

State: Pennsylvania **Filing Company:** Highmark
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
Product Name: 1A-CCP-15-HBCBS
Project Name/Number: 1A-CCP-15-HBCBS/1A-CCP-15-HBCBS

Filing at a Glance

Company: Highmark
 Product Name: 1A-CCP-15-HBCBS
 State: Pennsylvania
 TOI: H16I Individual Health - Major Medical
 Sub-TOI: H16I.005C Individual - Other
 Filing Type: Rate - M.U. (Medically underwritten)
 Date Submitted: 08/13/2015
 SERFF Tr Num: HGHM-130174566
 SERFF Status: Assigned
 State Tr Num: HGHM-130174566
 State Status: Received Review in Progress
 Co Tr Num: 1A-CCP-15-HBCBS

 Implementation: 12/01/2015
 Date Requested:
 Author(s): Kevin Luu, Frank Haver, Aaron Syster, Craig Cooper, Gregory Amspacher, Patrick Foster
 Reviewer(s): Cherri Sanders-Jones (primary)
 Disposition Date:
 Disposition Status:
 Implementation Date:

 State Filing Description:
 Grandfathered - rri = 17.4%

State: Pennsylvania **Filing Company:** Highmark
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
Product Name: 1A-CCP-15-HBCBS
Project Name/Number: 1A-CCP-15-HBCBS/1A-CCP-15-HBCBS

General Information

Project Name: 1A-CCP-15-HBCBS	Status of Filing in Domicile:
Project Number: 1A-CCP-15-HBCBS	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: Pennsylvania is the state of domicile
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type: Individual
Overall Rate Impact: 17.4%	Filing Status Changed: 08/14/2015
	State Status Changed: 08/14/2015
Deemer Date:	Created By: Gregory Amspacher
Submitted By: Aaron Syster	Corresponding Filing Tracking Number: HGHM-130175633
	PPACA: Not PPACA-Related

PPACA Notes: null
 Include Exchange Intentions: No
 Additional Benefits: No

Filing Description:
 See cover letter and memorandum for details

Company and Contact

Filing Contact Information

Kevin Luu,	kevin.luu@highmark.com
1800 Center Street	717-302-2203 [Phone]
Camp Hill, PA 17011	

Filing Company Information

Highmark	CoCode: 54771	State of Domicile:
120 Fifth Ave Place	Group Code: 812	Pennsylvania
Pittsburgh, PA 15222	Group Name:	Company Type:
(717) 302-3971 ext. [Phone]	FEIN Number: 23-1294723	State ID Number:

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:

SERFF Tracking #:

HGHM-130174566

State Tracking #:

HGHM-130174566

Company Tracking #:

1A-CCP-15-HBCBS

State: Pennsylvania **Filing Company:** Highmark
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
Product Name: 1A-CCP-15-HBCBS
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Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		1A-CCP-15-HBCBS Rates		New		1A-CCP-15-HBCBS Rates.pdf,

Highmark Inc.
CompleteCare (Western Region)
Summary of Requested Rates (\$500 Deductible)
Monthly Attained Age Rates for Form Number HMCCA-1002
Effective December 1, 2015

(\$500 Deductible) Male - Tier 1									
	S	S/C	S/Cn	S/Sp	S/Sp/C	S/Sp/Cn	SS S/Sp	SS S/Sp/C	SS S/Sp/Cn
< 19	\$165.30	\$310.90	\$513.25	\$445.35	\$590.65	\$793.00	\$445.35	\$590.65	\$793.00
19 - 24	\$165.30	\$310.90	\$513.25	\$445.35	\$590.65	\$793.00	\$330.60	\$475.90	\$678.25
25 - 29	\$174.45	\$319.95	\$522.45	\$533.45	\$678.80	\$881.15	\$348.90	\$494.25	\$696.60
30 - 34	\$205.80	\$351.25	\$553.65	\$650.20	\$795.50	\$997.70	\$411.60	\$556.90	\$759.10
35 - 39	\$252.10	\$397.65	\$599.95	\$696.65	\$842.00	\$1,044.25	\$504.20	\$649.55	\$851.80
40 - 44	\$310.15	\$455.70	\$658.20	\$762.65	\$908.05	\$1,110.35	\$620.30	\$765.70	\$968.00
45 - 49	\$398.80	\$544.35	\$746.70	\$907.60	\$1,052.90	\$1,255.20	\$797.60	\$942.90	\$1,145.20
50 - 54	\$523.90	\$669.45	\$871.75	\$1,129.80	\$1,275.00	\$1,477.35	\$1,047.80	\$1,193.00	\$1,395.35
55 - 59	\$702.70	\$848.25	\$1,050.65	\$1,401.75	\$1,547.10	\$1,749.45	\$1,405.40	\$1,550.75	\$1,753.10
60 - 64	\$963.15	\$1,108.75	\$1,311.10	\$1,791.80	\$1,937.20	\$2,139.50	\$1,926.30	\$2,071.70	\$2,274.00
65+ (Medicare)	\$702.70	\$848.25	\$1,050.65	\$1,401.75	\$1,547.10	\$1,749.45	\$1,405.40	\$1,550.75	\$1,753.10
65+ (Non-Medicare)	\$972.85	\$1,119.75	\$1,324.15	\$1,809.80	\$1,956.30	\$2,160.65	\$1,945.70	\$2,092.20	\$2,296.55

(\$500 Deductible) Female - Tier 1									
	S	S/C	S/Cn	S/Sp	S/Sp/C	S/Sp/Cn	SS S/Sp	SS S/Sp/C	SS S/Sp/Cn
< 19	\$165.30	\$310.90	\$513.25	\$445.35	\$590.65	\$793.00	\$445.35	\$590.65	\$793.00
19 - 24	\$280.05	\$425.50	\$628.05	\$445.35	\$590.65	\$793.00	\$560.10	\$705.40	\$907.75
25 - 29	\$359.00	\$504.65	\$707.05	\$533.45	\$678.80	\$881.15	\$718.00	\$863.35	\$1,065.70
30 - 34	\$444.40	\$590.00	\$792.40	\$650.20	\$795.50	\$997.70	\$888.80	\$1,034.10	\$1,236.30
35 - 39	\$444.55	\$590.10	\$792.55	\$696.65	\$842.00	\$1,044.25	\$889.10	\$1,034.45	\$1,236.70
40 - 44	\$452.50	\$598.10	\$800.45	\$762.65	\$908.05	\$1,110.35	\$905.00	\$1,050.40	\$1,252.70
45 - 49	\$508.80	\$654.35	\$856.85	\$907.60	\$1,052.90	\$1,255.20	\$1,017.60	\$1,162.90	\$1,365.20
50 - 54	\$605.90	\$751.50	\$953.90	\$1,129.80	\$1,275.00	\$1,477.35	\$1,211.80	\$1,357.00	\$1,559.35
55 - 59	\$699.05	\$844.65	\$1,047.10	\$1,401.75	\$1,547.10	\$1,749.45	\$1,398.10	\$1,543.45	\$1,745.80
60 - 64	\$828.65	\$974.25	\$1,176.70	\$1,791.80	\$1,937.20	\$2,139.50	\$1,657.30	\$1,802.70	\$2,005.00
65+ (Medicare)	\$699.05	\$844.65	\$1,047.10	\$1,401.75	\$1,547.10	\$1,749.45	\$1,398.10	\$1,543.45	\$1,745.80
65+ (Non-Medicare)	\$836.95	\$983.95	\$1,188.25	\$1,809.80	\$1,956.30	\$2,160.65	\$1,673.90	\$1,820.40	\$2,024.75

(\$500 Deductible) Male - Tier 2									
	S	S/C	S/Cn	S/Sp	S/Sp/C	S/Sp/Cn	SS S/Sp	SS S/Sp/C	SS S/Sp/Cn
< 19	\$189.25	\$356.05	\$588.10	\$510.45	\$676.95	\$908.90	\$510.45	\$676.95	\$908.90
19 - 24	\$189.25	\$356.05	\$588.10	\$510.45	\$676.95	\$908.90	\$378.50	\$545.00	\$776.95
25 - 29	\$199.80	\$366.65	\$598.60	\$611.85	\$778.25	\$1,010.35	\$399.60	\$566.00	\$798.10
30 - 34	\$235.75	\$402.45	\$634.55	\$746.05	\$912.45	\$1,144.40	\$471.50	\$637.90	\$869.85
35 - 39	\$289.05	\$455.75	\$687.85	\$799.45	\$965.90	\$1,197.90	\$578.10	\$744.55	\$976.55
40 - 44	\$355.90	\$522.60	\$754.70	\$875.50	\$1,041.95	\$1,273.90	\$711.80	\$878.25	\$1,110.20
45 - 49	\$457.70	\$624.45	\$856.50	\$1,042.05	\$1,208.45	\$1,440.55	\$915.40	\$1,081.80	\$1,313.90
50 - 54	\$601.60	\$768.30	\$1,000.40	\$1,297.55	\$1,464.05	\$1,696.00	\$1,203.20	\$1,369.70	\$1,601.65
55 - 59	\$807.25	\$973.95	\$1,206.10	\$1,610.40	\$1,776.75	\$2,008.75	\$1,614.50	\$1,780.85	\$2,012.85
60 - 64	\$1,106.80	\$1,273.60	\$1,505.60	\$2,058.90	\$2,225.40	\$2,457.40	\$2,213.60	\$2,380.10	\$2,612.10
65+ (Medicare)	\$807.25	\$973.95	\$1,206.10	\$1,610.40	\$1,776.75	\$2,008.75	\$1,614.50	\$1,780.85	\$2,012.85
65+ (Non-Medicare)	\$1,117.80	\$1,286.25	\$1,520.55	\$2,079.40	\$2,247.45	\$2,481.85	\$2,235.60	\$2,403.65	\$2,638.05

(\$500 Deductible) Female - Tier 2									
	S	S/C	S/Cn	S/Sp	S/Sp/C	S/Sp/Cn	SS S/Sp	SS S/Sp/C	SS S/Sp/Cn
< 19	\$189.25	\$356.05	\$588.10	\$510.45	\$676.95	\$908.90	\$510.45	\$676.95	\$908.90
19 - 24	\$321.20	\$487.85	\$720.00	\$510.45	\$676.95	\$908.90	\$642.40	\$808.90	\$1,040.85
25 - 29	\$412.05	\$578.85	\$810.90	\$611.85	\$778.25	\$1,010.35	\$824.10	\$990.50	\$1,222.60
30 - 34	\$510.30	\$677.00	\$909.10	\$746.05	\$912.45	\$1,144.40	\$1,020.60	\$1,187.00	\$1,418.95
35 - 39	\$510.40	\$677.10	\$909.30	\$799.45	\$965.90	\$1,197.90	\$1,020.80	\$1,187.25	\$1,419.25
40 - 44	\$519.60	\$686.30	\$918.50	\$875.50	\$1,041.95	\$1,273.90	\$1,039.20	\$1,205.65	\$1,437.60
45 - 49	\$584.35	\$751.05	\$983.15	\$1,042.05	\$1,208.45	\$1,440.55	\$1,168.70	\$1,335.10	\$1,567.20
50 - 54	\$695.95	\$862.65	\$1,094.75	\$1,297.55	\$1,464.05	\$1,696.00	\$1,391.90	\$1,558.40	\$1,790.35
55 - 59	\$803.15	\$969.85	\$1,201.95	\$1,610.40	\$1,776.75	\$2,008.75	\$1,606.30	\$1,772.65	\$2,004.65
60 - 64	\$952.10	\$1,118.95	\$1,350.90	\$2,058.90	\$2,225.40	\$2,457.40	\$1,904.20	\$2,070.70	\$2,302.70
65+ (Medicare)	\$803.15	\$969.85	\$1,201.95	\$1,610.40	\$1,776.75	\$2,008.75	\$1,606.30	\$1,772.65	\$2,004.65
65+ (Non-Medicare)	\$961.60	\$1,130.00	\$1,364.30	\$2,079.40	\$2,247.45	\$2,481.85	\$1,923.20	\$2,091.25	\$2,325.65

(\$500 Deductible) Male - Tier 3									
	S	S/C	S/Cn	S/Sp	S/Sp/C	S/Sp/Cn	SS S/Sp	SS S/Sp/C	SS S/Sp/Cn
< 19	\$213.25	\$401.20	\$662.90	\$575.60	\$763.20	\$1,024.85	\$575.60	\$763.20	\$1,024.85
19 - 24	\$213.25	\$401.20	\$662.90	\$575.60	\$763.20	\$1,024.85	\$426.50	\$614.10	\$875.75
25 - 29	\$225.10	\$413.05	\$674.85	\$690.20	\$877.80	\$1,139.50	\$450.20	\$637.80	\$899.50
30 - 34	\$265.75	\$453.70	\$715.40	\$841.95	\$1,029.55	\$1,291.20	\$531.50	\$719.10	\$980.75
35 - 39	\$326.00	\$514.00	\$775.65	\$902.30	\$1,089.90	\$1,351.55	\$652.00	\$839.60	\$1,101.25
40 - 44	\$401.50	\$589.45	\$851.20	\$988.15	\$1,175.75	\$1,437.45	\$803.00	\$990.60	\$1,252.30
45 - 49	\$516.75	\$704.65	\$966.45	\$1,176.50	\$1,364.20	\$1,625.75	\$1,033.50	\$1,221.20	\$1,482.75
50 - 54	\$679.35	\$867.25	\$1,129.00	\$1,465.35	\$1,653.00	\$1,914.70	\$1,358.70	\$1,546.35	\$1,808.05
55 - 59	\$911.80	\$1,099.75	\$1,361.50	\$1,818.85	\$2,006.60	\$2,268.30	\$1,823.60	\$2,011.35	\$2,273.05
60 - 64	\$1,250.45	\$1,438.35	\$1,700.20	\$2,326.05	\$2,513.65	\$2,775.35	\$2,500.90	\$2,688.50	\$2,950.20
65+ (Medicare)	\$911.80	\$1,099.75	\$1,361.50	\$1,818.85	\$2,006.60	\$2,268.30	\$1,823.60	\$2,011.35	\$2,273.05
65+ (Non-Medicare)	\$1,262.85	\$1,452.60	\$1,717.05	\$2,349.10	\$2,538.65	\$2,802.85	\$2,525.70	\$2,715.25	\$2,979.45

