

State: Pennsylvania Filing Company: Highmark  
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other  
Product Name: 1A-CCP-18-HBCBS  
Project Name/Number: 1A-CCP-18-HBCBS/1A-CCP-18-HBCBS

## Supporting Document Schedules

Satisfied - Item:	Actuarial Memorandum and Explanatory Information (A&H)
Comments:	See attached.
Attachment(s):	1A-CCP-18-HBCBS Exhibits.xlsx 1A-CCP-18-HBCBS.pdf
Item Status:	
Status Date:	

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<b>SERFF Tracking #:</b>	HGHM-131605130	<b>State Tracking #:</b>	HGHM-131605130	<b>Company Tracking #:</b>	1A-CCP-18-HBCBS
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<b>TOI/Sub-TOI:</b>	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
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***Attachment 1A-CCP-18-HBCBS Exhibits.xlsx is not a PDF document and cannot be reproduced here.***



August 15, 2018

Ms. Tracie Gray, Director  
Bureau of Life, Accident and Health Insurance  
Commonwealth of Pennsylvania Insurance Department  
1311 Strawberry Square  
Harrisburg, PA 17120

Re: Highmark Blue Cross Blue Shield Filing # 1A-CCP-18-HBCBS  
Request to Increase Rates for the Grandfathered CompleteCare Program (Western Region)

Dear Ms. Gray:

For the Pennsylvania Bulletin:

*By filing No. 1A-CCP-18-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 13.1% or \$99.96 per contract per month. This will affect about 1,590 contract-holders and will produce additional premium income of about \$158,926 per month. The requested effective date of the change is January 1, 2019.*

Rates were last adjusted effective January 1, 2018 when the rates were increased by 3.0%. Requested rates are shown in Attachment I.

Should you have any questions regarding this filing, please contact me at (717) 302-2143 or by email at [jeffrey.scheib@highmark.com](mailto:jeffrey.scheib@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](mailto:kevin.luu@highmark.com).

Sincerely,

Jeffrey Scheib, ASA, MAAA  
Vice President, Actuarial Services

Enclosures

CC: Frank Haver  
Tija Hilton-Phillips  
Kevin Luu  
William Sarniak

**Highmark Inc.**  
**d/b/a Highmark Blue Cross Blue Shield**  
**CompleteCare (Western Region)**  
**Effective January 1, 2019**  
**ACTUARIAL MEMORANDUM**

Filing Number: 1A-CCP-18-HBCBS  
Submission Date: August 15, 2018

**RE: HIGHMARK BLUE CROSS BLUE SHIELD'S APPLICATION FOR APPROVAL OF  
REVISED RATES FOR ITS GRANDFATHERED MEDICALLY UNDERWRITTEN  
COMPLETECARE PROGRAM EFFECTIVE JANUARY 1, 2019.**

**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, 2019. This filing affects policy form number HMCCA-1002. The Plan is requesting to increase its rates by 13.1%. Base rates were last approved for this plan in filing #1A-CCP-17-HBCBS (HGHM-131137554). 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 10.3% (Exhibit I, Line 4).

An amount for hospital incentives, drug rebates, and care coordination 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 13.

The required premium figure (Exhibit I, Line 14) 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 13.1% 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, 2017 through March 31, 2018, paid through April 30, 2018, 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 10.3% 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 1/1/2019 – 12/31/2019 administrative expense is \$50.79 PCPM as shown in Exhibit I, Line 8.

### **VII. COMMISSION EXPENSE**

Commission expense has been set to \$0.00 as this is a closed block of business.

### **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 0.0% of premium.

### **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 13.

### **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 15, 2018

**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, 2019**

(\$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	\$221.30	\$416.10	\$686.95	\$596.15	\$790.55	\$1,061.45	\$596.15	\$790.55	\$1,061.45
19 - 24	\$221.30	\$416.10	\$686.95	\$596.15	\$790.55	\$1,061.45	\$442.60	\$637.00	\$907.90
25 - 29	\$233.50	\$428.25	\$699.30	\$714.05	\$908.60	\$1,179.40	\$467.00	\$661.55	\$932.35
30 - 34	\$275.45	\$470.15	\$741.10	\$870.25	\$1,064.80	\$1,335.45	\$550.90	\$745.45	\$1,016.10
35 - 39	\$337.45	\$532.25	\$803.05	\$932.45	\$1,127.00	\$1,397.75	\$674.90	\$869.45	\$1,140.20
40 - 44	\$415.15	\$609.95	\$881.00	\$1,020.80	\$1,215.45	\$1,486.20	\$830.30	\$1,024.95	\$1,295.70
45 - 49	\$533.80	\$728.60	\$999.45	\$1,214.85	\$1,409.35	\$1,680.05	\$1,067.60	\$1,262.10	\$1,532.80
50 - 54	\$701.20	\$896.10	\$1,166.85	\$1,512.25	\$1,706.60	\$1,977.50	\$1,402.40	\$1,596.75	\$1,867.65
55 - 59	\$940.55	\$1,135.40	\$1,406.30	\$1,876.25	\$2,070.80	\$2,341.60	\$1,881.10	\$2,075.65	\$2,346.45
60 - 64	\$1,289.15	\$1,484.05	\$1,754.90	\$2,398.25	\$2,593.00	\$2,863.75	\$2,578.30	\$2,773.05	\$3,043.80
65+ (Medicare)	\$940.55	\$1,135.40	\$1,406.30	\$1,876.25	\$2,070.80	\$2,341.60	\$1,881.10	\$2,075.65	\$2,346.45
65+ (Non-Medicare)	\$1,302.20	\$1,498.80	\$1,772.40	\$2,422.45	\$2,618.55	\$2,892.10	\$2,604.40	\$2,800.50	\$3,074.05

(\$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	\$221.30	\$416.10	\$686.95	\$596.15	\$790.55	\$1,061.45	\$596.15	\$790.55	\$1,061.45
19 - 24	\$374.85	\$569.50	\$840.65	\$596.15	\$790.55	\$1,061.45	\$749.70	\$944.10	\$1,215.00
25 - 29	\$480.55	\$675.50	\$946.35	\$714.05	\$908.60	\$1,179.40	\$961.10	\$1,155.65	\$1,426.45
30 - 34	\$594.80	\$789.70	\$1,060.60	\$870.25	\$1,064.80	\$1,335.45	\$1,189.60	\$1,384.15	\$1,654.80
35 - 39	\$595.00	\$789.85	\$1,060.80	\$932.45	\$1,127.00	\$1,397.75	\$1,190.00	\$1,384.55	\$1,655.30
40 - 44	\$605.65	\$800.50	\$1,071.40	\$1,020.80	\$1,215.45	\$1,486.20	\$1,211.30	\$1,405.95	\$1,676.70
45 - 49	\$681.05	\$875.85	\$1,146.90	\$1,214.85	\$1,409.35	\$1,680.05	\$1,362.10	\$1,556.60	\$1,827.30
50 - 54	\$811.05	\$1,005.85	\$1,276.85	\$1,512.25	\$1,706.60	\$1,977.50	\$1,622.10	\$1,816.45	\$2,087.35
55 - 59	\$935.70	\$1,130.55	\$1,401.55	\$1,876.25	\$2,070.80	\$2,341.60	\$1,871.40	\$2,065.95	\$2,336.75
60 - 64	\$1,109.10	\$1,304.05	\$1,575.05	\$2,398.25	\$2,593.00	\$2,863.75	\$2,218.20	\$2,412.95	\$2,683.70
65+ (Medicare)	\$935.70	\$1,130.55	\$1,401.55	\$1,876.25	\$2,070.80	\$2,341.60	\$1,871.40	\$2,065.95	\$2,336.75
65+ (Non-Medicare)	\$1,120.25	\$1,317.00	\$1,590.45	\$2,422.45	\$2,618.55	\$2,892.10	\$2,240.50	\$2,436.60	\$2,710.15

