.11	\$394.69	\$401.23	\$366.39	\$300.73	\$283.26	\$286.94	\$255.32	
Individual: 49	1.706	\$494.01	\$504.40	\$466.52	\$411.83	\$418.65	\$382.30	\$313.78	\$295.56	\$299.40	\$266.41	
Individual: 50	1.786	\$517.17	\$528.05	\$488.40	\$431.14	\$438.28	\$400.22	\$328.50	\$309.42	\$313.44	\$278.90	
Individual: 51	1.865	\$540.05	\$551.41	\$510.00	\$450.21	\$457.67	\$417.93	\$343.03	\$323.11	\$327.31	\$291.24	
Individual: 52	1.952	\$565.24	\$577.13	\$533.79	\$471.21	\$479.02	\$437.42	\$359.03	\$338.18	\$342.58	\$304.82	
Individual: 53	2.040	\$590.72	\$603.15	\$557.86	\$492.46	\$500.62	\$457.14	\$375.22	\$353.43	\$358.02	\$318.57	
Individual: 54	2.135	\$618.23	\$631.23	\$583.84	\$515.39	\$523.93	\$478.43	\$392.69	\$369.89	\$374.69	\$333.40	
Individual: 55	2.230	\$645.74	\$659.32	\$609.82	\$538.32	\$547.24	\$499.72	\$410.16	\$386.35	\$391.37	\$348.24	
Individual: 56	2.333	\$675.57	\$689.77	\$637.98	\$563.19	\$572.52	\$522.80	\$429.11	\$404.19	\$409.44	\$364.32	
Individual: 57	2.437	\$705.68	\$720.52	\$666.42	\$588.29	\$598.04	\$546.11	\$448.24	\$422.21	\$427.69	\$380.56	
Individual: 58	2.548	\$737.82	\$753.34	\$696.78	\$615.09	\$625.28	\$570.98	\$468.65	\$441.44	\$447.17	\$397.90	
Individual: 59	2.603	\$753.75	\$769.60	\$711.82	\$628.36	\$638.78	\$583.31	\$478.77	\$450.97	\$456.83	\$406.48	
Individual: 60	2.714	\$785.89	\$802.42	\$742.17	\$655.16	\$666.02	\$608.18	\$499.19	\$470.20	\$476.31	\$423.82	
Individual: 61	2.810	\$813.69	\$830.80	\$768.42	\$678.33	\$689.57	\$629.69	\$516.84	\$486.83	\$493.16	\$438.81	
Individual: 62	2.873	\$831.93	\$849.43	\$785.65	\$693.54	\$705.03	\$643.81	\$528.43	\$497.75	\$504.21	\$448.65	
Individual: 63	2.952	\$854.81	\$872.79	\$807.25	\$712.61	\$724.42	\$661.51	\$542.96	\$511.43	\$518.08	\$460.98	
Individual: 64	3.000	\$868.71	\$886.98	\$820.38	\$724.20	\$736.20	\$672.27	\$551.79	\$519.75	\$526.50	\$468.48	
Individual: 65+	3.000	\$868.71	\$886.98	\$820.38	\$724.20	\$736.20	\$672.27	\$551.79	\$519.75	\$526.50	\$468.48	

Not Available On Exchange

Blue Cross and Blue Shield of Rhode Island
Direct Pay
Subscription Rates by Age-Off Exchange
for January 1, 2014 Billing Cycle

