

State: Rhode Island **Filing Company:** Blue Cross & Blue Shield of Rhode Island
TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only
Product Name: Small Group Commercial Medical
Project Name/Number: Small Group 2014 Renewals/SG2014

Filing at a Glance

Company: Blue Cross & Blue Shield of Rhode Island
Product Name: Small Group Commercial Medical
State: Rhode Island
TOI: H15G Group Health - Hospital/Surgical/Medical Expense
Sub-TOI: H15G.003 Small Group Only
Filing Type: Rate
Date Submitted: 04/15/2013
SERFF Tr Num: BCBS-128985690
SERFF Status: Assigned
State Tr Num:
State Status: Open-Pending Actuary Review
Co Tr Num: SG-201304
Implementation: 01/01/2014
Date Requested:
Author(s): Monica Neronha, Jessie Knowles, Kimberly Holway, Jeffrey McLane, Catherine Mitchell, 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
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General Information

Project Name: Small Group 2014 Renewals	Status of Filing in Domicile:
Project Number: SG2014	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Small
Group Market Type: Association, Employer	Overall Rate Impact: 14.7%
Filing Status Changed: 04/16/2013	
State Status Changed: 04/16/2013	Deemer Date:
Created By: Sean Neylon	Submitted By: Sean Neylon
Corresponding Filing Tracking Number:	

PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null

Include Exchange Intentions: No

Filing Description:

Small Group Rate Filing for 2014 Renewals - New PPACA Products

Company and Contact

Filing Contact Information

Sean Neylon, Actuarial Project Analyst sean.neylon@bcbsri.org
 500 Exchange Street 401-459-1278 [Phone] 1278 [Ext]
 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:

SERFF Tracking #:

BCBS-128985690

State Tracking #:**Company Tracking #:**

SG-201304

State: Rhode Island**Filing Company:**

Blue Cross & Blue Shield of Rhode Island

TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only**Product Name:** Small Group Commercial Medical**Project Name/Number:** Small Group 2014 Renewals/SG2014

Correspondence Summary

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Rate	Small Group 2014 Rates - Actuarial Memo Addendum	Sean Neylon	05/15/2013	05/15/2013
Rate	Small Group 2014 Rates - Unified Rate Review Template	Sean Neylon	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 Tighe	04/22/2013	04/22/2013
Filing Fees	Note To Reviewer	Sean Neylon	04/17/2013	04/17/2013
Fee is required	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: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only

Product Name: Small Group Commercial Medical

Project Name/Number: Small Group 2014 Renewals/SG2014

Amendment Letter

Submitted Date: 05/15/2013

Comments:

Please find attached PDF versions of the addendum to the actuarial memorandum and the Unified Rate Review Template for Small Group.

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	Small Group 2014 Rates - Actuarial Memo Addendum		Other	Previous State Filing Number: Rate Action Other Explanation:	2014 SG Actuarial Memo Addendum 5_15_13.pdf,	05/15/2013 By:
2	Small Group 2014 Rates - Unified Rate Review Template		Other	Previous State Filing Number: Rate Action Other Explanation:	Small Group plan_management_data_templates_unified Submitted 5-15.pdf,	05/15/2013 By:

No Supporting Documents Changed.

State: Rhode Island **Filing Company:** Blue Cross & Blue Shield of Rhode Island
TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only
Product Name: Small Group Commercial Medical
Project Name/Number: Small Group 2014 Renewals/SG2014

Note To Filer

Created By:

Patrick Tigue on 04/22/2013 09:57 PM

Last Edited By:

Patrick Tigue

Submitted On:

04/22/2013 09:57 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: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only

Product Name: Small Group Commercial Medical

Project Name/Number: Small Group 2014 Renewals/SG2014

Note To Reviewer

Created By:

Sean Neylon on 04/17/2013 09:38 AM

Last Edited By:

Sean Neylon

Submitted On:

04/17/2013 09:38 AM

Subject:

Filing Fees

Comments:

The filing fee is incorporated with the form filing - see BCBS-128985488.

State: Rhode Island

Filing Company: Blue Cross & Blue Shield of Rhode Island

TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only

Product Name: Small Group Commercial Medical

Project Name/Number: Small Group 2014 Renewals/SG2014

Note To Filer

Created By:

Adrienne Evans on 04/16/2013 09:26 AM

Last Edited By:

Adrienne Evans

Submitted On:

04/16/2013 09:26 AM

Subject:

Fee is required

Comments:

Please forward a fee..

State: Rhode Island **Filing Company:** Blue Cross & Blue Shield of Rhode Island
TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only
Product Name: Small Group Commercial Medical
Project Name/Number: Small Group 2014 Renewals/SG2014

Post Submission Update Request Processed On 05/08/2013

Status: Allowed
Created By: Sean Neylon
Processed By: Maria Casale
Comments: Okay to allow per Charlie DeWeese email 5-8-13.

General Information:

Field Name	Requested Change	Prior Value
Market Type	Group	Group
Group Market Type	Association Employer	Employer Association

Company Rate Information:

Company Name: Blue Cross & Blue Shield of Rhode Island

Field Name	Requested Change	Prior Value
HMO - Covered Lives	8172	2121
HMO - Policy Holders	471	1156
PPO - Policy Holders	8172	29981

State: Rhode Island **Filing Company:** Blue Cross & Blue Shield of Rhode Island
TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only
Product Name: Small Group Commercial Medical
Project Name/Number: Small Group 2014 Renewals/SG2014

Rate Information

Rate data applies to filing.

Filing Method: File and Approve
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 3.400%
Effective Date of Last Rate Revision: 01/01/2013
Filing Method of Last Filing: File and Approve

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	14.700%	14.700%	\$52,109,000	31,137	\$405,557,000	24.700%	4.700%

Product Type:	HMO	PPO	EPO	POS	HSA	HDHP	FFS	Other
Covered Lives:	8,172	59,230						
Policy Holders:	471	8,172						

State: Rhode Island Filing Company: Blue Cross & Blue Shield of Rhode Island
 TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only
 Product Name: Small Group Commercial Medical
 Project Name/Number: Small Group 2014 Renewals/SG2014

Rate Review Detail

COMPANY:

Company Name: Blue Cross & Blue Shield of Rhode Island
 HHS Issuer Id: 15287
 Product Names: BlueCHIP for Healthy Options
 BlueSolutions
 HealthMate Coast-to-Coast
 LifeStyleBlue
 VantageBlue
 VantageBlue SelectRI
 Trend Factors: Baseline trend increase of 8.8%; net of new PBM contract @ 1/1/2013 and demographics, effective trend is 7.1%

FORMS:

New Policy Forms: SG OOE BSHSA DEN (1-14), SG OOE BSHSA (1-14), SG BXO BSHSA DEN (1-14), SG BXO BSHSA (1-14), SG OOE VB DEN (1-14), SG OOE VB (1-14),SG BXO VB DEN (1-14),SG BXO VB (1-14), SG OOE VBS DEN (1-14),SG OOE VBS (1-14),SG BXO VBS DEN (1-14),SG BXO VBS (1-14),SG BXO HMC2C DEN (1-14),SG BXO HMC2C (1-14),SG BXO LFS DEN (1-14),SG BXO LFS (1-14),SG OOE BCHO (1-14)

Affected Forms:
 Other Affected Forms:

REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual
 Member Months: 736,212
 Benefit Change: None
 Percent Change Requested: Min: 4.7 Max: 24.7 Avg: 14.7

PRIOR RATE:

Total Earned Premium: 353,448,000.00
 Total Incurred Claims: 295,306,000.00
 Annual \$: Min: 432.08 Max: 528.10 Avg: 480.09

REQUESTED RATE:

Projected Earned Premium: 405,557,000.00
 Projected Incurred Claims: 330,986,000.00
 Annual \$: Min: 502.65 Max: 598.67 Avg: 550.87

SERFF Tracking #:

BCBS-128985690

State Tracking #:

Company Tracking #:

SG-201304

State:

Rhode Island

Filing Company:

Blue Cross & Blue Shield of Rhode Island

TOI/Sub-TOI:

H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only

Product Name:

Small Group Commercial Medical

Project Name/Number:

Small Group 2014 Renewals/SG2014

Rate/Rule Schedule

State: Rhode Island

Filing Company:

Blue Cross & Blue Shield of Rhode Island

TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only

Product Name: Small Group Commercial Medical

Project Name/Number: Small Group 2014 Renewals/SG2014

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Small Group 2014 Rates - Cover Memorandum	SG OOE BSHSA DEN (1-14), SG OOE BSHSA (1-14), SG BXO BSHSA DEN (1-14), SG BXO BSHSA (1-14), SG OOE VB DEN (1-14), SG OOE VB (1-14), SG BXO VB DEN (1-14), SG BXO VB (1-14), SG OOE VBS DEN (1-14), SG OOE VBS (1-14), SG BXO VBS DEN (1-14), SG BXO VBS (1-14), SG BXO HMC2C DEN (1-14), SG BXO HMC2C (1-14), SG BXO LFS DEN (1-14), SG BXO LFS (1-14), SG OOE BCHO (1-14)	New		SG Cover Memo 4-15 FINAL.pdf,
2		Small Group 2014 Rates - Actuarial Memorandum		Other	Previous State Filing Number: Rate Action Other Explanation:	SG Actuarial Memo Filed 4-15 FINAL.pdf,
3		Small Group 2014 Rates - Consumer Narrative		Other	Previous State Filing Number: Rate Action Other Explanation:	SG Consumer Narrative 4-15 FINAL.pdf,
4		Small Group 2014 Rates - OHIC Template		Other	Previous State Filing Number: Rate Action Other Explanation:	Small Group - OHIC Template 2014 Filing FINAL.pdf,
5		Small Group 2014 Rates - Rate Attestation		Other	Previous State Filing Number: Rate Action Other Explanation:	SG Rate Attestation 4_15_13.pdf,

SERFF Tracking #:

BCBS-128985690

State Tracking #:**Company Tracking #:**

SG-201304

State:

Rhode Island

Filing Company:

Blue Cross & Blue Shield of Rhode Island

TOI/Sub-TOI:

H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only

Product Name:

Small Group Commercial Medical

Project Name/Number:

Small Group 2014 Renewals/SG2014

6		Small Group 2014 Rates - RI AHS Exhibit		Other	Previous State Filing Number: Rate Action Other Explanation:	2013 Rate Review Process RI Annual Health Statement Supplement FINAL.pdf,
7		Small Group 2014 Rates - Actuarial Memo Addendum		Other	Previous State Filing Number: Rate Action Other Explanation:	2014 SG Actuarial Memo Addendum 5_15_13.pdf,
8		Small Group 2014 Rates - Unified Rate Review Template		Other	Previous State Filing Number: Rate Action Other Explanation:	Small Group plan_management_data_templates_unified Submitted 5-15.pdf,

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 Small Group Business Written or Renewed in 2014

Dear Commissioner Koller:

This letter and the attached documents comprise a rate filing by Blue Cross & Blue Shield of Rhode Island (“BCBSRI”) and related rating information to be used in commercial rating of small employer groups.

As you know, premium is driven primarily by medical expenses paid on behalf of our members. This equates to roughly 80% of each premium dollar in the small group market. In fact, in 2012, 86% of each small group 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 cost 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 of 0.6%.

As a result of these increased medical expenses, among other factors discussed further in this letter, this filing reflects an overall average rate increase of 14.7% excluding the cost of benefit changes. As you know, the actual increase experienced by a group and its employees will vary based upon the age of each employee and their dependents as well as the plan selected. The impact will range from more than a 20% reduction to more than a 40% increase.

