

SERFF Tracking #:

HGHM-130700434

State Tracking #:

HGHM-130700434

Company Tracking #:

1A-CCP-16-HBCBS

State: Pennsylvania **Filing Company:** Highmark
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
Product Name: 1A-CCP-16-HBCBS
Project Name/Number: 1A-CCP-16-HBCBS/1A-CCP-16-HBCBS

Supporting Document Schedules

Bypassed - Item:	Transmittal Letter (A&H)
Bypass Reason:	NA
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum and Explanatory Information (A&H)
Comments:	See attached.
Attachment(s):	1A-CCP-16-HBCBS.pdf 1A-CCP-16-HBCBS_exhibits.xls
Item Status:	
Status Date:	

SERFF Tracking #:	HGHM-130700434	State Tracking #:	HGHM-130700434	Company Tracking #:	1A-CCP-16-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-16-HBCBS		
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Attachment 1A-CCP-16-HBCBS_exhibits.xls is not a PDF document and cannot be reproduced here.



August 22, 2016

Ms. Johanna Fabian-Marks, 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-16-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-16-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 14.9% or \$93.69 per contract per month. This will affect about 3,100 contract-holders and will produce additional premium income of about \$293,000 per month. The requested effective date of the change is January 1, 2017.

Rates were last adjusted effective January 1, 2016 when the rates were increased by 17.4%. 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 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 January 1, 2017
ACTUARIAL MEMORANDUM

Filing Number: 1A-CCP-16-HBCBS
Submission Date: August 22, 2016

**RE: HIGHMARK BLUE CROSS BLUE SHIELD'S APPLICATION FOR APPROVAL OF
REVISED RATES FOR ITS GRANDFATHERED MEDICALLY UNDERWRITTEN
COMPLETECARE PROGRAM EFFECTIVE JANUARY 1, 2017.**

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 January 1, 2017. This filing affects policy form number HMCCA-1002. The Plan is requesting to increase its rates by 14.9%. Base rates were last approved for this plan in filing #1A-CCP-15-HBCBS (HGHM-130174566). 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 14.4% (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.

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 14.9% 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, 2015 through March 31, 2016, paid through April 30, 2016, were used as the base period. These incurred claims were completed using monthly factors from Highmark's 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 14.4% 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 1/1/2017 – 12/31/2017 administrative expense is \$31.34 PCPM as shown in Exhibit I, Line 7.

VII. COMMISSION EXPENSE

Projected commission expenses for this filing are based on actual 2015 commissions. The calculation divides the 2015 commission amount of \$55,996 by the 2015 contract months to

produce a commission of \$0.88 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 is \$0 on a PCPM basis as the program will be terminated prior to the start of the rating period.

The insurer fee is 0% of premium. CMS has waived the insurer fee for 2017.

IX. 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.

X. FINANCIAL EXPERIENCE

A financial history is shown in Exhibit VIII.

XI. ACTUARIAL CERTIFICATION

I, Kevin Q. Luu, am a member of the American Academy of Actuaries and meet its qualification standards for actuaries issuing statements of actuarial opinions in the United States. I certify that, to the best of my knowledge and judgment, this filing is in compliance with all applicable State and Federal Statutes and Regulations and also complies with all applicable Actuarial Standards of Practice. Furthermore, I believe that the requested rates are reasonable in relation to the benefits provided and are neither excessive nor deficient.



Kevin Luu, A.S.A., M.A.A.A.
Actuarial Manager, Individual Markets
Highmark Inc.
August 22, 2016

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

Highmark Inc.
CompleteCare (Western Region)
Summary of Requested Rates (\$500 Deductible)
Monthly Attained Age Rates for Form Number HMCCA-1002
Effective January 1, 2017

(\$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	\$189.95	\$357.20	\$589.70	\$511.75	\$678.65	\$911.15	\$511.75	\$678.65	\$911.15
19 - 24	\$189.95	\$357.20	\$589.70	\$511.75	\$678.65	\$911.15	\$379.90	\$546.80	\$779.30
25 - 29	\$200.45	\$367.60	\$600.30	\$612.95	\$779.95	\$1,012.45	\$400.90	\$567.90	\$800.40
30 - 34	\$236.45	\$403.60	\$636.15	\$747.05	\$914.05	\$1,146.35	\$472.90	\$639.90	\$872.20
35 - 39	\$289.65	\$456.90	\$689.35	\$800.45	\$967.45	\$1,199.85	\$579.30	\$746.30	\$978.70
40 - 44	\$356.35	\$523.60	\$756.25	\$876.25	\$1,043.35	\$1,275.80	\$712.70	\$879.80	\$1,112.25
45 - 49	\$458.20	\$625.45	\$857.95	\$1,042.80	\$1,209.80	\$1,442.20	\$916.40	\$1,083.40	\$1,315.80
50 - 54	\$601.95	\$769.20	\$1,001.65	\$1,298.15	\$1,465.00	\$1,697.50	\$1,203.90	\$1,370.75	\$1,603.25
55 - 59	\$807.40	\$974.65	\$1,207.20	\$1,610.60	\$1,777.60	\$2,010.10	\$1,614.80	\$1,781.80	\$2,014.30
60 - 64	\$1,106.65	\$1,273.95	\$1,506.45	\$2,058.75	\$2,225.85	\$2,458.30	\$2,213.30	\$2,380.40	\$2,612.85
65+ (Medicare)	\$807.40	\$974.65	\$1,207.20	\$1,610.60	\$1,777.60	\$2,010.10	\$1,614.80	\$1,781.80	\$2,014.30
65+ (Non-Medicare)	\$1,117.80	\$1,286.60	\$1,521.45	\$2,079.45	\$2,247.80	\$2,482.60	\$2,235.60	\$2,403.95	\$2,638.75