(\$500 Deductible) Female - Tier 3									
	S	S/C	S/Cn	S/Sp	S/Sp/C	S/Sp/Cn	SS S/Sp	SS S/Sp/C	SS S/Sp/Cn
< 19	\$213.25	\$401.20	\$662.90	\$575.60	\$763.20	\$1,024.85	\$575.60	\$763.20	\$1,024.85
19 - 24	\$362.35	\$550.30	\$812.05	\$575.60	\$763.20	\$1,024.85	\$724.70	\$912.30	\$1,173.95
25 - 29	\$465.10	\$653.00	\$914.80	\$690.20	\$877.80	\$1,139.50	\$930.20	\$1,117.80	\$1,379.50
30 - 34	\$576.20	\$764.05	\$1,025.85	\$841.95	\$1,029.55	\$1,291.20	\$1,152.40	\$1,340.00	\$1,601.65
35 - 39	\$576.30	\$764.20	\$1,025.95	\$902.30	\$1,089.90	\$1,351.55	\$1,152.60	\$1,340.20	\$1,601.85
40 - 44	\$586.65	\$774.55	\$1,036.40	\$988.15	\$1,175.75	\$1,437.45	\$1,173.30	\$1,360.90	\$1,622.60
45 - 49	\$659.75	\$847.65	\$1,109.50	\$1,176.50	\$1,364.20	\$1,625.75	\$1,319.50	\$1,507.20	\$1,768.75
50 - 54	\$786.00	\$973.90	\$1,235.65	\$1,465.35	\$1,653.00	\$1,914.70	\$1,572.00	\$1,759.65	\$2,021.35
55 - 59	\$907.05	\$1,095.00	\$1,356.80	\$1,818.85	\$2,006.60	\$2,268.30	\$1,814.10	\$2,001.85	\$2,263.55
60 - 64	\$1,075.60	\$1,263.45	\$1,525.25	\$2,326.05	\$2,513.65	\$2,775.35	\$2,512.00	\$2,338.80	\$2,600.50
65+ (Medicare)	\$907.05	\$1,095.00	\$1,356.80	\$1,818.85	\$2,006.60	\$2,268.30	\$1,814.10	\$2,001.85	\$2,263.55
65+ (Non-Medicare)	\$1,086.25	\$1,276.00	\$1,540.40	\$2,349.10	\$2,538.65	\$2,802.85	\$2,172.50	\$2,362.05	\$2,626.25

KEY: S Subscriber
 S/C Subscriber/Child
 S/Cn Subscriber/Children
 S/Sp Subscriber/Spouse
 S/Sp/C Subscriber/Spouse/Child
 S/Sp/Cn Subscriber/Spouse/Children
 SS S/Sp Same Sex Subscriber/Spouse
 SS S/Sp/C Same Sex Subscriber/Spouse/Child
 SS S/Sp/Cn Same Sex Subscriber/Spouse/Children

Highmark Inc.
CompleteCare (Western Region)
Summary of Requested Rates (\$1,000 Deductible)
Monthly Attained Age Rates for Form Number HMCCA-1002
Effective December 1, 2015

(\$1,000 Deductible)									
Male - Tier 1									
	S	S/C	S/Cn	S/Sp	S/Sp/C	S/Sp/Cn	SS S/Sp	SS S/Sp/C	SS S/Sp/Cn
< 19	\$148.65	\$279.45	\$461.20	\$400.05	\$530.65	\$712.25	\$400.05	\$530.65	\$712.25
19 - 24	\$148.65	\$279.45	\$461.20	\$400.05	\$530.65	\$712.25	\$297.30	\$427.90	\$609.50
25 - 29	\$156.95	\$287.70	\$469.35	\$479.20	\$609.60	\$791.35	\$313.90	\$444.30	\$626.05
30 - 34	\$184.90	\$315.70	\$497.50	\$583.65	\$714.10	\$895.75	\$369.80	\$500.25	\$681.90
35 - 39	\$226.35	\$357.15	\$538.90	\$625.15	\$755.70	\$937.30	\$452.70	\$583.25	\$764.85
40 - 44	\$278.40	\$409.25	\$591.00	\$684.45	\$814.80	\$996.50	\$556.80	\$687.15	\$868.85
45 - 49	\$357.80	\$488.50	\$670.30	\$814.20	\$944.60	\$1,126.35	\$715.60	\$846.00	\$1,027.75
50 - 54	\$469.80	\$600.55	\$782.35	\$1,013.05	\$1,143.60	\$1,325.35	\$939.60	\$1,070.15	\$1,251.90
55 - 59	\$633.10	\$760.75	\$942.55	\$1,262.60	\$1,387.25	\$1,568.95	\$1,266.20	\$1,390.85	\$1,572.55
60 - 64	\$893.55	\$994.05	\$1,175.90	\$1,652.65	\$1,736.65	\$1,929.20	\$1,787.10	\$1,871.10	\$2,063.65
65+ (Medicare)	\$633.10	\$760.75	\$942.55	\$1,262.60	\$1,387.25	\$1,568.95	\$1,266.20	\$1,390.85	\$1,572.55
65+ (Non-Medicare)	\$903.20	\$1,003.90	\$1,187.50	\$1,670.60	\$1,753.85	\$1,950.50	\$1,806.40	\$1,889.65	\$2,086.30

(\$1,000 Deductible)									
Female - Tier 1									
	S	S/C	S/Cn	S/Sp	S/Sp/C	S/Sp/Cn	SS S/Sp	SS S/Sp/C	SS S/Sp/Cn
< 19	\$148.65	\$279.45	\$461.20	\$400.05	\$530.65	\$712.25	\$400.05	\$530.65	\$712.25
19 - 24	\$251.40	\$382.20	\$564.00	\$400.05	\$530.65	\$712.25	\$502.80	\$633.40	\$815.00
25 - 29	\$322.25	\$453.00	\$634.85	\$479.20	\$609.60	\$791.35	\$644.50	\$774.90	\$956.65
30 - 34	\$398.75	\$529.55	\$711.35	\$583.65	\$714.10	\$895.75	\$797.50	\$927.95	\$1,109.60
35 - 39	\$398.80	\$529.60	\$711.40	\$625.15	\$755.70	\$937.30	\$797.60	\$928.15	\$1,109.75
40 - 44	\$406.05	\$536.70	\$718.45	\$684.45	\$814.80	\$996.50	\$812.10	\$942.45	\$1,124.15
45 - 49	\$456.40	\$587.05	\$768.85	\$814.20	\$944.60	\$1,126.35	\$912.80	\$1,043.20	\$1,224.95
50 - 54	\$543.25	\$674.05	\$855.80	\$1,013.05	\$1,143.60	\$1,325.35	\$1,086.50	\$1,217.05	\$1,398.80
55 - 59	\$629.50	\$757.60	\$939.30	\$1,262.60	\$1,387.25	\$1,568.95	\$1,259.00	\$1,383.65	\$1,565.35
60 - 64	\$759.10	\$873.55	\$1,055.35	\$1,652.65	\$1,736.65	\$1,929.20	\$1,518.20	\$1,602.20	\$1,794.75
65+ (Medicare)	\$629.50	\$757.60	\$939.30	\$1,262.60	\$1,387.25	\$1,568.95	\$1,259.00	\$1,383.65	\$1,565.35
65+ (Non-Medicare)	\$767.40	\$882.25	\$1,065.80	\$1,670.60	\$1,753.85	\$1,950.50	\$1,534.80	\$1,618.05	\$1,814.70

(\$1,000 Deductible)									
Male - Tier 2									
	S	S/C	S/Cn	S/Sp	S/Sp/C	S/Sp/Cn	SS S/Sp	SS S/Sp/C	SS S/Sp/Cn
< 19	\$170.15	\$319.90	\$528.30	\$458.50	\$607.90	\$816.15	\$458.50	\$607.90	\$816.15
19 - 24	\$170.15	\$319.90	\$528.30	\$458.50	\$607.90	\$816.15	\$340.30	\$489.70	\$697.95
25 - 29	\$179.55	\$329.35	\$537.70	\$549.25	\$698.70	\$906.95	\$359.10	\$508.55	\$716.80
30 - 34	\$211.65	\$361.45	\$569.85	\$669.30	\$818.85	\$1,027.15	\$423.30	\$572.85	\$781.15
35 - 39	\$259.50	\$409.25	\$617.60	\$717.20	\$866.75	\$1,074.95	\$519.00	\$668.55	\$876.75
40 - 44	\$319.25	\$469.15	\$677.50	\$785.25	\$934.75	\$1,143.05	\$638.50	\$788.00	\$996.30
45 - 49	\$410.55	\$560.35	\$768.70	\$934.45	\$1,083.90	\$1,292.20	\$821.10	\$970.55	\$1,178.85
50 - 54	\$539.40	\$689.20	\$897.50	\$1,165.75	\$1,312.75	\$1,521.05	\$1,078.80	\$1,225.80	\$1,434.10
55 - 59	\$737.55	\$873.40	\$1,081.80	\$1,471.05	\$1,592.95	\$1,801.25	\$1,475.10	\$1,597.00	\$1,805.30
60 - 64	\$1,037.25	\$1,141.65	\$1,350.05	\$1,919.85	\$2,015.25	\$2,247.15	\$2,074.50	\$2,169.90	\$2,401.80
65+ (Medicare)	\$737.55	\$873.40	\$1,081.80	\$1,471.05	\$1,592.95	\$1,801.25	\$1,475.10	\$1,597.00	\$1,805.30
65+ (Non-Medicare)	\$1,048.20	\$1,153.00	\$1,363.50	\$1,940.20	\$2,037.20	\$2,271.50	\$2,096.40	\$2,193.40	\$2,427.70

(\$1,000 Deductible)									
Female - Tier 2									
	S	S/C	S/Cn	S/Sp	S/Sp/C	S/Sp/Cn	SS S/Sp	SS S/Sp/C	SS S/Sp/Cn
< 19	\$170.15	\$319.90	\$528.30	\$458.50	\$607.90	\$816.15	\$458.50	\$607.90	\$816.15
19 - 24	\$288.35	\$438.10	\$646.45	\$458.50	\$607.90	\$816.15	\$576.70	\$726.10	\$934.35
25 - 29	\$369.70	\$519.45	\$727.70	\$549.25	\$698.70	\$906.95	\$739.40	\$888.85	\$1,097.10
30 - 34	\$457.65	\$607.45	\$815.75	\$669.30	\$818.85	\$1,027.15	\$915.30	\$1,064.85	\$1,273.15
35 - 39	\$457.70	\$607.50	\$815.80	\$717.20	\$866.75	\$1,074.95	\$915.40	\$1,064.95	\$1,273.15
40 - 44	\$466.00	\$615.75	\$824.15	\$785.25	\$934.75	\$1,143.05	\$932.00	\$1,081.50	\$1,289.80
45 - 49	\$523.90	\$673.65	\$882.05	\$934.45	\$1,083.90	\$1,292.20	\$1,047.80	\$1,197.25	\$1,405.55
50 - 54	\$626.35	\$773.65	\$982.05	\$1,165.75	\$1,312.75	\$1,521.05	\$1,252.70	\$1,399.70	\$1,608.00
55 - 59	\$733.50	\$869.70	\$1,078.10	\$1,471.05	\$1,592.95	\$1,801.25	\$1,467.00	\$1,588.90	\$1,797.20
60 - 64	\$882.60	\$1,003.05	\$1,211.45	\$1,919.85	\$2,015.25	\$2,247.15	\$1,765.20	\$1,860.60	\$2,092.50
65+ (Medicare)	\$733.50	\$869.70	\$1,078.10	\$1,471.05	\$1,592.95	\$1,801.25	\$1,467.00	\$1,588.90	\$1,797.20
65+ (Non-Medicare)	\$892.00	\$1,013.05	\$1,223.35	\$1,940.20	\$2,037.20	\$2,271.50	\$1,784.00	\$1,881.00	\$2,115.30

(\$1,000 Deductible)									
Male - Tier 3									
	S	S/C	S/Cn	S/Sp	S/Sp/C	S/Sp/Cn	SS S/Sp	SS S/Sp/C	SS S/Sp/Cn
< 19	\$191.60	\$360.40	\$595.30	\$516.75	\$685.10	\$920.00	\$516.75	\$685.10	\$920.00
19 - 24	\$191.60	\$360.40	\$595.30	\$516.75	\$685.10	\$920.00	\$383.20	\$551.55	\$786.45
25 - 29	\$202.20	\$371.00	\$605.90	\$619.40	\$787.85	\$1,022.65	\$404.40	\$572.85	\$807.65
30 - 34	\$238.65	\$407.40	\$642.30	\$755.35	\$923.70	\$1,158.50	\$477.30	\$645.65	\$880.45
35 - 39	\$292.55	\$461.30	\$696.25	\$809.30	\$977.75	\$1,212.55	\$585.10	\$753.55	\$988.35
40 - 44	\$360.10	\$528.90	\$763.85	\$886.05	\$1,054.65	\$1,289.60	\$720.20	\$888.80	\$1,123.75
45 - 49	\$463.45	\$632.15	\$867.05	\$1,054.90	\$1,223.30	\$1,458.25	\$926.90	\$1,095.30	\$1,330.25
50 - 54	\$609.65	\$777.85	\$1,012.75	\$1,325.95	\$1,482.05	\$1,717.00	\$1,219.30	\$1,375.40	\$1,610.35
55 - 59	\$842.15	\$986.05	\$1,221.10	\$1,679.60	\$1,798.80	\$2,057.95	\$1,684.30	\$1,803.50	\$2,062.65
60 - 64	\$1,180.80	\$1,298.45	\$1,524.25	\$2,186.75	\$2,303.40	\$2,565.15	\$2,361.60	\$2,478.25	\$2,740.00
65+ (Medicare)	\$842.15	\$986.05	\$1,221.10	\$1,679.60	\$1,798.80	\$2,057.95	\$1,684.30	\$1,803.50	\$2,062.65
65+ (Non-Medicare)	\$1,193.20	\$1,312.70	\$1,539.40	\$2,209.75	\$2,328.40	\$2,592.60	\$2,386.40	\$2,505.05	\$2,769.25

(\$1,000 Deductible)									
Female - Tier 3									
	S	S/C	S/Cn	S/Sp	S/Sp/C	S/Sp/Cn	SS S/Sp	SS S/Sp/C	SS S/Sp/Cn
< 19	\$191.60	\$360.40	\$595.30	\$516.75	\$685.10	\$920.00	\$516.75	\$685.10	\$920.00
19 - 24	\$325.15	\$493.90	\$728.90	\$516.75	\$685.10	\$920.00	\$650.30	\$818.65	\$1,053.55
25 - 29	\$417.20	\$585.90	\$820.80	\$619.40	\$787.85	\$1,022.65	\$834.40	\$1,002.85	\$1,237.65
30 - 34	\$516.70	\$685.45	\$920.35	\$755.35	\$923.70	\$1,158.50	\$1,033.40	\$1,201.75	\$1,436.55
35 - 39	\$516.75	\$685.50	\$920.40	\$809.30	\$977.75	\$1,212.55	\$1,033.50	\$1,201.95	\$1,436.75
40 - 44	\$525.95	\$694.75	\$929.75	\$886.05	\$1,054.65	\$1,289.60	\$1,051.90	\$1,220.50	\$1,455.45
45 - 49	\$591.45	\$760.20	\$995.15	\$1,054.90	\$1,223.30	\$1,458.25	\$1,182.90	\$1,351.30	\$1,586.25
50 - 54	\$716.30	\$873.35	\$1,108.30	\$1,325.95	\$1,482.05	\$1,717.00	\$1,432.60	\$1,588.70	\$1,823.65
55 - 59	\$837.45	\$981.70	\$1,216.75	\$1,679.60	\$1,798.80	\$2,057.95	\$1,674.90	\$1,794.10	\$2,025.25
60 - 64	\$1,005.95	\$1,132.70	\$1,367.65	\$2,186.75	\$2,303.40	\$2,565.15	\$2,011.90	\$2,128.55	\$2,390.30
65+ (Medicare)	\$837.45	\$981.70	\$1,216.75	\$1,679.60	\$1,798.80	\$2,057.95	\$1,674.90	\$1,794.10	\$2,025.25
65+ (Non-Medicare)	\$1,016.55	\$1,144.00	\$1,381.15	\$2,209.75	\$2,328.40	\$2,592.60	\$2,033.10	\$2,151.75	\$2,415.95

KEY: S Subscriber
 S/C Subscriber/Child
 S/Cn Subscriber/Children
 S/Sp Subscriber/Spouse
 S/Sp/C Subscriber/Spouse/Child
 S/Sp/Cn Subscriber/Spouse/Children
 SS S/Sp Same Sex Subscriber/Spouse
 SS S/Sp/C Same Sex Subscriber/Spouse/Child
 SS S/Sp/Cn Same Sex Subscriber/Spouse/Children

State: Pennsylvania Filing Company: Highmark
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
Product Name: 1A-CCP-15-HBCBS
Project Name/Number: 1A-CCP-15-HBCBS/1A-CCP-15-HBCBS

Supporting Document Schedules

Satisfied - Item:	Actuarial Memorandum and Explanatory Information (A&H)
Comments:	See attached.
Attachment(s):	1A-CCP-15-HBCBS.pdf 1A-CCP-15-HBCBS Exhibits.xls
Item Status:	
Status Date:	

SERFF Tracking #:	HGHM-130174566	State Tracking #:	HGHM-130174566	Company Tracking #:	1A-CCP-15-HBCBS
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State:	Pennsylvania	Filing Company:	Highmark
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	1A-CCP-15-HBCBS		
Project Name/Number:	1A-CCP-15-HBCBS/1A-CCP-15-HBCBS		

Attachment 1A-CCP-15-HBCBS Exhibits.xls is not a PDF document and cannot be reproduced here.



