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Unified Rate Review v6.1

Company Legal Name:Highmark BCBSD Inc.

HIOS Issuer ID:76168

State:DE

Effective Date of Rate Change(s):01/01/2026

Market:Small Group

Market Level Calculations (Same for all Plans)

Section I: Experience Period Data

Experience Period:

1/1/2024

to

12/31/2024

Total

PMPM

Allowed Claims	\$188,087,685.33	\$766.83
Reinsurance	\$0.00	\$0.00
Incurred Claims in Experience Period	\$165,817,158.81	\$676.03
Risk Adjustment	\$1,938,479.92	\$7.90
Experience Period Premium	\$179,463,928.57	\$731.67
Experience Period Member Months	245,281	

Section II: Projections

Benefit Category	Experience Period Index Rate PMPM	Year 1 Trend		Year 2 Trend		Trended EHB Allowed Claims PMPM
		Cost	Utilization	Cost	Utilization	
Inpatient Hospital	\$154.10	1.052	1.039	1.052	1.039	\$184.11
Outpatient Hospital	\$239.79	1.052	1.039	1.052	1.039	\$286.49
Professional	\$220.36	1.010	1.039	1.010	1.039	\$242.49
Other Medical	\$9.83	1.010	1.039	1.010	1.039	\$10.82
Capitation	\$0.00	1.000	1.000	1.000	1.000	\$0.00
Prescription Drug	\$142.75	1.075	1.035	1.075	1.035	\$176.78
Total	\$766.83					\$900.70

Morbidity Adjustment	1.014
Demographic Shift	1.000
Plan Design Changes	1.001
Other	1.010
Adjusted Trended EHB Allowed Claims PMPM for 01/01/2026	\$923.11

Manual EHB Allowed Claims PMPM	\$0.00
Applied Credibility %	100.00%

Projected Period Totals

Projected Index Rate for 01/01/2026	\$923.11	\$188,314,440.00
Reinsurance	\$0.00	\$0.00
Risk Adjustment Payment/Charge	-\$4.04	-\$823,637.65
Exchange User Fees	0.00%	\$0.00
Market Adjusted Index Rate	\$927.15	\$189,138,077.65

Projected Member Months	204000
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