(\$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	\$189.95	\$357.20	\$589.70	\$511.75	\$678.65	\$911.15	\$511.75	\$678.65	\$911.15
19 - 24	\$321.80	\$488.90	\$721.65	\$511.75	\$678.65	\$911.15	\$643.60	\$810.50	\$1,043.00
25 - 29	\$412.50	\$579.85	\$812.40	\$612.95	\$779.95	\$1,012.45	\$825.00	\$992.00	\$1,224.50
30 - 34	\$510.60	\$677.90	\$910.45	\$747.05	\$914.05	\$1,146.35	\$1,021.20	\$1,188.20	\$1,420.50
35 - 39	\$510.80	\$678.00	\$910.65	\$800.45	\$967.45	\$1,199.85	\$1,021.60	\$1,188.60	\$1,421.00
40 - 44	\$519.90	\$687.20	\$919.70	\$876.25	\$1,043.35	\$1,275.80	\$1,039.80	\$1,206.90	\$1,439.35
45 - 49	\$584.60	\$751.85	\$984.50	\$1,042.80	\$1,209.80	\$1,442.20	\$1,169.20	\$1,336.20	\$1,568.60
50 - 54	\$696.20	\$863.45	\$1,096.05	\$1,298.15	\$1,465.00	\$1,697.50	\$1,392.40	\$1,559.25	\$1,791.75
55 - 59	\$803.20	\$970.50	\$1,203.10	\$1,610.60	\$1,777.60	\$2,010.10	\$1,606.40	\$1,773.40	\$2,005.90
60 - 64	\$952.10	\$1,119.40	\$1,352.05	\$2,058.75	\$2,225.85	\$2,458.30	\$1,904.20	\$2,071.30	\$2,303.75
65+ (Medicare)	\$803.20	\$970.50	\$1,203.10	\$1,610.60	\$1,777.60	\$2,010.10	\$1,606.40	\$1,773.40	\$2,005.90
65+ (Non-Medicare)	\$961.65	\$1,130.55	\$1,365.30	\$2,079.45	\$2,247.80	\$2,482.60	\$1,923.30	\$2,091.65	\$2,326.45

(\$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	\$217.45	\$409.10	\$675.75	\$586.50	\$777.80	\$1,044.35	\$586.50	\$777.80	\$1,044.35
19 - 24	\$217.45	\$409.10	\$675.75	\$586.50	\$777.80	\$1,044.35	\$434.90	\$626.20	\$892.75
25 - 29	\$229.55	\$421.30	\$687.80	\$703.00	\$894.20	\$1,160.90	\$459.10	\$650.30	\$917.00
30 - 34	\$270.90	\$462.40	\$729.10	\$857.25	\$1,048.40	\$1,314.90	\$541.80	\$732.95	\$999.45
35 - 39	\$332.10	\$523.65	\$790.35	\$918.55	\$1,109.80	\$1,376.40	\$664.20	\$855.45	\$1,122.05
40 - 44	\$408.95	\$600.45	\$867.15	\$1,005.95	\$1,197.20	\$1,463.70	\$817.90	\$1,009.15	\$1,275.65
45 - 49	\$525.90	\$717.50	\$984.10	\$1,197.30	\$1,388.50	\$1,655.20	\$1,051.80	\$1,243.00	\$1,509.70
50 - 54	\$691.25	\$882.80	\$1,149.45	\$1,490.90	\$1,682.20	\$1,948.70	\$1,382.50	\$1,573.80	\$1,840.30
55 - 59	\$927.55	\$1,119.05	\$1,385.80	\$1,850.35	\$2,041.50	\$2,308.05	\$1,855.10	\$2,046.25	\$2,312.80
60 - 64	\$1,271.70	\$1,463.35	\$1,729.95	\$2,365.65	\$2,557.00	\$2,823.55	\$2,543.40	\$2,734.75	\$3,001.30
65+ (Medicare)	\$927.55	\$1,119.05	\$1,385.80	\$1,850.35	\$2,041.50	\$2,308.05	\$1,855.10	\$2,046.25	\$2,312.80
65+ (Non-Medicare)	\$1,284.35	\$1,477.90	\$1,747.10	\$2,389.25	\$2,582.30	\$2,851.65	\$2,568.70	\$2,761.75	\$3,031.10

(\$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	\$217.45	\$409.10	\$675.75	\$586.50	\$777.80	\$1,044.35	\$586.50	\$777.80	\$1,044.35
19 - 24	\$369.05	\$560.55	\$827.30	\$586.50	\$777.80	\$1,044.35	\$738.10	\$929.40	\$1,195.95
25 - 29	\$473.45	\$665.10	\$931.70	\$703.00	\$894.20	\$1,160.90	\$946.90	\$1,138.10	\$1,404.80
30 - 34	\$586.35	\$777.85	\$1,044.55	\$857.25	\$1,048.40	\$1,314.90	\$1,172.70	\$1,363.85	\$1,630.35
35 - 39	\$586.45	\$778.00	\$1,044.80	\$918.55	\$1,109.80	\$1,376.40	\$1,172.90	\$1,364.15	\$1,630.75
40 - 44	\$597.00	\$788.55	\$1,055.35	\$1,005.95	\$1,197.20	\$1,463.70	\$1,194.00	\$1,385.25	\$1,651.75
45 - 49	\$671.40	\$862.95	\$1,129.65	\$1,197.30	\$1,388.50	\$1,655.20	\$1,342.80	\$1,534.00	\$1,800.70
50 - 54	\$799.65	\$991.20	\$1,257.85	\$1,490.90	\$1,682.20	\$1,948.70	\$1,599.30	\$1,790.60	\$2,057.10
55 - 59	\$922.80	\$1,114.35	\$1,381.05	\$1,850.35	\$2,041.50	\$2,308.05	\$1,845.60	\$2,036.75	\$2,303.30
60 - 64	\$1,093.95	\$1,285.65	\$1,552.20	\$2,365.65	\$2,557.00	\$2,823.55	\$2,187.90	\$2,379.25	\$2,645.80
65+ (Medicare)	\$922.80	\$1,114.35	\$1,381.05	\$1,850.35	\$2,041.50	\$2,308.05	\$1,845.60	\$2,036.75	\$2,303.30
65+ (Non-Medicare)	\$1,104.90	\$1,298.35	\$1,567.60	\$2,389.25	\$2,582.30	\$2,851.65	\$2,209.80	\$2,402.85	\$2,672.20