		1/2014-12/2014 Product Base Rates										
		\$290.82	\$296.91	\$274.71	\$242.65	\$246.65	\$225.34	\$185.18	\$174.50	\$176.75	\$192.37	\$157.41
Rate Tier	Age Factor	VantageBlue			BlueSolutions			VantageBlue			BlueSolutions	
		Direct 1000	SelectRI Direct 500	for HSA Direct 1500	VantageBlue Direct 3000	VantageBlue Select RI 3000	BlueSolutions for HSA 2600	SelectRI Direct 5900	for HSA Direct 5000	VantageBlue Direct 5900	BlueSolutions for HSA 2300	Catastrophic
Individual: under 21	0.635	\$184.67	\$188.54	\$174.44	\$154.08	\$156.62	\$143.09	\$117.59	\$110.81	\$112.24	\$122.15	\$99.96
Individual: 21	1.000	\$290.82	\$296.91	\$274.71	\$242.65	\$246.65	\$225.34	\$185.18	\$174.50	\$176.75	\$192.37	\$157.41
Individual: 22	1.000	\$290.82	\$296.91	\$274.71	\$242.65	\$246.65	\$225.34	\$185.18	\$174.50	\$176.75	\$192.37	\$157.41
Individual: 23	1.000	\$290.82	\$296.91	\$274.71	\$242.65	\$246.65	\$225.34	\$185.18	\$174.50	\$176.75	\$192.37	\$157.41
Individual: 24	1.000	\$290.82	\$296.91	\$274.71	\$242.65	\$246.65	\$225.34	\$185.18	\$174.50	\$176.75	\$192.37	\$157.41
Individual: 25	1.004	\$291.98	\$298.10	\$275.81	\$243.62	\$247.64	\$226.24	\$185.92	\$175.20	\$177.46	\$193.14	\$158.04
Individual: 26	1.024	\$297.80	\$304.04	\$281.30	\$248.47	\$252.57	\$230.75	\$189.62	\$178.69	\$180.99	\$196.99	\$161.19
Individual: 27	1.048	\$304.78	\$311.16	\$287.90	\$254.30	\$258.49	\$236.16	\$194.07	\$182.88	\$185.23	\$201.60	\$164.97
Individual: 28	1.087	\$316.12	\$322.74	\$298.61	\$263.76	\$268.11	\$244.94	\$201.29	\$189.68	\$192.13	\$209.11	\$171.10
Individual: 29	1.119	\$325.43	\$332.24	\$307.40	\$271.53	\$276.00	\$252.16	\$207.22	\$195.27	\$197.78	\$215.26	\$176.14
Individual: 30	1.135	\$330.08	\$336.99	\$311.80	\$275.41	\$279.95	\$255.76	\$210.18	\$198.06	\$200.61	\$218.34	\$178.66
Individual: 31	1.159	\$337.06	\$344.12	\$318.39	\$281.23	\$285.87	\$261.17	\$214.62	\$202.25	\$204.85	\$222.96	\$182.44
Individual: 32	1.183	\$344.04	\$351.24	\$324.98	\$287.05	\$291.79	\$266.58	\$219.07	\$206.43	\$209.10	\$227.57	\$186.22
Individual: 33	1.198	\$348.40	\$355.70	\$329.10	\$290.69	\$295.49	\$269.96	\$221.85	\$209.05	\$211.75	\$230.46	\$188.58
Individual: 34	1.214	\$353.06	\$360.45	\$333.50	\$294.58	\$299.43	\$273.56	\$224.81	\$211.84	\$214.57	\$233.54	\$191.10
Individual: 35	1.222	\$355.38	\$362.82	\$335.70	\$296.52	\$301.41	\$275.37	\$226.29	\$213.24	\$215.99	\$235.08	\$192.36
Individual: 36	1.230	\$357.71	\$365.20	\$337.89	\$298.46	\$303.38	\$277.17	\$227.77	\$214.64	\$217.40	\$236.62	\$193.61
Individual: 37	1.238	\$360.04	\$367.57	\$340.09	\$300.40	\$305.35	\$278.97	\$229.25	\$216.03	\$218.82	\$238.15	\$194.87
Individual: 38	1.246	\$362.36	\$369.95	\$342.29	\$302.34	\$307.33	\$280.77	\$230.73	\$217.43	\$220.23	\$239.69	\$196.13
Individual: 39	1.262	\$367.01	\$374.70	\$346.68	\$306.22	\$311.27	\$284.38	\$233.70	\$220.22	\$223.06	\$242.77	\$198.65
Individual: 40	1.278	\$371.67	\$379.45	\$351.08	\$310.11	\$315.22	\$287.98	\$236.66	\$223.01	\$225.89	\$245.85	\$201.17
Individual: 41	1.302	\$378.65	\$386.58	\$357.67	\$315.93	\$321.14	\$293.39	\$241.10	\$227.20	\$230.13	\$250.47	\$204.95
Individual: 42	1.325	\$385.34	\$393.41	\$363.99	\$321.51	\$326.81	\$298.58	\$245.36	\$231.21	\$234.19	\$254.89	\$208.57
Individual: 43	1.357	\$394.64	\$402.91	\$372.78	\$329.28	\$334.70	\$305.79	\$251.29	\$236.80	\$239.85	\$261.05	\$213.61
Individual: 44	1.397	\$406.28	\$414.78	\$383.77	\$338.98	\$344.57	\$314.80	\$258.70	\$243.78	\$246.92	\$268.74	\$219.90
Individual: 45	1.444	\$419.94	\$428.74	\$396.68	\$350.39	\$356.16	\$325.39	\$267.40	\$251.98	\$255.23	\$277.78	\$227.30
Individual: 46	1.500	\$436.23	\$445.37	\$412.07	\$363.98	\$369.98	\$338.01	\$277.77	\$261.75	\$265.13	\$288.56	\$236.12
Individual: 47	1.563	\$454.55	\$464.07	\$429.37	\$379.26	\$385.51	\$352.21	\$289.44	\$272.74	\$276.26	\$300.67	\$246.03
Individual: 48	1.635	\$475.49	\$485.45	\$449.15	\$396.73	\$403.27	\$368.43	\$302.77	\$285.31	\$288.99	\$314.52	\$257.37
Individual: 49	1.706	\$496.14	\$506.53	\$468.66	\$413.96	\$420.78	\$384.43	\$315.92	\$297.70	\$301.54	\$328.18	\$268.54
Individual: 50	1.786	\$519.40	\$530.28	\$490.63	\$433.37	\$440.52	\$402.46	\$330.73	\$311.66	\$315.68	\$343.57	\$281.13
Individual: 51	1.865	\$542.38	\$553.74	\$512.33	\$452.54	\$460.00	\$420.26	\$345.36	\$325.44	\$329.64	\$358.77	\$293.57
Individual: 52	1.952	\$567.68	\$579.57	\$536.23	\$473.65	\$481.46	\$439.86	\$361.47	\$340.62	\$345.02	\$375.51	\$307.26
Individual: 53	2.040	\$593.27	\$605.70	\$560.41	\$495.01	\$503.17	\$459.69	\$377.77	\$355.98	\$360.57	\$392.43	\$321.12
Individual: 54	2.135	\$620.90	\$633.90	\$586.51	\$518.06	\$526.60	\$481.10	\$395.36	\$372.56	\$377.36	\$410.71	\$336.07
Individual: 55	2.230	\$648.53	\$662.11	\$612.60	\$541.11	\$550.03	\$502.51	\$412.95	\$389.14	\$394.15	\$428.99	\$351.02
Individual: 56	2.333	\$678.48	\$692.69	\$640.90	\$566.10	\$575.43	\$525.72	\$432.02	\$407.11	\$412.36	\$448.80	\$367.24
Individual: 57	2.437	\$708.73	\$723.57	\$669.47	\$591.34	\$601.09	\$549.15	\$451.28	\$425.26	\$430.74	\$468.81	\$383.61
Individual: 58	2.548	\$741.01	\$756.53	\$699.96	\$618.27	\$628.46	\$574.17	\$471.84	\$444.63	\$450.36	\$490.16	\$401.08
Individual: 59	2.603	\$757.00	\$772.86	\$715.07	\$631.62	\$642.03	\$586.56	\$482.02	\$454.22	\$460.08	\$500.74	\$409.74
Individual: 60	2.714	\$789.29	\$805.81	\$745.56	\$658.55	\$669.41	\$611.57	\$502.58	\$473.59	\$479.70	\$522.09	\$427.21
Individual: 61	2.810	\$817.20	\$834.32	\$771.94	\$681.85	\$693.09	\$633.21	\$520.36	\$490.35	\$496.67	\$540.56	\$442.32
Individual: 62	2.873	\$835.53	\$853.02	\$789.24	\$697.13	\$708.63	\$647.40	\$532.02	\$501.34	\$507.80	\$552.68	\$452.24
Individual: 63	2.952	\$858.50	\$876.48	\$810.94	\$716.30	\$728.11	\$665.20	\$546.65	\$515.12	\$521.77	\$567.88	\$464.67
Individual: 64	3.000	\$872.46	\$890.73	\$824.13	\$727.95	\$739.95	\$676.02	\$555.54	\$523.50	\$530.25	\$577.11	\$472.23
Individual: 65+	3.000	\$872.46	\$890.73	\$824.13	\$727.95	\$739.95	\$676.02	\$555.54	\$523.50	\$530.25	\$577.11	\$472.23