Impact of the ACA:

In addition to medical expense increases discussed above, there are significant premium increases driven by the Patient Protection & Affordable Care Act (“ACA”). Excluding all ACA related effects, the average increase would be 10.3%. The ACA impacts include:

- The Health Insurer Tax, Transitional Reinsurance Fee, the Patient Centered Outcomes Research Trust Fund Fee and the federal Risk Adjuster Fee combine to add about \$22 PMPM - nearly 4% of total premiums for small group.
- Changes in the composition of the small group risk pool are anticipated due to various factors. The net effect of these risk pool impacts is a reduction of about \$1 PMPM or -0.1% to premium. The impacts to the risk pool include:
 - Required changes in the rating rules, i.e. the elimination of gender rating, the change in the age slope, and the introduction of member level rating will produce significantly different effects for different groups.
 - The disruption caused by the rating rule changes is likely to cause some small employers to terminate their coverage and that lower morbidity groups are more likely to terminate coverage.
 - Some employers are likely to take steps so as to make their low income employees (who are generally younger employees) eligible for premium tax credits in the individual market.
 - Increased choice that will be made available to employees through the SHOP Exchange will inevitably lead to increased costs due to selection effects.
 - Migration of some sole proprietors to the individual market of a portion of the sole proprietors will result in an improvement in small group average morbidity.
 - Anticipated risk adjustment payments, as estimated by Wakely.

Financial Stability:

After four years of underwriting losses, BCBSRI ranks last among Blue Cross and Blue Shield plans nationwide in financial strength as measured by Risk Based Capital (“RBC”). Continued underwriting losses cannot be sustained. 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 significant new uncertainties because it profoundly changes the way health insurance products are designed, priced and sold. By way of example, recent reports provided to CareFirst BCBS by Milliman and Lewin advise CareFirst on its reserve requirements. Both firms are in agreement that the ACA should increase a carrier’s target RBC levels.¹

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

¹ See <http://disb.dc.gov/node/311302>, <http://disb.dc.gov/node/311272>, and <http://actuary.org/content/analysis-aca-related-potential-risks-health-rbc>.

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; and
- A new pharmacy benefit management contract with Catamaran will mitigate pharmacy expenses in 2013 and beyond. The projected savings resulting from this contract is about \$65 million over three years for group insured business, and reduces the average annual premium increase for employers by roughly 0.5% in 2014.

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 rates as submitted. We believe that the proposed 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, your staff, or your consulting actuary, Mr. DeWeese, may have.

Sincerely,



Michael Hudson, FSA, MBA
Executive Vice President & Chief Financial Officer

Attachment A

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

SG OOE BSHSA DEN (1-14)
SG OOE BSHSA (1-14)
SG BXO BSHSA DEN (1-14)
SG BXO BSHSA (1-14)

SG OOE VB DEN (1-14)
SG OOE VB (1-14)
SG BXO VB DEN (1-14)
SG BXO VB (1-14)

SG OOE VBS DEN (1-14)
SG OOE VBS (1-14)
SG BXO VBS DEN (1-14)
SG BXO VBS (1-14)

SG BXO HMC2C DEN (1-14)
SG BXO HMC2C (1-14)

SG BXO LFS DEN (1-14)
SG BXO LFS (1-14)

SG OOE BCHO (1-14)

The filing fee associated with the above form filings (SERFF Tracking Number: BCBS-128985488) is inclusive of the fees for this rate filing.

General Information

Company Identifying Information

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

Company Contact Information

- Primary Contact Name: John Lynch
- Primary Contact Telephone Number: 401-459-5399
- Primary Contact Email Address: John.Lynch@BCBSRI.org

Proposed Rate Increase(s)

Effective 1/1/2014 BCBSRI will introduce a new portfolio of plans in the Small Group Market. The overall average increase of 14.7% is the average required premium increase across the entire portfolio without reflecting the impact of any benefit changes. Pricing differences among the plans vary due to their benefit differences.

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

Claims Trend and Base Experience – Projected claims are based on applying trend factors to the base period experience. The increase over 2013 rates reflects both a year of claims trend as well as the inadequacy in the claim portion of the current rates.

Operating Expense – Due to regulatory pressure and affordability concerns, current rates do not reflect an appropriate full allocation of expenses.

State Assessments – State assessments are expected to increase at a higher than normal rate due to the shrinking pool of fully-insured premium used as the basis to assess the required revenue for the state to operate its childhood immunization, adult immunization, and Children’s Health Account (aka CEDARR) programs.

Base Modifications – The Patient Protection & Affordable Care Act (“ACA”) will cause changes in the population and selection risk of the Small Group Market. This includes the impact of expanded employee choice, the migration of Sole Proprietors from the Small Group market, and additional Small Group market erosion due to expected

impacts of new rating rules under ACA. Modifications to the current rating rules such as the transition from composite billing to list billing and elimination of gender rating will lead to further adverse selection and Small Group market erosion relative to today's market.

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

Premium Stabilizers – We estimate that the Risk Adjuster program will provide payments to BCBSRI and will lower the overall average increase needed for 2014 renewal premium rates.

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.

Premiums (net of MLR Rebate) in Experience Period:

The earned premium prior to MLR rebates for the calendar year 2012 experience period is \$334,330,036. For Small group, earned premium prior to MLR rebates is calculated as the sum of contracts times rates. Contracts and rates are categorized by plan and individual versus family. Rates and number of contracts are then multiplied for each cohort. The premium for each cohort is then summed to produce total quarterly and annual earned premium.

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 \$268,406,704. The amount of incurred claims processed outside of our claims system is \$9,638,774. Our best estimate of claims incurred but not paid as of the paid through date of February 28, 2013 is \$683,966.

The amount of allowed claims processed through our claims system for the experience period 2012 is \$323,042,677. The amount of allowed claims processed outside of our claims system is \$10,453,182. Our best estimate of allowed claims incurred but not paid as of the paid through date of stated above is \$809,754.

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

The methodology used to estimate claims incurred but not paid for both incurred and allowed claims in the experience period is the same. Incurred claims are used to calculate incurred completion factors. Claims triangles are used to develop lag tables. The triangles are separated into four categories: Inpatient, Outpatient, Surgical/Medical and Drugs. Three and six month averages are used to calculate completion factors. The claims used to develop completion factors are based on an experience over the last three years.

Please refer to the attached appendix titled "Appendix A: Claims Development Exhibit for Actuarial Memorandum Small Group 2014 Rate Filing" for further details.

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 in the Prescription Drug category. 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.)

Projection Factors

Changes in the Morbidity of the Insured Population

The ACA will cause major changes in the population of the Small Group Market in Rhode Island. The development of this filing utilized the combination of three factors:

- 1) Employee Choice Effects – With the advent of the SHOP exchange, some employees within the Small Group market will have the opportunity to purchase insurance and have greater choice about their coverage. This increase in employee choice will give rise to adverse selection costs as members will choose coverage based on their expectation of needing medical services. We forecast 10% of groups will be written on an employee choice basis. Our analyses indicate that the adverse selection costs arising will equal 5% of premium on such groups.
- 2) Sole Proprietors - Sole Proprietors currently may choose between the individual and small group markets. Participation in the Direct Pay market has generally been advantageous for those that couldn't pass medical underwriting. Sole proprietors that could not pass medical underwriting have generally found it advantageous to purchase coverage in the Small Group market. Current guidance from the Office of the Health

Insurance Commissioner (“OHIC”) does not require these members to move to the individual market in 2014. However, with the impacts of the ACA (rating changes, reinsurance credits and premium subsidies, etc.), many of the sole proprietors now in the Small Group market 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. We estimate that about that 60% of groups with one subscriber are sole proprietors. We have also estimated that 60% of this membership would leave the Small Group market in 2014. Their migration is estimated to improve average Small Group morbidity by about .9%.

3) Additional Small Group Market Erosion – Enrollment in the Small Group market has been eroding over the past few years, leading to increases in the average age of our covered membership. We expect that this erosion will accelerate as a result of 2014 ACA changes. The move to list-billing, compression of the age slope from 4:1 to 3:1, elimination of gender rating, the availability of premium subsidies in the Individual market for low income (generally younger members) and the introduction of new taxes and fees will give rise to acceleration in market erosion. We expect these ACA impacts will lead to the loss of an additional 10% of Small Group enrollment. Since high cost members and groups always have a greater tendency to maintain coverage we believe this enrollment erosion will cause average Small Group morbidity to deteriorate by 1%.

Changes in Benefits

Concurrent with this filing, BCBSRI submitted new plans to the OHIC. All plans have been updated to comply with state and federal requirements including:

- Elimination of annual dollar maximums on all essential health benefits;
- Implementation of deductible limits and 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 the first day of the first plan year beginning on or after January 1, 2014.

Changes in Demographics

The ongoing erosion in Small Group enrollment has been having the effect of increasing costs by about 1.7% per year over recent years. We expect this “normal” erosion to continue and the effects of this have been built into our trend factors. Additionally as mentioned above we expect the combined effects of the ACA changes to lead to an additional enrollment erosion of 10% of total Small Group membership. The effect of this is being reflected through an adjustment in the assumed morbidity of the insured 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 and changes in the types of services used, or mix. Utilization/mix trend factors were developed separately for inpatient, outpatient, professional, and pharmacy services. The utilization / mix trend analysis used allowed claims PMPM for outpatient, professional, and pharmacy 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.

The utilization / mix trend analysis used allowed claims PMPM that were normalized for changes in claims costs that were due to influences other than utilization or mix. The data for outpatient and professional services were de-priced to a common price level, namely December 2009. The trend data for all types of services were 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 pharmacy trend was normalized to remove the impact of changes in contractual terms with our Pharmacy Benefit Managers. The pharmacy trend data was also normalized to remove the effect of anticipated new brand name drugs being introduced to the market, and the anticipated availability of new generic drugs as well as pricing changes of 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, which equates 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 fit 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 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 my actuarial judgment.

We reviewed the results of the regression analysis using all insured commercial data in addition to the analysis using only Small Group data. This was done to increase credibility and decrease volatility. For hospital inpatient, the best fit trend line for

admissions per 1,000 members based on the Small group experience data has an annual trend of 2.3% and the latest 12 month trend of 3.5%. The total commercial data produced a best fit line at 3.1% and a latest 12 month of 2.9%, it was decided to use a 3% trend for inpatient.

For hospital outpatient, the line with the best fit based on the Small group deprived PMPM data has an indicated trend of 5.7%, while total commercial insured data produced a best fit of 4.0%. It was decided to use 4.0%

For the Small Group professional services deprived PMPM analysis, the regression line with the best fit indicated trend of 2.2% with the latest 12 month trend at 2.6%. For total commercial data, the best fit was 2.3% while the latest 12 month was 2.7%. We felt the appropriate trend to use was 2.5% for professional services.

For the Small group pharmacy regression analysis, the regression line with the best fit indicated trend of 3.6%. Due to the large volume of drug claims and the high R square value, the trend of 3.6% for just the small group population was used.

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 rates were used.

Credibility of Experience

Given the size of our Small Group block of business the base period experience was considered to be fully credible.

Paid to Allowed Ratio

The Paid-to-Allowed Ratio for 2014 is calculated to be the ratio between expected paid claims experience under 2014 benefit plans versus allowed 2014 Small Group claims experience under current benefit plans. 2014 projected allowed claims (line 1) without state-mandated assessments are converted to a paid basis by utilizing the actual 2012 paid-to-allowed factor adjusted for cost-sharing leveraging on trend. These 2014 paid claims under current benefit design are then converted to reflect a reference plan (in this case, VantageBlue \$250 with \$10/\$35/\$60/\$10 Rx). The factor used to make this conversion reflects differences in both cost-sharing and non-health related impact on utilization between the current average benefit and the VantageBlue \$250 plan. This reference plan serves as a cross-walk to claims levels under the Essential Health Benefits (EHB) plans. The average relativity to VantageBlue \$250 is shown in the table below the calculation. The relativity factors shown in the attached table reflect differences in both cost-sharing and non-health related impact on utilization acts between the VantageBlue \$250 and each of the new plans for 2014. After converting 2014 paid claims under current benefit design to the same basis as expected EHB products, state-mandated assessments (line 2) are added back to the paid claims and the paid-to-allowed ratio is calculated as line 11 divided by line 3.