August 12, 2015

Ms. Johanna Fabian-Marks, Special Deputy & Acting Director
Bureau of Life, Accident and Health Insurance
Office of Insurance Product Regulation and Administration
Commonwealth of Pennsylvania Insurance Department
1311 Strawberry Square
Harrisburg, PA 17120

Re: Highmark Blue Cross Blue Shield Filing # 1A-CCP-15-HBCBS
Request to Increase Rates for the Grandfathered CompleteCare Program (Western Region)

Dear Ms. Fabian-Marks:

For the Pennsylvania Bulletin:

By filing No. 1A-CCP-15-HBCBS, Highmark Inc., d/b/a Highmark Blue Cross Blue Shield, requests approval to increase the premium rates for its Grandfathered Individual CompleteCare Program. The filing requests an average increase of about 17.4% or \$94.28 per contract per month. This will affect about 4,200 contract-holders and will produce additional premium income of about \$393,000 per month. The requested effective date of the change is December 1, 2015.

Rates were last adjusted effective December 1, 2014 when the rates were increased by 16.7%. Requested rates are shown in Attachment I.

Should you have any questions regarding this filing, please contact me at (717) 302-3077 or by email at frank.haver@highmark.com. Questions regarding the actuarial memorandum can be addressed directly to Kevin Luu at (717) 302-2203 or via email at kevin.luu@highmark.com.

Sincerely,

A handwritten signature in blue ink that reads "Frank B. Haver".

Frank Haver, F.S.A., M.A.A.A.
Director, Actuarial Services

Enclosures

CC: William Sarniak
Jeffrey Scheib
Kevin Luu
Tija Hilton-Phillips

Highmark Inc.
d/b/a Highmark Blue Cross Blue Shield
CompleteCare (Western Region)
Effective December 1, 2015
ACTUARIAL MEMORANDUM

Filing Number: 1A-CCP-15-HBCBS
Submission Date: August 12, 2015

**RE: HIGHMARK BLUE CROSS BLUE SHIELD'S APPLICATION FOR APPROVAL OF
REVISED RATES FOR ITS GRANDFATHERED MEDICALLY UNDERWRITTEN
COMPLETECARE PROGRAM EFFECTIVE DECEMBER 1, 2015.**

I. INTRODUCTION

Highmark Inc. d/b/a Highmark Blue Cross Blue Shield (Highmark and "the Plan") hereby makes application for approval of revised rates for its grandfathered medically underwritten individual market CompleteCare Program effective December 1, 2015. This filing affects policy form number HMCCA-1002. The Plan is requesting to increase its rates by 17.4%. Base rates were last approved for this plan in filing #1A-CCP-14-HBCBS (HGHM-129635050). As of January 2010 the Plan stopped marketing the CompleteCare program. Therefore, the program is now closed to new enrollment except for added dependents.

II. RATE DEVELOPMENT

Exhibit I presents the rate development per contract per month (PCPM) for the projected rating period. Exhibit II-B develops the experience period income at current rates as shown in Exhibit I, Line 2. Exhibit I, Line 3 shows the experience period pure premium. The experience period pure premium is trended to the projected rating period at an annual factor of 16.9% (Exhibit I, Line 4).

An amount for hospital incentives and drug rebates is added in Exhibit I, Line 6. An administrative expense amount is added in Exhibit I, Line 7 and includes an amount for the Patient Centered Outcomes Research Fee (PCOR) mandated by PPACA. Commission expense is added in Exhibit I, Line 9.

Exhibit I, Line 10 reflects the PPACA Transitional Reinsurance Fee. Other retention items are added in Exhibit I, Lines 11a – 11d including the Federal Insurer Tax implemented by PPACA. Together, PCOR, the Reinsurance Fee, and the Federal Insurer Tax account for 3.8% of the requested average rate.

An amount for the vision benefit is included in Exhibit I, Line 12.

The required premium figure (Exhibit I, Line 13) is compared to the income at current rates PCPM to arrive at the calculated percentage increase in Exhibit I, Line 14.

The determination of each element of the calculation is described in the sections below. To avoid the number of printed pages only summary exhibits are shown for Exhibits II-B, IV and V; however, the detailed exhibits are included in the attached spreadsheet.

III. REQUESTED RATES

Based on the assumptions in the rate development above, an average rate adjustment of 17.4% is requested to cover projected claims, administrative expenses and other retention items over the rating period. Final rates are rounded to the nearest \$0.05.

The rates for traditional subscriber/spouse contracts are set to exactly match the male subscriber plus the female subscriber rate for the same age to eliminate rounding errors. The rates for all same sex contract types were calculated by removing the single rate for the opposite sex and adding in the single rate for the same sex at each age band.

The requested rates are shown in the Summary of Requested Rates in Attachment I.

IV. INCURRED CLAIMS

Incurred claims for the period April 1, 2014 through March 31, 2015, paid through April 30, 2015, were used as the base period. These incurred claims were completed using monthly factors from the Corporate Reserve System.

V. TREND FACTOR

Trend data is shown in Exhibit III. Since premium rates reflect age and gender, Exhibit III has been adjusted to remove the impact of age and gender. The Plan used Exhibit III and a regression tool developed by the Plan's valuation actuaries to estimate the future trend rate. The regression tool removes components of trend that are more explainable from the observed trend rates and then uses regression analysis to isolate the underlying trend rate. Some of the more explainable variables include high dollar claims, work days, provider contracting, demographics, and seasonality. The total trend is the sum of the explainable components and the estimated underlying trend rate. The valuation regression tool as well as twelve-, six-, and three-month trends were reviewed, and the final requested trend is based on actuarial judgment. A trend rate of 16.9% was selected.

VI. ADMINISTRATIVE EXPENSE

Historical and projected administrative expenses are presented in Exhibit VII. Requested administrative expenses for this filing are based on assumptions developed in Highmark's internal financial forecast. The estimated 12/1/2015 – 11/30/2016 administrative expense is \$29.87 PCPM as shown in Exhibit I, Line 7.

VII. COMMISSION EXPENSE

Projected commission expenses for this filing are based on actual 2014 commissions. The calculation divides the 2014 commission amount of \$111,770 by the 2014 contract months to

produce a commission of \$1.07 PCPM as shown in Exhibit I, Line 9. Historical commission expenses can be seen on the financial experience exhibit (Exhibit VIII).

VIII. PPACA RELATED FEES

Under the Patient Protection and Affordable Care Act (PPACA), Highmark is required to pay a transitional reinsurance fee and an insurer fee. The transitional reinsurance fee, as calculated in Exhibit IX, is \$3.37 on a PCPM basis. This is based on the Plan's assessment of \$3.67 PMPM for 2015 and \$2.25 PMPM for 2016, multiplied by the member to contract ratio and weighted by member months in the rating period.

The insurer fee is estimated at 3.26% of premium. This is based on the Plan's assessment of 3.8% of premium for 2015 and 3.2% of premium in 2016 weighted by member months in the rating period. This calculation is demonstrated in Exhibit IX.

IX. OTHER RETENTION ITEMS

As per the Surplus Determination Order issued by the Department on February 9, 2005, Highmark is not including a risk and contingency charge since its surplus currently falls into the sufficient operating range as defined by the Order.

In conjunction with the removal of the risk and contingency charge, both the federal income tax charge and the investment income credit have also been removed.

X. VISION EXPENSE

The vision benefit was previously filed for CompleteCare in endorsement CCA/PREV/EX/VE-2 (PID# B10927001) and approved by the Department on January 10, 2008. The vision benefit is being provided by Davis Vision at a capitated rate of \$0.50 PMPM. The most recent member per contract ratio is used to convert the \$0.50 PMPM to \$0.71 PCPM as shown in Exhibit I, Line 12.

XI. FINANCIAL EXPERIENCE

A financial history is shown in Exhibit VIII.



Kevin Luu, A.S.A., M.A.A.A.
Actuarial Manager, Individual Markets
Highmark Inc.
August 12, 2015

Highmark Inc.
d/b/a Highmark Blue Cross Blue Shield
CompleteCare (Western Region)
Supplemental Exhibits

Attachment I	Requested Rates
Attachment II	Summary of Requested Rate Change
Exhibit I	Rate Development
Exhibit II-A	Current Rates
Exhibit II-B	Experience Period Income at Current Rates
Exhibit III	Incurred Claims and Exposure
Exhibit IV	Rating Period Income at Current Rates
Exhibit V	Preliminary Rates
Exhibit VI	Rate Change
Exhibit VII	Administrative Expenses
Exhibit VIII	Financial History
Exhibit IX	PPACA Related Fee Development

Highmark Inc.
CompleteCare (Western Region)
Summary of Requested Rates (\$500 Deductible)
Monthly Attained Age Rates for Form Number HMCCA-1002
Effective December 1, 2015

(\$500 Deductible) Male - Tier 1									
	S	S/C	S/Cn	S/Sp	S/Sp/C	S/Sp/Cn	SS S/Sp	SS S/Sp/C	SS S/Sp/Cn
< 19	\$165.30	\$310.90	\$513.25	\$445.35	\$590.65	\$793.00	\$445.35	\$590.65	\$793.00
19 - 24	\$165.30	\$310.90	\$513.25	\$445.35	\$590.65	\$793.00	\$330.60	\$475.90	\$678.25
25 - 29	\$174.45	\$319.95	\$522.45	\$533.45	\$678.80	\$881.15	\$348.90	\$494.25	\$696.60
30 - 34	\$205.80	\$351.25	\$553.65	\$650.20	\$795.50	\$997.70	\$411.60	\$556.90	\$759.10
35 - 39	\$252.10	\$397.65	\$599.95	\$696.65	\$842.00	\$1,044.25	\$504.20	\$649.55	\$851.80
40 - 44	\$310.15	\$455.70	\$658.20	\$762.65	\$908.05	\$1,110.35	\$620.30	\$765.70	\$968.00
45 - 49	\$398.80	\$544.35	\$746.70	\$907.60	\$1,052.90	\$1,255.20	\$797.60	\$942.90	\$1,145.20
50 - 54	\$523.90	\$669.45	\$871.75	\$1,129.80	\$1,275.00	\$1,477.35	\$1,047.80	\$1,193.00	\$1,395.35
55 - 59	\$702.70	\$848.25	\$1,050.65	\$1,401.75	\$1,547.10	\$1,749.45	\$1,405.40	\$1,550.75	\$1,753.10
60 - 64	\$963.15	\$1,108.75	\$1,311.10	\$1,791.80	\$1,937.20	\$2,139.50	\$1,926.30	\$2,071.70	\$2,274.00
65+ (Medicare)	\$702.70	\$848.25	\$1,050.65	\$1,401.75	\$1,547.10	\$1,749.45	\$1,405.40	\$1,550.75	\$1,753.10
65+ (Non-Medicare)	\$972.85	\$1,119.75	\$1,324.15	\$1,809.80	\$1,956.30	\$2,160.65	\$1,945.70	\$2,092.20	\$2,296.55

(\$500 Deductible) Female - Tier 1									
	S	S/C	S/Cn	S/Sp	S/Sp/C	S/Sp/Cn	SS S/Sp	SS S/Sp/C	SS S/Sp/Cn
< 19	\$165.30	\$310.90	\$513.25	\$445.35	\$590.65	\$793.00	\$445.35	\$590.65	\$793.00
19 - 24	\$280.05	\$425.50	\$628.05	\$445.35	\$590.65	\$793.00	\$560.10	\$705.40	\$907.75
25 - 29	\$359.00	\$504.65	\$707.05	\$533.45	\$678.80	\$881.15	\$718.00	\$863.35	\$1,065.70
30 - 34	\$444.40	\$590.00	\$792.40	\$650.20	\$795.50	\$997.70	\$888.80	\$1,034.10	\$1,236.30
35 - 39	\$444.55	\$590.10	\$792.55	\$696.65	\$842.00	\$1,044.25	\$889.10	\$1,034.45	\$1,236.70
40 - 44	\$452.50	\$598.10	\$800.45	\$762.65	\$908.05	\$1,110.35	\$905.00	\$1,050.40	\$1,252.70
45 - 49	\$508.80	\$654.35	\$856.85	\$907.60	\$1,052.90	\$1,255.20	\$1,017.60	\$1,162.90	\$1,365.20
50 - 54	\$605.90	\$751.50	\$953.90	\$1,129.80	\$1,275.00	\$1,477.35	\$1,211.80	\$1,357.00	\$1,559.35
55 - 59	\$699.05	\$844.65	\$1,047.10	\$1,401.75	\$1,547.10	\$1,749.45	\$1,398.10	\$1,543.45	\$1,745.80
60 - 64	\$828.65	\$974.25	\$1,176.70	\$1,791.80	\$1,937.20	\$2,139.50	\$1,657.30	\$1,802.70	\$2,005.00
65+ (Medicare)	\$699.05	\$844.65	\$1,047.10	\$1,401.75	\$1,547.10	\$1,749.45	\$1,398.10	\$1,543.45	\$1,745.80
65+ (Non-Medicare)	\$836.95	\$983.95	\$1,188.25	\$1,809.80	\$1,956.30	\$2,160.65	\$1,673.90	\$1,820.40	\$2,024.75