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	X	Y	
1	Data Collection Template																							
2																								
3	Company Legal Name:	Blue Cross & Blue Shield of Rho State:										RI												
4	HIOS Issuer ID:	15287			Market:	Individual																		
5	Effective Date of Rate Change(s):	1/1/2014																						
6																								
7																								
8	Market Level Calculations (Same for all Plans)																							
9																								
10																								
11	Section I: Experience period data																							
12	Experience Period:	1/1/2012 to 12/31/2012																						
13		<u>Experience Period</u>																						
14	Premiums (net of MLR Rebate) in Experience Period:	<u>Aggregate Amount</u>	<u>PMPM</u>	<u>% of Prem</u>																				
15		\$68,167,816	\$364.05	100.00%																				
16	Incurred Claims in Experience Period	\$64,453,295	344.22	94.55%																				
17	Allowed Claims:	\$84,314,762	450.29	123.69%																				
18	Index Rate of Experience Period				\$450.00																			
19	Experience Period Member Months	187,247																						
20	Section II: Allowed Claims, PMPM basis																							
21		Experience Period			Projection Period: 1/1/2014 to 12/31/2014				Mid-point to Mid-point, Experience to Projection:											24 months				
22		<u>on Actual Experience Allowed</u>			<u>Adj't. from Experience to Annualized Trend</u>				<u>Projections, before credibility Adjustment</u>				<u>Credibility Manual</u>											
23	Benefit Category	Utilization Description	Utilization per 1,000	Average Cost/Service	PMPM	Pop'l risk			Utilization per 1,000	Average Cost/Service	PMPM	Utilization per 1,000	Average Cost/Service	PMPM										
24	Inpatient Hospital	Days	415.36	\$3,231.29	\$111.85	1.050	1.000	1.037	1.030	462.80	\$3,472.02	\$133.90	0.00	\$0.00	\$0.00									
25	Outpatient Hospital	Services	2,144.50	532.51	95.16	1.050	1.000	1.040	1.040	2,436.05	576.28	116.99	0.00	0.00	0.00									
26	Professional	Services	10,837.96	153.15	138.32	1.050	1.000	1.030	1.043	12,382.54	162.32	167.49	0.00	0.00	0.00									
27	Other Medical	Services	564.15	153.15	7.20	1.000	1.121	1.000	1.000	564.15	171.65	8.07	0.00	0.00	0.00									
28	Capitation	Services	0.00	0.00	0.00	1.050	1.000	1.000	1.000	0.00	0.00	0.00	0.00	0.00	0.00									
29	Prescription Drug	Prescriptions	14,919.66	78.63	97.76	1.050	0.826	1.000	1.087	18,514.98	64.92	100.17	0.00	0.00	0.00									
30	Total				\$450.29							\$526.62			\$0.00									
31																								
32	Section III: Projected Experience:	Projected Allowed Experience Claims PMPM (w/applied credibility if applicable)										100.00%			0.00%		<u>After Credibility</u>		<u>Projected Period Totals</u>					
33		Paid to Allowed Average Factor in Projection Period															0.684							
34		Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM															\$360.08		\$145,970,332					
35		Projected Risk Adjustments PMPM															-0.08		(32,431)					
36		Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM															\$360.16		\$146,002,763					
37		Projected ACA reinsurance recoveries, net of rein prem, PMPM															38.16		15,469,568					
38		Projected Incurred Claims															\$322.00		\$130,533,195					
39		Administrative Expense Load													10.12%		39.16		15,873,552					
40		Profit & Risk Load													3.79%		14.68		5,949,269					
41		Taxes & Fees													2.84%		10.99		4,453,387					
42		Single Risk Pool Gross Premium Avg. Rate, PMPM															\$386.81		\$156,809,403					
43		Index Rate for Projection Period															530.00							
44		% increase over Experience Period															6.25%							
45		% Increase, annualized:															3.08%							
46		Projected Member Months																	405,387					
47																								
48																								
49	Information Not Releasable to the Public Unless Authorized by Law: This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.																							
50																								