(\$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	\$253.30	\$476.55	\$787.20	\$683.20	\$906.10	\$1,216.60	\$683.20	\$906.10	\$1,216.60
19 - 24	\$253.30	\$476.55	\$787.20	\$683.20	\$906.10	\$1,216.60	\$506.60	\$729.50	\$1,040.00
25 - 29	\$267.40	\$490.80	\$801.25	\$818.95	\$1,041.70	\$1,352.40	\$534.80	\$757.55	\$1,068.25
30 - 34	\$315.60	\$538.65	\$849.30	\$998.65	\$1,221.30	\$1,531.75	\$631.20	\$853.85	\$1,164.30
35 - 39	\$386.85	\$610.00	\$920.70	\$1,070.05	\$1,292.85	\$1,603.40	\$773.70	\$996.50	\$1,307.05
40 - 44	\$476.40	\$699.45	\$1,010.15	\$1,171.85	\$1,394.65	\$1,705.10	\$952.80	\$1,175.60	\$1,486.05
45 - 49	\$612.65	\$835.85	\$1,146.40	\$1,394.80	\$1,617.50	\$1,928.20	\$1,225.30	\$1,448.00	\$1,758.70
50 - 54	\$805.25	\$1,028.40	\$1,339.05	\$1,736.80	\$1,959.65	\$2,270.10	\$1,610.50	\$1,833.35	\$2,143.80
55 - 59	\$1,080.55	\$1,303.60	\$1,614.35	\$2,155.55	\$2,378.20	\$2,688.75	\$2,161.10	\$2,383.75	\$2,694.30
60 - 64	\$1,481.45	\$1,704.70	\$2,015.25	\$2,755.80	\$2,978.70	\$3,289.25	\$2,962.90	\$3,185.80	\$3,496.35
65+ (Medicare)	\$1,080.55	\$1,303.60	\$1,614.35	\$2,155.55	\$2,378.20	\$2,688.75	\$2,161.10	\$2,383.75	\$2,694.30
65+ (Non-Medicare)	\$1,496.20	\$1,721.65	\$2,035.25	\$2,783.35	\$3,008.20	\$3,321.95	\$2,992.40	\$3,217.25	\$3,531.00

(\$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	\$253.30	\$476.55	\$787.20	\$683.20	\$906.10	\$1,216.60	\$683.20	\$906.10	\$1,216.60
19 - 24	\$429.90	\$653.00	\$963.75	\$683.20	\$906.10	\$1,216.60	\$859.80	\$1,082.70	\$1,393.20
25 - 29	\$551.55	\$774.80	\$1,085.35	\$818.95	\$1,041.70	\$1,352.40	\$1,103.10	\$1,325.85	\$1,636.55
30 - 34	\$683.05	\$906.15	\$1,216.85	\$998.65	\$1,221.30	\$1,531.75	\$1,366.10	\$1,588.75	\$1,899.20
35 - 39	\$683.20	\$906.35	\$1,217.15	\$1,070.05	\$1,292.85	\$1,603.40	\$1,366.40	\$1,589.20	\$1,899.75
40 - 44	\$695.45	\$918.60	\$1,229.40	\$1,171.85	\$1,394.65	\$1,705.10	\$1,390.90	\$1,613.70	\$1,924.15
45 - 49	\$782.15	\$1,005.30	\$1,316.00	\$1,394.80	\$1,617.50	\$1,928.20	\$1,564.30	\$1,787.00	\$2,097.70
50 - 54	\$931.55	\$1,154.70	\$1,465.30	\$1,736.80	\$1,959.65	\$2,270.10	\$1,863.10	\$2,085.95	\$2,396.40
55 - 59	\$1,075.00	\$1,298.15	\$1,608.85	\$2,155.55	\$2,378.20	\$2,688.75	\$2,150.00	\$2,372.65	\$2,683.20
60 - 64	\$1,274.35	\$1,497.65	\$1,808.20	\$2,755.80	\$2,978.70	\$3,289.25	\$2,548.70	\$2,771.60	\$3,082.15
65+ (Medicare)	\$1,075.00	\$1,298.15	\$1,608.85	\$2,155.55	\$2,378.20	\$2,688.75	\$2,150.00	\$2,372.65	\$2,683.20
65+ (Non-Medicare)	\$1,287.15	\$1,512.50	\$1,826.15	\$2,783.35	\$3,008.20	\$3,321.95	\$2,574.30	\$2,799.15	\$3,112.90

(\$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	\$285.40	\$537.05	\$887.25	\$770.45	\$1,021.50	\$1,371.80	\$770.45	\$1,021.50	\$1,371.80
19 - 24	\$285.40	\$537.05	\$887.25	\$770.45	\$1,021.50	\$1,371.80	\$570.80	\$821.85	\$1,172.15
25 - 29	\$301.30	\$552.90	\$903.25	\$923.85	\$1,174.95	\$1,525.25	\$602.60	\$853.70	\$1,204.00
30 - 34	\$355.70	\$607.30	\$957.55	\$1,126.95	\$1,378.05	\$1,728.30	\$711.40	\$962.50	\$1,312.75
35 - 39	\$436.35	\$688.00	\$1,038.20	\$1,207.70	\$1,458.80	\$1,809.10	\$872.70	\$1,123.80	\$1,474.10
40 - 44	\$537.40	\$789.00	\$1,139.35	\$1,322.60	\$1,573.80	\$1,924.05	\$1,074.80	\$1,326.00	\$1,676.25
45 - 49	\$691.65	\$943.20	\$1,293.60	\$1,574.75	\$1,825.95	\$2,176.10	\$1,383.30	\$1,634.50	\$1,984.65
50 - 54	\$909.25	\$1,160.80	\$1,511.15	\$1,961.30	\$2,212.60	\$2,562.85	\$1,818.50	\$2,069.80	\$2,420.05
55 - 59	\$1,220.45	\$1,472.00	\$1,822.40	\$2,434.50	\$2,685.85	\$3,036.15	\$2,440.90	\$2,692.25	\$3,042.55
60 - 64	\$1,673.70	\$1,925.25	\$2,275.75	\$3,113.40	\$3,364.55	\$3,714.85	\$3,347.40	\$3,598.55	\$3,948.85
65+ (Medicare)	\$1,220.45	\$1,472.00	\$1,822.40	\$2,434.50	\$2,685.85	\$3,036.15	\$2,440.90	\$2,692.25	\$3,042.55
65+ (Non-Medicare)	\$1,690.35	\$1,944.30	\$2,298.30	\$3,144.30	\$3,398.00	\$3,751.60	\$3,380.70	\$3,634.40	\$3,988.00

(\$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	\$285.40	\$537.05	\$887.25	\$770.45	\$1,021.50	\$1,371.80	\$770.45	\$1,021.50	\$1,371.80
19 - 24	\$485.05	\$736.55	\$1,086.95	\$770.45	\$1,021.50	\$1,371.80	\$970.10	\$1,221.15	\$1,571.45
25 - 29	\$622.55	\$874.05	\$1,224.50	\$923.85	\$1,174.95	\$1,525.25	\$1,245.10	\$1,496.20	\$1,846.50
30 - 34	\$771.25	\$1,022.70	\$1,373.10	\$1,126.95	\$1,378.05	\$1,728.30	\$1,542.50	\$1,793.60	\$2,143.85
35 - 39	\$771.35	\$1,022.90	\$1,373.20	\$1,207.70	\$1,458.80	\$1,809.10	\$1,542.70	\$1,793.80	\$2,144.10
40 - 44	\$785.20	\$1,036.75	\$1,387.15	\$1,322.60	\$1,573.80	\$1,924.05	\$1,570.40	\$1,821.60	\$2,171.85
45 - 49	\$883.10	\$1,134.55	\$1,485.05	\$1,574.75	\$1,825.95	\$2,176.10	\$1,766.20	\$2,017.40	\$2,367.55
50 - 54	\$1,052.05	\$1,303.55	\$1,653.90	\$1,961.30	\$2,212.60	\$2,562.85	\$2,104.10	\$2,355.40	\$2,705.65
55 - 59	\$1,214.05	\$1,465.65	\$1,816.05	\$2,434.50	\$2,685.85	\$3,036.15	\$2,428.10	\$2,679.45	\$3,029.75
60 - 64	\$1,439.70	\$1,691.15	\$2,041.55	\$3,113.40	\$3,364.55	\$3,714.85	\$3,279.40	\$3,530.55	\$3,880.85
65+ (Medicare)	\$1,214.05	\$1,465.65	\$1,816.05	\$2,434.50	\$2,685.85	\$3,036.15	\$2,428.10	\$2,679.45	\$3,029.75
65+ (Non-Medicare)	\$1,453.95	\$1,707.90	\$2,061.80	\$3,144.30	\$3,398.00	\$3,751.60	\$3,290.90	\$3,561.60	\$3,915.20