(\$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	\$245.00	\$461.00	\$761.65	\$661.35	\$876.90	\$1,177.55	\$661.35	\$876.90	\$1,177.55
19 - 24	\$245.00	\$461.00	\$761.65	\$661.35	\$876.90	\$1,177.55	\$490.00	\$705.55	\$1,006.20
25 - 29	\$258.65	\$474.60	\$775.40	\$793.05	\$1,008.60	\$1,309.30	\$517.30	\$732.85	\$1,033.55
30 - 34	\$305.35	\$521.30	\$822.00	\$967.40	\$1,182.95	\$1,483.60	\$610.70	\$826.25	\$1,126.90
35 - 39	\$374.55	\$590.60	\$891.20	\$1,036.70	\$1,252.30	\$1,552.95	\$749.10	\$964.70	\$1,265.35
40 - 44	\$461.30	\$677.30	\$978.05	\$1,135.35	\$1,350.95	\$1,651.65	\$922.60	\$1,138.20	\$1,438.90
45 - 49	\$593.75	\$809.65	\$1,110.45	\$1,351.80	\$1,567.45	\$1,868.00	\$1,187.50	\$1,403.15	\$1,703.70
50 - 54	\$780.55	\$996.45	\$1,297.20	\$1,683.65	\$1,899.30	\$2,200.00	\$1,561.10	\$1,776.75	\$2,077.45
55 - 59	\$1,047.65	\$1,263.60	\$1,564.35	\$2,089.85	\$2,305.60	\$2,606.30	\$2,095.30	\$2,311.05	\$2,611.75
60 - 64	\$1,436.75	\$1,652.65	\$1,953.55	\$2,672.60	\$2,888.20	\$3,188.90	\$2,873.50	\$3,089.10	\$3,389.80
65+ (Medicare)	\$1,047.65	\$1,263.60	\$1,564.35	\$2,089.85	\$2,305.60	\$2,606.30	\$2,095.30	\$2,311.05	\$2,611.75
65+ (Non-Medicare)	\$1,451.00	\$1,669.05	\$1,972.90	\$2,699.10	\$2,916.90	\$3,220.45	\$2,902.00	\$3,119.80	\$3,423.35

(\$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	\$245.00	\$461.00	\$761.65	\$661.35	\$876.90	\$1,177.55	\$661.35	\$876.90	\$1,177.55
19 - 24	\$416.35	\$632.30	\$933.05	\$661.35	\$876.90	\$1,177.55	\$832.70	\$1,048.25	\$1,348.90
25 - 29	\$534.40	\$750.30	\$1,051.10	\$793.05	\$1,008.60	\$1,309.30	\$1,068.80	\$1,284.35	\$1,585.05
30 - 34	\$662.05	\$877.90	\$1,178.70	\$967.40	\$1,182.95	\$1,483.60	\$1,324.10	\$1,539.65	\$1,840.30
35 - 39	\$662.15	\$878.05	\$1,178.80	\$1,036.70	\$1,252.30	\$1,552.95	\$1,324.30	\$1,539.90	\$1,840.55
40 - 44	\$674.05	\$889.95	\$1,190.80	\$1,135.35	\$1,350.95	\$1,651.65	\$1,348.10	\$1,563.70	\$1,864.40
45 - 49	\$758.05	\$973.95	\$1,274.80	\$1,351.80	\$1,567.45	\$1,868.00	\$1,516.10	\$1,731.75	\$2,032.30
50 - 54	\$903.10	\$1,119.00	\$1,419.75	\$1,683.65	\$1,899.30	\$2,200.00	\$1,806.20	\$2,021.85	\$2,322.55
55 - 59	\$1,042.20	\$1,258.15	\$1,558.95	\$2,089.85	\$2,305.60	\$2,606.30	\$2,084.40	\$2,300.15	\$2,600.85
60 - 64	\$1,235.85	\$1,451.70	\$1,752.50	\$2,672.60	\$2,888.20	\$3,188.90	\$2,471.70	\$2,687.30	\$2,988.00
65+ (Medicare)	\$1,042.20	\$1,258.15	\$1,558.95	\$2,089.85	\$2,305.60	\$2,606.30	\$2,084.40	\$2,300.15	\$2,600.85
65+ (Non-Medicare)	\$1,248.10	\$1,466.10	\$1,769.90	\$2,699.10	\$2,916.90	\$3,220.45	\$2,496.20	\$2,714.00	\$3,017.55

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 January 1, 2017

(\$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	\$170.80	\$321.10	\$529.90	\$459.65	\$609.70	\$818.40	\$459.65	\$609.70	\$818.40
19 - 24	\$170.80	\$321.10	\$529.90	\$459.65	\$609.70	\$818.40	\$341.60	\$491.65	\$700.35
25 - 29	\$180.35	\$330.55	\$539.30	\$550.60	\$700.45	\$909.25	\$360.70	\$510.55	\$719.35
30 - 34	\$212.45	\$362.75	\$571.65	\$670.60	\$820.50	\$1,029.20	\$424.90	\$574.80	\$783.50
35 - 39	\$260.10	\$410.35	\$619.20	\$718.30	\$868.30	\$1,076.95	\$520.20	\$670.20	\$878.85
40 - 44	\$319.90	\$470.25	\$679.05	\$786.45	\$936.20	\$1,145.00	\$639.80	\$789.55	\$998.35
45 - 49	\$411.10	\$561.30	\$770.15	\$935.50	\$1,085.35	\$1,294.20	\$822.20	\$972.05	\$1,180.90
50 - 54	\$539.80	\$690.05	\$898.90	\$1,164.00	\$1,314.00	\$1,522.85	\$1,079.60	\$1,229.60	\$1,438.45
55 - 59	\$727.45	\$874.10	\$1,083.00	\$1,450.75	\$1,593.95	\$1,802.70	\$1,454.90	\$1,598.10	\$1,806.85
60 - 64	\$1,026.70	\$1,142.15	\$1,351.10	\$1,898.90	\$1,995.40	\$2,216.65	\$2,053.40	\$2,149.90	\$2,371.15
65+ (Medicare)	\$727.45	\$874.10	\$1,083.00	\$1,450.75	\$1,593.95	\$1,802.70	\$1,454.90	\$1,598.10	\$1,806.85
65+ (Non-Medicare)	\$1,037.80	\$1,153.50	\$1,364.45	\$1,919.55	\$2,015.15	\$2,241.10	\$2,075.60	\$2,171.20	\$2,397.15