Actuarial Memorandum Addendum – Direct Pay

Documentation below is in addition to the specified sections of the Actuarial Memorandum:

Benefit Categories

In the Unified Rate Review template the benefit category “Professional” includes primary care claims (routine healthcare services, including preventive care) and all other claims for professional services. The benefit category “Other Medical” includes state assessments, which encompass adult immunizations, child immunizations and a children’s health account (used to fund various programs for children).

Index Rate

The Index Rate represents the average allowed claims PMPM for Essential Health Benefits, excluding any adjustments for risk and reinsurance. The difference between the index rate and the 2014 projected allowed claims expense is the addition of pediatric dental rates. A description of our methodology is included elsewhere in the Actuarial Memorandum.

AV Pricing Value

The AV Pricing Values included in the Unified Rate Review template are indexed relative to the BlueSolutions for HSA Direct 1500/3000 plan, and are based on net to allowed factors and utilization adjustment factors by plan.

Warning Alerts

Following are explanations of the validation and warning alerts that we received in completing the Unified Rate Review template:

Validation Alerts

Wksh 1 - Market Experience - Cell K29 - (Benefit Category 'Prescription Drug' - Adj't. from Experience to Projection Period - Other) must be greater than 0 if Utilization per 1000 (cell F29) is greater than 0.

The factor entered is greater than 0. The validation alert appears to have been issued in error.