Please refer to the attached appendix titled “Appendix B: Calculation of Paid to Allowed Average Factor in Projection Period for Small Group CY 2014 Renewals” for further details.

Risk Adjustment and Reinsurance

Projected Risk Adjustments PMPM

We expect a payment of \$5.01 PMPM based on an analysis performed by Wakely consultants on behalf of OHIC. In the rating template this payment is adjusted to reflect federal risk adjuster fees of \$0.08 PMPM.

Non-Benefit Expenses and Profit & Risk

Administrative Expense Load

The expense budgets are created using current market segment allocation ratios and multiplying by 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 segment) or through an allocation where the expense is benefiting more than one segment. Each area is allocated based on the function that is being performed (e.g.

Claims area would allocate based on paid claims, Sales would allocate based on contracts, etc.). These ratios are used to then distribute area expenses to the market segment. Expenses exclude premium tax and expenses associated with the new core claim processing system.

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.

Profit (or Contribution to Surplus) & Risk Margin

Premiums for 2014 Small Group renewals shown in this filing include a 3.00% contribution to corporate reserves. In addition, BCBSRI is including a 0.34% reserve contribution to fund the development and implementation of a new core claims processing system. Thus, the total reserve component for premiums in this filing is 3.34%. This reserve component is consistent with reserve factor that the OHIC approved for 2013 Small Group renewals.

Taxes and Fees

The State of Rhode Island levies taxes of 2% on fully insured premium, including small group. Beginning in 2014, as part of the ACA, new federal Health Insurer and Transitional Reinsurance Program fees will be imposed. The 2014 rate year premiums we will be quoting for other than January cases will include parts of both 2014 and 2015 calendar premiums. Health Insurer fees are scheduled to increase in 2015 by approximately the same amount that the Transitional Reinsurance Programs fees are expected to decrease. Together we estimate that these fees amount to 3.0% of premium including an adjustment because the Health Insurer fees will not be an allowed deduction for federal income tax purposes. For 2014, Patient Centered Outcomes Research Trust fees will be levied at \$2 per covered life which translates into .04% of premium. For later years this amount will be indexed to health care cost inflation.

About 30% of 2014 premium revenues will arise from 2013 rate year business that did not include any assessment for these new federal fees. Therefore the charges we propose to build into our 2014 rates have been grossed up in order to recover the new federal fees attributable to this business. The net charging rate we propose to build into our 2014 rates amounts to 3.9% of premium. Since Transitional Reinsurance fees are dealt with in a different section of the template, this 3.9% rate has been separated into a 1.22% charge for the reinsurance program (equivalent to a \$5.25 pmpm fee in 2014) and a 2.68% charge for all other federal assessments.

Note that the NAIC is considering requiring carriers to recognize the Health Insurer fees they will pay in 2015 in their 2014 financial statements. 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.

Please refer to the attached appendix titled “Appendix C: ACA Related Taxes and Fees for Small Group CY 2014 Renewals” for further details.

Projected Loss Ratio

Our projected filed loss ratio using the federally prescribed MLR methodology is 85.1%.

Index Rate

To be completed concurrent with the federal 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 Select RI)

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 Select RI)

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 Select RI)

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 Select RI)

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%

Please refer to the attached appendix titled “Appendix D: Development of Actuarial Value for Small Group CY 2014 Renewals” for further details regarding the calculation of the Base EHB rate and plan relativity values for the respective products

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 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 model adjusts utilization to the appropriate level based on the particular plan to be rated. We then re-adjudicate the claims for that plan design. For each plan, the plan relativity factor quoted in this filing is simply the quotient of this claim value to the value derived in this fashion for the index plan. 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 so as to synch up 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.

As directed the relativity values quoted in the Plan Rates 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 consistent with a plan with a 70% actuarial value.

Please refer to the attached appendix titled "Appendix E: Development of Base EHB Rate and Plan Relativity Factors for Small Group CY 2014 Renewals" for further details regarding the calculation of the Base EHB rate and plan relativity values for the respective products.

Membership Projections

The expected member months for 2014 Small Group enrollment is 633,642. This enrollment is consistent with the assumptions used in rating, as discussed in the section dealing with "Changes in the Morbidity of the Insured Population." First, Sole Proprietors will migrate to the individual market to take advantage of favorable pricing. Second, we expect the erosion in the small group market to accelerate as new rating rules under ACA take effect and some groups receive large increases.

Terminated Products

N/A

Plan Type

Not applicable to the OHIC template.

Warning Alerts

To be completed concurrent with the federal unified rate review template.

Effective Rate Review Information (optional)

BlueChip for Healthy Options plan is intended to comply with OHIC Regulation 11, Section 13 and RI Gen. Laws section 27-50-10. The benefits and pricing have been modified to comply with ACA rules and regulations. The pricing for this plan is no longer compliant with the requirement that the premium be equal to 10% of the average Rhode Island wage. This is because the ACA rating rules require that rates be developed consistently for the small group market, with a single risk pool, and that such rates be actuarially sound. Because this plan does not drive significantly different utilization or otherwise have benefits different than from other plans in the market, we are unable to justify a rate that is less than other plans being proposed.

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, John Lynch, 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 index rate (labeled the "Base EHB Rate" in the 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 is 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

April 15th, 2013 _____
Date

**Appendix A: Claims Development Exhibit for Actuarial Memorandum
Small Group 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	\$5,500,978	\$5,802,088	\$1,096,962	\$5,734,834	\$4,764,103	N/A	\$5,910,127	\$7,037,189	\$1,349,114	\$8,327,749	\$6,184,321	N/A
2/1/2012	\$4,505,046	\$5,452,089	\$987,813	\$5,376,208	\$4,427,268	N/A	\$4,768,861	\$6,556,888	\$1,207,888	\$7,578,640	\$5,694,125	N/A
3/1/2012	\$5,268,033	\$6,044,145	\$1,047,261	\$6,169,090	\$5,034,209	N/A	\$5,666,246	\$7,131,997	\$1,272,710	\$8,420,720	\$6,313,040	N/A
4/1/2012	\$5,197,506	\$5,828,559	\$973,882	\$5,756,195	\$4,800,618	N/A	\$5,522,840	\$6,847,584	\$1,181,036	\$7,854,778	\$5,987,067	N/A
5/1/2012	\$4,963,568	\$5,959,540	\$1,026,453	\$6,102,466	\$4,987,733	N/A	\$5,678,135	\$7,058,390	\$1,235,568	\$8,300,616	\$6,200,033	N/A
6/1/2012	\$5,385,652	\$5,882,064	\$981,611	\$5,738,757	\$4,658,366	N/A	\$5,681,128	\$6,758,078	\$1,167,243	\$7,576,120	\$5,785,441	N/A
7/1/2012	\$5,973,554	\$5,525,474	\$928,099	\$5,387,745	\$4,762,948	N/A	\$6,464,941	\$6,358,599	\$1,092,282	\$7,046,256	\$5,858,266	N/A
8/1/2012	\$4,764,380	\$6,019,787	\$1,093,076	\$5,794,457	\$5,006,505	N/A	\$5,160,353	\$7,010,316	\$1,269,287	\$7,557,196	\$6,072,215	N/A
9/1/2012	\$5,974,580	\$5,529,143	\$969,314	\$5,520,147	\$4,631,503	N/A	\$6,173,506	\$6,284,173	\$1,129,167	\$7,061,286	\$5,633,972	N/A
10/1/2012	\$4,662,089	\$5,776,271	\$1,091,777	\$5,816,352	\$5,295,477	N/A	\$4,928,728	\$6,641,621	\$1,264,126	\$7,589,387	\$6,363,687	N/A
11/1/2012	\$5,147,698	\$5,459,609	\$1,056,888	\$5,706,790	\$4,913,019	N/A	\$5,500,290	\$6,255,426	\$1,227,044	\$7,422,171	\$5,907,697	N/A
12/1/2012	\$4,403,783	\$5,057,694	\$990,021	\$5,282,663	\$4,412,766	N/A	\$4,599,361	\$5,662,749	\$1,165,340	\$6,727,150	\$5,362,414	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	0.9924	1.0000	0.9990	0.9990	0.9995	N/A	0.9924	1.0000	0.9990	0.9990	0.9995	N/A
2/1/2012	0.9987	1.0000	0.9982	0.9982	0.9995	N/A	0.9987	1.0000	0.9982	0.9982	0.9995	N/A
3/1/2012	0.9987	1.0000	0.9982	0.9982	0.9995	N/A	0.9987	1.0000	0.9982	0.9982	0.9995	N/A
4/1/2012	1.0000	1.0000	0.9975	0.9975	0.9995	N/A	1.0000	1.0000	0.9975	0.9975	0.9995	N/A
5/1/2012	1.0000	1.0000	0.9975	0.9975	0.9995	N/A	1.0000	1.0000	0.9975	0.9975	0.9995	N/A
6/1/2012	0.9878	1.0000	0.9965	0.9965	0.9995	N/A	0.9878	1.0000	0.9965	0.9965	0.9995	N/A
7/1/2012	0.9878	1.0000	0.9965	0.9965	0.9995	N/A	0.9878	1.0000	0.9965	0.9965	0.9995	N/A
8/1/2012	0.9962	0.9999	0.9951	0.9951	0.9994	N/A	0.9962	0.9999	0.9951	0.9951	0.9994	N/A
9/1/2012	0.9962	0.9999	0.9951	0.9951	0.9994	N/A	0.9962	0.9999	0.9951	0.9951	0.9994	N/A
10/1/2012	0.9951	0.9999	0.9933	0.9933	0.9993	N/A	0.9951	0.9999	0.9933	0.9933	0.9993	N/A
11/1/2012	0.9951	0.9999	0.9933	0.9933	0.9993	N/A	0.9951	0.9999	0.9933	0.9933	0.9993	N/A
12/1/2012	0.9930	1.0000	0.9917	0.9917	0.9992	N/A	0.9930	1.0000	0.9917	0.9917	0.9992	N/A

Incurred CY 2012	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
	1.0018	1.0015	1.0311	1.0311	1.0000	N/A	1.0018	1.0015	1.0311	1.0311	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	\$5,553,083	\$5,810,791	\$1,132,210	\$5,919,106	\$4,766,486	N/A	\$5,966,107	\$7,047,745	\$1,392,464	\$8,595,338	\$6,187,415	N/A
2/1/2012	\$4,519,030	\$5,460,267	\$1,020,371	\$5,553,404	\$4,429,483	N/A	\$4,783,663	\$6,566,723	\$1,247,699	\$7,828,427	\$5,696,973	N/A
3/1/2012	\$5,284,386	\$6,053,211	\$1,081,778	\$6,372,419	\$5,036,727	N/A	\$5,683,834	\$7,142,695	\$1,314,658	\$8,698,261	\$6,316,198	N/A
4/1/2012	\$5,206,862	\$5,837,302	\$1,006,686	\$5,950,088	\$4,803,020	N/A	\$5,532,781	\$6,857,855	\$1,220,818	\$8,119,360	\$5,990,062	N/A
5/1/2012	\$4,972,502	\$5,968,479	\$1,061,029	\$6,308,022	\$4,990,228	N/A	\$5,688,355	\$7,068,977	\$1,277,187	\$8,580,216	\$6,203,135	N/A
6/1/2012	\$5,461,982	\$5,890,887	\$1,015,694	\$5,938,015	\$4,660,696	N/A	\$5,761,646	\$6,768,215	\$1,207,771	\$7,839,175	\$5,788,336	N/A
7/1/2012	\$6,058,216	\$5,533,762	\$960,324	\$5,574,816	\$4,765,331	N/A	\$6,556,568	\$6,368,137	\$1,130,207	\$7,290,913	\$5,861,197	N/A
8/1/2012	\$4,791,163	\$6,029,420	\$1,132,620	\$6,004,084	\$5,009,511	N/A	\$5,189,361	\$7,021,534	\$1,315,207	\$7,830,595	\$6,075,861	N/A
9/1/2012	\$6,008,165	\$5,537,991	\$1,004,381	\$5,719,851	\$4,634,284	N/A	\$6,208,209	\$6,294,228	\$1,170,017	\$7,316,744	\$5,637,355	N/A
10/1/2012	\$4,693,479	\$5,785,514	\$1,133,325	\$6,037,693	\$5,299,186	N/A	\$4,961,913	\$6,652,248	\$1,312,232	\$7,878,201	\$6,368,145	N/A
11/1/2012	\$5,182,357	\$5,468,345	\$1,097,108	\$5,923,962	\$4,916,460	N/A	\$5,537,323	\$6,265,436	\$1,273,739	\$7,704,621	\$5,911,835	N/A
12/1/2012	\$4,442,810	\$5,065,281	\$1,029,355	\$5,492,542	\$4,416,300	N/A	\$4,640,121	\$5,671,243	\$1,211,639	\$6,994,418	\$5,366,707	N/A