(\$500 Deductible) Male - Tier 2									
	S	S/C	S/Cn	S/Sp	S/Sp/C	S/Sp/Cn	SS S/Sp	SS S/Sp/C	SS S/Sp/Cn
< 19	\$189.25	\$356.05	\$588.10	\$510.45	\$676.95	\$908.90	\$510.45	\$676.95	\$908.90
19 - 24	\$189.25	\$356.05	\$588.10	\$510.45	\$676.95	\$908.90	\$378.50	\$545.00	\$776.95
25 - 29	\$199.80	\$366.65	\$598.60	\$611.85	\$778.25	\$1,010.35	\$399.60	\$566.00	\$798.10
30 - 34	\$235.75	\$402.45	\$634.55	\$746.05	\$912.45	\$1,144.40	\$471.50	\$637.90	\$869.85
35 - 39	\$289.05	\$455.75	\$687.85	\$799.45	\$965.90	\$1,197.90	\$578.10	\$744.55	\$976.55
40 - 44	\$355.90	\$522.60	\$754.70	\$875.50	\$1,041.95	\$1,273.90	\$711.80	\$878.25	\$1,110.20
45 - 49	\$457.70	\$624.45	\$856.50	\$1,042.05	\$1,208.45	\$1,440.55	\$915.40	\$1,081.80	\$1,313.90
50 - 54	\$601.60	\$768.30	\$1,000.40	\$1,297.55	\$1,464.05	\$1,696.00	\$1,203.20	\$1,369.70	\$1,601.65
55 - 59	\$807.25	\$973.95	\$1,206.10	\$1,610.40	\$1,776.75	\$2,008.75	\$1,614.50	\$1,780.85	\$2,012.85
60 - 64	\$1,106.80	\$1,273.60	\$1,505.60	\$2,058.90	\$2,225.40	\$2,457.40	\$2,213.60	\$2,380.10	\$2,612.10
65+ (Medicare)	\$807.25	\$973.95	\$1,206.10	\$1,610.40	\$1,776.75	\$2,008.75	\$1,614.50	\$1,780.85	\$2,012.85
65+ (Non-Medicare)	\$1,117.80	\$1,286.25	\$1,520.55	\$2,079.40	\$2,247.45	\$2,481.85	\$2,235.60	\$2,403.65	\$2,638.05

(\$500 Deductible) Female - Tier 2									
	S	S/C	S/Cn	S/Sp	S/Sp/C	S/Sp/Cn	SS S/Sp	SS S/Sp/C	SS S/Sp/Cn
< 19	\$189.25	\$356.05	\$588.10	\$510.45	\$676.95	\$908.90	\$510.45	\$676.95	\$908.90
19 - 24	\$321.20	\$487.85	\$720.00	\$510.45	\$676.95	\$908.90	\$642.40	\$808.90	\$1,040.85
25 - 29	\$412.05	\$578.85	\$810.90	\$611.85	\$778.25	\$1,010.35	\$824.10	\$990.50	\$1,222.60
30 - 34	\$510.30	\$677.00	\$909.10	\$746.05	\$912.45	\$1,144.40	\$1,020.60	\$1,187.00	\$1,418.95
35 - 39	\$510.40	\$677.10	\$909.30	\$799.45	\$965.90	\$1,197.90	\$1,020.80	\$1,187.25	\$1,419.25
40 - 44	\$519.60	\$686.30	\$918.50	\$875.50	\$1,041.95	\$1,273.90	\$1,039.20	\$1,205.65	\$1,437.60
45 - 49	\$584.35	\$751.05	\$983.15	\$1,042.05	\$1,208.45	\$1,440.55	\$1,168.70	\$1,335.10	\$1,567.20
50 - 54	\$695.95	\$862.65	\$1,094.75	\$1,297.55	\$1,464.05	\$1,696.00	\$1,391.90	\$1,558.40	\$1,790.35
55 - 59	\$803.15	\$969.85	\$1,201.95	\$1,610.40	\$1,776.75	\$2,008.75	\$1,606.30	\$1,772.65	\$2,004.65
60 - 64	\$952.10	\$1,118.95	\$1,350.90	\$2,058.90	\$2,225.40	\$2,457.40	\$1,904.20	\$2,070.70	\$2,302.70
65+ (Medicare)	\$803.15	\$969.85	\$1,201.95	\$1,610.40	\$1,776.75	\$2,008.75	\$1,606.30	\$1,772.65	\$2,004.65
65+ (Non-Medicare)	\$961.60	\$1,130.00	\$1,364.30	\$2,079.40	\$2,247.45	\$2,481.85	\$1,923.20	\$2,091.25	\$2,325.65

(\$500 Deductible) Male - Tier 3									
	S	S/C	S/Cn	S/Sp	S/Sp/C	S/Sp/Cn	SS S/Sp	SS S/Sp/C	SS S/Sp/Cn
< 19	\$213.25	\$401.20	\$662.90	\$575.60	\$763.20	\$1,024.85	\$575.60	\$763.20	\$1,024.85
19 - 24	\$213.25	\$401.20	\$662.90	\$575.60	\$763.20	\$1,024.85	\$426.50	\$614.10	\$875.75
25 - 29	\$225.10	\$413.05	\$674.85	\$690.20	\$877.80	\$1,139.50	\$450.20	\$637.80	\$899.50
30 - 34	\$265.75	\$453.70	\$715.40	\$841.95	\$1,029.55	\$1,291.20	\$531.50	\$719.10	\$980.75
35 - 39	\$326.00	\$514.00	\$775.65	\$902.30	\$1,089.90	\$1,351.55	\$652.00	\$839.60	\$1,101.25
40 - 44	\$401.50	\$589.45	\$851.20	\$988.15	\$1,175.75	\$1,437.45	\$803.00	\$990.60	\$1,252.30
45 - 49	\$516.75	\$704.65	\$966.45	\$1,176.50	\$1,364.20	\$1,625.75	\$1,033.50	\$1,221.20	\$1,482.75
50 - 54	\$679.35	\$867.25	\$1,129.00	\$1,465.35	\$1,653.00	\$1,914.70	\$1,358.70	\$1,546.35	\$1,808.05
55 - 59	\$911.80	\$1,099.75	\$1,361.50	\$1,818.85	\$2,006.60	\$2,268.30	\$1,823.60	\$2,011.35	\$2,273.05
60 - 64	\$1,250.45	\$1,438.35	\$1,700.20	\$2,326.05	\$2,513.65	\$2,775.35	\$2,500.90	\$2,688.50	\$2,950.20
65+ (Medicare)	\$911.80	\$1,099.75	\$1,361.50	\$1,818.85	\$2,006.60	\$2,268.30	\$1,823.60	\$2,011.35	\$2,273.05
65+ (Non-Medicare)	\$1,262.85	\$1,452.60	\$1,717.05	\$2,349.10	\$2,538.65	\$2,802.85	\$2,525.70	\$2,715.25	\$2,979.45

(\$500 Deductible) Female - Tier 3									
	S	S/C	S/Cn	S/Sp	S/Sp/C	S/Sp/Cn	SS S/Sp	SS S/Sp/C	SS S/Sp/Cn
< 19	\$213.25	\$401.20	\$662.90	\$575.60	\$763.20	\$1,024.85	\$575.60	\$763.20	\$1,024.85
19 - 24	\$362.35	\$550.30	\$812.05	\$575.60	\$763.20	\$1,024.85	\$724.70	\$912.30	\$1,173.95
25 - 29	\$465.10	\$653.00	\$914.80	\$690.20	\$877.80	\$1,139.50	\$930.20	\$1,117.80	\$1,379.50
30 - 34	\$576.20	\$764.05	\$1,025.85	\$841.95	\$1,029.55	\$1,291.20	\$1,152.40	\$1,340.00	\$1,601.65
35 - 39	\$576.30	\$764.20	\$1,025.95	\$902.30	\$1,089.90	\$1,351.55	\$1,152.60	\$1,340.20	\$1,601.85
40 - 44	\$586.65	\$774.55	\$1,036.40	\$988.15	\$1,175.75	\$1,437.45	\$1,173.30	\$1,360.90	\$1,622.60
45 - 49	\$659.75	\$847.65	\$1,109.50	\$1,176.50	\$1,364.20	\$1,625.75	\$1,319.50	\$1,507.20	\$1,768.75
50 - 54	\$786.00	\$973.90	\$1,235.65	\$1,465.35	\$1,653.00	\$1,914.70	\$1,572.00	\$1,759.65	\$2,021.35
55 - 59	\$907.05	\$1,095.00	\$1,356.80	\$1,818.85	\$2,006.60	\$2,268.30	\$1,814.10	\$2,001.85	\$2,263.55
60 - 64	\$1,075.60	\$1,263.45	\$1,525.25	\$2,326.05	\$2,513.65	\$2,775.35	\$2,512.00	\$2,338.80	\$2,600.50
65+ (Medicare)	\$907.05	\$1,095.00	\$1,356.80	\$1,818.85	\$2,006.60	\$2,268.30	\$1,814.10	\$2,001.85	\$2,263.55
65+ (Non-Medicare)	\$1,086.25	\$1,276.00	\$1,540.40	\$2,349.10	\$2,538.65	\$2,802.85	\$2,172.50	\$2,362.05	\$2,626.25

KEY: S Subscriber
 S/C Subscriber/Child
 S/Cn Subscriber/Children
 S/Sp Subscriber/Spouse
 S/Sp/C Subscriber/Spouse/Child
 S/Sp/Cn Subscriber/Spouse/Children
 SS S/Sp Same Sex Subscriber/Spouse
 SS S/Sp/C Same Sex Subscriber/Spouse/Child
 SS S/Sp/Cn Same Sex Subscriber/Spouse/Children

Highmark Inc.
CompleteCare (Western Region)
Summary of Requested Rates (\$1,000 Deductible)
Monthly Attained Age Rates for Form Number HMCCA-1002
Effective December 1, 2015

(\$1,000 Deductible) Male - Tier 1									
	S	S/C	S/Cn	S/Sp	S/Sp/C	S/Sp/Cn	SS S/Sp	SS S/Sp/C	SS S/Sp/Cn
< 19	\$148.65	\$279.45	\$461.20	\$400.05	\$530.65	\$712.25	\$400.05	\$530.65	\$712.25
19 - 24	\$148.65	\$279.45	\$461.20	\$400.05	\$530.65	\$712.25	\$297.30	\$427.90	\$609.50
25 - 29	\$156.95	\$287.70	\$469.35	\$479.20	\$609.60	\$791.35	\$313.90	\$444.30	\$626.05
30 - 34	\$184.90	\$315.70	\$497.50	\$583.65	\$714.10	\$895.75	\$369.80	\$500.25	\$681.90
35 - 39	\$226.35	\$357.15	\$538.90	\$625.15	\$755.70	\$937.30	\$452.70	\$583.25	\$764.85
40 - 44	\$278.40	\$409.25	\$591.00	\$684.45	\$814.80	\$996.50	\$556.80	\$687.15	\$868.85
45 - 49	\$357.80	\$488.50	\$670.30	\$814.20	\$944.60	\$1,126.35	\$715.60	\$846.00	\$1,027.75
50 - 54	\$469.80	\$600.55	\$782.35	\$1,013.05	\$1,143.60	\$1,325.35	\$939.60	\$1,070.15	\$1,251.90
55 - 59	\$633.10	\$760.75	\$942.55	\$1,262.60	\$1,387.25	\$1,568.95	\$1,266.20	\$1,390.85	\$1,572.55
60 - 64	\$893.55	\$994.05	\$1,175.90	\$1,652.65	\$1,736.65	\$1,929.20	\$1,787.10	\$1,871.10	\$2,063.65
65+ (Medicare)	\$633.10	\$760.75	\$942.55	\$1,262.60	\$1,387.25	\$1,568.95	\$1,266.20	\$1,390.85	\$1,572.55
65+ (Non-Medicare)	\$903.20	\$1,003.90	\$1,187.50	\$1,670.60	\$1,753.85	\$1,950.50	\$1,806.40	\$1,889.65	\$2,086.30

(\$1,000 Deductible) Female - Tier 1									
	S	S/C	S/Cn	S/Sp	S/Sp/C	S/Sp/Cn	SS S/Sp	SS S/Sp/C	SS S/Sp/Cn
< 19	\$148.65	\$279.45	\$461.20	\$400.05	\$530.65	\$712.25	\$400.05	\$530.65	\$712.25
19 - 24	\$251.40	\$382.20	\$564.00	\$400.05	\$530.65	\$712.25	\$502.80	\$633.40	\$815.00
25 - 29	\$322.25	\$453.00	\$634.85	\$479.20	\$609.60	\$791.35	\$644.50	\$774.90	\$956.65
30 - 34	\$398.75	\$529.55	\$711.35	\$583.65	\$714.10	\$895.75	\$797.50	\$927.95	\$1,109.60
35 - 39	\$398.80	\$529.60	\$711.40	\$625.15	\$755.70	\$937.30	\$797.60	\$928.15	\$1,109.75
40 - 44	\$406.05	\$536.70	\$718.45	\$684.45	\$814.80	\$996.50	\$812.10	\$942.45	\$1,124.15
45 - 49	\$456.40	\$587.05	\$768.85	\$814.20	\$944.60	\$1,126.35	\$912.80	\$1,043.20	\$1,224.95
50 - 54	\$543.25	\$674.05	\$855.80	\$1,013.05	\$1,143.60	\$1,325.35	\$1,086.50	\$1,217.05	\$1,398.80
55 - 59	\$629.50	\$757.60	\$939.30	\$1,262.60	\$1,387.25	\$1,568.95	\$1,259.00	\$1,383.65	\$1,565.35
60 - 64	\$759.10	\$873.55	\$1,055.35	\$1,652.65	\$1,736.65	\$1,929.20	\$1,518.20	\$1,602.20	\$1,794.75
65+ (Medicare)	\$629.50	\$757.60	\$939.30	\$1,262.60	\$1,387.25	\$1,568.95	\$1,259.00	\$1,383.65	\$1,565.35
65+ (Non-Medicare)	\$767.40	\$882.25	\$1,065.80	\$1,670.60	\$1,753.85	\$1,950.50	\$1,534.80	\$1,618.05	\$1,814.70