(\$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	\$170.80	\$321.10	\$529.90	\$459.65	\$609.70	\$818.40	\$459.65	\$609.70	\$818.40
19 - 24	\$288.85	\$439.15	\$648.05	\$459.65	\$609.70	\$818.40	\$577.70	\$727.75	\$936.45
25 - 29	\$370.25	\$520.50	\$729.45	\$550.60	\$700.45	\$909.25	\$740.50	\$890.35	\$1,099.15
30 - 34	\$458.15	\$608.45	\$817.35	\$670.60	\$820.50	\$1,029.20	\$916.30	\$1,066.20	\$1,274.90
35 - 39	\$458.20	\$608.50	\$817.40	\$718.30	\$868.30	\$1,076.95	\$916.40	\$1,066.40	\$1,275.05
40 - 44	\$466.55	\$616.65	\$825.50	\$786.45	\$936.20	\$1,145.00	\$933.10	\$1,082.85	\$1,291.65
45 - 49	\$524.40	\$674.50	\$883.40	\$935.50	\$1,085.35	\$1,294.20	\$1,048.80	\$1,198.65	\$1,407.50
50 - 54	\$624.20	\$774.50	\$983.30	\$1,164.00	\$1,314.00	\$1,522.85	\$1,248.40	\$1,398.40	\$1,607.25
55 - 59	\$723.30	\$870.50	\$1,079.25	\$1,450.75	\$1,593.95	\$1,802.70	\$1,446.60	\$1,589.80	\$1,798.55
60 - 64	\$872.20	\$1,003.70	\$1,212.60	\$1,898.90	\$1,995.40	\$2,216.65	\$1,744.40	\$1,840.90	\$2,062.15
65+ (Medicare)	\$723.30	\$870.50	\$1,079.25	\$1,450.75	\$1,593.95	\$1,802.70	\$1,446.60	\$1,589.80	\$1,798.55
65+ (Non-Medicare)	\$881.75	\$1,013.70	\$1,224.60	\$1,919.55	\$2,015.15	\$2,241.10	\$1,763.50	\$1,859.10	\$2,085.05

(\$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	\$195.50	\$367.55	\$607.00	\$526.80	\$698.50	\$937.75	\$526.80	\$698.50	\$937.75
19 - 24	\$195.50	\$367.55	\$607.00	\$526.80	\$698.50	\$937.75	\$391.00	\$562.70	\$801.95
25 - 29	\$206.30	\$378.40	\$617.80	\$631.10	\$802.80	\$1,042.10	\$412.60	\$584.30	\$823.60
30 - 34	\$243.20	\$415.30	\$654.75	\$769.05	\$940.85	\$1,180.20	\$486.40	\$658.20	\$897.55
35 - 39	\$298.15	\$470.25	\$709.60	\$824.05	\$995.90	\$1,235.10	\$596.30	\$768.15	\$1,007.35
40 - 44	\$366.80	\$539.05	\$778.45	\$902.25	\$1,074.05	\$1,313.35	\$733.60	\$905.40	\$1,144.70
45 - 49	\$471.70	\$643.85	\$883.25	\$1,073.65	\$1,245.40	\$1,484.75	\$943.40	\$1,115.15	\$1,354.50
50 - 54	\$619.75	\$791.90	\$1,031.25	\$1,339.45	\$1,508.35	\$1,747.70	\$1,239.50	\$1,408.40	\$1,647.75
55 - 59	\$847.45	\$1,003.55	\$1,243.00	\$1,690.25	\$1,830.30	\$2,069.65	\$1,694.90	\$1,834.95	\$2,074.30
60 - 64	\$1,191.80	\$1,311.75	\$1,551.20	\$2,205.90	\$2,315.50	\$2,582.00	\$2,383.60	\$2,493.20	\$2,759.70
65+ (Medicare)	\$847.45	\$1,003.55	\$1,243.00	\$1,690.25	\$1,830.30	\$2,069.65	\$1,694.90	\$1,834.95	\$2,074.30
65+ (Non-Medicare)	\$1,204.40	\$1,324.80	\$1,566.65	\$2,229.30	\$2,340.75	\$2,609.95	\$2,408.80	\$2,520.25	\$2,789.45

(\$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	\$195.50	\$367.55	\$607.00	\$526.80	\$698.50	\$937.75	\$526.80	\$698.50	\$937.75
19 - 24	\$331.30	\$503.40	\$742.75	\$526.80	\$698.50	\$937.75	\$662.60	\$834.30	\$1,073.55
25 - 29	\$424.80	\$596.85	\$836.15	\$631.10	\$802.80	\$1,042.10	\$849.60	\$1,021.30	\$1,260.60
30 - 34	\$525.85	\$697.95	\$937.30	\$769.05	\$940.85	\$1,180.20	\$1,051.70	\$1,223.50	\$1,462.85
35 - 39	\$525.90	\$698.00	\$937.35	\$824.05	\$995.90	\$1,235.10	\$1,051.80	\$1,223.65	\$1,462.85
40 - 44	\$535.45	\$707.50	\$946.95	\$902.25	\$1,074.05	\$1,313.35	\$1,070.90	\$1,242.70	\$1,482.00
45 - 49	\$601.95	\$774.00	\$1,013.50	\$1,073.65	\$1,245.40	\$1,484.75	\$1,203.90	\$1,375.65	\$1,615.00
50 - 54	\$719.70	\$888.90	\$1,128.40	\$1,339.45	\$1,508.35	\$1,747.70	\$1,439.40	\$1,608.30	\$1,847.65
55 - 59	\$842.80	\$999.30	\$1,238.75	\$1,690.25	\$1,830.30	\$2,069.65	\$1,685.60	\$1,825.65	\$2,065.00
60 - 64	\$1,014.10	\$1,152.50	\$1,391.95	\$2,205.90	\$2,315.50	\$2,582.00	\$2,028.20	\$2,137.80	\$2,404.30
65+ (Medicare)	\$842.80	\$999.30	\$1,238.75	\$1,690.25	\$1,830.30	\$2,069.65	\$1,685.60	\$1,825.65	\$2,065.00
65+ (Non-Medicare)	\$1,024.90	\$1,164.00	\$1,405.65	\$2,229.30	\$2,340.75	\$2,609.95	\$2,049.80	\$2,161.25	\$2,430.45