Blue Cross and Blue Shield of Rhode Island
Appendix B: Calculation of Paid to Allowed Average Factor in Projection Period
for Small Group CY 2014 Renewals

1.	Allowed Claims PMPM	\$ 479.79
2.	State-Mandated Assessments	\$ 12.12
3.	2014 Projected Allowed PMPM	\$ 491.91
4.	2012 Actual Net to Allowed	0.8302
5.	2-Year Paid Leveraging Factor	1.0187
6.	2014 Expected Net to Allowed	0.8458
7.	2014 Expected Paid under current benefit design	\$405.79
8.	Avg Current Benefit Factor Relative to VBB 250 and 10/35/60/100 Rx	0.8851
9.	Average Plan EHB Benefit Relative to VBB 250 and 10/35/60/100 Rx	0.8605
10.	Benefit Adjustment	0.9722
11.	2014 Expected Paid under EHB Benefit Design	\$406.62
12.	2014 Paid-to-Allowed Factor (line 11 divided by line 3)	0.8266

Exchange Offering	Metallic Level	Plan Name	Projected Member Distribution	Bottom Line Relativity to VBB 250 Factor
Off	Platinum	VantageBlue 100/80, \$250 Ded, \$1,250 OOP Max, \$3/8/30/50/75 Rx	6,543	0.9902
Off	Platinum	VantageBlue 100/80, \$500 Ded, \$1,500 OOP Max, \$3/8/30/50/75 Rx	5,780	0.9357
Off	Gold	VantageBlue 100/60, \$1,500 Ded, \$4,500 OOP Max, \$3/8/30/50/75 Rx	327	0.8037
Off	Gold	LifeStyleBlue 1	79	0.8470
Off	Gold	VantageBlue 80/60, \$1,000 Ded, \$4,000 OOP Max, \$3/8/30/50/75 Rx	354	0.8100
Off	Gold	VantageBlue 80/60, \$1,000 Ded, \$4,000 OOP Max, \$3/12/35/60/100 Rx	354	0.7982
Off	Gold	VantageBlue SelectRI 100/80/50, \$1,000 Ded, \$3,500 OOP Max, \$3/8/30/50/75 Rx	6,229	0.8082
Off	Gold	VantageBlue SelectRI 100/80/50, \$1,000 Ded, \$3,500 OOP Max, \$3/12/35/60/100 Rx	6,229	0.7960
Off	Gold	LifeStyleBlue 2	16	0.8038
Off	Gold	VantageBlue 100/80, \$2,000 Ded, \$4,000 OOP Max, \$3/8/30/50/75 Rx	2,786	0.7888
Off	Gold	VantageBlue 100/80, \$2,000 Ded, \$4,000 OOP Max, \$3/12/35/60/100 Rx	2,786	0.7759
Off	Gold	HMCC 100/80, \$2,000 Ded, \$2,500 OOP Max, \$3/8/30/50/75 Rx	889	0.7606
Off	Gold	HMCC 100/80, \$2,000 Ded, \$2,500 OOP Max, \$3/12/35/60/100 Rx	889	0.7488
Off	Gold	VantageBlue 80/60, \$2,000 Ded, \$4,000 OOP Max, \$3/8/30/50/75 Rx	430	0.7601
Off	Gold	VantageBlue 80/60, \$2,000 Ded, \$4,000 OOP Max, \$3/12/35/60/100 Rx	430	0.7485
Off	Gold	BlueSolutions for HSA 100/60, \$2,000 Ded, \$2,250 OOP Max, \$0/0/10/15/30 Rx	1,102	0.7160
Off	Silver	BlueSolutions for HSA 85/60, \$2,000 Ded, \$6,400 OOP Max, 15% after ded Rx	0	0.6404
On/Off	Platinum	VantageBlue 100/80, \$250 Ded, \$1,250 OOP Max, \$3/12/35/60/100 Rx	6,543	0.9780
On/Off	Platinum	VantageBlue 100/80, \$500 Ded, \$1,500 OOP Max, \$3/12/35/60/100 Rx	5,780	0.9234
On/Off	Gold	VantageBlue 100/60, \$1,500 Ded, \$4,500 OOP Max, \$3/12/35/60/100 Rx	327	0.7908
On/Off	Gold	VantageBlue SelectRI 100/80/50, \$2,000 Ded, \$3,500 OOP Max, \$3/8/30/50/75 Rx	0	0.7648
On/Off	Gold	BlueSolutions for HSA 100/60, \$1,500 Ded, \$3,000 OOP Max, \$3/12/35/60/100 Rx	3,380	0.7476
On/Off	Silver	VantageBlue 70/50, \$2,000 Ded, \$6,400 OOP Max, \$3/12/50%/50%/\$200 Rx	1,431	0.6480
On/Off	Silver	BlueSolutions for HSA 85/60, \$2,000 Ded, \$6,400 OOP Max, \$3/12/35/60/100 Rx	0	0.6340
On/Off	Bronze	BlueSolutions for HSA 100/60, \$5,000 Ded, \$6,400 OOP Max, \$3/12/35/60/100 Rx	124	0.4841
On	Platinum	BCHO Advantage 100/□No OON, \$750 Ded, \$1,000 OOP Max, \$3/12/40/75/75 Rx	0	0.9058
Total			52,807	0.8605

Blue Cross and Blue Shield of Rhode Island
Appendix C: ACA Related Taxes and Fees
for Small Group CY 2014 Renewals

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 D: Development of Actuarial Value for Small
Group CY 2014 Renewals**

BCSBRI VantageBlue 250 100% RX 3/12/35/60/100

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 (\$)	\$250.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$1,250.00		
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 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 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 type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<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"/>		\$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.

90.8%

Platinum

BCSBRI VantageBlue 500 100% RX 3/12/35/60/100

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 (\$)	\$500.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$1,500.00		
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 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 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 type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<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"/>		\$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: 89.4%
 Metal Tier: Platinum

BCSBRI Healthy Options Advantage

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 (\$)	\$750.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$1,000.00		
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 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"/>		\$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 type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<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 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"/>		\$10.00	<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"/>		\$75.00	<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:

Calculation Successful.

91.5%

Platinum

BCSBRI VantageBlue 250 100% RX 3/8/30/50/75

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 (\$)	\$250.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$1,250.00		
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 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 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 type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<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"/>		\$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:

Calculation Successful.

91.1%

Platinum

BCSBRI VantageBlue 500 100% RX 3/8/30/50/75

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 (\$)	\$500.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$1,500.00		
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 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 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 type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<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"/>		\$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:

Calculation Successful.

89.6%

Platinum

BCSBRI VantageBlue 1500 100% RX 3/12/35/60/100

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	\$0.00	
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$4,500.00		
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 type="checkbox"/>	<input type="checkbox"/>		\$250.00	<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"/>		\$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 type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<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"/>		\$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: 79.9%
 Metal Tier: Gold

BCSBRI VantageBlue Select RI 2000 100% RX 3/8/30/50/75

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 (\$)	\$2,000.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$3,500.00		
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"/>	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"/>		\$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"/>	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 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: Calculation Successful.
 Actuarial Value: 79.7%
 Metal Tier: Gold

BCSBRI BlueSolutions for HSA 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 (\$)			\$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 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: 78.1%
 Metal Tier: Gold

BCSBRI VantageBlue 1500 100% RX 3/8/30/50/75

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	\$0.00	
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$4,500.00		
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 type="checkbox"/>	<input type="checkbox"/>		\$250.00	<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"/>		\$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 type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<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"/>		\$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: Calculation Successful.
 Actuarial Value: 80.5%
 Metal Tier: Gold

BCSBRI LifeStyleBlue1 On Your Own

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	\$0.00	
Coinsurance (%; Insurer's Cost Share)	80.00%	80.00%	
OOP Maximum (\$)	\$4,500.00		
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"/>		\$150.00	<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"/>		\$12.00	<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 type="checkbox"/>	<input type="checkbox"/>		\$30.00	<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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$4.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input 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: Calculation Successful.
 Actuarial Value: 81.1%
 Metal Tier: Gold

BCSBRI LifeStyleBlue1 Family Matters

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 (\$)	\$1,250.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	80.00%	100.00%	
OOP Maximum (\$)	\$4,500.00		
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 type="checkbox"/>	<input type="checkbox"/>		\$30.00	<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 type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input 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:

Actuarial Value:

Metal Tier:

Calculation Successful.

81.4%

Gold

BCSBRI LifeStyleBluel House to Yourself

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 (\$)	\$1,250.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	80.00%	100.00%	
OOP Maximum (\$)	\$4,500.00		
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"/>		\$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"/>		\$12.00	<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 type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input 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:

Actuarial Value:

Metal Tier:

Calculation Successful.

81.3%

Gold

BCSBRI VantageBlue 1000 80% RX 3/8/30/50/75

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"/>		\$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: Calculation Successful.
 Actuarial Value: 81.7%
 Metal Tier: Gold

BCSBRI VantageBlue 1000 80% RX 3/12/35/60/100

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"/>		\$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"/>		\$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: 81.1%
 Metal Tier: Gold

BCSBRI VantageBlue SelectRI 1000 80% RX 3/8/30/50/75

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)	100.00%	100.00%	
OOP Maximum (\$)	\$3,500.00		
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"/>	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"/>		\$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"/>	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"/>		\$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:

Calculation Successful.

80.9044%

Gold

BCSBRI VantageBlue SelectRI 1000 80% RX 3/12/35/60/100

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)	100.00%	100.00%	
OOP Maximum (\$)	\$3,500.00		
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"/>	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"/>		\$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"/>	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"/>		\$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: 80.3508%
 Metal Tier: Gold

BCSBRI LifeStyleBlue2 On Your Own

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 (\$)	\$1,750.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$4,500.00		
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"/>		\$150.00	<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"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input 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 checked="" 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 checked="" type="checkbox"/>	75%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	65%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<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.