(\$1,000 Deductible) Male - Tier 2									
	S	S/C	S/Cn	S/Sp	S/Sp/C	S/Sp/Cn	SS S/Sp	SS S/Sp/C	SS S/Sp/Cn
< 19	\$170.15	\$319.90	\$528.30	\$458.50	\$607.90	\$816.15	\$458.50	\$607.90	\$816.15
19 - 24	\$170.15	\$319.90	\$528.30	\$458.50	\$607.90	\$816.15	\$340.30	\$489.70	\$697.95
25 - 29	\$179.55	\$329.35	\$537.70	\$549.25	\$698.70	\$906.95	\$359.10	\$508.55	\$716.80
30 - 34	\$211.65	\$361.45	\$569.85	\$669.30	\$818.85	\$1,027.15	\$423.30	\$572.85	\$781.15
35 - 39	\$259.50	\$409.25	\$617.60	\$717.20	\$866.75	\$1,074.95	\$519.00	\$668.55	\$876.75
40 - 44	\$319.25	\$469.15	\$677.50	\$785.25	\$934.75	\$1,143.05	\$638.50	\$788.00	\$996.30
45 - 49	\$410.55	\$560.35	\$768.70	\$934.45	\$1,083.90	\$1,292.20	\$821.10	\$970.55	\$1,178.85
50 - 54	\$539.40	\$689.20	\$897.50	\$1,165.75	\$1,312.75	\$1,521.05	\$1,078.80	\$1,225.80	\$1,434.10
55 - 59	\$737.55	\$873.40	\$1,081.80	\$1,471.05	\$1,592.95	\$1,801.25	\$1,475.10	\$1,597.00	\$1,805.30
60 - 64	\$1,037.25	\$1,141.65	\$1,350.05	\$1,919.85	\$2,015.25	\$2,247.15	\$2,074.50	\$2,169.90	\$2,401.80
65+ (Medicare)	\$737.55	\$873.40	\$1,081.80	\$1,471.05	\$1,592.95	\$1,801.25	\$1,475.10	\$1,597.00	\$1,805.30
65+ (Non-Medicare)	\$1,048.20	\$1,153.00	\$1,363.50	\$1,940.20	\$2,037.20	\$2,271.50	\$2,096.40	\$2,193.40	\$2,427.70

(\$1,000 Deductible) Female - Tier 2									
	S	S/C	S/Cn	S/Sp	S/Sp/C	S/Sp/Cn	SS S/Sp	SS S/Sp/C	SS S/Sp/Cn
< 19	\$170.15	\$319.90	\$528.30	\$458.50	\$607.90	\$816.15	\$458.50	\$607.90	\$816.15
19 - 24	\$288.35	\$438.10	\$646.45	\$458.50	\$607.90	\$816.15	\$576.70	\$726.10	\$934.35
25 - 29	\$369.70	\$519.45	\$727.70	\$549.25	\$698.70	\$906.95	\$739.40	\$888.85	\$1,097.10
30 - 34	\$457.65	\$607.45	\$815.75	\$669.30	\$818.85	\$1,027.15	\$915.30	\$1,064.85	\$1,273.15
35 - 39	\$457.70	\$607.50	\$815.80	\$717.20	\$866.75	\$1,074.95	\$915.40	\$1,064.95	\$1,273.15
40 - 44	\$466.00	\$615.75	\$824.15	\$785.25	\$934.75	\$1,143.05	\$932.00	\$1,081.50	\$1,289.80
45 - 49	\$523.90	\$673.65	\$882.05	\$934.45	\$1,083.90	\$1,292.20	\$1,047.80	\$1,197.25	\$1,405.55
50 - 54	\$626.35	\$773.65	\$982.05	\$1,165.75	\$1,312.75	\$1,521.05	\$1,252.70	\$1,399.70	\$1,608.00
55 - 59	\$733.50	\$869.70	\$1,078.10	\$1,471.05	\$1,592.95	\$1,801.25	\$1,467.00	\$1,588.90	\$1,797.20
60 - 64	\$882.60	\$1,003.05	\$1,211.45	\$1,919.85	\$2,015.25	\$2,247.15	\$1,765.20	\$1,860.60	\$2,092.50
65+ (Medicare)	\$733.50	\$869.70	\$1,078.10	\$1,471.05	\$1,592.95	\$1,801.25	\$1,467.00	\$1,588.90	\$1,797.20
65+ (Non-Medicare)	\$892.00	\$1,013.05	\$1,223.35	\$1,940.20	\$2,037.20	\$2,271.50	\$1,784.00	\$1,881.00	\$2,115.30

(\$1,000 Deductible) Male - Tier 3									
	S	S/C	S/Cn	S/Sp	S/Sp/C	S/Sp/Cn	SS S/Sp	SS S/Sp/C	SS S/Sp/Cn
< 19	\$191.60	\$360.40	\$595.30	\$516.75	\$685.10	\$920.00	\$516.75	\$685.10	\$920.00
19 - 24	\$191.60	\$360.40	\$595.30	\$516.75	\$685.10	\$920.00	\$383.20	\$551.55	\$786.45
25 - 29	\$202.20	\$371.00	\$605.90	\$619.40	\$787.85	\$1,022.65	\$404.40	\$572.85	\$807.65
30 - 34	\$238.65	\$407.40	\$642.30	\$755.35	\$923.70	\$1,158.50	\$477.30	\$645.65	\$880.45
35 - 39	\$292.55	\$461.30	\$696.25	\$809.30	\$977.75	\$1,212.55	\$585.10	\$753.55	\$988.35
40 - 44	\$360.10	\$528.90	\$763.85	\$886.05	\$1,054.65	\$1,289.60	\$720.20	\$888.80	\$1,123.75
45 - 49	\$463.45	\$632.15	\$867.05	\$1,054.90	\$1,223.30	\$1,458.25	\$926.90	\$1,095.30	\$1,330.25
50 - 54	\$609.65	\$777.85	\$1,012.75	\$1,325.95	\$1,482.05	\$1,717.00	\$1,219.30	\$1,375.40	\$1,610.35
55 - 59	\$842.15	\$986.05	\$1,221.10	\$1,679.60	\$1,798.80	\$2,057.95	\$1,684.30	\$1,803.50	\$2,062.65
60 - 64	\$1,180.80	\$1,298.45	\$1,524.25	\$2,186.75	\$2,303.40	\$2,565.15	\$2,361.60	\$2,478.25	\$2,740.00
65+ (Medicare)	\$842.15	\$986.05	\$1,221.10	\$1,679.60	\$1,798.80	\$2,057.95	\$1,684.30	\$1,803.50	\$2,062.65
65+ (Non-Medicare)	\$1,193.20	\$1,312.70	\$1,539.40	\$2,209.75	\$2,328.40	\$2,592.60	\$2,386.40	\$2,505.05	\$2,769.25

(\$1,000 Deductible) Female - Tier 3									
	S	S/C	S/Cn	S/Sp	S/Sp/C	S/Sp/Cn	SS S/Sp	SS S/Sp/C	SS S/Sp/Cn
< 19	\$191.60	\$360.40	\$595.30	\$516.75	\$685.10	\$920.00	\$516.75	\$685.10	\$920.00
19 - 24	\$325.15	\$493.90	\$728.90	\$516.75	\$685.10	\$920.00	\$650.30	\$818.65	\$1,053.55
25 - 29	\$417.20	\$585.90	\$820.80	\$619.40	\$787.85	\$1,022.65	\$834.40	\$1,002.85	\$1,237.65
30 - 34	\$516.70	\$685.45	\$920.35	\$755.35	\$923.70	\$1,158.50	\$1,033.40	\$1,201.75	\$1,436.55
35 - 39	\$516.75	\$685.50	\$920.40	\$809.30	\$977.75	\$1,212.55	\$1,033.50	\$1,201.95	\$1,436.75
40 - 44	\$525.95	\$694.75	\$929.75	\$886.05	\$1,054.65	\$1,289.60	\$1,051.90	\$1,220.50	\$1,455.45
45 - 49	\$591.45	\$760.20	\$995.15	\$1,054.90	\$1,223.30	\$1,458.25	\$1,182.90	\$1,351.30	\$1,586.25
50 - 54	\$716.30	\$873.35	\$1,108.30	\$1,325.95	\$1,482.05	\$1,717.00	\$1,432.60	\$1,588.70	\$1,823.65
55 - 59	\$837.45	\$981.70	\$1,216.75	\$1,679.60	\$1,798.80	\$2,057.95	\$1,674.90	\$1,794.10	\$2,052.25
60 - 64	\$1,005.95	\$1,132.70	\$1,367.65	\$2,186.75	\$2,303.40	\$2,565.15	\$2,011.90	\$2,128.55	\$2,390.30
65+ (Medicare)	\$837.45	\$981.70	\$1,216.75	\$1,679.60	\$1,798.80	\$2,057.95	\$1,674.90	\$1,794.10	\$2,052.25
65+ (Non-Medicare)	\$1,016.55	\$1,144.00	\$1,381.15	\$2,209.75	\$2,328.40	\$2,592.60	\$2,033.10	\$2,151.75	\$2,415.95

KEY: S Subscriber
 S/C Subscriber/Child
 S/Cn Subscriber/Children
 S/Sp Subscriber/Spouse
 S/Sp/C Subscriber/Spouse/Child
 S/Sp/Cn Subscriber/Spouse/Children
 SS S/Sp Same Sex Subscriber/Spouse
 SS S/Sp/C Same Sex Subscriber/Spouse/Child
 SS S/Sp/Cn Same Sex Subscriber/Spouse/Children

Highmark Inc.
d/b/a Highmark Blue Cross Blue Shield
CompleteCare (Western Region)
Summary of Requested Rate Change
Effective December 1, 2015

<u>Plan</u>	<u>Projected Income Before Rate Increase</u>	<u>Projected Income After Rate Increase</u>	<u>Amount of Change Requested</u>	<u>Average Increase Per Contract Month</u>	<u>Requested Percent Change</u>	<u>Rating Period Projected Contract Months</u>
CompleteCare	\$27,096,804	\$31,811,648	\$4,714,844	\$94.28	17.4%	50,009

Highmark Inc.
d/b/a Highmark Blue Cross Blue Shield
Projected Experience for the CompleteCare Program (Western Region)
Effective December 1, 2015

	<u>All Deductible Experience</u>	
	<u>Annual</u>	
	<u>Factors</u>	<u>PCPM</u>
1. Projected contract months for the period December 1, 2015 - November 30, 2016		50,009
2. Income at Current Rates PCPM (Exhibit II-B)		\$556.32
3. Pure Premium PCPM for the period Apr 1, 2014 through Mar 31, 2015, paid through Apr 2015		\$465.08
4. Trend factor from Oct 1, 2014 to June 1, 2016 (mid-points)	16.9%	
5. Projected Pure Premium PCPM for the period effective December 1, 2015		\$603.69
6. Drug Rebates and Hospital Incentives		(\$6.81)
7. Administrative Expense PCPM (Exhibit VII)		<u>\$29.87</u>
8. Total Projected Underwriting Expense PCPM		\$626.74
9. Commission Expense PCPM		\$1.07
10. Reinsurance Fee PCPM		\$3.37
11a. Risk and Contingency Charge	0.00%	\$0.00
11b. Federal Income Tax Factor	0.00%	\$0.00
11c. Investment Income Credit	0.00%	\$0.00
11d. Federal Insurer Tax	3.26%	\$21.24
12. Vision Benefit		<u>\$0.71</u>
13. Required Premium PCPM		\$653.13
14. Calculated percentage increase		17.4%

Highmark Inc.
d/b/a Highmark Blue Cross Blue Shield
CompleteCare (Western Region)
Current Rates as of 12/1/2014 (\$500 Deductible)

(\$500 Deductible) Male - Tier 1									
	S	S/C	S/Cn	S/Sp	S/Sp/C	S/Sp/Cn	SS S/Sp	SS S/Sp/C	SS S/Sp/Cn
< 19	\$140.80	\$264.80	\$437.20	\$379.35	\$503.10	\$675.45	\$379.35	\$503.10	\$675.45
19 - 24	\$140.80	\$264.80	\$437.20	\$379.35	\$503.10	\$675.45	\$281.60	\$405.35	\$577.70
25 - 29	\$148.60	\$272.55	\$445.00	\$454.40	\$578.20	\$750.55	\$297.20	\$421.00	\$593.35
30 - 34	\$175.30	\$299.20	\$471.60	\$553.85	\$677.60	\$849.85	\$350.60	\$474.35	\$646.60
35 - 39	\$214.75	\$338.70	\$511.05	\$593.40	\$717.20	\$889.50	\$429.50	\$553.30	\$725.60
40 - 44	\$264.20	\$388.15	\$560.65	\$649.65	\$773.45	\$945.80	\$528.40	\$652.20	\$824.55
45 - 49	\$339.70	\$463.65	\$636.05	\$773.10	\$896.85	\$1,069.15	\$679.40	\$803.15	\$975.45
50 - 54	\$446.25	\$570.25	\$742.55	\$962.35	\$1,086.05	\$1,258.40	\$892.50	\$1,016.20	\$1,188.55
55 - 59	\$598.55	\$722.55	\$894.95	\$1,194.00	\$1,317.80	\$1,490.15	\$1,197.10	\$1,320.90	\$1,493.25
60 - 64	\$820.40	\$944.40	\$1,116.80	\$1,526.25	\$1,650.10	\$1,822.40	\$1,640.80	\$1,764.65	\$1,936.95
65+ (Medicare)	\$598.55	\$722.55	\$894.95	\$1,194.00	\$1,317.80	\$1,490.15	\$1,197.10	\$1,320.90	\$1,493.25
65+ (Non-Medicare)	\$828.65	\$953.80	\$1,127.90	\$1,541.55	\$1,666.35	\$1,840.40	\$1,657.30	\$1,782.10	\$1,956.15

(\$500 Deductible) Female - Tier 1									
	S	S/C	S/Cn	S/Sp	S/Sp/C	S/Sp/Cn	SS S/Sp	SS S/Sp/C	SS S/Sp/Cn
< 19	\$140.80	\$264.80	\$437.20	\$379.35	\$503.10	\$675.45	\$379.35	\$503.10	\$675.45
19 - 24	\$238.55	\$362.45	\$534.95	\$379.35	\$503.10	\$675.45	\$477.10	\$600.85	\$773.20
25 - 29	\$305.80	\$429.85	\$602.25	\$454.40	\$578.20	\$750.55	\$611.60	\$735.40	\$907.75
30 - 34	\$378.55	\$502.55	\$674.95	\$553.85	\$677.60	\$849.85	\$757.10	\$880.85	\$1,053.10
35 - 39	\$378.65	\$502.65	\$675.10	\$593.40	\$717.20	\$889.50	\$757.30	\$881.10	\$1,053.40
40 - 44	\$385.45	\$509.45	\$681.80	\$649.65	\$773.45	\$945.80	\$770.90	\$894.70	\$1,067.05
45 - 49	\$433.40	\$557.35	\$729.85	\$773.10	\$896.85	\$1,069.15	\$866.80	\$990.55	\$1,162.85
50 - 54	\$516.10	\$640.10	\$812.50	\$962.35	\$1,086.05	\$1,258.40	\$1,032.20	\$1,155.90	\$1,328.25
55 - 59	\$595.45	\$719.45	\$891.90	\$1,194.00	\$1,317.80	\$1,490.15	\$1,190.90	\$1,314.70	\$1,487.05
60 - 64	\$705.85	\$829.85	\$1,002.30	\$1,526.25	\$1,650.10	\$1,822.40	\$1,411.70	\$1,535.55	\$1,707.85
65+ (Medicare)	\$595.45	\$719.45	\$891.90	\$1,194.00	\$1,317.80	\$1,490.15	\$1,190.90	\$1,314.70	\$1,487.05
65+ (Non-Medicare)	\$712.90	\$838.10	\$1,012.15	\$1,541.55	\$1,666.35	\$1,840.40	\$1,425.80	\$1,550.60	\$1,724.65