(\$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	\$220.15	\$414.10	\$684.00	\$593.75	\$787.20	\$1,057.10	\$593.75	\$787.20	\$1,057.10
19 - 24	\$220.15	\$414.10	\$684.00	\$593.75	\$787.20	\$1,057.10	\$440.30	\$633.75	\$903.65
25 - 29	\$232.35	\$426.30	\$696.20	\$711.70	\$905.25	\$1,175.00	\$464.70	\$658.25	\$928.00
30 - 34	\$274.20	\$468.10	\$738.00	\$867.90	\$1,061.35	\$1,331.10	\$548.40	\$741.85	\$1,011.60
35 - 39	\$336.15	\$530.05	\$800.00	\$929.90	\$1,123.45	\$1,393.20	\$672.30	\$865.85	\$1,135.60
40 - 44	\$413.75	\$607.70	\$877.65	\$1,018.05	\$1,211.80	\$1,481.75	\$827.50	\$1,021.25	\$1,291.20
45 - 49	\$532.50	\$726.35	\$996.25	\$1,212.10	\$1,405.55	\$1,675.55	\$1,065.00	\$1,258.45	\$1,528.45
50 - 54	\$700.50	\$893.75	\$1,163.65	\$1,523.55	\$1,702.90	\$1,972.85	\$1,401.00	\$1,580.35	\$1,850.30
55 - 59	\$967.65	\$1,132.95	\$1,403.05	\$1,929.90	\$2,066.80	\$2,364.60	\$1,935.30	\$2,072.20	\$2,370.00
60 - 64	\$1,356.75	\$1,491.90	\$1,751.35	\$2,512.60	\$2,646.60	\$2,947.35	\$2,713.50	\$2,847.50	\$3,148.25
65+ (Medicare)	\$967.65	\$1,132.95	\$1,403.05	\$1,929.90	\$2,066.80	\$2,364.60	\$1,935.30	\$2,072.20	\$2,370.00
65+ (Non-Medicare)	\$1,371.00	\$1,508.30	\$1,768.75	\$2,539.00	\$2,675.35	\$2,978.90	\$2,742.00	\$2,878.35	\$3,181.90

(\$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	\$220.15	\$414.10	\$684.00	\$593.75	\$787.20	\$1,057.10	\$593.75	\$787.20	\$1,057.10
19 - 24	\$373.60	\$567.50	\$837.50	\$593.75	\$787.20	\$1,057.10	\$747.20	\$940.65	\$1,210.55
25 - 29	\$479.35	\$673.20	\$943.10	\$711.70	\$905.25	\$1,175.00	\$958.70	\$1,152.25	\$1,422.00
30 - 34	\$593.70	\$787.60	\$1,057.50	\$867.90	\$1,061.35	\$1,331.10	\$1,187.40	\$1,380.85	\$1,650.60
35 - 39	\$593.75	\$787.65	\$1,057.55	\$929.90	\$1,123.45	\$1,393.20	\$1,187.50	\$1,381.05	\$1,650.80
40 - 44	\$604.30	\$798.25	\$1,068.30	\$1,018.05	\$1,211.80	\$1,481.75	\$1,208.60	\$1,402.35	\$1,672.30
45 - 49	\$679.60	\$873.45	\$1,143.45	\$1,212.10	\$1,405.55	\$1,675.55	\$1,359.20	\$1,552.65	\$1,822.65
50 - 54	\$823.05	\$1,003.50	\$1,273.45	\$1,523.55	\$1,702.90	\$1,972.85	\$1,646.10	\$1,825.45	\$2,095.40
55 - 59	\$962.25	\$1,127.95	\$1,398.05	\$1,929.90	\$2,066.80	\$2,364.60	\$1,924.50	\$2,061.40	\$2,359.20
60 - 64	\$1,155.85	\$1,301.45	\$1,571.45	\$2,512.60	\$2,646.60	\$2,947.35	\$2,311.70	\$2,445.70	\$2,746.45
65+ (Medicare)	\$962.25	\$1,127.95	\$1,398.05	\$1,929.90	\$2,066.80	\$2,364.60	\$1,924.50	\$2,061.40	\$2,359.20
65+ (Non-Medicare)	\$1,168.00	\$1,314.45	\$1,586.95	\$2,539.00	\$2,675.35	\$2,978.90	\$2,336.00	\$2,472.35	\$2,775.90

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 Requested Rate Change
Effective January 1, 2017

<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	\$23,612,167	\$27,130,379	\$3,518,213	\$93.69	14.9%	37,551

Highmark Inc.
d/b/a Highmark Blue Cross Blue Shield
Projected Experience for the CompleteCare Program (Western Region)
Effective January 1, 2017

	<u>All Deductible Experience</u>	
	<u>Annual</u>	
	<u>Factors</u>	<u>PCPM</u>
1. Projected contract months for the period January 1, 2017 - December 31, 2017		37,551
2. Income at Current Rates PCPM (Exhibit II-B)		\$638.92
3. Pure Premium PCPM for the period Apr 1, 2015 through Mar 31, 2016, paid through Apr 2016		\$563.31
4. Trend factor from Oct 1, 2015 to July 1, 2017 (mid-points)	14.4%	
5. Projected Pure Premium PCPM for the period effective January 1, 2017		\$713.12
6. Drug Rebates and Hospital Incentives		(\$12.19)
7. Administrative Expense PCPM (Exhibit VII)		<u>\$31.34</u>
8. Total Projected Underwriting Expense PCPM		\$732.26
9. Commission Expense PCPM		\$0.88
10. Reinsurance Fee PCPM		\$0.00
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	0.00%	\$0.00
12. Vision Benefit		<u>\$0.71</u>
13. Required Premium PCPM		\$733.86
14. Calculated percentage increase		14.9%

Highmark Inc.
d/b/a Highmark Blue Cross Blue Shield
CompleteCare (Western Region)
Current Rates as of 1/1/2016 (\$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	\$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.
d/b/a Highmark Blue Cross Blue Shield
CompleteCare (Western Region)
Current Rates as of 1/1/2016 (\$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	\$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	\$2,053.25
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	\$2,053.25
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 Experience Period Income at Current Rates