80.5%

Gold

BCSBRI LifeStyleBlue2 Family Matters

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 (\$)	\$2,000.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	100.00%	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"/>		\$100.00	<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"/>		\$18.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input 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"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<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: 80.6%
 Metal Tier: Gold

BCSBRI LifeStyleBlue2 House to Yourself

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 (\$)	\$2,000.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	100.00%	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 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 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"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input 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"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<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: 80.4%
 Metal Tier: Gold

BCSBRI VantageBlue 2000 100% RX 3/8/30/50/75

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 (\$)	\$2,000.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	100.00%	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 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 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 type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<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"/>		\$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: Calculation Successful.
 Actuarial Value: 80.8%
 Metal Tier: Gold

BCSBRI VantageBlue 2000 100% RX 3/12/35/60/100

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 (\$)	\$2,000.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	100.00%	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 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 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 type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<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"/>		\$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: 80.4%
 Metal Tier: Gold

BCSBRI HealthMate Coast to Coast Deductible 2000 100% RX 3/8/30/50/75

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 (\$)	\$2,000.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$2,500.00		
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 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: Calculation Successful.
 Actuarial Value: 79.7%
 Metal Tier: Gold

BCSBRI HealthMate Coast to Coast Deductible 2000 100% RX 3/12/35/60/100

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 (\$)	\$2,000.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$2,500.00		
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 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: 79.4%
 Metal Tier: Gold

BCSBRI VantageBlue 2000 80% RX 3/8/30/50/75

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 (\$)	\$2,000.00	\$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"/>		\$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: Calculation Successful.
 Actuarial Value: 79.1%
 Metal Tier: Gold

BCSBRI VantageBlue 2000 80% RX 3/12/35/60/100

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 (\$)	\$2,000.00	\$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"/>		\$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"/>		\$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: 78.5%
 Metal Tier: Gold

BCSBRI BlueSolutions for HSA 2000 100%

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 (\$)			\$2,000.00
Coinsurance (%; Insurer's Cost Share)			100.00%
OOP Maximum (\$)			\$2,250.00
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
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 type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	92%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	95%		<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: 78.1%
 Metal Tier: Gold

BCSBRI VantageBlue 2000 70%

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	\$0.00	
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"/>		\$250.00	<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"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<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 checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<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: 70.7%
 Metal Tier: Silver

BCSBRI BlueSolutions for HSA 2000 85% RX 3/12/35/60/100

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)			85.00%
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 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: 68.3%
 Metal Tier: Silver

BCSBRI BlueSolutions for HSA 2000 85%

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)			85.00%
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 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: Calculation Successful.
 Actuarial Value: 70.4%
 Metal Tier: Silver

BCSBRI BlueSolutions for HSA 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

Blue Cross and Blue Shield of Rhode Island
Appendix E: Development of Base EHB Rate and Plan Relativity Factors
for Small Groups Renewing in CY 2014

Base EHB Rate Development	
Gross Avg. Rate	\$503.03
Average EHB Benefit Factor	0.9561
Age 21 Normalization	1.4830
>3 children adjustment	0.9967
Base EHB Rate	\$355.97

Benefit Factor Development					
	Projected Membership	Net to Allowed	Utilization Factor	Base EHB Relativity Factor	EHB Product Base Rate
VantageBlue 100/80, \$250 Ded, \$1,250 OOP Max, \$3/8/30/50/75 Rx	6,543	0.9003	1.2220	1.1002	\$391.64
VantageBlue 100/80, \$500 Ded, \$1,500 OOP Max, \$3/8/30/50/75 Rx	5,780	0.8786	1.1833	1.0396	\$370.07
VantageBlue 100/60, \$1,500 Ded, \$4,500 OOP Max, \$3/8/30/50/75 Rx	327	0.8060	1.1080	0.8930	\$317.89
LifeStyleBlue 1	79	0.8373	1.1239	0.9410	\$334.97
VantageBlue 80/60, \$1,000 Ded, \$4,000 OOP Max, \$3/8/30/50/75 Rx	354	0.8093	1.1121	0.9000	\$320.36
VantageBlue 80/60, \$1,000 Ded, \$4,000 OOP Max, \$3/12/35/60/100 Rx	354	0.8017	1.1063	0.8869	\$315.69
VantageBlue SelectRI 100/80/50, \$1,000 Ded, \$3,500 OOP Max, \$3/8/30/50/75 Rx	6,229	0.8190	1.0965	0.8980	\$319.66
VantageBlue SelectRI 100/80/50, \$1,000 Ded, \$3,500 OOP Max, \$3/12/35/60/100 Rx	6,229	0.8109	1.0907	0.8844	\$314.81
LifeStyleBlue 2	16	0.8078	1.1055	0.8930	\$317.89
VantageBlue 100/80, \$2,000 Ded, \$4,000 OOP Max, \$3/8/30/50/75 Rx	2,786	0.8007	1.0947	0.8764	\$311.99
VantageBlue 100/80, \$2,000 Ded, \$4,000 OOP Max, \$3/12/35/60/100 Rx	2,786	0.7918	1.0888	0.8621	\$306.89
HMCC 100/80, \$2,000 Ded, \$2,500 OOP Max, \$3/8/30/50/75 Rx	889	0.7730	1.0932	0.8451	\$300.82
HMCC 100/80, \$2,000 Ded, \$2,500 OOP Max, \$3/12/35/60/100 Rx	889	0.7652	1.0874	0.8320	\$296.17
VantageBlue 80/60, \$2,000 Ded, \$4,000 OOP Max, \$3/8/30/50/75 Rx	430	0.7811	1.0812	0.8445	\$300.62
VantageBlue 80/60, \$2,000 Ded, \$4,000 OOP Max, \$3/12/35/60/100 Rx	430	0.7733	1.0754	0.8317	\$296.04
BlueSolutions for HSA 100/60, \$2,000 Ded, \$2,250 OOP Max, \$0/0/10/15/30 Rx	1,102	0.7745	1.0271	0.7955	\$283.18
BlueSolutions for HSA 85/60, \$2,000 Ded, \$6,400 OOP Max, 15% after ded Rx	0	0.7099	1.0024	0.7116	\$253.30
VantageBlue 100/80, \$250 Ded, \$1,250 OOP Max, \$3/12/35/60/100 Rx	6,543	0.8935	1.2162	1.0866	\$386.80
VantageBlue 100/80, \$500 Ded, \$1,500 OOP Max, \$3/12/35/60/100 Rx	5,780	0.8713	1.1775	1.0260	\$365.22
VantageBlue 100/60, \$1,500 Ded, \$4,500 OOP Max, \$3/12/35/60/100 Rx	327	0.7972	1.1021	0.8787	\$312.78
VantageBlue SelectRI 100/80/50, \$2,000 Ded, \$3,500 OOP Max, \$3/8/30/50/75 Rx	0	0.7963	1.0672	0.8497	\$302.48
BlueSolutions for HSA 100/60, \$1,500 Ded, \$3,000 OOP Max, \$3/12/35/60/100 Rx	3,380	0.7937	1.0466	0.8307	\$295.69
VantageBlue 70/50, \$2,000 Ded, \$6,400 OOP Max, \$3/12/50%/50%/\$200 Rx	1,431	0.6914	1.0415	0.7200	\$256.31
BlueSolutions for HSA 85/60, \$2,000 Ded, \$6,400 OOP Max, \$3/12/35/60/100 Rx	0	0.7028	1.0024	0.7044	\$250.74
BlueSolutions for HSA 100/60, \$5,000 Ded, \$6,400 OOP Max, \$3/12/35/60/100 Rx	124	0.5857	0.9183	0.5379	\$191.46
BCHO Advantage 100/□No OON, \$750 Ded, \$1,000 OOP Max, \$3/12/40/75/75 Rx	0	0.8819	1.1412	1.0064	\$358.24
Total	52,804	0.8379	1.1374	0.9561	\$340.34

II. Consumer Narrative Justification – Small Group

Blue Cross & Blue Shield of Rhode Island (“BCBSRI”) has submitted its annual rate filing for the small group market. 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 14.7% not including benefit changes. The actual increase experienced by a group and its employees will vary based upon the age of each employee and their dependents as well as the plan selected. The impact for a particular group and employee will range from more than a 20% reduction to more than a 40% increase. This filing impacts approximately 8,318 small employers currently enrolled with BCBSRI, encompassing 61,318 members renewing between January 1, 2014 and December 31, 2014.

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

- Elimination of gender rating;
- Compression of age rating from a 4:1 ratio to a 3:1 ratio;
- Implementation of single year age bands;
- Migration of many sole proprietors from the small group market to the individual market;
- Changes to how a family rate is developed (e.g. member level build up) and elimination of composite rating for groups; and
- Impact of the federal Risk Adjustment program.

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 80% of each premium dollar collected in the small group 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 outpatient costs associated with injections and chemotherapy; including 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 17% coupled with a 6% increase in utilization of those drugs.
- Increases in the state child immunization assessment of 0.6%.

The Medical Loss Ratio for the small group market if this filing is approved (using the calculation under the Patient Protection & Affordable Care Act (“ACA”)) is anticipated to be 85.1%, exceeding the minimum requirement of 80% for the small group 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 Patient Protection & Affordable Care Act (“ACA”). Excluding all ACA related effects, the average increase would be 10.3%. The ACA impacts include:

- The Health Insurer Tax, Transitional Reinsurance Fee, the Patient-Centered Outcomes Research Trust Fund Fee and the federal Risk Adjuster Fee combine to add about \$22 PMPM, nearly 4% of total premiums for small group.
- Changes in the composition of the small group risk pool are anticipated due to various factors. The net effect of these risk pool impacts is a reduction of about \$1 PMPM or - 0.1% to premium. The impacts to the risk pool include:
 - Required changes in the rating rules, i.e. the elimination of gender rating, the change in the age slope, and the introduction of member level rating will produce significantly different effects for different groups.
 - The disruption caused by the rating rule changes is likely to cause some small employers to terminate their coverage and that lower morbidity groups are more likely to terminate coverage.
 - Some employers are likely to take steps so as to make their low income employees (who are generally younger employees) eligible for premium tax credits in the individual market.
 - Increased choice that will be made available to employees through the SHOP Exchange will inevitably lead to increased costs due to selection effects.
 - Migration of some sole proprietors to the individual market will result in an improvement in small group average morbidity.
 - Anticipated risk adjustment payments, as estimated by Wakely.

Financial Stability:

After four years of underwriting losses, 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 2013, BCBSRI's reserve level was 18.1%, well 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, we have included a contribution to reserves in this filing of 3.34%. This is consistent with the contribution approved in prior filings. In addition, this filing reflects fully allocated expenses for the small group market to ensure financial stability.

Changes in Benefits:

Concurrent with this filing, BCBSRI submitted new plans to the Office of Health Insurance Commissioner for approval. All plans have been updated to comply with state and federal requirements including:

- Elimination of annual dollar maximums on all essential health benefits;
- Implementation of deductible limits and 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 the first day of the first plan year beginning on or after January 1, 2014.

Addressing Affordability:

BCBSRI recognizes 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 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. The projected savings resulting from this contract is about \$65 million over three years for group insured business, and reduces the average annual premium increase for employers by roughly 0.5% in 2014.

