	T		-										N	0		
В	С	D		E	F	F	G		Н	Ι	J K	L M	IN	U	P	Q
Unified Rate Review v6.1											To add a prod	duct to Workshee	et 2 - Plan	Product Info,	select the A	dd Produc
										_	To add a plan	n to Worksheet 2	- Plan Pro	luct Info, sel	ect the Add I	lan butto
Company Legal Name:	Highmark BCBSD Inc.										To validate, s	select the Validate	e button o	Ctrl + Shift +	+ I.	
HIOS Issuer ID:	76168	State:	DE								To finalize, se	elect the Finalize b	button or (	trl + Shift + F	F.	
Effective Date of Rate Change(s):	01/01/2026	Market:	Individua	ıal							* .					
					.!											
Market Level Calculations (Same for a	ll Plans)															
	·															
ection I: Experience Period Data																
Experience Period:		1/1/	/2024		12/31/2024											
				<u>Total</u>	PMI											
Allowed Claims				\$398,394,454.15		\$934.18										
Reinsurance				\$65,547,574.01		\$153.70										
ncurred Claims in Experience Period				\$287,633,078.46		\$674.46										
isk Adjustment			_	\$4,253,251.00 \$309,694,674.97		\$9.97 \$726.19										
operience Period Premium Operience Period Member Months				\$309,694,674.97 426,465		\$/26.19										
perience renou wember Months				420,403	1											
ction II: Projections																
			'ear 1 Trend			Year 2	Trend			1						
	Experience Period Index		Year 1 Trend			Year 2	Trend		Trended EHB Allowed Claims							
Benefit Category	Experience Period Index Rate PMPM	Cost	Year 1 Trend	Utilization	Co		Trend Utilization		Trended EHB Allowed Claims PMPM							
		Cost	Year 1 Trend		Co			1.055								
atient Hospital	\$183.93 \$316.49	Cost	1.053 1.052	Utilization 1.055	Co	1.054 1.053		1.055	PMPM \$227.20 \$390.19							
patient Hospital utpatient Hospital rofessional	Rate PMPM \$183.93 \$316.49 \$244.71	Cost	1.053 1.052 1.025	Utilization 1.055 1.055 1.055	Co	1.054 1.053 1.025		1.055 1.055	PMPM \$227.20 \$390.19 \$286.08							
npatient Hospital Outpatient Hospital Professional Other Medical	Rate PMPM \$183.93 \$316.49 \$244.71 \$11.82	Cost	1.053 1.052 1.025 1.032	Utilization 1.055 1.055 1.055 1.055 1.055	Co	1.054 1.053 1.025 1.032		1.055 1.055 1.055	\$227.20 \$390.19 \$286.08 \$14.01							
npatient Hospital Dutpatient Hospital Professional Other Medical Capitation	Rate PMPM \$183.93 \$316.49 \$244.71 \$11.82 \$0.40	Cost	1.053 1.052 1.025 1.032 1.028	Utilization 1.055 1.055 1.055 1.055 1.055 1.055	Co	1.054 1.053 1.025 1.032 1.032		1.055 1.055 1.055 1.055	\$227.20 \$390.19 \$286.08 \$14.01 \$0.47							
atient Hospital ipatient Hospital fessional er Medical itiation scription Drug	Rate PMPM \$183.93 \$316.49 \$244.71 \$11.82 \$0.40 \$173.56	Cost	1.053 1.052 1.025 1.032	Utilization 1.055 1.055 1.055 1.055 1.055	Co	1.054 1.053 1.025 1.032		1.055 1.055 1.055	PMPM \$227.20 \$390.19 \$286.08 \$14.01 \$0.47 \$197.00							