**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, 2019**

(\$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	\$198.95	\$374.10	\$617.30	\$535.40	\$710.25	\$953.40	\$535.40	\$710.25	\$953.40
19 - 24	\$198.95	\$374.10	\$617.30	\$535.40	\$710.25	\$953.40	\$397.90	\$572.75	\$815.90
25 - 29	\$210.10	\$385.05	\$628.25	\$641.40	\$815.95	\$1,059.25	\$420.20	\$594.75	\$838.05
30 - 34	\$247.45	\$422.60	\$665.95	\$781.15	\$955.80	\$1,198.95	\$494.90	\$669.55	\$912.70
35 - 39	\$303.00	\$478.00	\$721.35	\$836.80	\$1,011.50	\$1,254.55	\$606.00	\$780.70	\$1,023.75
40 - 44	\$372.65	\$547.80	\$791.00	\$916.15	\$1,090.60	\$1,333.85	\$745.30	\$919.75	\$1,163.00
45 - 49	\$478.90	\$653.90	\$897.15	\$1,089.80	\$1,264.35	\$1,507.70	\$957.80	\$1,132.35	\$1,375.70
50 - 54	\$628.85	\$803.85	\$1,047.15	\$1,356.05	\$1,530.70	\$1,774.05	\$1,257.70	\$1,432.35	\$1,675.70
55 - 59	\$847.40	\$1,018.25	\$1,261.65	\$1,690.00	\$1,856.80	\$2,100.05	\$1,694.80	\$1,861.60	\$2,104.85
60 - 64	\$1,196.05	\$1,330.50	\$1,573.95	\$2,212.10	\$2,324.50	\$2,582.25	\$2,392.10	\$2,504.50	\$2,762.25
65+ (Medicare)	\$847.40	\$1,018.25	\$1,261.65	\$1,690.00	\$1,856.80	\$2,100.05	\$1,694.80	\$1,861.60	\$2,104.85
65+ (Non-Medicare)	\$1,209.00	\$1,343.75	\$1,589.50	\$2,236.15	\$2,347.50	\$2,610.75	\$2,418.00	\$2,529.35	\$2,792.60

(\$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	\$198.95	\$374.10	\$617.30	\$535.40	\$710.25	\$953.40	\$535.40	\$710.25	\$953.40
19 - 24	\$336.45	\$511.55	\$754.95	\$535.40	\$710.25	\$953.40	\$672.90	\$847.75	\$1,090.90
25 - 29	\$431.30	\$606.35	\$849.80	\$641.40	\$815.95	\$1,059.25	\$862.60	\$1,037.15	\$1,280.45
30 - 34	\$533.70	\$708.80	\$952.15	\$781.15	\$955.80	\$1,198.95	\$1,067.40	\$1,242.05	\$1,485.20
35 - 39	\$533.80	\$708.85	\$952.20	\$836.80	\$1,011.50	\$1,254.55	\$1,067.60	\$1,242.30	\$1,485.35
40 - 44	\$543.50	\$718.35	\$961.65	\$916.15	\$1,090.60	\$1,333.85	\$1,087.00	\$1,261.45	\$1,504.70
45 - 49	\$610.90	\$785.75	\$1,029.10	\$1,089.80	\$1,264.35	\$1,507.70	\$1,221.80	\$1,396.35	\$1,639.70
50 - 54	\$727.20	\$902.25	\$1,145.50	\$1,356.05	\$1,530.70	\$1,774.05	\$1,454.40	\$1,629.05	\$1,872.40
55 - 59	\$842.60	\$1,014.05	\$1,257.30	\$1,690.00	\$1,856.80	\$2,100.05	\$1,685.20	\$1,852.00	\$2,095.25
60 - 64	\$1,016.05	\$1,169.25	\$1,412.60	\$2,212.10	\$2,324.50	\$2,582.25	\$2,032.10	\$2,144.50	\$2,402.25
65+ (Medicare)	\$842.60	\$1,014.05	\$1,257.30	\$1,690.00	\$1,856.80	\$2,100.05	\$1,685.20	\$1,852.00	\$2,095.25
65+ (Non-Medicare)	\$1,027.15	\$1,180.90	\$1,426.60	\$2,236.15	\$2,347.50	\$2,610.75	\$2,054.30	\$2,165.65	\$2,428.90

(\$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	\$227.75	\$428.20	\$707.10	\$613.70	\$813.70	\$1,092.45	\$613.70	\$813.70	\$1,092.45
19 - 24	\$227.75	\$428.20	\$707.10	\$613.70	\$813.70	\$1,092.45	\$455.50	\$655.50	\$934.25
25 - 29	\$240.35	\$440.80	\$719.70	\$735.20	\$935.20	\$1,213.95	\$480.70	\$695.40	\$959.45
30 - 34	\$283.30	\$483.80	\$762.75	\$895.90	\$1,096.05	\$1,374.85	\$566.60	\$766.75	\$1,045.55
35 - 39	\$347.35	\$487.80	\$826.65	\$960.00	\$1,160.20	\$1,438.80	\$694.70	\$894.90	\$1,173.50
40 - 44	\$427.30	\$627.95	\$906.85	\$1,051.05	\$1,251.15	\$1,529.95	\$854.60	\$1,054.70	\$1,333.50
45 - 49	\$549.50	\$750.00	\$1,028.95	\$1,250.70	\$1,450.80	\$1,729.65	\$1,099.00	\$1,299.10	\$1,577.95
50 - 54	\$721.95	\$922.50	\$1,201.35	\$1,560.35	\$1,757.10	\$2,035.95	\$1,443.90	\$1,640.65	\$1,919.50
55 - 59	\$987.20	\$1,169.05	\$1,448.00	\$1,969.00	\$2,132.15	\$2,411.00	\$1,974.40	\$2,137.55	\$2,416.40
60 - 64	\$1,388.35	\$1,528.10	\$1,807.05	\$2,569.70	\$2,697.40	\$3,007.85	\$2,776.70	\$2,904.40	\$3,214.85
65+ (Medicare)	\$987.20	\$1,169.05	\$1,448.00	\$1,969.00	\$2,132.15	\$2,411.00	\$1,974.40	\$2,137.55	\$2,416.40
65+ (Non-Medicare)	\$1,403.05	\$1,543.30	\$1,825.05	\$2,597.00	\$2,726.80	\$3,040.40	\$2,806.10	\$2,935.90	\$3,249.50