Rhode Island Small Group Rate Filing Template Part I

Part 1. Historical Information

Experience Period for Developing OP
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		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	
								Primary Care	MS												
1 (Oldest)	3/31/2012	4,058	195,698	\$83,826,717.08	\$69,593,020.97	\$15,356,499.04	\$17,324,269.89	\$3,234,358.51	\$17,844,929.01	\$14,232,696.32	\$0.00	\$1,600,268.21	83.02%	\$419,453.95	\$1,842,537.72	\$3,221,481.95	\$8,666,052.08	-\$203,000.00	\$1,695,951.23	-\$1,408,780.83	
2	6/30/2012	4,024	192,996	\$83,485,270.73	\$70,671,759.63	\$15,641,345.94	\$17,696,667.49	\$3,083,408.63	\$18,196,125.16	\$14,453,944.20	\$0.00	\$1,600,268.21	84.65%	\$449,855.71	\$1,835,032.62	\$3,208,360.08	\$8,570,708.23	-\$214,000.00	\$1,689,043.21	-\$2,725,488.76	
3	9/30/2012	4,505	191,533	\$83,360,066.17	\$70,622,433.23	\$16,857,583.46	\$17,101,172.40	\$3,097,325.29	\$17,298,751.20	\$14,409,123.07	\$0.00	\$1,858,515.59	84.72%	\$152,341.78	\$1,832,279.27	\$3,303,546.13	\$9,113,923.19	-\$199,000.00	\$1,686,508.90	-\$3,051,028.32	
4	12/31/2012	3,777	189,003	\$83,658,043.02	\$67,842,230.41	\$14,518,645.34	\$16,319,140.00	\$3,259,786.60	\$17,454,197.13	\$14,631,945.75	\$0.00	\$1,858,515.59	81.09%	\$277,205.02	\$1,838,830.19	\$3,214,999.73	\$8,913,036.81	-\$193,000.00	\$1,692,538.66	\$72,202.21	
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	IP Days	Member Months	Allowed Claims Total	Allowed Claims IP	Allowed Claims OP	Allowed Claims		Allowed Claims Other	Allowed Claims Rx	Capitation	Claims not Otherwise categorized (explain)**
							Primary Care	MS				
1 (Oldest)	3/31/2012			\$86,068,468.47	\$16,433,604.53	\$20,757,162.82	\$3,954,821.08	\$25,122,025.49	\$18,200,586.34	\$0.00	\$1,600,268.21	
2	6/30/2012			\$85,504,156.22	\$16,982,781.98	\$20,695,047.59	\$3,705,775.87	\$24,538,750.31	\$17,981,532.26	\$0.00	\$1,600,268.21	
3	9/30/2012			\$83,124,649.59	\$17,954,138.29	\$19,683,899.67	\$3,615,431.27	\$22,438,251.93	\$17,574,412.84	\$0.00	\$1,858,515.59	
4	12/31/2012			\$79,608,338.09	\$15,139,356.86	\$18,588,927.82	\$3,797,610.12	\$22,577,240.58	\$17,646,687.11	\$0.00	\$1,858,515.59	
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 MS	Rx	Capitation	Claims not Categorized	Weighted Total
Total	9.4%	9.2%	13.3%	5.4%	1.4%	0.0%	16.1%	6.9%
Price Only	3.7%	4.0%	9.9%	1.8%	6.6%	0.0%	0.0%	4.1%
Utilization	3.0%	4.0%	2.5%	2.5%	3.6%	0.0%	0.0%	3.1%
MX	1.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.3%
Leveraging	1.0%	1.0%	1.0%	1.0%	0.9%	0.9%	0.9%	0.9%
NBF	0.0%	0.0%	0.0%	0.0%	-8.9%	0.0%	16.1%	-1.6%
Weights	19.9%	23.8%	4.5%	28.3%	21.4%	0.0%	2.1%	100.0%

** 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:

Quarter	Beginning Date	Expected		Expected Contribution to Reserves %	Quality Improvement Expense %*	Other Cost Containment Expense %*	Other Claim Adjustment Expense %*	Other Operating Expense %*	Average Commissions %*	Investment Income Credit %	Premium Tax %
		Average % Increase	Pure Medical Cost Ratio								
1	3/31/2014	15.4%	81.4%	3.30%	0.29%	1.26%	2.21%	5.94%	1.16%	-0.24%	4.66%
2	6/30/2014	13.2%	81.6%	3.30%	0.31%	1.25%	2.19%	5.84%	1.15%	-0.24%	4.66%
3	9/30/2014	15.6%	81.7%	3.30%	0.10%	1.21%	2.12%	6.04%	1.12%	-0.24%	4.66%
4	12/31/2014	14.5%	81.8%	3.30%	0.18%	1.21%	2.11%	5.85%	1.11%	-0.24%	4.66%
Weighted Average		14.7%	81.6%	3.30%	0.22%	1.23%	2.16%	5.92%	1.14%	-0.24%	4.66%

* 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:

	Price	Utilization, Mix	Total
Hospital Inpatient Price	0.7%	1.1%	1.9%
Hospital Outpatient	1.0%	1.2%	2.2%
Primary Care	0.3%	0.1%	0.4%
Med/Surg Other Than Primary Care	0.9%	1.7%	2.6%
Pharmacy	-2.2%	4.2%	2.0%
Administrative Expense (Aggregated)			0.5%
Contribution to Reserves			0.5%
Taxes and Assessments			4.6%
Total			14.7%

Rate Template Part II

Company Legal Name: Blue Cross & Blue Shield of Rhode Island State: RI
 HIOS Issuer ID: 15287 Market: Small Group
 Effective Date: 1/1/2014

Market Level Calculations (Same for all Plans)

Section I:

Experience Period:	1/1/2012	to	12/31/2012	
			<u>pmpm</u>	<u>% of Prem</u>
Premiums (net of MLR Rebate) in Experience Period:	\$334,330,036	\$	434.63	100.0%
Tax credits used to pay premiums in above			-	0.0%
Incurred Claims in Experience Period	\$278,729,444		362.35	83.4%
Allowed Claims:	\$334,305,612		434.60	100.0%
Experience Period Paid to Allowed Factor			0.8338	92.7%
Index Rate of Experience Period				
Experience Period Member Months			769,229	

Section II: Allowed Claims, PMPM basis

Experience Period		Projection Period: 1/1/2014 to 12/31/2014		Mid-point to Mid-point, Experience to Projection: 24 months	
on Actual Experience Allowed		Adj't. from Experience to Projection Period		Annualized Trend Factors	
Benefit Category	Utilization Description	Utilization per 1,000	Average Cost/Service	PMPM	
Inpatient Hospital	admit/days	255.28	\$ 4,064.40	\$ 86.46	
Outpatient Hospital	services	2,146.10	\$ 579.52	\$ 103.64	
Primary Care	services	2,018.75	\$ 116.48	19.60	
Other Medical/Surgical	services	9,175.04	\$ 160.98	123.08	
Prescription Drug	scripts	14,117.16	\$ 78.90	92.82	
Capitation	-	-	-	-	
Other Not Categorized	-	-	-	\$8.99	
Total				\$ 434.60	

Projections, before credibility Adjustment		Credibility Manual		After Credibility	
Utilization per 1,000	Average Cost/Service	PMPM	Utilization per 1,000	Average Cost/Service	PMPM
281.38	\$ 4,367.20	\$ 102.40			\$ -
2,340.95	627.16	122.35			-
2,138.93	140.69	25.08			-
9,721.23	166.97	135.26			-
15,280.74	\$ 74.37	\$ 94.70			-
-	-	-			-
-	-	12.12			-
		\$ 491.91			\$ -

Projected Allowed Experience Claims PMPM (w/applied credibility if applicable)		Projected Incurred Claims		Projected Incurred Claims	
100%		0%	\$ 491.91		
			0.8266		
			\$ 406.63	\$ 21,471,415	
			\$4.93	260,321	
			\$ 401.70	\$ 21,211,093	
			-\$5.25	(277,218)	
			\$ 406.95	\$ 21,488,312	

Administrative Expense Load		Premium Tax		Contribution to Reserves	
		10.35%	52.07	2,749,456	
		4.66%	23.44	1,237,786	
		4.09%	20.57	1,086,383	
			503.03	\$ 26,561,937	

Single Risk Pool Gross Premium Avg. Rate, PMPM		Index Rate for Projection Period		% increase over Experience Period	
				15.7%	
				7.6%	
			\$355.97		

Base EHB Rate for Projection Period		Projected Member Months	
			52,804

Monthly Effective Date Projection Factor for each subsequent rate month (group only)	
1/1/2014	1.00000
2/1/2014	1.00677
3/1/2014	1.01357
4/1/2014	1.02043
5/1/2014	1.02719
6/1/2014	1.03370
7/1/2014	1.04046
8/1/2014	1.04713
9/1/2014	1.05392
10/1/2014	1.06068
11/1/2014	1.06739
12/1/2014	1.07414

Rate Template Part III: Proposed Rate Change and IP by Bas

Carrier Name	Blue Cross & Blue Shield of Rhode Island	
Plan Type(s)	PPO	HMO/POS/PPO
Market Seg	Small Group	Small/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
Totals										
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 100/80, \$250 Ded, \$750 OOP Max, \$7/30/50/75 Rx	E	VantageBlue 100/80, \$250 Ded, \$1,250 OOP Max, \$3/8/30/50/75 Rx	Platinum	0.911	Approach 1	Off	1.1002	
Plan 2	PPO	VantageBlue 100/80, \$500 Ded, \$1,500 OOP Max, \$7/30/50/75 Rx	E	VantageBlue 100/80, \$500 Ded, \$1,500 OOP Max, \$3/8/30/50/75 Rx	Platinum	0.896	Approach 1	Off	1.0396	
Plan 3	PPO	VantageBlue 100/60, \$1,500 Ded, \$7/30/50/75 Rx	E	VantageBlue 100/60, \$1,500 Ded, \$4,500 OOP Max, \$3/8/30/50/75 Rx	Gold	0.805	Approach 1	Off	0.8930	
Plan 4	PPO	LifeStyleBlue 1	E	LifeStyleBlue 1	Gold	0.813	Approach 1	Off	0.9410	
Plan 5	PPO	VantageBlue 80/60, \$1,000 Ded, \$3,000 OOP Max, \$7/30/50/75 Rx	E	VantageBlue 80/60, \$1,000 Ded, \$4,000 OOP Max, \$3/8/30/50/75 Rx	Gold	0.817	Approach 1	Off	0.9000	
Plan 6	PPO	VantageBlue 80/60, \$1,000 Ded, \$3,000 OOP Max, \$10/35/60/100 Rx	E	VantageBlue 80/60, \$1,000 Ded, \$4,000 OOP Max, \$3/12/35/60/100 Rx	Gold	0.811	Approach 1	Off	0.8869	
Plan 7	PPO	VantageBlue 100/80, \$1,000 Ded, \$3,000 OOP Max, \$7/30/50/75 Rx	E	VantageBlue SelectRI 100/80/50, \$1,000 Ded, \$3,500 OOP Max, \$3/8/30/50/75 Rx	Gold	0.809	Approach 1	Off	0.8980	
Plan 8	PPO	VantageBlue 100/80, \$1,000 Ded, \$3,000 OOP Max, \$10/35/60/100 Rx	E	VantageBlue SelectRI 100/80/50, \$1,000 Ded, \$3,500 OOP Max, \$3/12/35/60/100 Rx	Gold	0.804	Approach 1	Off	0.8844	
Plan 9	PPO	LifeStyleBlue 2	E	LifeStyleBlue 2	Gold	0.805	Approach 1	Off	0.8930	
Plan 10	PPO	VantageBlue 100/80, \$2,000 Ded, \$6,000 OOP Max, \$7/30/50/75 Rx	E	VantageBlue 100/80, \$2,000 Ded, \$4,000 OOP Max, \$3/8/30/50/75 Rx	Gold	0.808	Approach 1	Off	0.8764	
Plan 11	PPO	VantageBlue 100/80, \$2,000 Ded, \$6,000 OOP Max, \$10/35/60/100 Rx	E	VantageBlue 100/80, \$2,000 Ded, \$4,000 OOP Max, \$3/12/35/60/100 Rx	Gold	0.804	Approach 1	Off	0.8621	
Plan 12	PPO	HMC2C 2000/4000, \$7/30/50/75 Rx	E	HMC2C 100/80, \$2,000 Ded, \$2,500 OOP Max, \$3/8/30/50/75 Rx	Gold	0.797	Approach 1	Off	0.8451	
Plan 13	PPO	HMC2C 2000/4000, \$10/35/60/100 Rx	E	HMC2C 100/80, \$2,000 Ded, \$2,500 OOP Max, \$3/12/35/60/100 Rx	Gold	0.794	Approach 1	Off	0.8320	
Plan 14	PPO	VantageBlue 80/60, \$2,000 Ded, \$7/30/50/75 Rx	E	VantageBlue 80/60, \$2,000 Ded, \$4,000 OOP Max, \$3/8/30/50/75 Rx	Gold	0.791	Approach 1	Off	0.8445	
Plan 15	PPO	VantageBlue 80/60, \$2,000 Ded, \$10/35/60/100 Rx	E	VantageBlue 80/60, \$2,000 Ded, \$4,000 OOP Max, \$3/12/35/60/100 Rx	Gold	0.785	Approach 1	Off	0.8317	
Plan 16	PPO	BlueSolutions for HSA 3000	E	BlueSolutions for HSA 100/60, \$2,000 Ded, \$2,250 OOP Max, \$0/0/10/15/30 Rx	Gold	0.781	Approach 1	Off	0.7955	
Plan 17	PPO		N	BlueSolutions for HSA 85/60, \$2,000 Ded, \$6,400 OOP Max, 15% after ded Rx	Silver	0.704	Approach 1	Off	0.7116	
Plan 18	PPO	VantageBlue 100/80, \$250 Ded, \$750 OOP Max, \$10/35/60/100 Rx	E	VantageBlue 100/80, \$250 Ded, \$1,250 OOP Max, \$3/12/35/60/100 Rx	Platinum	0.908	Approach 1	On/Off	1.0866	
Plan 19	PPO	VantageBlue 100/80, \$500 Ded, \$1,500 OOP Max, \$10/35/60/100 Rx	E	VantageBlue 100/80, \$500 Ded, \$1,500 OOP Max, \$3/12/35/60/100 Rx	Platinum	0.894	Approach 1	On/Off	1.0260	
Plan 20	PPO	VantageBlue 100/60, \$1,500 Ded, \$10/35/60/100 Rx	E	VantageBlue 100/60, \$1,500 Ded, \$4,500 OOP Max, \$3/12/35/60/100 Rx	Gold	0.799	Approach 1	On/Off	0.8787	
Plan 21	PPO		N	VantageBlue SelectRI 100/80/50, \$2,000 Ded, \$3,500 OOP Max, \$3/8/30/50/75 Rx	Gold	0.797	Approach 1	On/Off	0.8497	
Plan 22	PPO	BlueSolutions for HSA 1500	E	BlueSolutions for HSA 100/60, \$1,500 Ded, \$3,000 OOP Max, \$3/12/35/60/100 Rx	Gold	0.781	Approach 1	On/Off	0.8307	
Plan 23	PPO		N	VantageBlue 70/50, \$2,000 Ded, \$6,400 OOP Max, \$3/12/50%/50%/\$200 Rx	Silver	0.707	Approach 1	On/Off	0.7200	
Plan 24	PPO		N	BlueSolutions for HSA 85/60, \$2,000 Ded, \$6,400 OOP Max, \$3/12/35/60/100 Rx	Silver	0.683	Standard AV	On/Off	0.7044	
Plan 25	PPO		N	BlueSolutions for HSA 100/60, \$5,000 Ded, \$6,400 OOP Max, \$3/12/35/60/100 Rx	Bronze	0.611	Approach 1	On/Off	0.5379	
Plan 26	PPO	BC Healthy Options	E	BCHO Advantage 100/80, No OON, \$750 Ded, \$1,000 OOP Max, \$3/12/40/75/75 Rx	Platinum	0.915	Approach 1	On	1.0064	
Plan 27										
Plan 28										
Plan 29										
Plan 30										
Plan 31										
Plan 32										
Plan 33										
Plan 34										
Plan 35										
Plan 36										
Plan 37										
Plan 38										
Plan 39										
Plan 40										
Plan 41										
Plan 42										
Plan 43										
Plan 44										
Plan 45										
Plan 46										