CompleteCare	Exp. Period Enrollment Distribution	Average Rate
\$500 deductible - Male Tier 1	55.34%	595.99
\$500 deductible - Female Tier 1	27.04%	730.69
\$500 deductible - Male Tier 2	2.12%	444.68
\$500 deductible - Female Tier 2	0.65%	739.80
\$500 deductible - Male Tier 3	0.09%	457.32
\$500 deductible - Female Tier 3	0.02%	786.00
\$1,000 deductible - Male Tier 1	9.50%	645.57
\$1,000 deductible - Female Tier 1	4.60%	703.62
\$1,000 deductible - Male Tier 2	0.53%	374.52
\$1,000 deductible - Female Tier 2	0.10%	905.17
\$1,000 deductible - Male Tier 3	0.00%	0.00
\$1,000 deductible - Female Tier 3	0.02%	931.06
	100.00%	638.92

**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 Monthly PCPM	Adj. Paid 3 Month Moving Avg. PCPM	3 Month Trend	Adj. Paid 6 Month Moving Avg. PCPM	6 Month Trend	Adj. Paid 12 Month Moving Avg. PCPM	12 Month Trend
Jan-11	\$5,651,979	\$7,307,400	1.0000	\$5,651,979	0.9998	\$5,653,386	18,373	\$307.70						
Feb-11	\$5,000,277	\$6,338,612	1.0000	\$5,000,277	1.0017	\$4,992,021	18,064	\$276.35						
Mar-11	\$5,992,551	\$7,483,389	1.0000	\$5,992,551	1.0030	\$5,974,806	17,795	\$335.76	\$306.47					
Apr-11	\$5,574,040	\$6,921,060	1.0000	\$5,574,040	1.0052	\$5,545,431	17,510	\$316.70	\$309.40					
May-11	\$5,381,436	\$6,752,211	1.0000	\$5,381,436	1.0070	\$5,344,257	17,266	\$309.52	\$320.79					
Jun-11	\$5,508,992	\$6,842,719	1.0000	\$5,508,992	1.0094	\$5,457,740	17,013	\$320.80	\$315.65		\$310.95			
Jul-11	\$5,071,303	\$6,266,077	1.0000	\$5,071,303	1.0124	\$5,009,434	16,729	\$299.45	\$309.98		\$309.68			
Aug-11	\$5,384,908	\$6,728,129	1.0000	\$5,384,908	1.0143	\$5,309,213	16,471	\$322.34	\$314.19		\$317.57			
Sep-11	\$5,361,612	\$6,669,344	1.0000	\$5,361,612	1.0161	\$5,276,492	16,208	\$325.55	\$315.64		\$315.65			
Oct-11	\$5,424,253	\$6,707,566	1.0000	\$5,424,253	1.0184	\$5,326,248	15,921	\$334.54	\$327.41		\$318.48			
Nov-11	\$5,413,233	\$6,739,580	1.0000	\$5,413,233	1.0177	\$5,318,835	15,653	\$339.80	\$333.21		\$323.47			
Dec-11	\$4,798,606	\$6,001,212	1.0000	\$4,798,606	1.0180	\$4,713,751	15,384	\$306.41	\$327.08		\$321.21		\$315.84	
Jan-12	\$6,477,796	\$8,012,231	1.0000	\$6,477,796	1.0185	\$6,360,337	15,092	\$421.44	\$355.37		\$341.02		\$324.59	
Feb-12	\$4,997,704	\$6,236,372	1.0000	\$4,997,704	1.0190	\$4,904,531	14,843	\$330.43	\$352.58		\$342.64		\$329.48	
Mar-12	\$5,023,498	\$6,289,427	1.0000	\$5,023,499	1.0192	\$4,928,629	14,610	\$337.35	\$363.53	18.62%	\$344.82		\$329.50	
Apr-12	\$5,096,073	\$6,289,033	1.0000	\$5,096,073	1.0201	\$4,995,484	14,387	\$347.22	\$338.24	9.32%	\$347.03		\$332.03	
May-12	\$4,660,654	\$5,947,450	1.0000	\$4,660,663	1.0207	\$4,566,326	14,171	\$322.23	\$335.68	4.64%	\$344.33		\$333.37	
Jun-12	\$4,892,346	\$6,014,257	1.0000	\$4,892,354	1.0224	\$4,785,169	13,952	\$342.97	\$337.50	6.92%	\$350.82	12.82%	\$335.26	
Jul-12	\$4,888,372	\$6,004,148	1.0000	\$4,888,372	1.0236	\$4,775,572	13,699	\$348.61	\$337.79	8.97%	\$338.02	9.15%	\$339.60	
Aug-12	\$5,311,499	\$6,500,512	1.0000	\$5,311,499	1.0251	\$5,181,362	13,479	\$384.40	\$358.43	14.08%	\$346.78	9.20%	\$344.61	
Sep-12	\$4,450,455	\$5,496,108	1.0000	\$4,450,455	1.0262	\$4,336,840	13,268	\$326.86	\$353.40	11.96%	\$345.25	9.38%	\$345.03	
Oct-12	\$5,051,988	\$6,224,558	1.0000	\$5,051,994	1.0257	\$4,925,484	12,927	\$381.02	\$364.06	11.19%	\$350.58	10.08%	\$348.71	
Nov-12	\$4,976,316	\$5,999,562	1.0000	\$4,976,353	1.0259	\$4,850,641	12,594	\$385.15	\$363.84	9.19%	\$361.05	11.62%	\$352.27	
Dec-12	\$4,509,828	\$5,491,902	1.0000	\$4,509,863	1.0257	\$4,396,728	12,356	\$355.84	\$374.18	14.40%	\$363.45	13.15%	\$356.80	12.97%
Jan-13	\$4,725,516	\$5,962,797	1.0000	\$4,725,517	1.0255	\$4,608,167	12,067	\$381.88	\$374.30	5.33%	\$369.00	8.20%	\$352.66	8.65%
Feb-13	\$4,571,148	\$5,527,245	1.0000	\$4,571,148	1.0267	\$4,452,246	11,852	\$375.65	\$370.98	5.22%	\$367.29	7.19%	\$356.44	8.18%
Mar-13	\$4,562,317	\$5,530,670	1.0000	\$4,562,318	1.0274	\$4,440,486	11,670	\$380.50	\$379.36	4.35%	\$376.69	9.24%	\$360.02	9.26%
Apr-13	\$4,399,211	\$5,561,791	1.0000	\$4,399,211	1.0303	\$4,269,891	11,502	\$371.23	\$375.82	11.11%	\$375.04	8.07%	\$362.06	9.04%
May-13	\$4,246,248	\$5,274,976	1.0000	\$4,246,248	1.0303	\$4,121,310	11,332	\$363.69	\$371.89	10.79%	\$371.42	7.87%	\$365.92	9.77%
Jun-13	\$4,453,791	\$5,373,231	1.0000	\$4,453,791	1.0314	\$4,318,074	11,192	\$385.82	\$373.52	10.67%	\$376.50	7.32%	\$369.59	10.24%