(\$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	\$227.75	\$428.20	\$707.10	\$613.70	\$813.70	\$1,092.45	\$613.70	\$813.70	\$1,092.45
19 - 24	\$385.95	\$586.40	\$865.25	\$613.70	\$813.70	\$1,092.45	\$771.90	\$971.90	\$1,250.65
25 - 29	\$494.85	\$695.30	\$974.05	\$735.20	\$935.20	\$1,213.95	\$989.70	\$1,189.70	\$1,468.45
30 - 34	\$612.60	\$813.10	\$1,091.85	\$895.90	\$1,096.05	\$1,374.85	\$1,225.20	\$1,425.35	\$1,704.15
35 - 39	\$612.65	\$813.15	\$1,091.90	\$960.00	\$1,160.20	\$1,438.80	\$1,225.30	\$1,425.50	\$1,704.10
40 - 44	\$623.75	\$824.20	\$1,103.10	\$1,051.05	\$1,251.15	\$1,529.95	\$1,247.50	\$1,447.60	\$1,726.40
45 - 49	\$701.20	\$901.65	\$1,180.65	\$1,250.70	\$1,450.80	\$1,729.65	\$1,402.40	\$1,602.50	\$1,881.35
50 - 54	\$838.40	\$1,035.50	\$1,314.50	\$1,560.35	\$1,757.10	\$2,035.95	\$1,676.80	\$1,873.55	\$2,152.40
55 - 59	\$981.80	\$1,164.15	\$1,443.05	\$1,969.00	\$2,132.15	\$2,411.00	\$1,963.60	\$2,126.75	\$2,405.60
60 - 64	\$1,181.35	\$1,342.60	\$1,621.50	\$2,569.70	\$2,697.40	\$3,007.85	\$2,362.70	\$2,490.40	\$2,800.85
65+ (Medicare)	\$981.80	\$1,164.15	\$1,443.05	\$1,969.00	\$2,132.15	\$2,411.00	\$1,963.60	\$2,126.75	\$2,405.60
65+ (Non-Medicare)	\$1,193.95	\$1,355.95	\$1,637.45	\$2,597.00	\$2,726.80	\$3,040.40	\$2,387.90	\$2,517.70	\$2,831.30

(\$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	\$256.45	\$482.35	\$796.80	\$691.65	\$917.00	\$1,231.45	\$691.65	\$917.00	\$1,231.45
19 - 24	\$256.45	\$482.35	\$796.80	\$691.65	\$917.00	\$1,231.45	\$512.90	\$738.25	\$1,052.70
25 - 29	\$270.65	\$496.60	\$811.05	\$829.10	\$1,054.55	\$1,368.80	\$541.30	\$766.75	\$1,081.00
30 - 34	\$319.45	\$545.30	\$859.75	\$1,011.05	\$1,236.40	\$1,550.65	\$638.90	\$864.25	\$1,178.50
35 - 39	\$391.60	\$617.45	\$931.95	\$1,083.25	\$1,308.75	\$1,623.00	\$783.20	\$1,008.70	\$1,322.95
40 - 44	\$482.00	\$707.95	\$1,022.40	\$1,186.00	\$1,411.65	\$1,726.15	\$964.00	\$1,189.65	\$1,504.15
45 - 49	\$620.35	\$846.15	\$1,160.60	\$1,412.05	\$1,637.35	\$1,951.90	\$1,240.70	\$1,466.00	\$1,780.55
50 - 54	\$816.00	\$1,041.15	\$1,355.55	\$1,774.80	\$1,983.75	\$2,298.25	\$1,632.00	\$1,840.95	\$2,155.45
55 - 59	\$1,127.25	\$1,319.80	\$1,634.45	\$2,248.20	\$2,407.65	\$2,754.60	\$2,254.50	\$2,413.95	\$2,760.90
60 - 64	\$1,580.50	\$1,737.95	\$2,040.20	\$2,927.00	\$3,083.10	\$3,433.45	\$3,161.00	\$3,317.10	\$3,667.45
65+ (Medicare)	\$1,127.25	\$1,319.80	\$1,634.45	\$2,248.20	\$2,407.65	\$2,754.60	\$2,254.50	\$2,413.95	\$2,760.90
65+ (Non-Medicare)	\$1,597.15	\$1,757.05	\$2,060.45	\$2,957.80	\$3,116.60	\$3,470.20	\$3,194.30	\$3,353.10	\$3,706.70

(\$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	\$256.45	\$482.35	\$796.80	\$691.65	\$917.00	\$1,231.45	\$691.65	\$917.00	\$1,231.45
19 - 24	\$435.20	\$661.15	\$975.65	\$691.65	\$917.00	\$1,231.45	\$870.40	\$1,095.75	\$1,410.20
25 - 29	\$558.45	\$784.25	\$1,098.65	\$829.10	\$1,054.55	\$1,368.80	\$1,116.90	\$1,342.35	\$1,656.60
30 - 34	\$691.60	\$917.50	\$1,231.95	\$1,011.05	\$1,236.40	\$1,550.65	\$1,383.20	\$1,608.55	\$1,922.80
35 - 39	\$691.65	\$917.60	\$1,232.00	\$1,083.25	\$1,308.75	\$1,623.00	\$1,383.30	\$1,608.80	\$1,923.05
40 - 44	\$704.00	\$929.90	\$1,244.50	\$1,186.00	\$1,411.65	\$1,726.15	\$1,408.00	\$1,633.65	\$1,948.15
45 - 49	\$791.70	\$1,017.50	\$1,332.05	\$1,412.05	\$1,637.35	\$1,951.90	\$1,583.40	\$1,808.70	\$2,123.25
50 - 54	\$958.80	\$1,169.00	\$1,483.50	\$1,774.80	\$1,983.75	\$2,298.25	\$1,917.60	\$2,126.55	\$2,441.05
55 - 59	\$1,120.95	\$1,314.00	\$1,628.65	\$2,248.20	\$2,407.65	\$2,754.60	\$2,241.90	\$2,401.35	\$2,748.30
60 - 64	\$1,346.50	\$1,516.10	\$1,830.65	\$2,927.00	\$3,083.10	\$3,433.45	\$2,693.00	\$2,849.10	\$3,199.45
65+ (Medicare)	\$1,120.95	\$1,314.00	\$1,628.65	\$2,248.20	\$2,407.65	\$2,754.60	\$2,241.90	\$2,401.35	\$2,748.30
65+ (Non-Medicare)	\$1,360.65	\$1,531.25	\$1,848.70	\$2,957.80	\$3,116.60	\$3,470.20	\$2,721.30	\$2,880.10	\$3,233.70

**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, 2019**

<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	\$14,558,065	\$16,465,171	\$1,907,106	\$99.96	13.1%	19,079

**Highmark Inc.**  
**d/b/a Highmark Blue Cross Blue Shield**  
**Projected Experience for the CompleteCare Program (Western Region)**  
**Effective January 1, 2019**

	<u>All Deductible Experience</u>	
	Annual Factors	PCPM
1. Projected contract months for the period January 1, 2019 - December 31, 2019		19,079
2. Income at Current Rates PCPM (Exhibit II-B)		\$756.90
3. Pure Premium PCPM for the period Apr 1, 2017 through Mar 31, 2018, paid through Apr 2018		\$710.85
4. Trend factor from October 1, 2017 to June 1, 2019 (mid-points)	10.3%	
5. Projected Pure Premium PCPM for the period effective January 1, 2019		\$844.01
6. Drug Rebates and Hospital Incentives		(\$39.51)
7. Administrative Expense PCPM (Exhibit VII)		\$50.79
8. Total Projected Underwriting Expense PCPM		\$855.29
9. Commission Expense PCPM		\$0.00
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		\$0.71
13. Required Premium PCPM		\$856.00
<b>14. Calculated percentage increase</b>		<b>13.1%</b>

