	В	С	D	E	F	G	Н		_	J		K L	L	М	N	0		Р	Q	R	S	Т
2	Unified Rate Review v6.1											dd a product dd a plan to l										
3 4 5	Company Legal Name:	Highmark BCBSD Inc.										alidate, seleci						Auu Fiuii	DULLON OF	cui + sniju	L.	
4	HIOS Issuer ID:		State:	DE	I							inalize, select										
4 c			Market:	DE Individual							10 jii	nalize, select	t the Fi	nanze buti	ton or c	.tri + Snijt +	+ F.					
2	Effective Date of Nate Change(s).	1/1/2020	Market.	muividuai																		
5																						
7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Market Level Calculations (Same for al	Dlane)																				
9	iviarket Level Calculations (Jame 101 at	ii riaiisj																				
.0																						
1	Section I: Experience Period Data			_																		
2	Experience Period:		1/1/2024		12/31/2024																	
3				<u>Total</u>	<u>PMPM</u>																	
4	Allowed Claims			\$398,394,454.15																		
5	Reinsurance			\$65,547,574.01																		
7	Incurred Claims in Experience Period Risk Adjustment			\$287,633,078.46 \$4,253,251.00																		
R	Experience Period Premium			\$309,694,674.97																		
9	Experience Period Member Months			426,465																		
)				-																		
1	Section II: Projections																					
2			Year	1 Trend	Year 2	Trend																
	Benefit Category	Experience Period Index					Trended EHB Allowed Claims															
3		Rate PMPM	Cost	Utilization	Cost	Utilization	PMPM															
ч	Inpatient Hospital	\$183.93	1.053 1.053		1.054 1.053	1.055	\$227.20															
2	Outpatient Hospital Professional	\$316.49 \$244.71	1.05		1.053	1.055 1.055	\$390.19 \$286.08															
7	Other Medical	\$11.82	1.03		1.023	1.055	\$14.01															
8	Capitation	\$0.40	1.028		1.032	1.055	\$0.47															
9	Prescription Drug	\$173.56	1.010		1.010	1.055	\$197.00															
0	Total	\$930.91					\$1,114.95															
L																						
2	Morbidity Adjustment				1.026																	
3	Demographic Shift				1.024																	
1	Plan Design Changes Other				1.000 1.005																	
5	Adjusted Trended EHB Allowed Claims	PMPM for	1/1/2020	6	\$1,177.07																	
1	,		1/1/202	-	+1,1,7,07																	
į	Manual EHB Allowed Claims PMPM				\$0.00																	
j	Applied Credibility %				100.00%																	
4																						
4			4 /4 /000	_	44 4 4 7 7 7 7	Projected Period Totals	Ī															
4	Projected Index Rate for Reinsurance		1/1/2026	ь	\$1,177.07 \$120.06	\$407,360,385.60 \$41,550,640.15																
1	Risk Adjustment Payment/Charge				\$120.06	\$10,148,579.09																
1	Exchange User Fees				2.49%	\$9,075,109.00	<u> </u>															
ŝ	Market Adjusted Index Rate				\$1,053.91	\$364,736,275.37	<u> </u>															
7							•															
4 5 6 7 8 9 9 0 1 1 2 3 4 4 5 6 6 7 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Projected Member Months				346,080																	
19																						
	Information Not Releasable to the Pul	blic Unless Authorized by Law	v: This information has not been pu	ublically disclosed and may be privile			be disseminated, distributed, or or	pied t	to persons no	t authorize	ed to rec	eive the info	ormatic	n. Unauti	horized	disclosure	may res	ult in prose	ecution			
i0					to the full e	xtent of the law.																
ш																						