Jul-13	\$4,554,066	\$6,622,383	1.0000	\$4,554,066	1.0324	\$4,411,228	11,021	\$400.26	\$383.09	13.41%	\$379.37	12.23%	\$373.90	10.10%
Aug-13	\$4,700,084	\$5,676,480	1.0000	\$4,700,084	1.0348	\$4,541,929	10,877	\$417.57	\$401.06	11.90%	\$386.17	11.36%	\$376.24	9.18%
Sep-13	\$4,705,071	\$5,718,468	1.0000	\$4,705,071	1.0373	\$4,535,838	10,701	\$423.87	\$413.79	17.09%	\$393.22	13.89%	\$384.55	11.46%
Oct-13	\$5,195,497	\$6,253,216	1.0000	\$5,195,497	1.0393	\$4,999,246	10,558	\$473.50	\$438.04	20.32%	\$409.98	16.94%	\$391.70	12.33%
Nov-13	\$4,172,554	\$5,090,331	1.0000	\$4,172,554	1.0411	\$4,007,970	10,428	\$384.35	\$427.40	17.47%	\$413.95	14.65%	\$391.74	11.21%
Dec-13	\$4,021,472	\$4,930,669	1.0000	\$4,021,472	1.0385	\$3,872,501	10,076	\$384.33	\$414.65	10.81%	\$414.21	13.96%	\$394.51	10.57%
Jan-14	\$4,635,389	\$5,701,416	1.0000	\$4,635,389	1.0336	\$4,484,532	9,597	\$467.28	\$410.78	9.75%	\$424.86	15.14%	\$401.02	13.71%
Feb-14	\$3,458,109	\$4,279,745	1.0000	\$3,458,109	1.0334	\$3,346,278	9,408	\$355.68	\$402.44	8.48%	\$415.45	13.11%	\$400.03	12.23%
Mar-14	\$3,822,228	\$4,691,955	1.0000	\$3,822,228	1.0341	\$3,696,074	9,209	\$401.35	\$408.55	7.70%	\$411.75	9.31%	\$401.94	11.65%
Apr-14	\$3,899,866	\$4,861,254	1.0000	\$3,899,866	1.0328	\$3,775,917	8,995	\$419.78	\$391.80	4.25%	\$401.70	7.11%	\$406.10	12.17%
May-14	\$3,833,703	\$4,601,362	1.0000	\$3,833,703	1.0317	\$3,715,769	8,765	\$423.93	\$414.84	11.55%	\$408.40	9.96%	\$411.38	12.42%
Jun-14	\$3,995,412	\$4,862,429	1.0000	\$3,995,412	1.0354	\$3,858,988	8,672	\$444.99	\$429.43	14.97%	\$418.65	11.19%	\$416.26	12.63%
Jul-14	\$4,194,226	\$5,004,130	1.0000	\$4,194,226	1.0381	\$4,040,471	8,574	\$471.25	\$446.55	16.57%	\$418.36	10.28%	\$421.85	12.82%
Aug-14	\$3,739,816	\$4,517,893	1.0000	\$3,739,816	1.0405	\$3,594,124	8,495	\$423.09	\$446.51	11.33%	\$430.30	11.43%	\$422.35	12.26%
Sep-14	\$3,573,644	\$4,373,722	1.0000	\$3,573,644	1.0429	\$3,426,664	8,413	\$407.31	\$434.08	4.90%	\$431.71	9.79%	\$421.07	9.50%
Oct-14	\$4,012,525	\$4,848,642	1.0000	\$4,012,525	1.0449	\$3,840,017	8,330	\$460.99	\$430.34	-1.76%	\$438.57	6.97%	\$419.04	6.98%
Nov-14	\$3,956,362	\$4,723,608	1.0000	\$3,956,389	1.0463	\$3,781,451	8,214	\$460.37	\$442.69	3.58%	\$444.63	7.41%	\$425.61	8.64%
Dec-14	\$4,123,802	\$4,909,846	1.0000	\$4,123,835	1.0449	\$3,946,815	7,827	\$504.26	\$474.67	14.48%	\$453.93	9.59%	\$435.48	10.38%
Jan-15	\$3,200,903	\$3,864,055	1.0000	\$3,200,935	1.0113	\$3,165,252	6,082	\$520.43	\$492.41	19.87%	\$459.33	8.11%	\$437.57	9.12%
Feb-15	\$2,729,724	\$3,246,847	1.0000	\$2,729,793	1.0069	\$2,711,191	5,741	\$472.25	\$499.91	24.22%	\$467.89	12.62%	\$447.53	11.87%
Mar-15	\$3,214,776	\$3,736,110	0.9999	\$3,215,026	1.0035	\$3,203,703	5,422	\$590.87	\$526.54	28.88%	\$496.17	20.50%	\$460.39	14.54%
Apr-15	\$3,056,457	\$3,635,414	0.9998	\$3,057,156	1.0062	\$3,038,278	5,355	\$567.37	\$542.03	38.34%	\$513.62	27.86%	\$470.83	15.94%
May-15	\$2,923,459	\$3,387,744	0.9997	\$2,924,380	1.0079	\$2,901,435	5,304	\$547.03	\$568.59	37.06%	\$530.82	29.97%	\$480.26	16.74%
Jun-15	\$2,801,621	\$3,319,131	0.9993	\$2,803,665	1.0096	\$2,776,894	5,255	\$528.43	\$547.73	27.55%	\$536.71	28.20%	\$486.99	16.99%
Jul-15	\$2,634,260	\$3,144,501	0.9994	\$2,635,915	1.0108	\$2,607,744	5,178	\$503.62	\$526.53	17.91%	\$534.47	27.75%	\$489.77	16.10%
Aug-15	\$2,530,493	\$3,023,757	0.9989	\$2,533,298	1.0139	\$2,498,635	5,123	\$487.73	\$506.77	13.50%	\$538.19	25.07%	\$497.06	17.69%
Sep-15	\$2,916,916	\$3,424,891	0.9991	\$2,919,650	1.0166	\$2,872,067	5,055	\$568.16	\$519.57	19.69%	\$533.90	23.67%	\$512.35	21.68%
Oct-15	\$3,107,476	\$3,625,910	0.9973	\$3,115,907	1.0185	\$3,059,295	5,005	\$611.25	\$555.23	29.02%	\$540.62	23.27%	\$525.62	25.44%
Nov-15	\$3,121,657	\$3,613,435	0.9904	\$3,151,930	1.0200	\$3,090,182	4,940	\$625.54	\$601.44	35.86%	\$553.24	24.43%	\$541.15	27.15%
Dec-15	\$2,707,906	\$3,272,946	0.9770	\$2,771,700	1.0212	\$2,714,257	4,828	\$562.19	\$600.00	26.40%	\$559.00	23.15%	\$547.32	25.68%
Jan-16	\$2,197,605	\$2,640,758	0.9686	\$2,268,934	0.9991	\$2,271,018	3,998	\$568.04	\$586.62	19.13%	\$570.16	24.13%	\$551.35	26.00%
Feb-16	\$2,157,151	\$2,543,581	0.9355	\$2,305,878	0.9970	\$2,312,843	3,820	\$605.46	\$577.11	15.44%	\$590.31	26.16%	\$562.49	25.69%
Mar-16	\$1,654,561	\$2,006,536	0.8541	\$1,937,284	1.0000	\$1,937,284	3,702	\$523.31	\$566.07	7.51%	\$585.13	17.93%	\$557.30	21.05%