Highmark Inc.  
d/b/a Highmark Blue Cross Blue Shield  
CompleteCare (Western Region)  
Current Rates as of 1/1/2018 (\$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	\$195.65	\$367.90	\$607.40	\$527.10	\$699.00	\$938.50	\$527.10	\$699.00	\$938.50
19 - 24	\$195.65	\$367.90	\$607.40	\$527.10	\$699.00	\$938.50	\$391.30	\$563.20	\$802.70
25 - 29	\$206.45	\$378.65	\$618.30	\$631.35	\$803.35	\$1,042.80	\$412.90	\$584.90	\$824.35
30 - 34	\$243.55	\$415.70	\$655.25	\$769.45	\$941.45	\$1,180.75	\$487.10	\$659.10	\$898.40
35 - 39	\$298.35	\$470.60	\$710.05	\$824.45	\$996.45	\$1,235.85	\$596.70	\$768.70	\$1,008.10
40 - 44	\$367.05	\$539.30	\$778.95	\$902.55	\$1,074.65	\$1,314.05	\$734.10	\$906.20	\$1,145.60
45 - 49	\$471.95	\$644.20	\$883.70	\$1,074.10	\$1,246.10	\$1,485.45	\$943.90	\$1,115.90	\$1,355.25
50 - 54	\$620.00	\$792.30	\$1,031.70	\$1,337.10	\$1,508.95	\$1,748.45	\$1,240.00	\$1,411.85	\$1,651.35
55 - 59	\$831.60	\$1,003.90	\$1,243.40	\$1,658.90	\$1,830.95	\$2,070.40	\$1,663.20	\$1,835.25	\$2,074.70
60 - 64	\$1,139.85	\$1,312.15	\$1,551.65	\$2,120.50	\$2,292.65	\$2,532.05	\$2,279.70	\$2,451.85	\$2,691.25
65+ (Medicare)	\$831.60	\$1,003.90	\$1,243.40	\$1,658.90	\$1,830.95	\$2,070.40	\$1,663.20	\$1,835.25	\$2,074.70
65+ (Non-Medicare)	\$1,151.35	\$1,325.20	\$1,567.10	\$2,141.85	\$2,315.25	\$2,557.10	\$2,302.70	\$2,476.10	\$2,717.95

(\$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	\$195.65	\$367.90	\$607.40	\$527.10	\$699.00	\$938.50	\$527.10	\$699.00	\$938.50
19 - 24	\$331.45	\$503.55	\$743.30	\$527.10	\$699.00	\$938.50	\$662.90	\$834.80	\$1,074.30
25 - 29	\$424.90	\$597.25	\$836.75	\$631.35	\$803.35	\$1,042.80	\$849.80	\$1,021.80	\$1,261.25
30 - 34	\$525.90	\$698.25	\$937.75	\$769.45	\$941.45	\$1,180.75	\$1,051.80	\$1,223.80	\$1,463.10
35 - 39	\$526.10	\$698.35	\$937.95	\$824.45	\$996.45	\$1,235.85	\$1,052.20	\$1,224.20	\$1,463.60
40 - 44	\$535.50	\$707.80	\$947.30	\$902.55	\$1,074.65	\$1,314.05	\$1,071.00	\$1,243.10	\$1,482.50
45 - 49	\$602.15	\$774.40	\$1,014.05	\$1,074.10	\$1,246.10	\$1,485.45	\$1,204.30	\$1,376.30	\$1,615.65
50 - 54	\$717.10	\$889.35	\$1,128.95	\$1,337.10	\$1,508.95	\$1,748.45	\$1,434.20	\$1,606.05	\$1,845.55
55 - 59	\$827.30	\$999.60	\$1,239.20	\$1,658.90	\$1,830.95	\$2,070.40	\$1,654.60	\$1,826.65	\$2,066.10
60 - 64	\$980.65	\$1,153.00	\$1,392.60	\$2,120.50	\$2,292.65	\$2,532.05	\$1,961.30	\$2,133.45	\$2,372.85
65+ (Medicare)	\$827.30	\$999.60	\$1,239.20	\$1,658.90	\$1,830.95	\$2,070.40	\$1,654.60	\$1,826.65	\$2,066.10
65+ (Non-Medicare)	\$990.50	\$1,164.45	\$1,406.25	\$2,141.85	\$2,315.25	\$2,557.10	\$1,981.00	\$2,154.40	\$2,396.25

(\$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	\$223.95	\$421.35	\$696.00	\$604.05	\$801.15	\$1,075.70	\$604.05	\$801.15	\$1,075.70
19 - 24	\$223.95	\$421.35	\$696.00	\$604.05	\$801.15	\$1,075.70	\$447.90	\$645.00	\$919.55
25 - 29	\$236.45	\$433.95	\$708.45	\$724.10	\$921.05	\$1,195.75	\$472.90	\$669.85	\$944.55
30 - 34	\$279.05	\$476.25	\$750.95	\$883.00	\$1,079.85	\$1,354.35	\$558.10	\$754.95	\$1,029.45
35 - 39	\$342.05	\$539.35	\$814.05	\$946.10	\$1,143.10	\$1,417.70	\$684.10	\$881.10	\$1,155.70
40 - 44	\$421.20	\$618.45	\$893.15	\$1,036.10	\$1,233.10	\$1,507.60	\$842.40	\$1,039.40	\$1,313.90
45 - 49	\$541.70	\$739.05	\$1,013.60	\$1,233.25	\$1,430.15	\$1,704.85	\$1,083.40	\$1,280.30	\$1,555.00
50 - 54	\$712.00	\$909.30	\$1,183.95	\$1,535.65	\$1,732.65	\$2,007.15	\$1,424.00	\$1,621.00	\$1,895.50
55 - 59	\$955.40	\$1,152.60	\$1,427.35	\$1,905.90	\$2,102.75	\$2,377.30	\$1,910.80	\$2,107.65	\$2,382.20
60 - 64	\$1,309.85	\$1,507.25	\$1,781.85	\$2,436.60	\$2,633.70	\$2,908.25	\$2,619.70	\$2,816.80	\$3,091.35
65+ (Medicare)	\$955.40	\$1,152.60	\$1,427.35	\$1,905.90	\$2,102.75	\$2,377.30	\$1,910.80	\$2,107.65	\$2,382.20
65+ (Non-Medicare)	\$1,322.90	\$1,522.25	\$1,799.50	\$2,460.95	\$2,659.75	\$2,937.20	\$2,645.80	\$2,844.60	\$3,122.05

(\$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	\$223.95	\$421.35	\$696.00	\$604.05	\$801.15	\$1,075.70	\$604.05	\$801.15	\$1,075.70
19 - 24	\$380.10	\$577.35	\$852.10	\$604.05	\$801.15	\$1,075.70	\$760.20	\$957.30	\$1,231.85
25 - 29	\$487.65	\$685.05	\$959.65	\$724.10	\$921.05	\$1,195.75	\$959.65	\$1,172.25	\$1,446.95
30 - 34	\$603.95	\$801.20	\$1,075.90	\$883.00	\$1,079.85	\$1,354.35	\$1,207.90	\$1,404.75	\$1,679.25
35 - 39	\$604.05	\$801.35	\$1,076.15	\$946.10	\$1,143.10	\$1,417.70	\$1,208.10	\$1,405.10	\$1,679.70
40 - 44	\$614.90	\$812.20	\$1,087.00	\$1,036.10	\$1,233.10	\$1,507.60	\$1,229.80	\$1,426.80	\$1,701.30
45 - 49	\$691.55	\$888.85	\$1,163.55	\$1,233.25	\$1,430.15	\$1,704.85	\$1,383.10	\$1,580.00	\$1,854.70
50 - 54	\$823.65	\$1,020.95	\$1,295.60	\$1,535.65	\$1,732.65	\$2,007.15	\$1,647.30	\$1,844.30	\$2,118.80
55 - 59	\$950.50	\$1,147.80	\$1,422.50	\$1,905.90	\$2,102.75	\$2,377.30	\$1,901.00	\$2,097.85	\$2,372.40
60 - 64	\$1,126.75	\$1,324.20	\$1,598.75	\$2,436.60	\$2,633.70	\$2,908.25	\$2,253.50	\$2,450.60	\$2,725.15
65+ (Medicare)	\$950.50	\$1,147.80	\$1,422.50	\$1,905.90	\$2,102.75	\$2,377.30	\$1,901.00	\$2,097.85	\$2,372.40
65+ (Non-Medicare)	\$1,138.05	\$1,337.30	\$1,614.65	\$2,460.95	\$2,659.75	\$2,937.20	\$2,276.10	\$2,474.90	\$2,752.35