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 OP should be normalized for rating factors. The intent is for OHIC to be able to calculate final OP 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	1,424,343	405,387	633,642	1,395,609	115.2%	-18.0%	-2.0%	
Total Estimated Premiums (\$mpm)	\$361.22	\$432.90	\$397.21	\$363.56	\$462.74	\$419.56	0.6%	6.9%	5.6%	
Total General Administrative Expense (\$mpm)	\$44.37	\$56.10	\$44.43	\$37.25	\$46.97	\$41.20	-16.1%	-16.3%	-7.3%	
Total Cost Containment Expense (\$mpm)	\$9.30	\$9.52	\$8.56	\$7.18	\$8.84	\$6.97	-22.8%	-7.1%	-18.5%	
Total Other Claim Adjustment Expense (\$mpm)	\$9.77	\$16.64	\$17.48	\$7.62	\$10.29	\$12.81	-22.0%	-38.2%	-26.7%	
Total Admin Expense (\$mpm)	\$63.44	\$82.25	\$70.46	\$52.05	\$66.10	\$60.98	-18.0%	-19.6%	-13.5%	
Breakdown of General Administrative Expense (\$ mppm)										
a. Payroll and benefits	\$16.55	\$23.96	\$15.37	\$13.19	\$17.33	\$14.46	-20.3%	-27.7%	-6.0%	
b. Outsourced Services (EDP, claims etc.)	\$6.48	\$10.93	\$10.62	\$5.17	\$7.90	\$9.63	-20.3%	-27.7%	-9.4%	
c. Auditing and consulting	\$4.33	\$5.46	\$3.71	\$3.45	\$3.95	\$3.44	-20.3%	-27.7%	-7.4%	
d. Commissions	\$0.00	\$8.76	\$7.20	\$0.00	\$9.19	\$7.28	0.0%	5.0%	1.1%	
e. Marketing and Advertising	\$0.54	\$0.54	\$0.57	\$0.43	\$0.39	\$0.48	-20.3%	-27.7%	-16.9%	
f. Legal Expenses	\$0.49	\$0.53	\$0.49	\$0.39	\$0.39	\$0.41	-20.3%	-27.7%	-17.2%	
g. Taxes, Licenses and Fees	\$6.78	\$7.57	\$8.25	\$7.27	\$9.25	\$8.39	7.2%	22.3%	1.7%	
h. Reimbursements by Uninsured Plans	\$0.00	(\$12.00)	(\$9.76)	\$0.00	(\$8.92)	(\$9.45)	0.0%	-25.7%	-3.2%	
i. Other Admin Expenses	\$9.20	\$10.34	\$7.96	\$7.33	\$7.48	\$6.57	-20.3%	-27.7%	-17.5%	
				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			

*BCBSRI is awaiting NAIC guidance as to where to categorize all of the ACA-related taxes and fees. Therefore they are excluded from the operating expenses shown above. See actuarial memorandum for details on ACA-related taxes and fees.

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 (\$mpm)	\$39.83	\$47.60	\$51.27	\$49.18	\$48.20
Breakdown of General Administrative Expenses (\$ mppm)					
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



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 Small Group Plans

SERFF form tracking number: BCBS-128985690

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. Marselle*
 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 100/60 1500/3000 | Plan ID: 15287RI0250003 |
| 2. BlueSolutions for HSA 100/60 1500/3000 | Plan ID: 15287RI0070002 |
| 3. VantageBlue SelectRI 100/80/50 2000/4000 | Plan ID: 15287RI0290001 |

Silver:

- | | |
|--|-------------------------|
| 1. VantageBlue 70/50 2000/4000 | Plan ID: 1528RI0250004 |
| 2. BlueSolutions for HSA 85/60 2000/4000 | Plan ID: 15287RI0070003 |

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																			
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																			
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																			
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	168,608	3,452,789	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	196,502	11,841,532	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	49,876,838	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	-	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	60,163,883	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

5/15/2013

Actuarial Memorandum Addendum – Small Group

The documentation below is an 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 for the experience period is equal to the experience period allowed claims rounded to the nearest dollar.

The Index Rate for the Projection Period represents the average allowed claims PMPM for Essential Health Benefits, excluding any adjustments for risk and reinsurance, projected to the rating period. The differences between the Index Rate and the 2014 projected allowed claims expense is the addition of pediatric dental rates as well as projection to the rating period (i.e. 2014 renewals).

Rates are calculated by each individual by plan, age, and renewal month. This methodology is described elsewhere in the “AV Pricing Values” section of the actuarial memorandum.

Warning Alerts

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

Validation Alert

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.

5/15/2013

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 the projection period reflects the claims for 2014 renewals over their respective rate year. These claims extend past CY 2014 into as late as November 2015 for a December 2014 renewal. Because of trend, these claims will be greater than the market's index rate for CY 2014. This is allowed under the instructions for the Unified Rate Review Template published on April 29, 2013.

Warning Alerts

Wksh 2 – Plan Product Info - Cells A80, A82 - Differences not <0.02

The projected premium PMPM and total premium shown in cells F80 and F82 reflect expected premiums for 2014 renewals. This is necessarily higher than projected required premiums for CY 2014, as shown on worksheet 1. This is allowed under the instructions for the Unified Rate Review Template published on April 29, 2013

Wksh 2 – Plan Product Info - Cell A95 – Net Reinsurance

There is an error in the template that does not allow negative amounts to be input into the “Net Amt of Rein” row in worksheet 2. For the Small Group market this amount is necessarily negative, since the fee paid by small groups (\$63 PMPY for 2014) is not offset by any reinsurance payment.

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, John Lynch, 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 index rate (labeled the “Base EHB Rate” in the 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

5/15/2013

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 is 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

May 15th, 2013

Date

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:	Small Group											
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>			<u>Aggregate Amount</u>		<u>PMPM</u>	<u>% of Prem</u>																
14	Premiums (net of MLR Rebate) in Experience Period:	\$334,330,036			\$434.63			100.00%																
15	Incurred Claims in Experience Period	\$278,729,444			362.35			83.37%																
16	Allowed Claims:	\$334,305,612			434.60			99.99%																
17	Index Rate of Experience Period				\$435.00																			
18	Experience Period Member Months	769,229																						
19																								
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>Projection Period</u>				<u>Factors</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 Morbidity	Other	Cost	Util	Utilization per 1,000	Average Cost/Service	PMPM	Utilization per 1,000	Average Cost/Service	PMPM									
24	Inpatient Hospital	Days	255.28	\$4,064.40	\$86.46	1.009	1.000	1.037	1.045	281.38	\$4,367.36	\$102.41	281.38	\$4,367.36	\$102.41									
25	Outpatient Hospital	Services	2,146.10	579.52	103.64	1.009	1.000	1.040	1.040	2,340.95	627.17	122.35	2340.95	627.17	122.35									
26	Professional	Services	11,193.79	152.95	142.68	1.009	1.000	1.030	1.025	11,860.16	162.23	160.34	11860.16	162.23	160.34									
27	Other Medical	Services	705.33	152.95	8.99	1.000	1.348	1.000	1.000	705.33	206.21	12.12	705.33	206.21	12.12									
28	Capitation	Services	0.00	0.00	0.00	1.000	1.000	1.000	1.000	0.00	0.00	0.00	0.00	0.00	0.00									
29	Prescription Drug	Prescriptions	14,117.16	78.90	92.82	1.009	0.830	1.066	1.036	15,280.68	74.36	94.69	15280.68	74.36	94.69									
30	Total				\$434.60							\$491.91			\$491.91									
31																								
32	Section III: Projected Experience:	Projected Allowed Experience Claims PMPM (w/applied credibility if applicable)										100.00%				0.00%				After Credibility	Projected Period Totals			
33		Paid to Allowed Average Factor in Projection Period														0.827				\$491.91	\$311,714,306			
34		Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM														4.93				\$406.62	\$257,663,045			
35		Projected Risk Adjustments PMPM														-5.25				4.93	3,124,033			
36		Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM														401.69				\$401.69	\$254,539,013			
37		Projected ACA reinsurance recoveries, net of rein prem, PMPM														-5.25				-5.25	(3,326,810)			
38		Projected Incurred Claims														406.94				\$406.94	\$257,865,822			
39		Administrative Expense Load														10.35%				52.06	32,990,250			
40		Profit & Risk Load														4.09%				20.57	13,036,727			
41		Taxes & Fees														4.66%				23.44	14,853,581			
42		Single Risk Pool Gross Premium Avg. Rate, PMPM																		\$503.01	\$318,746,381			
43		Index Rate for Projection Period																		\$508.91				
44		% increase over Experience Period																		15.73%				
45		% Increase, annualized:																		7.58%				
46		Projected Member Months																			633,678			
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																								