oatient Hospital tpatient Hospital ofessional her Medical pitation escription Drug	Rate PMPM \$183.93 \$316.49 \$244.71 \$11.82 \$0.40	Cost	1.053 1.052 1.025 1.032 1.028	Utilization 1.055 1.055 1.055 1.055 1.055 1.055	Co	1.054 1.053 1.025 1.032 1.032		1.055 1.055 1.055 1.055	\$227.20 \$390.19 \$286.08 \$14.01 \$0.47							
patient Hospital utpatient Hospital ofessional her Medical pitation escription Drug tal	Rate PMPM \$183.93 \$316.49 \$244.71 \$11.82 \$0.40 \$173.56	Cost	1.053 1.052 1.025 1.032 1.028	Utilization 1.055 1.055 1.055 1.055 1.055 1.055	Co	1.054 1.053 1.025 1.032 1.032 1.032		1.055 1.055 1.055 1.055	PMPM \$227.20 \$390.19 \$286.08 \$14.01 \$0.47 \$197.00							
patient Hospital utpatient Hospital rofessional ther Medical apitation rescription Drug tal	Rate PMPM \$183.93 \$316.49 \$244.71 \$11.82 \$0.40 \$173.56	Cost	1.053 1.052 1.025 1.032 1.028	Utilization 1.055 1.055 1.055 1.055 1.055 1.055	Co	1.054 1.053 1.025 1.032 1.032 1.010		1.055 1.055 1.055 1.055	PMPM \$227.20 \$390.19 \$286.08 \$14.01 \$0.47 \$197.00							
patient Hospital itpatient Hospital fofessional her Medical pitation escription Drug tal orbidity Adjustment mographic Shift	Rate PMPM \$183.93 \$316.49 \$244.71 \$11.82 \$0.40 \$173.56	Cost	1.053 1.052 1.025 1.032 1.028	Utilization 1.055 1.055 1.055 1.055 1.055 1.055	Co	1.054 1.053 1.025 1.032 1.032 1.030 1.010		1.055 1.055 1.055 1.055	PMPM \$227.20 \$390.19 \$286.08 \$14.01 \$0.47 \$197.00							
patient Hospital tipatient Hospital tipatient Hospital offessional her Medical pitation secription Drug tal orbidity Adjustment mographic Shift in Design Changes	Rate PMPM \$183.93 \$316.49 \$244.71 \$11.82 \$0.40 \$173.56	Cost	1.053 1.052 1.025 1.032 1.028	Utilization 1.055 1.055 1.055 1.055 1.055 1.055	Co	1.054 1.053 1.025 1.032 1.032 1.032 1.010		1.055 1.055 1.055 1.055	PMPM \$227.20 \$390.19 \$286.08 \$14.01 \$0.47 \$197.00							
atient Hospital patient Hospital fessional er Medical itation scription Drug al  rbidity Adjustment nographic Shift 1 Design Changes er	Rate PMPM  \$183.93 \$316.49 \$244.71 \$11.82 \$0.40 \$2173.56	Cost	1.053 1.052 1.025 1.032 1.028	Utilization 1.055 1.055 1.055 1.055 1.055 1.055	\$1,177.07	1.054 1.053 1.025 1.032 1.032 1.030 1.010		1.055 1.055 1.055 1.055	PMPM \$227.20 \$390.19 \$286.08 \$14.01 \$0.47 \$197.00							
atient Hospital tpatient Hospital fpesional fersional itation scription Drug al whidity Adjustment mographic Shift n Design Changes fer	Rate PMPM  \$183.93 \$316.49 \$244.71 \$11.82 \$0.40 \$2173.56	Cost	1.053 1.052 1.025 1.032 1.028	Utilization 1.055 1.055 1.055 1.055 1.055 1.055		1.054 1.054 1.053 1.025 1.032 1.032 1.010 1.026 1.024 1.000		1.055 1.055 1.055 1.055	PMPM \$227.20 \$390.19 \$286.08 \$14.01 \$0.47 \$197.00							