(\$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	\$252.35	\$474.85	\$784.50	\$681.20	\$903.20	\$1,212.90	\$681.20	\$903.20	\$1,212.90
19 - 24	\$252.35	\$474.85	\$784.50	\$681.20	\$903.20	\$1,212.90	\$504.70	\$726.70	\$1,036.40
25 - 29	\$266.40	\$488.85	\$798.65	\$816.85	\$1,038.85	\$1,348.60	\$532.80	\$754.80	\$1,064.55
30 - 34	\$314.50	\$536.95	\$846.65	\$996.40	\$1,218.45	\$1,528.10	\$629.00	\$851.05	\$1,160.70
35 - 39	\$385.80	\$608.30	\$917.95	\$1,067.80	\$1,289.85	\$1,599.55	\$771.60	\$993.65	\$1,303.35
40 - 44	\$475.15	\$697.60	\$1,007.40	\$1,169.40	\$1,391.50	\$1,701.20	\$950.30	\$1,172.40	\$1,482.10
45 - 49	\$611.55	\$833.95	\$1,143.75	\$1,614.45	\$1,924.05	\$2,223.10	\$1,445.20	\$1,754.80	\$2,093.30
50 - 54	\$803.95	\$1,026.35	\$1,336.10	\$1,734.15	\$1,956.30	\$2,266.00	\$1,607.90	\$1,830.05	\$2,139.75
55 - 59	\$1,079.10	\$1,301.50	\$1,611.30	\$2,152.55	\$2,374.75	\$2,684.50	\$2,158.20	\$2,380.40	\$2,690.15
60 - 64	\$1,479.85	\$1,702.25	\$2,012.15	\$2,752.80	\$2,974.85	\$3,284.55	\$2,959.70	\$3,181.75	\$3,491.45
65+ (Medicare)	\$1,079.10	\$1,301.50	\$1,611.30	\$2,152.55	\$2,374.75	\$2,684.50	\$2,158.20	\$2,380.40	\$2,690.15
65+ (Non-Medicare)	\$1,494.55	\$1,719.10	\$2,032.10	\$2,780.10	\$3,004.40	\$3,317.05	\$2,989.10	\$3,213.40	\$3,526.05

(\$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	\$252.35	\$474.85	\$784.50	\$681.20	\$903.20	\$1,212.90	\$681.20	\$903.20	\$1,212.90
19 - 24	\$428.85	\$651.25	\$961.05	\$681.20	\$903.20	\$1,212.90	\$857.70	\$1,079.70	\$1,389.40
25 - 29	\$550.45	\$772.80	\$1,082.65	\$816.85	\$1,038.85	\$1,348.60	\$1,100.90	\$1,322.90	\$1,632.65
30 - 34	\$681.90	\$904.25	\$1,214.05	\$996.40	\$1,218.45	\$1,528.10	\$1,363.80	\$1,585.85	\$1,895.50
35 - 39	\$682.00	\$904.40	\$1,214.15	\$1,067.80	\$1,289.85	\$1,599.55	\$1,364.00	\$1,586.05	\$1,895.75
40 - 44	\$694.25	\$916.65	\$1,226.50	\$1,169.40	\$1,391.50	\$1,701.20	\$1,388.50	\$1,610.60	\$1,920.30
45 - 49	\$780.80	\$1,003.15	\$1,313.05	\$1,392.35	\$1,614.45	\$1,924.05	\$1,561.60	\$1,783.70	\$2,093.30
50 - 54	\$930.20	\$1,152.55	\$1,462.35	\$1,734.15	\$1,956.30	\$2,266.00	\$1,860.40	\$2,082.55	\$2,392.25
55 - 59	\$1,073.45	\$1,295.90	\$1,605.70	\$2,152.55	\$2,374.75	\$2,684.50	\$2,146.90	\$2,369.10	\$2,678.85
60 - 64	\$1,272.95	\$1,495.25	\$1,805.10	\$2,752.80	\$2,974.85	\$3,284.55	\$2,545.90	\$2,767.95	\$3,077.65
65+ (Medicare)	\$1,073.45	\$1,295.90	\$1,605.70	\$2,152.55	\$2,374.75	\$2,684.50	\$2,146.90	\$2,369.10	\$2,678.85
65+ (Non-Medicare)	\$1,285.55	\$1,510.10	\$1,823.00	\$2,780.10	\$3,004.40	\$3,317.05	\$2,571.10	\$2,795.40	\$3,108.05

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 1/1/2018 (\$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	\$175.90	\$330.75	\$545.80	\$473.40	\$628.00	\$842.95	\$473.40	\$628.00	\$842.95
19 - 24	\$175.90	\$330.75	\$545.80	\$473.40	\$628.00	\$842.95	\$351.80	\$506.40	\$721.35
25 - 29	\$185.75	\$340.45	\$555.50	\$567.10	\$721.45	\$936.55	\$371.50	\$525.85	\$740.95
30 - 34	\$218.80	\$373.65	\$588.80	\$690.70	\$845.10	\$1,060.10	\$437.60	\$592.00	\$807.00
35 - 39	\$267.90	\$422.65	\$637.80	\$739.85	\$894.35	\$1,109.25	\$535.80	\$690.30	\$905.20
40 - 44	\$329.50	\$484.35	\$699.40	\$810.05	\$964.30	\$1,179.35	\$659.00	\$813.25	\$1,028.30
45 - 49	\$423.45	\$578.15	\$793.25	\$963.60	\$1,117.90	\$1,333.05	\$846.90	\$1,001.20	\$1,216.35
50 - 54	\$556.00	\$710.75	\$925.85	\$1,198.95	\$1,353.40	\$1,568.55	\$1,112.00	\$1,266.45	\$1,481.60
55 - 59	\$749.25	\$900.30	\$1,115.50	\$1,494.25	\$1,641.75	\$1,856.80	\$1,498.50	\$1,646.00	\$1,861.05
60 - 64	\$1,057.50	\$1,176.40	\$1,391.65	\$1,955.85	\$2,055.25	\$2,283.15	\$2,115.00	\$2,214.40	\$2,442.30
65+ (Medicare)	\$749.25	\$900.30	\$1,115.50	\$1,494.25	\$1,641.75	\$1,856.80	\$1,498.50	\$1,646.00	\$1,861.05
65+ (Non-Medicare)	\$1,068.95	\$1,188.10	\$1,405.40	\$1,977.15	\$2,075.60	\$2,308.35	\$2,137.90	\$2,236.35	\$2,469.10

(\$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	\$175.90	\$330.75	\$545.80	\$473.40	\$628.00	\$842.95	\$473.40	\$628.00	\$842.95
19 - 24	\$297.50	\$452.30	\$667.50	\$473.40	\$628.00	\$842.95	\$595.00	\$749.60	\$964.55
25 - 29	\$381.35	\$536.10	\$751.35	\$567.10	\$721.45	\$936.55	\$762.70	\$917.05	\$1,132.15
30 - 34	\$471.90	\$626.70	\$841.85	\$690.70	\$845.10	\$1,060.10	\$943.80	\$1,098.20	\$1,313.20
35 - 39	\$471.95	\$626.75	\$841.90	\$739.85	\$894.35	\$1,109.25	\$943.90	\$1,098.40	\$1,313.30
40 - 44	\$480.55	\$635.15	\$850.25	\$810.05	\$964.30	\$1,179.35	\$961.10	\$1,115.35	\$1,330.40
45 - 49	\$540.15	\$694.75	\$909.90	\$963.60	\$1,117.90	\$1,333.05	\$1,080.30	\$1,234.60	\$1,449.75
50 - 54	\$642.95	\$797.75	\$1,012.80	\$1,198.95	\$1,353.40	\$1,568.55	\$1,285.90	\$1,440.35	\$1,655.50
55 - 59	\$745.00	\$896.60	\$1,111.65	\$1,494.25	\$1,641.75	\$1,856.80	\$1,490.00	\$1,637.50	\$1,852.55
60 - 64	\$898.35	\$1,033.80	\$1,249.00	\$1,955.85	\$2,055.25	\$2,283.15	\$1,796.70	\$1,896.10	\$2,124.00
65+ (Medicare)	\$745.00	\$896.60	\$1,111.65	\$1,494.25	\$1,641.75	\$1,856.80	\$1,490.00	\$1,637.50	\$1,852.55
65+ (Non-Medicare)	\$908.20	\$1,044.10	\$1,261.35	\$1,977.15	\$2,075.60	\$2,308.35	\$1,816.40	\$1,914.85	\$2,147.60

