

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	Unified Rate Review v6.0																		
2																			
3	Company Legal Name:	Highmark BCBSD Inc.																	
4	HIOS Issuer ID:	76168	State:	DE															
5	Effective Date of Rate Change(s):	1/1/2025	Market:	Small Group															
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				\$158,226,220.78														
15	Reinsurance				\$0.00	\$642.29													
16	Incurred Claims in Experience Period				\$136,320,331.08														
17	Risk Adjustment				-\$31,579.60														
18	Experience Period Premium				\$172,652,395.29														
19	Experience Period Member Months				246,348														
20																			
21	Section II: Projections																		
22		Experience Period Index Rate PMPM	Year 1 Trend		Year 2 Trend		Trended EHB Allowed Claims PMPM												
23	Benefit Category		Cost	Utilization	Cost	Utilization													
24	Inpatient Hospital	\$116.47	1.058	1.029	1.064	1.029	\$138.75												
25	Outpatient Hospital	\$197.43	1.058	1.029	1.064	1.029	\$235.21												
26	Professional	\$189.81	1.010	1.029	1.010	1.029	\$205.09												
27	Other Medical	\$10.35	1.010	1.029	1.010	1.029	\$11.18												
28	Capitation	\$0.78	0.966	1.000	0.966	1.000	\$0.73												
29	Prescription Drug	\$127.46	1.108	1.029	1.108	1.029	\$165.88												
30	Total	\$642.29					\$756.85												
31																			
32	Morbidity Adjustment						1.007												
33	Demographic Shift						0.996												
34	Plan Design Changes						1.001												
35	Other						1.025												
36	Adjusted Trended EHB Allowed Claims PMPM for	1/1/2025					\$778.44												
37																			
38	Manual EHB Allowed Claims PMPM						\$0.00												
39	Applied Credibility %						100.00%												
40																			
41	Projected Period Totals																		
42	Projected Index Rate for	1/1/2025					\$778.44												
43	Reinsurance						\$194,616,227.52												
44	Risk Adjustment Payment/Charge						-\$1.01												
45	Exchange User Fees						-\$252,159.63												
46	Market Adjusted Index Rate						0.00%												
47	Market Adjusted Index Rate						\$779.45												
48	Projected Member Months						250,008												
49																			
50	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.																		
51																			

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.