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	56.73%	584.83
\$500 deductible - Female Tier 1	25.36%	731.40
\$500 deductible - Male Tier 2	2.22%	421.28
\$500 deductible - Female Tier 2	0.54%	733.32
\$500 deductible - Male Tier 3	0.08%	546.43
\$500 deductible - Female Tier 3	0.03%	786.00
\$1,000 deductible - Male Tier 1	9.67%	625.57
\$1,000 deductible - Female Tier 1	4.75%	724.40
\$1,000 deductible - Male Tier 2	0.49%	291.99
\$1,000 deductible - Female Tier 2	0.14%	905.17
\$1,000 deductible - Male Tier 3	0.00%	0.00
\$1,000 deductible - Female Tier 3	0.00%	0.00
	100.00%	628.80

Income at Current Rates PCPM (Snapshot)	\$628.80
Projected Contract Months (1/17 - 12/17)	37,551
Projected Member Months (1/17 - 12/17)	53,041
Projected Income at Current Rates	\$23,612,167

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	56.73%	671.97
\$500 deductible - Female Tier 1	25.36%	840.38
\$500 deductible - Male Tier 2	2.22%	484.06
\$500 deductible - Female Tier 2	0.54%	842.59
\$500 deductible - Male Tier 3	0.08%	627.85
\$500 deductible - Female Tier 3	0.03%	903.11
\$1,000 deductible - Male Tier 1	9.67%	718.78
\$1,000 deductible - Female Tier 1	4.75%	832.33
\$1,000 deductible - Male Tier 2	0.49%	335.49
\$1,000 deductible - Female Tier 2	0.14%	1,040.04
\$1,000 deductible - Male Tier 3	0.00%	0.00
\$1,000 deductible - Female Tier 3	0.00%	0.00
	100.00%	722.49

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

Year	Total Operating Expenses*	Contract Months	Operating Expenses PCPM
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	104,499	\$30.13
2015	\$1,784,654	63,288	\$28.20
2016 (Forecasted)	\$1,371,468	44,405	\$30.89
2017 (Forecasted)	\$1,176,746	37,551	\$31.34
1/1/2017 to 12/31/2017 Projection	\$1,176,746	37,551	\$31.34

* 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

	2011	2012	2013	2014	2015	Projected 1/1/17 - 12/31/17
Subscription Fees	\$70,839,312	\$63,005,304	\$55,969,234	\$50,548,169	\$34,398,753	\$27,130,379
Prior Year Revenue Adjustment	\$24,911	\$38,882	\$35,609	(\$53,660)	\$229,077	
Subsequent Year Revenue Adjustment	(\$38,882)	(\$35,609)	\$53,660	(\$229,077)		
Adjusted Subscription Fees	<u>\$70,825,341</u>	<u>\$63,008,577</u>	<u>\$56,058,502</u>	<u>\$50,265,432</u>	<u>\$34,627,830</u>	<u>\$27,130,379</u>
Claims Incurred	\$64,150,972	\$59,599,144	\$53,520,189	\$46,101,645	\$37,202,767	\$25,929,993
Prior Year Claim Adjustment	\$208,439	\$435,788	\$274,221	\$20,449	(\$2,505,099)	
Subsequent Year Claim Adjustment	(\$435,788)	(\$274,221)	(\$20,449)	\$2,505,099		
Adjusted Incurred Claims	<u>\$63,923,622</u>	<u>\$59,760,712</u>	<u>\$53,773,961</u>	<u>\$48,627,194</u>	<u>\$34,697,668</u>	<u>\$25,929,993</u>
Administrative Expense	\$4,343,799	\$3,956,033	\$3,843,769	\$4,660,058	\$2,860,928	\$1,158,105
Commission Expense	\$375,399	\$228,220	\$150,811	\$111,770	\$55,996	\$32,699
Total Operating Expense	<u>\$4,719,198</u>	<u>\$4,184,253</u>	<u>\$3,994,579</u>	<u>\$4,771,828</u>	<u>\$2,916,924</u>	<u>\$1,190,803</u>
Total Underwriting Expense	\$68,642,820	\$63,944,965	\$57,768,540	\$53,399,022	\$37,614,591	\$27,120,796
Underwriting Gain/(Loss)	\$2,182,520	(\$936,388)	(\$1,710,038)	(\$3,133,590)	(\$2,986,761)	\$9,583
Average Contracts During the Period	16,866	13,782	11,106	8,708	5,274	3,129