(\$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	\$201.35	\$378.60	\$625.20	\$542.60	\$719.45	\$965.90	\$542.60	\$719.45	\$965.90
19 - 24	\$201.35	\$378.60	\$625.20	\$542.60	\$719.45	\$965.90	\$402.70	\$579.55	\$826.00
25 - 29	\$212.50	\$389.75	\$636.35	\$650.05	\$826.90	\$1,073.35	\$425.00	\$601.85	\$848.30
30 - 34	\$250.50	\$427.75	\$674.40	\$792.15	\$969.10	\$1,215.60	\$501.00	\$677.95	\$924.45
35 - 39	\$307.10	\$484.35	\$730.90	\$848.80	\$1,025.80	\$1,272.15	\$614.20	\$791.20	\$1,037.55
40 - 44	\$377.80	\$555.20	\$801.80	\$929.30	\$1,106.25	\$1,352.75	\$755.60	\$932.55	\$1,179.05
45 - 49	\$485.85	\$663.15	\$909.75	\$1,105.85	\$1,282.75	\$1,529.30	\$971.70	\$1,148.60	\$1,395.15
50 - 54	\$638.35	\$815.65	\$1,062.20	\$1,379.65	\$1,553.60	\$1,800.15	\$1,276.70	\$1,450.65	\$1,697.20
55 - 59	\$872.85	\$1,033.65	\$1,280.30	\$1,740.95	\$1,885.20	\$2,131.75	\$1,745.70	\$1,889.95	\$2,136.50
60 - 64	\$1,227.55	\$1,351.10	\$1,597.75	\$2,272.05	\$2,384.95	\$2,659.45	\$2,455.10	\$2,568.00	\$2,842.50
65+ (Medicare)	\$872.85	\$1,033.65	\$1,280.30	\$1,740.95	\$1,885.20	\$2,131.75	\$1,745.70	\$1,889.95	\$2,136.50
65+ (Non-Medicare)	\$1,240.55	\$1,364.55	\$1,613.65	\$2,296.20	\$2,410.95	\$2,688.25	\$2,481.10	\$2,595.85	\$2,873.15

(\$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	\$201.35	\$378.60	\$625.20	\$542.60	\$719.45	\$965.90	\$542.60	\$719.45	\$965.90
19 - 24	\$341.25	\$518.50	\$765.05	\$542.60	\$719.45	\$965.90	\$682.50	\$859.35	\$1,105.80
25 - 29	\$437.55	\$614.75	\$861.25	\$650.05	\$826.90	\$1,073.35	\$875.10	\$1,051.95	\$1,298.40
30 - 34	\$541.65	\$718.90	\$965.40	\$792.15	\$969.10	\$1,215.60	\$1,083.30	\$1,260.25	\$1,506.75
35 - 39	\$541.70	\$718.95	\$965.45	\$848.80	\$1,025.80	\$1,272.15	\$1,083.40	\$1,260.40	\$1,506.75
40 - 44	\$551.50	\$728.75	\$975.35	\$929.30	\$1,106.25	\$1,352.75	\$1,103.00	\$1,279.95	\$1,526.45
45 - 49	\$620.00	\$797.20	\$1,043.90	\$1,105.85	\$1,282.75	\$1,529.30	\$1,240.00	\$1,416.90	\$1,663.45
50 - 54	\$741.30	\$915.55	\$1,162.25	\$1,379.65	\$1,553.60	\$1,800.15	\$1,482.60	\$1,656.55	\$1,903.10
55 - 59	\$868.10	\$1,029.30	\$1,275.90	\$1,740.95	\$1,885.20	\$2,131.75	\$1,736.20	\$1,880.45	\$2,127.00
60 - 64	\$1,044.50	\$1,187.10	\$1,433.70	\$2,272.05	\$2,384.95	\$2,659.45	\$2,089.00	\$2,201.90	\$2,476.40
65+ (Medicare)	\$868.10	\$1,029.30	\$1,275.90	\$1,740.95	\$1,885.20	\$2,131.75	\$1,736.20	\$1,880.45	\$2,127.00
65+ (Non-Medicare)	\$1,055.65	\$1,198.90	\$1,447.80	\$2,296.20	\$2,410.95	\$2,688.25	\$2,111.30	\$2,226.05	\$2,503.35

(\$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	\$226.75	\$426.50	\$704.50	\$611.55	\$810.80	\$1,088.80	\$611.55	\$810.80	\$1,088.80
19 - 24	\$226.75	\$426.50	\$704.50	\$611.55	\$810.80	\$1,088.80	\$453.50	\$652.75	\$930.75
25 - 29	\$239.30	\$439.10	\$717.10	\$733.05	\$932.40	\$1,210.25	\$478.60	\$677.95	\$955.80
30 - 34	\$282.45	\$482.15	\$760.15	\$893.95	\$1,093.20	\$1,371.05	\$564.90	\$764.15	\$1,042.00
35 - 39	\$346.25	\$545.95	\$824.00	\$957.80	\$1,157.15	\$1,435.00	\$692.50	\$891.85	\$1,169.70
40 - 44	\$426.15	\$625.95	\$904.00	\$1,048.60	\$1,248.15	\$1,526.20	\$852.30	\$1,051.85	\$1,329.90
45 - 49	\$548.50	\$748.15	\$1,026.15	\$1,248.50	\$1,447.70	\$1,725.80	\$1,097.00	\$1,296.20	\$1,574.30
50 - 54	\$721.50	\$920.55	\$1,198.55	\$1,569.25	\$1,754.00	\$2,032.05	\$1,443.00	\$1,627.75	\$1,905.80
55 - 59	\$996.70	\$1,166.95	\$1,445.15	\$1,987.80	\$2,128.80	\$2,435.55	\$1,993.40	\$2,134.40	\$2,441.15
60 - 64	\$1,397.45	\$1,536.65	\$1,803.90	\$2,588.00	\$2,726.00	\$3,035.75	\$2,794.90	\$2,932.90	\$3,242.65
65+ (Medicare)	\$996.70	\$1,166.95	\$1,445.15	\$1,987.80	\$2,128.80	\$2,435.55	\$1,993.40	\$2,134.40	\$2,441.15
65+ (Non-Medicare)	\$1,412.15	\$1,553.55	\$1,821.80	\$2,615.20	\$2,755.60	\$3,068.25	\$2,824.30	\$2,964.70	\$3,277.35

(\$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	\$226.75	\$426.50	\$704.50	\$611.55	\$810.80	\$1,088.80	\$611.55	\$810.80	\$1,088.80
19 - 24	\$384.80	\$584.55	\$862.65	\$611.55	\$810.80	\$1,088.80	\$769.60	\$968.85	\$1,246.85
25 - 29	\$493.75	\$693.40	\$971.40	\$733.05	\$932.40	\$1,210.25	\$987.50	\$1,186.85	\$1,464.70
30 - 34	\$611.50	\$811.25	\$1,089.25	\$893.95	\$1,093.20	\$1,371.05	\$1,223.00	\$1,422.25	\$1,700.10
35 - 39	\$611.55	\$811.30	\$1,089.30	\$957.80	\$1,157.15	\$1,435.00	\$1,223.10	\$1,422.45	\$1,700.30
40 - 44	\$622.45	\$822.20	\$1,100.35	\$1,048.60	\$1,248.15	\$1,526.20	\$1,244.90	\$1,444.45	\$1,722.50
45 - 49	\$700.00	\$899.65	\$1,177.75	\$1,248.50	\$1,447.70	\$1,725.80	\$1,400.00	\$1,599.20	\$1,877.30
50 - 54	\$847.75	\$1,033.60	\$1,311.65	\$1,569.25	\$1,754.00	\$2,032.05	\$1,695.50	\$1,880.25	\$2,158.30
55 - 59	\$991.10	\$1,161.80	\$1,440.00	\$1,987.80	\$2,128.80	\$2,435.55	\$1,982.20	\$2,123.20	\$2,429.95
60 - 64	\$1,190.55	\$1,340.50	\$1,618.60	\$2,588.00	\$2,726.00	\$3,035.75	\$2,381.10	\$2,519.10	\$2,828.85
65+ (Medicare)	\$991.10	\$1,161.80	\$1,440.00	\$1,987.80	\$2,128.80	\$2,435.55	\$1,982.20	\$2,123.20	\$2,429.95
65+ (Non-Medicare)	\$1,203.05	\$1,353.90	\$1,634.55	\$2,615.20	\$2,755.60	\$3,068.25	\$2,406.10	\$2,546.50	\$2,859.15