(\$500 Deductible) Male - Tier 2									
	S	S/C	S/Cn	S/Sp	S/Sp/C	S/Sp/Cn	SS S/Sp	SS S/Sp/C	SS S/Sp/Cn
< 19	\$161.20	\$303.30	\$500.95	\$434.80	\$576.60	\$774.20	\$434.80	\$576.60	\$774.20
19 - 24	\$161.20	\$303.30	\$500.95	\$434.80	\$576.60	\$774.20	\$322.40	\$464.20	\$661.80
25 - 29	\$170.20	\$312.30	\$509.90	\$521.20	\$662.90	\$860.60	\$340.40	\$482.10	\$679.80
30 - 34	\$200.80	\$342.80	\$540.50	\$635.45	\$777.20	\$974.80	\$401.60	\$543.35	\$740.95
35 - 39	\$246.20	\$388.20	\$585.90	\$680.95	\$822.75	\$1,020.35	\$492.40	\$634.20	\$831.80
40 - 44	\$303.15	\$445.15	\$642.85	\$745.75	\$887.50	\$1,085.10	\$606.30	\$748.05	\$945.65
45 - 49	\$389.85	\$531.90	\$729.55	\$887.60	\$1,029.35	\$1,227.05	\$779.70	\$921.45	\$1,119.15
50 - 54	\$512.45	\$654.45	\$852.15	\$1,105.25	\$1,247.05	\$1,444.65	\$1,024.90	\$1,166.70	\$1,364.30
55 - 59	\$687.60	\$829.60	\$1,027.35	\$1,371.70	\$1,513.40	\$1,711.05	\$1,375.20	\$1,516.90	\$1,714.55
60 - 64	\$942.75	\$1,084.85	\$1,282.45	\$1,753.75	\$1,895.55	\$2,093.20	\$1,885.50	\$2,027.30	\$2,224.95
65+ (Medicare)	\$687.60	\$829.60	\$1,027.35	\$1,371.70	\$1,513.40	\$1,711.05	\$1,375.20	\$1,516.90	\$1,714.55
65+ (Non-Medicare)	\$952.15	\$1,095.60	\$1,295.20	\$1,771.25	\$1,914.35	\$2,114.00	\$1,904.30	\$2,047.40	\$2,247.05

(\$500 Deductible) Female - Tier 2									
	S	S/C	S/Cn	S/Sp	S/Sp/C	S/Sp/Cn	SS S/Sp	SS S/Sp/C	SS S/Sp/Cn
< 19	\$161.20	\$303.30	\$500.95	\$434.80	\$576.60	\$774.20	\$434.80	\$576.60	\$774.20
19 - 24	\$273.60	\$415.55	\$613.30	\$434.80	\$576.60	\$774.20	\$547.20	\$689.00	\$886.60
25 - 29	\$351.00	\$493.05	\$690.70	\$521.20	\$662.90	\$860.60	\$702.00	\$843.70	\$1,041.40
30 - 34	\$434.65	\$576.65	\$774.35	\$635.45	\$777.20	\$974.80	\$869.30	\$1,011.05	\$1,208.65
35 - 39	\$434.75	\$576.75	\$774.55	\$680.95	\$822.75	\$1,020.35	\$869.50	\$1,011.30	\$1,208.90
40 - 44	\$442.60	\$584.60	\$782.35	\$745.75	\$887.50	\$1,085.10	\$885.20	\$1,026.95	\$1,224.55
45 - 49	\$497.75	\$639.75	\$837.45	\$887.60	\$1,029.35	\$1,227.05	\$995.50	\$1,137.25	\$1,334.95
50 - 54	\$592.80	\$734.80	\$932.50	\$1,105.25	\$1,247.05	\$1,444.65	\$1,185.60	\$1,327.40	\$1,525.00
55 - 59	\$684.10	\$826.10	\$1,023.80	\$1,371.70	\$1,513.40	\$1,711.05	\$1,368.20	\$1,509.90	\$1,707.55
60 - 64	\$811.00	\$953.10	\$1,150.70	\$1,753.75	\$1,895.55	\$2,093.20	\$1,622.00	\$1,763.80	\$1,961.45
65+ (Medicare)	\$684.10	\$826.10	\$1,023.80	\$1,371.70	\$1,513.40	\$1,711.05	\$1,368.20	\$1,509.90	\$1,707.55
65+ (Non-Medicare)	\$819.10	\$962.50	\$1,162.10	\$1,771.25	\$1,914.35	\$2,114.00	\$1,638.20	\$1,781.30	\$1,980.95

(\$500 Deductible) Male - Tier 3									
	S	S/C	S/Cn	S/Sp	S/Sp/C	S/Sp/Cn	SS S/Sp	SS S/Sp/C	SS S/Sp/Cn
< 19	\$181.65	\$341.75	\$564.65	\$490.30	\$650.10	\$872.95	\$490.30	\$650.10	\$872.95
19 - 24	\$181.65	\$341.75	\$564.65	\$490.30	\$650.10	\$872.95	\$363.30	\$523.10	\$745.95
25 - 29	\$191.75	\$351.85	\$574.85	\$587.90	\$747.70	\$970.60	\$383.50	\$543.30	\$766.20
30 - 34	\$226.35	\$386.45	\$609.35	\$717.15	\$876.95	\$1,099.85	\$452.70	\$612.50	\$835.40
35 - 39	\$277.70	\$437.80	\$660.70	\$768.60	\$928.35	\$1,151.25	\$555.40	\$715.15	\$938.05
40 - 44	\$342.00	\$502.10	\$725.05	\$841.70	\$1,001.50	\$1,224.40	\$684.00	\$843.80	\$1,066.70
45 - 49	\$440.15	\$600.20	\$823.20	\$1,002.10	\$1,162.00	\$1,384.80	\$880.30	\$1,040.20	\$1,263.00
50 - 54	\$578.65	\$738.70	\$961.65	\$1,248.15	\$1,408.00	\$1,630.90	\$1,157.30	\$1,317.15	\$1,540.05
55 - 59	\$776.65	\$936.75	\$1,159.70	\$1,549.25	\$1,709.20	\$1,932.10	\$1,553.30	\$1,713.25	\$1,936.15
60 - 64	\$1,065.10	\$1,225.15	\$1,448.20	\$1,981.30	\$2,141.10	\$2,364.00	\$2,130.20	\$2,290.00	\$2,512.90
65+ (Medicare)	\$776.65	\$936.75	\$1,159.70	\$1,549.25	\$1,709.20	\$1,932.10	\$1,553.30	\$1,713.25	\$1,936.15
65+ (Non-Medicare)	\$1,075.70	\$1,237.30	\$1,462.55	\$2,000.95	\$2,162.40	\$2,387.45	\$2,151.40	\$2,312.85	\$2,537.90

(\$500 Deductible) Female - Tier 3									
	S	S/C	S/Cn	S/Sp	S/Sp/C	S/Sp/Cn	SS S/Sp	SS S/Sp/C	SS S/Sp/Cn
< 19	\$181.65	\$341.75	\$564.65	\$490.30	\$650.10	\$872.95	\$490.30	\$650.10	\$872.95
19 - 24	\$308.65	\$468.75	\$691.70	\$490.30	\$650.10	\$872.95	\$617.30	\$777.10	\$999.95
25 - 29	\$396.15	\$556.20	\$779.20	\$587.90	\$747.70	\$970.60	\$792.30	\$952.10	\$1,175.00
30 - 34	\$490.80	\$650.80	\$873.80	\$717.15	\$876.95	\$1,099.85	\$981.60	\$1,141.40	\$1,364.30
35 - 39	\$490.90	\$650.95	\$873.90	\$768.60	\$928.35	\$1,151.25	\$981.80	\$1,141.55	\$1,364.45
40 - 44	\$499.70	\$659.75	\$882.80	\$841.70	\$1,001.50	\$1,224.40	\$999.40	\$1,159.20	\$1,382.10
45 - 49	\$561.95	\$722.00	\$945.05	\$1,002.10	\$1,162.00	\$1,384.80	\$1,123.90	\$1,283.80	\$1,506.60
50 - 54	\$669.50	\$829.55	\$1,052.50	\$1,248.15	\$1,408.00	\$1,630.90	\$1,339.00	\$1,498.85	\$1,721.75
55 - 59	\$772.60	\$932.70	\$1,155.70	\$1,549.25	\$1,709.20	\$1,932.10	\$1,545.20	\$1,705.15	\$1,928.05
60 - 64	\$916.20	\$1,076.20	\$1,299.20	\$1,981.30	\$2,141.10	\$2,364.00	\$1,832.40	\$1,992.20	\$2,215.10
65+ (Medicare)	\$772.60	\$932.70	\$1,155.70	\$1,549.25	\$1,709.20	\$1,932.10	\$1,545.20	\$1,705.15	\$1,928.05
65+ (Non-Medicare)	\$925.25	\$1,086.90	\$1,312.10	\$2,000.95	\$2,162.40	\$2,387.45	\$1,850.50	\$2,011.95	\$2,237.00

KEY: S Subscriber
 S/C Subscriber/Child
 S/Cn Subscriber/Children
 S/Sp Subscriber/Spouse
 S/Sp/C Subscriber/Spouse/Child
 S/Sp/Cn Subscriber/Spouse/Children
 SS S/Sp Same Sex Subscriber/Spouse
 SS S/Sp/C Same Sex Subscriber/Spouse/Child
 SS S/Sp/Cn Same Sex Subscriber/Spouse/Children

Highmark Inc.
d/b/a Highmark Blue Cross Blue Shield
CompleteCare (Western Region)
Current Rates as of 12/1/2014 (\$1000 Deductible)

(\$1,000 Deductible) Male - Tier 1									
	S	S/C	S/Cn	S/Sp	S/Sp/C	S/Sp/Cn	SS S/Sp	SS S/Sp/C	SS S/Sp/Cn
< 19	\$126.60	\$238.05	\$392.85	\$340.75	\$452.00	\$606.70	\$340.75	\$452.00	\$606.70
19 - 24	\$126.60	\$238.05	\$392.85	\$340.75	\$452.00	\$606.70	\$253.20	\$364.45	\$519.15
25 - 29	\$133.70	\$245.05	\$399.80	\$408.20	\$519.25	\$674.05	\$267.40	\$378.45	\$533.25
30 - 34	\$157.50	\$268.90	\$423.75	\$497.15	\$608.25	\$763.00	\$315.00	\$426.10	\$580.85
35 - 39	\$192.80	\$304.20	\$459.05	\$532.50	\$643.70	\$798.40	\$385.60	\$496.80	\$651.50
40 - 44	\$237.15	\$348.60	\$503.40	\$583.00	\$694.05	\$848.80	\$474.30	\$585.35	\$740.10
45 - 49	\$304.75	\$416.10	\$570.95	\$693.50	\$804.60	\$959.40	\$609.50	\$720.60	\$875.40
50 - 54	\$400.15	\$511.55	\$666.40	\$862.90	\$974.10	\$1,128.90	\$800.30	\$911.50	\$1,066.30
55 - 59	\$539.25	\$648.00	\$802.85	\$1,075.45	\$1,181.65	\$1,336.40	\$1,078.50	\$1,184.70	\$1,339.45
60 - 64	\$761.10	\$846.70	\$1,001.60	\$1,407.70	\$1,479.25	\$1,643.25	\$1,522.20	\$1,593.75	\$1,757.75
65+ (Medicare)	\$539.25	\$648.00	\$802.85	\$1,075.45	\$1,181.65	\$1,336.40	\$1,078.50	\$1,184.70	\$1,339.45
65+ (Non-Medicare)	\$769.35	\$855.10	\$1,011.50	\$1,423.00	\$1,493.90	\$1,661.40	\$1,538.70	\$1,609.60	\$1,777.10

(\$1,000 Deductible) Female - Tier 1									
	S	S/C	S/Cn	S/Sp	S/Sp/C	S/Sp/Cn	SS S/Sp	SS S/Sp/C	SS S/Sp/Cn
< 19	\$126.60	\$238.05	\$392.85	\$340.75	\$452.00	\$606.70	\$340.75	\$452.00	\$606.70
19 - 24	\$214.15	\$325.55	\$480.40	\$340.75	\$452.00	\$606.70	\$428.30	\$539.55	\$694.25
25 - 29	\$274.50	\$385.85	\$540.75	\$408.20	\$519.25	\$674.05	\$549.00	\$660.05	\$814.85
30 - 34	\$339.65	\$451.05	\$605.90	\$497.15	\$608.25	\$763.00	\$679.30	\$790.40	\$945.15
35 - 39	\$339.70	\$451.10	\$605.95	\$532.50	\$643.70	\$798.40	\$679.40	\$790.60	\$945.30
40 - 44	\$345.85	\$457.15	\$611.95	\$583.00	\$694.05	\$848.80	\$691.70	\$802.75	\$957.50
45 - 49	\$388.75	\$500.05	\$654.90	\$693.50	\$804.60	\$959.40	\$777.50	\$888.60	\$1,043.40
50 - 54	\$462.75	\$574.15	\$728.95	\$862.90	\$974.10	\$1,128.90	\$925.50	\$1,036.70	\$1,191.50
55 - 59	\$536.20	\$645.30	\$800.10	\$1,075.45	\$1,181.65	\$1,336.40	\$1,072.40	\$1,178.60	\$1,333.35
60 - 64	\$646.60	\$744.10	\$898.95	\$1,407.70	\$1,479.25	\$1,643.25	\$1,293.20	\$1,364.75	\$1,528.75
65+ (Medicare)	\$536.20	\$645.30	\$800.10	\$1,075.45	\$1,181.65	\$1,336.40	\$1,072.40	\$1,178.60	\$1,333.35
65+ (Non-Medicare)	\$653.65	\$751.50	\$907.85	\$1,423.00	\$1,493.90	\$1,661.40	\$1,307.30	\$1,378.20	\$1,545.70