Warning - Wksh 1 - Market Experience Index Rate For Projection Period (Cell V44) must be less than or equal to Projected Allowed Experience Claims PMPM (w/applied credibility if applicable), After Credibility Total (Cell V32).

The Index Rate for Projection Period includes \$3.08 PMPM for pediatric dental but the Projected Allowed Experience Claims PMPM does not.

Warning Alerts

Wksh 2 – Plan Product Info - Cells A54, A56, A60, A67, A72, A73 - Differences not <0.02

Experience period data displayed in Wksh 1 – Market Experience includes premium, claims, and enrollment for the Pre-Existing Condition Insurance Plan (“PCIP”), while Wksh 2 – Plan Product Info excludes PCIP data. PCIP is not part of the Direct Pay portfolio; however, PCIP will end on 12/31/2013 and its members will move into the individual market.

See the table below for PCIP experience period data.

Pre-Existing Condition Insurance Plan (PCIP)
Experience Period 1/1/2012 – 12/31/2012

Premium	\$4,161,160
Allowed Claims	\$3,686,167
Member Months	1,833

Wksh 2 – Plan Product Info - Cell A82 – Total Premium in Wksh 2 not equal Total Premium in Wksh 1

The Average Rate PMPMs by product in Wksh 2 were calculated as melded averages of our on-exchange and off-exchange rates, assuming an 80%/20% weighting for products that will be offered both on and off the exchange. On-exchange products include a rate for 45 CFR section 156.280(e)(4)(iii), and off-exchange products include a rate for pediatric dental benefits. This accounts for the difference in the two Total Premium figures.

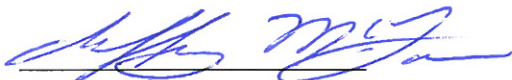
Wksh 2 – Plan Product Info - Cell A86 – Total Allowed Claims Difference not <0.02

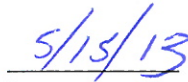
Total Allowed Claims by product in Wksh 2 equals Projected Allowed Claims in Wksh 1 prior to adjustments for risk and reinsurance. Cell B86, however, references Projected Allowed Claims in Wksh 1 after adjustments for risk and reinsurance. It appears that the validation formula may be in error since it is inconsistent with the formula in cell B99 (Allowed Claims PMPM).

Actuarial Certification

I, Jeffrey McLane, am a member in good standing, of the American Academy of Actuaries and meet the Academy qualification standards for rendering this opinion. To the best of my knowledge and judgment, the projected Base EHB Rate in the Rate Review Process OHIC Template was developed in compliance with all applicable State and Federal statutes and regulations, in particular 45 CFR 156.80(d)(1) and in compliance with applicable Actuarial Standards of Practice. It is my opinion that the proposed premium rates are reasonable in relation to the benefits proposed to be offered and the population anticipated to be covered, and are neither excessive nor deficient. Plan level rates were developed using only the index rate and allowable adjustments as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2).

The Federal AV calculator was used to generate all AV values and metal levels. As documented in this memorandum, certain inputs to the calculator were adjusted to appropriately reflect the plan designs.


Signature of Actuary


Date

State: Rhode Island

Filing Company: Blue Cross & Blue Shield of Rhode Island

TOI/Sub-TOI: H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense

Product Name: Direct Pay

Project Name/Number: Direct Pay 2011 Filing/DP 11-18-11

Supporting Document Schedules

Bypassed - Item:	A&H Experience
Bypass Reason:	Filing letter and exhibits attached
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Actuarial Certification - Life & A&H
Bypass Reason:	Filing letter and exhibits attached
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Actuarial Memorandum - A&H Rate Revision Filing
Bypass Reason:	Filing letter and exhibits attached
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Health Insurance Checklist
Bypass Reason:	Filing letter and exhibits attached
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Premium Rate Sheets - Life & A&H
Bypass Reason:	Filing letter and exhibits attached
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Actuarial Memorandum and Certifications
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State: Rhode Island**Filing Company:** Blue Cross & Blue Shield of Rhode Island**TOI/Sub-TOI:** H151 Individual Health - Hospital/Surgical/Medical Expense/H151.001 Health - Hospital/Surgical/Medical Expense**Product Name:** Direct Pay**Project Name/Number:** Direct Pay 2011 Filing/DP 11-18-11

Bypass Reason:	See attachments under rate/rule schedule tab
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Unified Rate Review Template
Bypass Reason:	To be submitted at a later date.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Consumer Disclosure Form
Bypass Reason:	See attachments under rate/rule schedule tab
Attachment(s):	
Item Status:	
Status Date:	