atient Hospital tpatient Hospital fofessional offessional offessional ottation scription Drug tal orbidity Adjustment mographic Shift n Design Changes ner justed Trended EHB Allowed Claims mual EHB Allowed Claims PMPM	Rate PMPM  \$183.93 \$316.49 \$244.71 \$11.82 \$0.40 \$2173.56	Cost	1.053 1.052 1.025 1.032 1.028	Utilization 1.055 1.055 1.055 1.055 1.055 1.055		1.054 1.053 1.025 1.032 1.032 1.032 1.010 1.026 1.024 1.000 1.005		1.055 1.055 1.055 1.055	PMPM \$227.20 \$390.19 \$286.08 \$14.01 \$0.47 \$197.00							
atient Hospital tpatient Hospital fofessional offessional offessional ottation scription Drug tal orbidity Adjustment mographic Shift n Design Changes ner justed Trended EHB Allowed Claims mual EHB Allowed Claims PMPM	Rate PMPM  \$183.93 \$316.49 \$244.71 \$11.82 \$0.40 \$2173.56	Cost	1.053 1.052 1.025 1.032 1.028	Utilization 1.055 1.055 1.055 1.055 1.055 1.055		1.054 1.054 1.053 1.025 1.032 1.032 1.010 1.026 1.024 1.000		1.055 1.055 1.055 1.055	PMPM \$227.20 \$390.19 \$286.08 \$14.01 \$0.47 \$197.00							
patient Hospital utpatient Hospital rofessional ther Medical apitation rescription Drug otal Morbidity Adjustment emographic Shift lan Design Changes ther djusted Trended EHB Allowed Claims fanual EHB Allowed Claims PMPM	Rate PMPM  \$183.93 \$316.49 \$244.71 \$11.82 \$0.40 \$2173.56	Cost	1.053 1.052 1.025 1.032 1.028	Utilization 1.055 1.055 1.055 1.055 1.055 1.055		1.054 1.053 1.025 1.032 1.032 1.032 1.010 1.026 1.024 1.000 1.005	Utilization	1.055 1.055 1.055 1.055 1.055 1.055	PMPM \$227.20 \$390.19 \$286.08 \$14.01 \$0.47 \$197.00							
npatient Hospital utpatient Hospital rofessional ther Medical apitation rescription Drug otal dorbitidity Adjustment temographic Shift lan Design Changes ther djusted Trended EHB Allowed Claims Manual EHB Allowed Claims PMPM pplied Credibility %	Rate PMPM \$183.93 \$316.49 \$244.71 \$118.22 \$0.40 \$173.56 \$930.91	Cost	1.053 1.052 1.025 1.032 1.028	Utilization 1.055 1.055 1.055 1.055 1.055 1.055 1.055	\$1,177.07	1.054 1.053 1.025 1.032 1.032 1.032 1.032 1.010 1.026 1.026 1.026 1.000 1.005	Utilization  Projected Period To	1.055 1.055 1.055 1.055 1.055 1.055	PMPM \$227.20 \$390.19 \$286.08 \$14.01 \$0.47 \$197.00							
patient Hospital utpatient Hospital ofessional ther Medical pitation secription Drug stal orbidity Adjustment emographic Shift an Design Changes ther djusted Trended EHB Allowed Claims anual EHB Allowed Claims PMPM pplied Credibility %	Rate PMPM \$183.93 \$316.49 \$244.71 \$118.22 \$0.40 \$173.56 \$930.91	Cost	1.053 1.052 1.025 1.032 1.028	Utilization 1.055 1.055 1.055 1.055 1.055 1.055 1.055		1.054 1.053 1.025 1.032 1.032 1.032 1.010 1.026 1.024 1.000 1.005	Utilization  Projected Period To 5407,360,385,60	1.055 1.055 1.055 1.055 1.055 1.055	PMPM \$227.20 \$390.19 \$286.08 \$14.01 \$0.47 \$197.00							