(\$1,000 Deductible) Male - Tier 2									
	S	S/C	S/Cn	S/Sp	S/Sp/C	S/Sp/Cn	SS S/Sp	SS S/Sp/C	SS S/Sp/Cn
< 19	\$144.95	\$272.50	\$450.00	\$390.55	\$517.80	\$695.20	\$390.55	\$517.80	\$695.20
19 - 24	\$144.95	\$272.50	\$450.00	\$390.55	\$517.80	\$695.20	\$289.90	\$417.15	\$594.55
25 - 29	\$152.95	\$280.55	\$458.00	\$467.85	\$595.15	\$772.55	\$305.90	\$433.20	\$610.60
30 - 34	\$180.30	\$307.90	\$485.40	\$570.10	\$697.50	\$874.90	\$360.60	\$488.00	\$665.40
35 - 39	\$221.05	\$348.60	\$526.05	\$610.90	\$738.30	\$915.65	\$442.10	\$569.50	\$746.85
40 - 44	\$271.95	\$399.60	\$577.10	\$668.90	\$796.20	\$973.65	\$543.90	\$671.20	\$848.65
45 - 49	\$349.70	\$477.30	\$654.75	\$795.95	\$923.25	\$1,100.70	\$699.40	\$826.70	\$1,004.15
50 - 54	\$459.45	\$587.05	\$764.50	\$992.95	\$1,118.20	\$1,295.60	\$918.90	\$1,044.15	\$1,221.55
55 - 59	\$628.25	\$743.95	\$921.45	\$1,253.05	\$1,356.85	\$1,534.30	\$1,256.50	\$1,360.30	\$1,537.75
60 - 64	\$883.50	\$972.45	\$1,149.95	\$1,635.30	\$1,716.55	\$1,914.10	\$1,767.00	\$1,848.25	\$2,045.80
65+ (Medicare)	\$628.25	\$743.95	\$921.45	\$1,253.05	\$1,356.85	\$1,534.30	\$1,256.50	\$1,360.30	\$1,537.75
65+ (Non-Medicare)	\$892.85	\$982.10	\$1,161.40	\$1,652.65	\$1,735.25	\$1,934.85	\$1,785.70	\$1,868.30	\$2,067.90

(\$1,000 Deductible) Female - Tier 2									
	S	S/C	S/Cn	S/Sp	S/Sp/C	S/Sp/Cn	SS S/Sp	SS S/Sp/C	SS S/Sp/Cn
< 19	\$144.95	\$272.50	\$450.00	\$390.55	\$517.80	\$695.20	\$390.55	\$517.80	\$695.20
19 - 24	\$245.60	\$373.15	\$550.65	\$390.55	\$517.80	\$695.20	\$491.20	\$618.45	\$795.85
25 - 29	\$314.90	\$442.45	\$619.85	\$467.85	\$595.15	\$772.55	\$629.80	\$757.10	\$934.50
30 - 34	\$389.80	\$517.40	\$694.85	\$570.10	\$697.50	\$874.90	\$779.60	\$907.00	\$1,084.40
35 - 39	\$389.85	\$517.45	\$694.90	\$610.90	\$738.30	\$915.65	\$779.70	\$907.10	\$1,084.45
40 - 44	\$396.95	\$524.50	\$702.00	\$668.90	\$796.20	\$973.65	\$793.90	\$921.20	\$1,098.65
45 - 49	\$446.25	\$573.80	\$751.30	\$795.95	\$923.25	\$1,100.70	\$892.50	\$1,019.80	\$1,197.25
50 - 54	\$533.50	\$659.00	\$836.50	\$992.95	\$1,118.20	\$1,295.60	\$1,067.00	\$1,192.25	\$1,369.65
55 - 59	\$624.80	\$740.80	\$918.30	\$1,253.05	\$1,356.85	\$1,534.30	\$1,249.60	\$1,353.40	\$1,530.85
60 - 64	\$751.80	\$854.40	\$1,031.90	\$1,635.30	\$1,716.55	\$1,914.10	\$1,503.60	\$1,584.85	\$1,782.40
65+ (Medicare)	\$624.80	\$740.80	\$918.30	\$1,253.05	\$1,356.85	\$1,534.30	\$1,249.60	\$1,353.40	\$1,530.85
65+ (Non-Medicare)	\$759.80	\$862.90	\$1,042.05	\$1,652.65	\$1,735.25	\$1,934.85	\$1,519.60	\$1,602.20	\$1,801.80

(\$1,000 Deductible) Male - Tier 3									
	S	S/C	S/Cn	S/Sp	S/Sp/C	S/Sp/Cn	SS S/Sp	SS S/Sp/C	SS S/Sp/Cn
< 19	\$163.20	\$307.00	\$507.05	\$440.15	\$583.55	\$783.65	\$440.15	\$583.55	\$783.65
19 - 24	\$163.20	\$307.00	\$507.05	\$440.15	\$583.55	\$783.65	\$326.40	\$469.80	\$669.90
25 - 29	\$172.25	\$316.00	\$516.10	\$527.60	\$671.10	\$871.10	\$344.50	\$488.00	\$688.00
30 - 34	\$203.30	\$347.00	\$547.10	\$643.40	\$786.80	\$986.80	\$406.60	\$550.00	\$750.00
35 - 39	\$249.20	\$392.95	\$593.05	\$689.35	\$832.85	\$1,032.85	\$498.40	\$641.90	\$841.90
40 - 44	\$306.75	\$450.50	\$650.65	\$754.75	\$898.35	\$1,098.45	\$613.50	\$757.10	\$957.20
45 - 49	\$394.75	\$538.45	\$738.55	\$898.55	\$1,042.00	\$1,242.10	\$789.50	\$932.95	\$1,133.05
50 - 54	\$519.30	\$662.55	\$862.65	\$1,129.45	\$1,262.40	\$1,462.50	\$1,171.55	\$1,371.65	\$1,553.35
55 - 59	\$717.35	\$839.90	\$1,040.10	\$1,430.70	\$1,532.20	\$1,752.95	\$1,434.70	\$1,536.20	\$1,756.95
60 - 64	\$1,005.80	\$1,106.00	\$1,298.35	\$1,862.65	\$1,962.00	\$2,184.95	\$2,011.60	\$2,110.95	\$2,333.90
65+ (Medicare)	\$717.35	\$839.90	\$1,040.10	\$1,430.70	\$1,532.20	\$1,752.95	\$1,434.70	\$1,536.20	\$1,756.95
65+ (Non-Medicare)	\$1,016.35	\$1,118.15	\$1,311.25	\$1,882.25	\$1,983.30	\$2,208.35	\$2,032.70	\$2,133.75	\$2,358.80

(\$1,000 Deductible) Female - Tier 3									
	S	S/C	S/Cn	S/Sp	S/Sp/C	S/Sp/Cn	SS S/Sp	SS S/Sp/C	SS S/Sp/Cn
< 19	\$163.20	\$307.00	\$507.05	\$440.15	\$583.55	\$783.65	\$440.15	\$583.55	\$783.65
19 - 24	\$276.95	\$420.70	\$620.85	\$440.15	\$583.55	\$783.65	\$553.90	\$697.30	\$897.40
25 - 29	\$355.35	\$499.05	\$699.15	\$527.60	\$671.10	\$871.10	\$710.70	\$854.20	\$1,024.20
30 - 34	\$440.10	\$583.85	\$783.95	\$643.40	\$786.80	\$986.80	\$880.20	\$1,023.60	\$1,223.60
35 - 39	\$440.15	\$583.90	\$784.00	\$689.35	\$832.85	\$1,032.85	\$880.30	\$1,023.80	\$1,223.80
40 - 44	\$448.00	\$591.80	\$791.95	\$754.75	\$898.35	\$1,098.45	\$896.00	\$1,039.60	\$1,239.70
45 - 49	\$503.80	\$647.55	\$847.65	\$898.55	\$1,042.00	\$1,242.10	\$1,007.60	\$1,151.05	\$1,351.15
50 - 54	\$610.15	\$743.90	\$944.05	\$1,129.45	\$1,262.40	\$1,462.50	\$1,220.30	\$1,353.25	\$1,553.35
55 - 59	\$713.35	\$836.20	\$1,036.40	\$1,430.70	\$1,532.20	\$1,752.95	\$1,426.70	\$1,528.20	\$1,748.95
60 - 64	\$856.85	\$964.80	\$1,164.95	\$1,862.65	\$1,962.00	\$2,184.95	\$1,713.70	\$1,813.05	\$2,036.00
65+ (Medicare)	\$713.35	\$836.20	\$1,036.40	\$1,430.70	\$1,532.20	\$1,752.95	\$1,426.70	\$1,528.20	\$1,748.95
65+ (Non-Medicare)	\$865.90	\$974.45	\$1,176.45	\$1,882.25	\$1,983.30	\$2,208.35	\$1,731.80	\$1,832.85	\$2,057.90

KEY: S Subscriber
 S/C Subscriber/Child
 S/Cn Subscriber/Children
 S/Sp Subscriber/Spouse
 S/Sp/C Subscriber/Spouse/Child
 S/Sp/Cn Subscriber/Spouse/Children
 SS S/Sp Same Sex Subscriber/Spouse
 SS S/Sp/C Same Sex Subscriber/Spouse/Child
 SS S/Sp/Cn Same Sex Subscriber/Spouse/Children

Highmark Inc.
d/b/a Highmark Blue Cross Blue Shield
CompleteCare (Western Region)
Summary of Experience Period Income at Current Rates

CompleteCare	Exp. Period Enrollment Distribution	Average Rate
\$500 deductible - Male Tier 1	51.89%	532.78
\$500 deductible - Female Tier 1	30.15%	605.51
\$500 deductible - Male Tier 2	1.93%	394.48
\$500 deductible - Female Tier 2	0.70%	605.86
\$500 deductible - Male Tier 3	0.11%	467.83
\$500 deductible - Female Tier 3	0.03%	521.62
\$1,000 deductible - Male Tier 1	9.44%	557.76
\$1,000 deductible - Female Tier 1	5.09%	575.18
\$1,000 deductible - Male Tier 2	0.51%	374.50
\$1,000 deductible - Female Tier 2	0.12%	640.15
\$1,000 deductible - Male Tier 3	0.01%	386.61
\$1,000 deductible - Female Tier 3	0.01%	713.35
	100.00%	556.32

Highmark Inc.
d/b/a Highmark Blue Cross Blue Shield
CompleteCare (Western Region)
Incurred Claims and Exposure