Product-Plan Data Collection

Company Legal Name:
 HIOS Issue ID:
 Effective Date of Rate Change(s):

Blue Cross & Blue Shield of Rhode Island
 15287
 1/1/2014

State: RI
 Market: Small Group

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product / Plan Value	Healthmate Coast to Coast				VantageBlue								BlueSolutions								LifeStyle
	152870004				152870025								152870025								
Product ID	152870004				152870025								152870025								152870025
Plan Name	10-Coast 100/80 PPO 2000/4000 RX 3/12/35/60/100				100/80/1500/3000 RX 3/12/35/60/100								100/80/1500/3000 RX 3/12/35/60/100								100/80/1500/3000 RX 3/12/35/60/100
Historical Rate Increase - Calendar Year - 2	8.00%				8.00%								8.00%								8.00%
Historical Rate Increase - Calendar Year - 1	8.00%				8.00%								8.00%								8.00%
Historical Rate Increase - Calendar Year 0	3.40%				3.40%								3.40%								3.40%
Effective Date of Proposed Rates	1/1/2014				1/1/2014								1/1/2014								1/1/2014
Rate Change % (over prior filing)	14.52%				14.52%								14.52%								14.52%
Cumulative Rate Change % (over 12 mos prior)	14.52%				14.52%								14.52%								14.52%
Product Rate Change % (over Expir. Period)	23.55%				23.55%								23.55%								23.55%
Product Threshold Rate Increase %	14.61%				14.61%								14.61%								14.61%

Section II: Components of Premium Increase (PMMP Dollar Amount above Current Average Rate PMMP)

Plan ID (Standard Component ID)	Total	152870040001	152870040002	1528700250001	1528700250002	1528700250003	1528700250004	1528700250005	1528700250006	1528700250007	1528700250008	1528700250009	1528700250010	1528700250011	1528700250012	1528700250013	152870070001	152870070002	152870070003	152870070004	152870070005	152870070006	152870070007
Average Current Rate PMMP	\$471.50	\$400.18	\$389.85	\$531.10	\$500.25	\$431.21	\$392.83	\$537.89	\$507.08	\$488.05	\$441.65	\$434.82	\$425.81	\$418.98	\$400.90	\$394.06	\$391.20	\$384.24	\$294.87	\$344.78	\$388.66	\$427.66	
Projected Member Months	633,678	10,663	31,663	78,514	69,586	3,928	17,172	78,514	69,586	3,928	4,252	4,252	3,429	3,429	5,164	5,164	40,558	0	1,488	13,220	0	950	

Section III: Experience Period Information

Plan ID (Standard Component ID)	Total	152870040001	152870040002	1528700250001	1528700250002	1528700250003	1528700250004	1528700250005	1528700250006	1528700250007	1528700250008	1528700250009	1528700250010	1528700250011	1528700250012	1528700250013	152870070001	152870070002	152870070003	152870070004	152870070005	152870070006	152870070007
Average Rate PMMP	\$434.63	\$379.84	\$384.53	\$492.16	\$463.21	\$399.60	\$366.03	\$498.89	\$469.91	\$450.78	\$409.27	\$400.78	\$388.30	\$371.51	\$365.17	\$348.37	\$338.28	\$272.32	\$318.98	\$360.17	\$395.31		
Member Months	757,952	2,496	22,466	176,936	145,034	8,318	0	15,660	16,115	924	1,070	9,630	6,847	61,619	2,218	19,964	48,058	0	0	15,058	0	475	
Total Premium (TP)	\$329,428,713	\$925,693	\$8,188,951	\$87,800,562	\$67,233,910	\$3,223,797	\$0	\$9,800,113	\$7,572,483	\$375,163	\$437,922	\$3,880,319	\$2,701,575	\$23,923,973	\$824,074	\$7,290,241	\$17,421,850	\$0	\$0	\$4,797,148	\$0	\$188,246	
EHB basis or full portion of TP, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Total Allowed Claims (TAC)	\$329,404,647	\$925,625	\$8,188,353	\$87,804,200	\$67,228,998	\$3,223,554	\$0	\$9,799,397	\$7,571,930	\$375,138	\$437,890	\$3,880,035	\$2,701,378	\$23,922,225	\$824,013	\$7,289,708	\$17,420,577	\$0	\$0	\$4,796,757	\$0	\$188,233	
EHB basis or full portion of TAC, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Allowed Claims which are not the issuer's obligation - Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$52,397,230	\$235,573	\$2,083,943	\$11,001,135	\$9,201,637	\$601,118	\$0	\$1,238,076	\$1,036,370	\$74,622	\$89,075	\$789,272	\$548,687	\$4,814,656	\$219,721	\$1,948,782	\$3,189,741	\$0	\$0	\$1,597,072	\$0	\$17,144	
Portion of above payable by HHS's funds on behalf of insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Total incurred claims, payable by issuer funds	\$277,007,417	\$690,051	\$6,105,008	\$76,803,065	\$58,027,362	\$2,622,436	\$0	\$8,561,321	\$6,535,559	\$300,514	\$348,815	\$3,091,047	\$2,152,887	\$19,109,317	\$604,292	\$5,340,966	\$14,230,836	\$0	\$0	\$3,199,725	\$0	\$171,088	
Net Amt of Reim	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Net Amt of Risk Adj	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Incurred Claims PMMP	\$365.47	\$276.44	\$271.72	\$429.95	\$400.09	\$320.09	#DIV/0!	\$435.48	\$405.56	\$325.16	\$326.00	\$320.95	\$315.15	\$310.09	\$272.42	\$267.78	\$296.12	#DIV/0!	#DIV/0!	\$212.49	#DIV/0!	\$360.19	
Allowed Claims PMMP	\$434.60	\$370.81	\$364.48	\$492.12	\$463.54	\$399.57	#DIV/0!	\$498.46	\$469.87	\$450.90	\$409.24	\$402.91	\$394.56	\$388.23	\$371.48	\$365.15	\$362.49	#DIV/0!	#DIV/0!	\$318.55	#DIV/0!	\$396.28	
EHB portion of Allowed Claims, PMMP	\$434.60	\$370.81	\$364.48	\$492.12	\$463.54	\$399.57	#DIV/0!	\$498.46	\$469.87	\$450.90	\$409.24	\$402.91	\$394.56	\$388.23	\$371.48	\$365.15	\$362.49	#DIV/0!	#DIV/0!	\$318.55	#DIV/0!	\$396.28	

Section IV: Projected (12 months following effective date)

Plan ID (Standard Component ID)	Total	152870040001	152870040002	1528700250001	1528700250002	1528700250003	1528700250004	1528700250005	1528700250006	1528700250007	1528700250008	1528700250009	1528700250010	1528700250011	1528700250012	1528700250013	152870070001	152870070002	152870070003	152870070004	152870070005	152870070006	152870070007
Average Rate PMMP	\$521.25	\$458.28	\$451.23	\$591.55	\$558.80	\$481.00	\$392.83	\$601.39	\$566.63	\$489.26	\$490.19	\$483.08	\$477.78	\$470.00	\$459.99	\$449.76	\$449.76	\$384.24	\$294.87	\$344.78	\$388.66	\$427.66	
Member Months	633,678	10,663	31,663	78,514	69,586	8,318	0	15,660	16,115	924	1,070	9,630	6,847	61,619	2,218	19,964	48,058	0	0	15,058	0	475	
Total Premium (TP)	\$330,301,985	\$4,886,672	\$4,811,460	\$46,602,165	\$38,755,982	\$1,889,361	\$0	\$6,745,597	\$47,217,178	\$39,299,223	\$1,923,796	\$2,084,305	\$2,054,066	\$15,975,697	\$15,713,780	\$2,375,408	\$2,339,384	\$18,241,315	\$0	\$4,636,985	\$5,747,513	\$0	\$490,275
EHB basis or full portion of TP, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Total Allowed Claims (TAC)	\$312,602,667	\$4,629,623	\$4,560,200	\$44,246,065	\$36,796,568	\$1,793,839	\$0	\$6,404,555	\$44,829,985	\$37,312,344	\$1,824,635	\$1,978,287	\$1,950,237	\$15,106,204	\$14,817,428	\$2,255,313	\$2,221,310	\$17,219,076	\$0	\$4,644,667	\$5,456,937	\$0	\$465,488
EHB basis or full portion of TAC, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Allowed Claims which are not the issuer's obligation - Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$60,165,779	\$1,047,374	\$1,149,757	\$5,983,380	\$5,517,881	\$440,153	\$0	\$2,175,887	\$5,921,140	\$5,512,825	\$436,386	\$450,132	\$455,599	\$3,590,385	\$3,595,469	\$573,236	\$578,288	\$4,579,067	\$0	\$183,285	\$1,471,298	\$0	\$107,378
Portion of above payable by HHS's funds on behalf of insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Total incurred claims, payable by issuer funds	\$253,436,888	\$3,582,249	\$3,411,447	\$38,262,685	\$31,278,686	\$1,353,686	\$0	\$4,229,668	\$38,808,045	\$31,799,519	\$1,388,249	\$1,528,795	\$1,498,638	\$11,379,312	\$11,222,959	\$1,682,077	\$1,642,821	\$12,740,009	\$0	\$231,323	\$4,000,640	\$0	\$38,110
Net Amt of Reim	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Net Amt of Risk Adj	\$3,124,033	\$52,569	\$52,569	\$387,074	\$341,92																		

State: Rhode Island

Filing Company:

Blue Cross & Blue Shield of Rhode Island

TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only

Product Name: Small Group Commercial Medical

Project Name/Number: Small Group 2014 Renewals/SG2014

Supporting Document Schedules

Bypassed - Item:	A&H Experience
Bypass Reason:	See attachments in rate/rule schedule tab.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Actuarial Certification - Life & A&H
Bypass Reason:	See attachments in rate/rule schedule tab.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Actuarial Memorandum - A&H Rate Revision Filing
Bypass Reason:	See attachments in rate/rule schedule tab.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Premium Rate Sheets - Life & A&H
Bypass Reason:	See attachments in rate/rule schedule tab.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Health Insurance Checklist
Bypass Reason:	See attachments in rate/rule schedule tab.
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: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only

Product Name: Small Group Commercial Medical

Project Name/Number: Small Group 2014 Renewals/SG2014

Bypass Reason:	See attachments in rate/rule schedule tab.
Attachment(s):	
Item Status:	
Status Date:	
Bypassed - Item:	Unified Rate Review Template
Bypass Reason:	To be submitted at later date.
Attachment(s):	
Item Status:	
Status Date:	
Bypassed - Item:	Consumer Disclosure Form
Bypass Reason:	See attachments in rate/rule schedule tab.
Attachment(s):	
Item Status:	
Status Date:	
Bypassed - Item:	2013 Rate Review Process Issuer and Plan Compliance Attestation
Bypass Reason:	See attachments in rate/rule schedule tab.
Attachment(s):	
Item Status:	
Status Date:	
Bypassed - Item:	2013 Rate Review Process OHIC Template
Bypass Reason:	See attachments in rate/rule schedule tab.
Attachment(s):	
Item Status:	
Status Date:	