ipatient Hospital utpatient Hospital rofessional ther Medical apitation rescription Drug total torbidity Adjustment emographic Shift lan Design Changes ther digisted Trended EHB Allowed Claims tanual EHB Allowed Claims PMPM pplied Credibility %	Rate PMPM \$183.93 \$316.49 \$244.71 \$118.22 \$0.40 \$173.56 \$930.91	Cost	1.053 1.052 1.025 1.032 1.028	Utilization 1.055 1.055 1.055 1.055 1.055 1.055 1.055	\$1,177.07	1.054 1.053 1.053 1.025 1.032 1.032 1.032 1.032 1.030 1.024 1.024 1.020 1.000 1.005	Utilization  Projected Period To 6407,360,385.60 541,550,640.15	1.055 1.055 1.055 1.055 1.055 1.055	PMPM \$227.20 \$390.19 \$286.08 \$14.01 \$0.47 \$197.00							
ipatient Hospital utpatient Hospital utpatient Hospital roffessional ther Medical apitation rescription Drug otal forbidity Adjustment emographic Shift ann Design Changes ther djusted Trended EHB Allowed Claims flanual EHB Allowed Claims PMPM pplied Credibility % rojected Index Rate for einsurance	Rate PMPM \$183.93 \$316.49 \$244.71 \$118.22 \$0.40 \$173.56 \$930.91	Cost	1.053 1.052 1.025 1.032 1.028	Utilization 1.055 1.055 1.055 1.055 1.055 1.055 1.055	\$1,177.07	1.054 1.053 1.054 1.053 1.025 1.032 1.032 1.032 1.030 1.026 1.026 1.026 1.020 1.000 1.005	Projected Period To \$407,360,385.60 \$407,360,385.60	1.055 1.055 1.055 1.055 1.055 1.055	PMPM \$227.20 \$390.19 \$286.08 \$14.01 \$0.47 \$197.00							
npatient Hospital butpatient Hospital butpatient Hospital rofessional ther Medical apitation rescription Drug otal Aorbidity Adjustment bemographic Shift lan Design Changes bther dijusted Trended EHB Allowed Claims Annual EHB Allowed Claims PMPM applied Credibility %  rojected Index Rate for leinsurance lisk Adjustment Payment/Charge xkhange User Fees	Rate PMPM \$183.93 \$316.49 \$244.71 \$118.22 \$0.40 \$173.56 \$930.91	Cost	1.053 1.052 1.025 1.032 1.028	Utilization 1.055 1.055 1.055 1.055 1.055 1.055 1.055	\$1,177.07	1.054 1.053 1.053 1.075 1.075 1.032 1.032 1.032 1.010 1.026 1.024 1.000 1.005	Projected Period To \$407,360,385.60 \$41,550,640.15 \$10,148,579.09	1.055 1.055 1.055 1.055 1.055 1.055	PMPM \$227.20 \$390.19 \$286.08 \$14.01 \$0.47 \$197.00							
npatient Hospital utpatient Hospital rofessional ther Medical apitation rescription Drug otal forbidity Adjustment emographic Shift lan Design Changes ther djusted Trended EHB Allowed Claims fanual EHB Allowed Claims PMPM pplied Credibility %	Rate PMPM \$183.93 \$316.49 \$244.71 \$118.22 \$0.40 \$173.56 \$930.91	Cost	1.053 1.052 1.025 1.032 1.028	Utilization 1.055 1.055 1.055 1.055 1.055 1.055 1.055	\$1,177.07	1.054 1.053 1.053 1.075 1.075 1.032 1.032 1.032 1.010 1.026 1.024 1.000 1.005	Projected Period To \$407,360,385.60 \$407,360,385.60	1.055 1.055 1.055 1.055 1.055 1.055	PMPM \$227.20 \$390.19 \$286.08 \$14.01 \$0.47 \$197.00							
npatient Hospital	Rate PMPM \$183.93 \$316.49 \$244.71 \$118.22 \$0.40 \$173.56 \$930.91	Cost	1.053 1.052 1.025 1.032 1.028	Utilization 1.055 1.055 1.055 1.055 1.055 1.055	\$1,177.07	1.054 1.053 1.053 1.075 1.075 1.032 1.032 1.032 1.010 1.026 1.024 1.000 1.005	Projected Period To \$407,360,385.60 \$41,550,640.15 \$10,148,579.09	1.055 1.055 1.055 1.055 1.055 1.055	PMPM \$227.20 \$390.19 \$286.08 \$14.01 \$0.47 \$197.00							