Date	Payments	Allowances	Completion Factor	Ultimate Payments	Age/Gender Factor	Adjusted Payments	Contracts	Adj. Paid	Adj. Paid	Adj. Paid	Adj. Paid	6 Month Trend	Adj. Paid	12 Month Trend
								Monthly PCPM	3 Month Moving Avg. PCPM	3 Month Trend	6 Month Moving Avg. PCPM			
Jan-10	\$5,335,941	\$7,156,533	1.0000	\$5,335,941	0.9724	\$5,487,111	22,686	\$241.87						
Feb-10	\$5,454,328	\$7,013,112	1.0000	\$5,454,328	0.9740	\$5,599,733	22,344	\$250.61						
Mar-10	\$6,178,775	\$7,894,059	1.0000	\$6,178,775	0.9759	\$6,331,256	21,981	\$288.03	\$259.93					
Apr-10	\$6,110,734	\$7,753,142	1.0000	\$6,110,734	0.9773	\$6,252,475	21,659	\$288.68	\$275.57					
May-10	\$5,352,345	\$6,946,750	1.0000	\$5,352,345	0.9788	\$5,468,426	21,375	\$255.83	\$277.66					
Jun-10	\$5,662,098	\$7,221,344	1.0000	\$5,662,098	0.9798	\$5,778,678	21,064	\$274.34	\$273.01		\$266.33			
Jul-10	\$5,980,859	\$7,442,066	1.0000	\$5,980,859	0.9815	\$6,093,583	20,727	\$293.99	\$274.53		\$275.06			
Aug-10	\$6,032,245	\$7,531,601	1.0000	\$6,032,245	0.9842	\$6,128,968	20,411	\$300.28	\$289.40		\$283.40			
Sep-10	\$5,806,148	\$7,312,469	1.0000	\$5,806,148	0.9885	\$5,873,717	20,040	\$293.10	\$295.80		\$284.14			
Oct-10	\$5,728,755	\$7,176,248	1.0000	\$5,728,755	0.9909	\$5,781,146	19,555	\$295.64	\$296.37		\$285.17			
Nov-10	\$5,692,088	\$7,098,577	1.0000	\$5,692,088	0.9928	\$5,733,315	19,176	\$298.98	\$295.86		\$292.54			
Dec-10	\$6,042,170	\$7,414,209	1.0000	\$6,042,170	0.9930	\$6,084,467	18,853	\$322.73	\$305.62		\$300.56		\$282.60	
Jan-11	\$5,652,209	\$7,307,699	1.0000	\$5,652,209	0.9960	\$5,674,818	18,373	\$308.87	\$310.14		\$303.04		\$288.33	
Feb-11	\$5,000,458	\$6,338,813	1.0000	\$5,000,458	0.9979	\$5,011,092	18,064	\$277.41	\$303.32		\$299.48		\$291.00	
Mar-11	\$5,992,597	\$7,483,409	1.0000	\$5,992,597	0.9992	\$5,997,277	17,795	\$337.02	\$307.63	18.35%	\$306.59		\$294.73	
Apr-11	\$5,574,123	\$6,921,163	1.0000	\$5,574,123	1.0014	\$5,566,089	17,510	\$317.88	\$310.56	12.70%	\$310.35		\$297.03	
May-11	\$5,381,475	\$6,752,264	1.0000	\$5,381,475	1.0032	\$5,364,297	17,266	\$310.69	\$322.00	15.97%	\$312.42		\$301.91	
Jun-11	\$5,509,030	\$6,842,776	1.0000	\$5,509,030	1.0056	\$5,478,609	17,013	\$322.02	\$316.84	16.05%	\$312.13	17.20%	\$306.02	
Jul-11	\$5,071,329	\$6,266,058	1.0000	\$5,071,329	1.0086	\$5,028,072	16,729	\$300.56	\$311.15	13.34%	\$310.85	13.01%	\$306.73	
Aug-11	\$5,384,908	\$6,728,054	1.0000	\$5,384,908	1.0105	\$5,329,026	16,471	\$323.54	\$315.37	8.97%	\$318.76	12.48%	\$308.62	
Sep-11	\$5,361,612	\$6,669,344	1.0000	\$5,361,612	1.0124	\$5,295,805	16,208	\$326.74	\$316.81	7.10%	\$316.83	11.50%	\$311.46	
Oct-11	\$5,424,253	\$6,707,566	1.0000	\$5,424,253	1.0146	\$5,346,004	15,921	\$335.78	\$328.62	10.88%	\$319.67	12.10%	\$314.78	
Nov-11	\$5,413,233	\$6,739,580	1.0000	\$5,413,233	1.0140	\$5,338,683	15,653	\$341.06	\$334.45	13.04%	\$324.67	10.98%	\$318.25	
Dec-11	\$4,798,606	\$6,001,212	1.0000	\$4,798,606	1.0144	\$4,730,395	15,384	\$307.49	\$328.27	7.41%	\$322.40	7.26%	\$317.02	12.18%
Jan-12	\$6,477,874	\$8,012,160	1.0000	\$6,477,874	1.0147	\$6,383,986	15,092	\$423.00	\$356.68	15.00%	\$342.28	12.95%	\$325.80	13.00%
Feb-12	\$4,997,904	\$6,236,572	1.0000	\$4,997,904	1.0153	\$4,922,803	14,843	\$331.66	\$353.87	16.67%	\$343.90	14.83%	\$330.71	13.65%
Mar-12	\$5,023,877	\$6,289,773	1.0000	\$5,023,877	1.0155	\$4,947,355	14,610	\$338.63	\$364.89	18.62%	\$346.10	12.89%	\$330.73	12.21%
Apr-12	\$5,096,154	\$6,289,048	1.0000	\$5,096,154	1.0164	\$5,013,973	14,387	\$348.51	\$339.51	9.32%	\$348.31	12.23%	\$333.26	12.20%
May-12	\$4,660,738	\$6,467,555	1.0000	\$4,660,747	1.0169	\$4,583,282	14,171	\$323.43	\$336.93	4.64%	\$345.61	10.62%	\$334.61	10.83%
Jun-12	\$4,892,547	\$6,014,382	1.0000	\$4,892,555	1.0186	\$4,803,432	13,952	\$344.28	\$338.76	6.92%	\$352.13	12.82%	\$336.51	9.96%
Jul-12	\$4,888,378	\$6,004,155	1.0000	\$4,888,378	1.0197	\$4,793,733	13,699	\$349.93	\$339.07	8.97%	\$339.29	9.15%	\$340.86	11.13%
Aug-12	\$5,311,574	\$6,500,587	1.0000	\$5,311,574	1.0212	\$5,201,365	13,479	\$385.89	\$359.80	14.09%	\$348.09	9.20%	\$345.89	12.08%
Sep-12	\$4,450,602	\$5,496,238	1.0000	\$4,450,602	1.0222	\$4,353,814	13,268	\$328.14	\$354.77	11.98%	\$346.56	9.39%	\$346.32	11.19%
Oct-12	\$5,052,000	\$6,224,573	1.0000	\$5,052,006	1.0218	\$4,944,406	12,927	\$382.49	\$365.47	11.21%	\$351.92	10.09%	\$350.03	11.20%
Nov-12	\$4,976,747	\$6,000,081	1.0000	\$4,976,785	1.0220	\$4,869,421	12,594	\$386.65	\$365.25	9.21%	\$362.44	11.63%	\$353.60	11.11%
Dec-12	\$4,509,845	\$5,491,770	1.0000	\$4,509,880	1.0219	\$4,413,366	12,356	\$357.18	\$375.62	14.42%	\$364.85	13.17%	\$358.15	12.98%
Jan-13	\$4,725,493	\$5,962,887	1.0000	\$4,725,493	1.0217	\$4,625,014	12,067	\$383.28	\$375.71	5.34%	\$370.41	8.22%	\$353.99	8.65%
Feb-13	\$4,571,238	\$5,527,317	1.0000	\$4,571,238	1.0229	\$4,468,970	11,852	\$377.06	\$372.36	5.22%	\$368.69	7.21%	\$357.79	8.19%
Mar-13	\$4,562,591	\$5,530,850	1.0000	\$4,562,591	1.0236	\$4,457,299	11,670	\$381.95	\$380.77	4.35%	\$378.11	9.25%	\$361.38	9.27%
Apr-13	\$4,399,269	\$5,561,863	1.0000	\$4,399,269	1.0265	\$4,285,884	11,502	\$372.62	\$377.23	11.11%	\$376.45	8.08%	\$363.43	9.05%
May-13	\$4,232,252	\$5,260,125	1.0000	\$4,232,252	1.0265	\$4,123,104	11,332	\$363.85	\$372.89	10.67%	\$372.62	7.82%	\$367.22	9.75%
Jun-13	\$4,482,437	\$5,403,012	1.0000	\$4,482,437	1.0277	\$4,361,718	11,192	\$389.72	\$375.32	10.79%	\$378.11	7.38%	\$371.09	10.28%
Jul-13	\$4,554,843	\$6,623,210	1.0000	\$4,554,843	1.0286	\$4,427,985	11,021	\$401.78	\$384.94	13.53%	\$381.00	12.29%	\$375.41	10.14%
Aug-13	\$4,705,533	\$5,681,713	1.0000	\$4,705,562	1.0309	\$4,564,655	10,877	\$419.66	\$403.58	12.17%	\$387.91	11.44%	\$377.80	9.22%
Sep-13	\$4,699,610	\$5,712,297	1.0000	\$4,699,737	1.0336	\$4,546,933	10,701	\$424.91	\$415.34	17.07%	\$394.90	13.95%	\$386.10	11.49%
Oct-13	\$5,195,903	\$6,253,617	1.0000	\$5,195,919	1.0354	\$5,018,496	10,558	\$475.33	\$439.70	20.31%	\$411.73	17.00%	\$393.28	12.36%
Nov-13	\$4,172,578	\$5,090,021	1.0000	\$4,172,578	1.0373	\$4,022,591	10,428	\$385.75	\$428.82	17.40%	\$415.93	14.76%	\$393.31	11.23%
Dec-13	\$4,019,472	\$4,926,472	1.0000	\$4,019,472	1.0349	\$3,884,016	10,076	\$385.47	\$416.11	10.78%	\$415.71	13.94%	\$396.07	10.59%
Jan-14	\$4,635,967	\$5,698,716	0.9999	\$4,636,443	1.0299	\$4,501,963	9,597	\$469.10	\$412.23	9.72%	\$426.41	15.12%	\$402.61	13.73%
Feb-14	\$3,463,202	\$4,285,589	0.9997	\$3,464,287	1.0297	\$3,364,208	9,407	\$357.63	\$404.06	8.51%	\$416.97	13.10%	\$401.67	12.26%
Mar-14	\$3,820,330	\$4,689,330	0.9995	\$3,822,114	1.0305	\$3,708,858	9,210	\$402.70	\$410.26	7.74%	\$413.32	9.31%	\$403.57	11.68%
Apr-14	\$3,894,081	\$4,856,299	0.9995	\$3,896,082	1.0291	\$3,785,830	8,994	\$420.93	\$393.28	4.25%	\$403.17	7.10%	\$407.72	12.19%
May-14	\$3,791,798	\$4,559,665	0.9994	\$3,794,137	1.0280	\$3,690,729	8,764	\$421.12	\$414.77	11.23%	\$409.21	9.82%	\$412.81	12.41%
Jun-14	\$3,993,785	\$4,856,463	0.9992	\$3,997,139	1.0316	\$3,874,531	8,671	\$446.84	\$429.49	14.43%	\$419.56	10.96%	\$417.49	12.50%
Jul-14	\$4,081,047	\$4,890,788	0.9992	\$4,084,502	1.0344	\$3,948,699	8,573	\$460.60	\$442.71	15.01%	\$417.26	9.52%	\$422.18	12.46%
Aug-14	\$3,782,732	\$4,560,211	0.9987	\$3,787,583	1.0367	\$3,653,440	8,494	\$430.12	\$445.90	10.49%	\$429.97	10.84%	\$423.01	11.97%
Sep-14	\$3,564,007	\$4,361,502	0.9987	\$3,568,770	1.0392	\$3,434,208	8,411	\$408.30	\$433.17	4.29%	\$431.30	9.22%	\$421.72	9.23%
Oct-14	\$4,023,682	\$4,886,849	0.9962	\$4,038,905	1.0413	\$3,878,824	8,327	\$465.81	\$434.63	-1.15%	\$438.73	6.56%	\$419.89	6.77%
Nov-14	\$3,276,059	\$4,037,318	0.9939	\$3,296,320	1.0427	\$3,161,452	8,208	\$385.17	\$419.89	-2.08%	\$433.10	4.13%	\$420.56	6.93%
Dec-14	\$4,058,815	\$4,838,729	0.9926	\$4,088,926	1.0415	\$3,925,840	7,823	\$501.83	\$450.21	8.19%	\$441.50	6.20%	\$430.03	8.57%
Jan-15	\$3,129,067	\$3,783,620	0.9810	\$3,189,823	1.0075	\$3,166,211	6,073	\$521.36	\$463.88	12.53%	\$448.28	5.13%	\$431.80	7.25%
Feb-15	\$2,677,066	\$3,178,686	0.9539	\$2,806,542	1.0034	\$2,796,922	5,735	\$487.69	\$503.74	24.67%	\$456.82	9.56%	\$442.27	10.11%
Mar-15	\$2,485,253	\$2,975,456	0.8487	\$2,928,467	1.0000	\$2,928,467	5,410	\$541.31	\$516.41	25.88%	\$477.62	15.56%	\$451.90	11.97%

Highmark Inc.
d/b/a Highmark Blue Cross Blue Shield
CompleteCare (Western Region)
Summary of Rating Period Income at Current Rates

CompleteCare	Snapshot Enrollment Distribution	Average Rate
\$500 deductible - Male Tier 1	54.81%	505.24
\$500 deductible - Female Tier 1	27.74%	618.35
\$500 deductible - Male Tier 2	2.05%	382.66
\$500 deductible - Female Tier 2	0.70%	607.55
\$500 deductible - Male Tier 3	0.09%	367.22
\$500 deductible - Female Tier 3	0.02%	669.50
\$1,000 deductible - Male Tier 1	9.52%	546.40
\$1,000 deductible - Female Tier 1	4.42%	592.60
\$1,000 deductible - Male Tier 2	0.54%	328.99
\$1,000 deductible - Female Tier 2	0.09%	761.16
\$1,000 deductible - Male Tier 3	0.00%	0.00
\$1,000 deductible - Female Tier 3	0.02%	713.35
	100.00%	541.84

Income at Current Rates PCPM (Snapshot)	\$541.84
Projected Contract Months (12/15 - 11/16)	50,009
Projected Member Months (12/15 - 11/16)	70,836
Projected Income at Current Rates	\$27,096,804

Highmark Inc.
d/b/a Highmark Blue Cross Blue Shield
CompleteCare (Western Region)
Summary of Preliminary Rates (Unrounded)

CompleteCare	Snapshot Enrollment Distribution	Average Rate
\$500 deductible - Male Tier 1	54.81%	593.15
\$500 deductible - Female Tier 1	27.74%	725.94
\$500 deductible - Male Tier 2	2.05%	449.24
\$500 deductible - Female Tier 2	0.70%	713.26
\$500 deductible - Male Tier 3	0.09%	431.12
\$500 deductible - Female Tier 3	0.02%	785.99
\$1,000 deductible - Male Tier 1	9.52%	641.48
\$1,000 deductible - Female Tier 1	4.42%	695.71
\$1,000 deductible - Male Tier 2	0.54%	386.23
\$1,000 deductible - Female Tier 2	0.09%	893.60
\$1,000 deductible - Male Tier 3	0.00%	0.00
\$1,000 deductible - Female Tier 3	0.02%	837.47
	100.00%	636.12

**Highmark Inc.
d/b/a Highmark Blue Cross Blue Shield
CompleteCare (Western Region)
Administrative Expenses**

Year	Total Operating Expenses*	Contract Months	Operating Expenses PCPM
2010	\$6,215,716	249,871	\$24.88
2011	\$4,341,428	202,387	\$21.45
2012	\$3,948,119	165,378	\$23.87
2013	\$3,799,300	133,276	\$28.51
2014	\$3,148,997	104,479	\$30.14
2015 (Forecasted)	\$1,813,770	61,967	\$29.27
2016 (Forecasted)	\$1,468,845	49,092	\$29.92
12/1/2015 to 11/30/2016 Projection	\$1,493,568	50,009	\$29.87

* Less Act 68 Charges, Commission Expenses, Reinsurance Fee, and Federal Insurer Tax

Highmark Inc.
d/b/a Highmark Blue Cross Blue Shield
CompleteCare (Western Region)
Financial Experience

	2010	2011	2012	2013	2014	Projected 12/1/15 - 11/30/16
Subscription Fees	\$81,407,276	\$70,839,312	\$63,005,304	\$55,969,234	\$50,548,169	\$31,811,648
Prior Year Revenue Adjustment	\$0	\$24,911	\$38,882	\$35,609	(\$53,660)	
Subsequent Year Revenue Adjustment	(\$24,911)	(\$38,882)	(\$35,609)	\$53,660		
Adjusted Subscription Fees	<u>\$81,382,365</u>	<u>\$70,825,341</u>	<u>\$63,008,577</u>	<u>\$56,058,502</u>	<u>\$50,494,509</u>	<u>\$31,811,648</u>
Claims Incurred	\$67,798,055	\$64,150,972	\$59,599,144	\$53,520,189	\$46,101,645	\$29,106,900
Prior Year Claim Adjustment	\$939,651	\$208,439	\$435,788	\$274,221	\$20,449	
Subsequent Year Claim Adjustment	(\$208,439)	(\$435,788)	(\$274,221)	(\$20,449)		
Adjusted Incurred Claims	<u>\$68,529,267</u>	<u>\$63,923,622</u>	<u>\$59,760,712</u>	<u>\$53,773,961</u>	<u>\$46,122,094</u>	<u>\$29,106,900</u>
Administrative Expense	\$6,219,178	\$4,343,799	\$3,956,033	\$3,843,769	\$4,660,058	\$2,653,289
Commission Expense	\$906,107	\$375,399	\$228,220	\$150,811	\$111,770	\$52,106
Total Operating Expense	<u>\$7,125,285</u>	<u>\$4,719,198</u>	<u>\$4,184,253</u>	<u>\$3,994,579</u>	<u>\$4,771,828</u>	<u>\$2,705,395</u>
Total Underwriting Expense	\$75,654,552	\$68,642,820	\$63,944,965	\$57,768,540	\$50,893,922	\$31,812,295
Underwriting Gain/(Loss)	\$5,727,813	\$2,182,520	(\$936,388)	(\$1,710,038)	(\$399,413)	(\$647)
Average Contracts During the Period	20,823	16,866	13,782	11,106	8,707	4,167

Highmark Inc.
d/b/a Highmark Blue Cross Blue Shield
CompleteCare (Western Region)

Month	Projected Contracts	Projected Members	Reinsurance Fee		Insurer Tax	
			PMPM	\$	PCPM	%
Dec-15	4,588	6,498	\$3.67	\$23,849	\$5.20	3.80%
Jan-16	4,511	6,390	\$2.25	\$14,378	\$3.19	3.20%
Feb-16	4,435	6,282	\$2.25	\$14,134	\$3.19	3.20%
Mar-16	4,359	6,174	\$2.25	\$13,891	\$3.19	3.20%
Apr-16	4,282	6,065	\$2.25	\$13,647	\$3.19	3.20%
May-16	4,206	5,957	\$2.25	\$13,403	\$3.19	3.20%
Jun-16	4,129	5,849	\$2.25	\$13,160	\$3.19	3.20%
Jul-16	4,053	5,741	\$2.25	\$12,916	\$3.19	3.20%
Aug-16	3,976	5,632	\$2.25	\$12,673	\$3.19	3.20%
Sep-16	3,900	5,524	\$2.25	\$12,429	\$3.19	3.20%
Oct-16	3,823	5,416	\$2.25	\$12,186	\$3.19	3.20%
Nov-16	3,747	5,308	\$2.25	\$11,942	\$3.19	3.20%
Dec-15	4,588	6,498				
11mo 16	45,421	64,337				
Total	50,009	70,836	\$2.38	\$168,608	\$3.37	3.26%

Member to Contract Ratio 1.416451