

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	Unified Rate Review v6.1																		To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P. To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L. To validate, select the Validate button or Ctrl + Shift + I. To finalize, select the Finalize button or Ctrl + Shift + F.
2																			
3	Company Legal Name:	Highmark BCBSD Inc.																	
4	HIOS Issuer ID:	76168	State:	DE															
5	Effective Date of Rate Change(s):	1/0/1900	Market:	Individual															
6																			
7																			
8	Market Level Calculations (Same for all Plans)																		
9																			
10																			
11	Section I: Experience Period Data																		
12	Experience Period:	1/1/2023	to	12/31/2023															
13			Total		PMPM														
14	Allowed Claims		\$348,004,793.49		\$847.87														
15	Reinsurance		\$53,118,403.60		\$129.42														
16	Incurred Claims in Experience Period		\$252,782,334.75		\$615.87														
17	Risk Adjustment		\$573,164.00		\$1.40														
18	Experience Period Premium		\$296,803,222.76		\$723.12														
19	Experience Period Member Months		410,447																
20																			
21	Section II: Projections																		
22			Year 1 Trend		Year 2 Trend														
23	Benefit Category	Experience Period Index Rate PMPM	Cost	Utilization	Cost	Utilization	Trended EHB Allowed Claims PMPM												
24	Inpatient Hospital	\$183.54	1.046	1.035	1.045	1.035	\$214.86												
25	Outpatient Hospital	\$281.59	1.050	1.035	1.046	1.035	\$331.22												
26	Professional	\$215.01	1.015	1.035	1.015	1.035	\$237.23												
27	Other Medical	\$11.44	1.032	1.035	1.032	1.035	\$13.05												
28	Capitation	\$0.40	1.032	1.035	1.032	1.035	\$0.46												
29	Prescription Drug	\$153.01	1.055	1.035	1.055	1.035	\$182.39												
30	Total	\$844.98					\$979.20												
31																			
32	Morbidity Adjustment					0.996													
33	Demographic Shift					1.017													
34	Plan Design Changes					1.000													
35	Other					0.997													
36	Adjusted Trended EHB Allowed Claims PMPM for	01/01/2025				\$989.13													
37																			
38	Manual EHB Allowed Claims PMPM					\$0.00													
39	Applied Credibility %					100.00%													
40																			
41	Projected Period Totals																		
42	Projected Index Rate for	01/01/2025			\$989.13	\$382,888,266.48													
43	Reinsurance				\$167.16	\$64,708,233.66													
44	Risk Adjustment Payment/Charge				\$14.54	\$5,629,794.02													
45	Exchange User Fees				1.46%	\$4,626,680.72													
46	Market Adjusted Index Rate				\$819.38	\$317,176,919.52													
47																			
48	Projected Member Months				387,096														
49																			
50	Information Not Releasable to the Public Unless Authorized by Law: This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.																		
51																			