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**

<b>CompleteCare</b>	<b>Exp. Period Enrollment Distribution</b>	<b>Average Rate</b>
\$500 deductible - Male Tier 1	58.52%	704.68
\$500 deductible - Female Tier 1	24.36%	884.95
\$500 deductible - Male Tier 2	1.91%	473.09
\$500 deductible - Female Tier 2	0.65%	891.35
\$500 deductible - Male Tier 3	0.08%	932.83
\$500 deductible - Female Tier 3	0.04%	930.20
\$1,000 deductible - Male Tier 1	9.47%	757.29
\$1,000 deductible - Female Tier 1	4.46%	876.36
\$1,000 deductible - Male Tier 2	0.43%	357.83
\$1,000 deductible - Female Tier 2	0.08%	803.71
\$1,000 deductible - Male Tier 3	0.00%	0.00
\$1,000 deductible - Female Tier 3	0.00%	0.00
	<b>100.00%</b>	<b>756.90</b>

**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-13	\$4,725,514	\$5,962,795	1.0000	\$4,725,514	1.1846	\$3,989,219	12,067	\$330.59						
Feb-13	\$4,571,142	\$5,527,240	1.0000	\$4,571,142	1.1860	\$3,854,246	11,852	\$325.20						
Mar-13	\$4,561,844	\$5,530,085	1.0000	\$4,561,844	1.1868	\$3,843,668	11,670	\$329.36	\$328.39					
Apr-13	\$4,399,111	\$5,561,748	1.0000	\$4,399,111	1.1901	\$3,696,322	11,502	\$321.36	\$325.33					
May-13	\$4,245,879	\$5,274,607	1.0000	\$4,245,879	1.1902	\$3,567,462	11,332	\$314.81	\$321.92					
Jun-13	\$4,453,845	\$5,373,209	1.0000	\$4,453,845	1.1915	\$3,738,141	11,192	\$334.00	\$323.34		\$325.92			
Jul-13	\$4,554,062	\$6,622,379	1.0000	\$4,554,062	1.1926	\$3,818,746	11,021	\$346.50	\$331.62		\$328.41			
Aug-13	\$4,699,821	\$5,675,887	1.0000	\$4,699,821	1.1954	\$3,931,651	10,877	\$361.46	\$347.19		\$334.29			
Sep-13	\$4,704,921	\$5,718,386	1.0000	\$4,704,921	1.1983	\$3,926,474	10,701	\$366.93	\$358.20		\$340.39			
Oct-13	\$5,193,459	\$6,253,172	1.0000	\$5,193,459	1.2005	\$4,326,099	10,558	\$409.75	\$379.15		\$354.88			
Nov-13	\$4,172,215	\$5,090,325	1.0000	\$4,172,215	1.2026	\$3,469,378	10,428	\$332.70	\$369.93		\$358.31			
Dec-13	\$4,026,805	\$4,939,654	1.0000	\$4,026,805	1.1996	\$3,356,817	10,076	\$333.15	\$359.03		\$358.61		\$341.53	
Jan-14	\$4,633,298	\$5,699,479	1.0000	\$4,633,298	1.1940	\$3,880,413	9,597	\$404.34	\$355.69		\$367.80			\$347.15
Feb-14	\$3,449,043	\$4,270,434	1.0000	\$3,449,043	1.1938	\$2,889,211	9,408	\$307.10	\$348.22		\$359.54			\$346.24
Mar-14	\$3,819,477	\$4,689,536	1.0000	\$3,819,477	1.1946	\$3,197,309	9,209	\$347.19	\$353.26	7.57%	\$356.29			\$347.88
Apr-14	\$3,899,355	\$4,860,657	1.0000	\$3,899,355	1.1931	\$3,268,312	8,995	\$363.35	\$338.80	4.14%	\$347.61			\$351.48
May-14	\$3,833,057	\$4,600,613	1.0000	\$3,833,057	1.1918	\$3,216,149	8,765	\$366.93	\$359.00	11.52%	\$353.40			\$356.04
Jun-14	\$3,991,478	\$4,858,583	1.0000	\$3,991,478	1.1960	\$3,337,376	8,672	\$384.84	\$371.59	14.92%	\$362.13	11.11%		\$360.23
Jul-14	\$4,194,177	\$5,004,030	1.0000	\$4,194,177	1.1991	\$3,497,739	8,574	\$407.95	\$386.42	16.52%	\$361.90	10.20%		\$365.07
Aug-14	\$3,740,020	\$4,518,193	1.0000	\$3,740,020	1.2020	\$3,111,558	8,495	\$366.28	\$386.41	11.30%	\$372.39	11.40%		\$365.51
Sep-14	\$3,572,825	\$4,372,968	1.0000	\$3,572,825	1.2047	\$2,965,763	8,413	\$352.52	\$375.76	4.90%	\$373.64	9.77%		\$364.39
Oct-14	\$4,014,463	\$4,848,509	1.0000	\$4,014,463	1.2070	\$3,325,891	8,330	\$399.27	\$372.58	-1.73%	\$379.61	6.97%		\$362.66
Nov-14	\$3,953,516	\$4,720,617	1.0000	\$3,953,516	1.2086	\$3,271,203	8,214	\$398.25	\$383.17	3.58%	\$384.82	7.40%		\$368.32
Dec-14	\$4,132,430	\$4,915,727	1.0000	\$4,132,430	1.2070	\$3,423,847	7,827	\$437.44	\$411.18	14.53%	\$393.08	9.61%		\$376.89
Jan-15	\$3,196,100	\$3,866,335	1.0000	\$3,196,100	1.1682	\$2,735,959	6,082	\$449.85	\$426.30	19.85%	\$397.67	8.12%		\$378.68
Feb-15	\$2,720,369	\$3,240,333	1.0000	\$2,720,369	1.1632	\$2,338,777	5,740	\$407.45	\$432.52	24.21%	\$404.91	12.62%		\$387.29
Mar-15	\$3,212,181	\$3,733,128	1.0000	\$3,212,181	1.1592	\$2,770,985	5,422	\$511.06	\$454.98	28.79%	\$429.33	20.50%		\$398.42
Apr-15	\$3,054,801	\$3,633,750	1.0000	\$3,054,801	1.1623	\$2,628,192	5,355	\$490.79	\$468.48	38.28%	\$444.33	27.83%		\$407.43
May-15	\$2,924,004	\$3,387,145	1.0000	\$2,924,004	1.1643	\$2,511,439	5,304	\$473.50	\$491.92	37.03%	\$459.26	29.95%		\$415.59
Jun-15	\$2,803,840	\$3,321,013	1.0000	\$2,803,840	1.1663	\$2,404,088	5,255	\$457.49	\$474.03	27.57%	\$464.12	28.17%		\$421.46
Jul-15	\$2,636,660	\$3,147,420	1.0000	\$2,636,660	1.1675	\$2,258,393	5,177	\$436.24	\$455.89	17.98%	\$462.34	27.75%		\$423.87
Aug-15	\$2,568,326	\$3,063,853	1.0000	\$2,568,326	1.1710	\$2,193,329	5,120	\$428.38	\$440.83	14.08%	\$466.80	25.36%		\$430.59
Sep-15	\$2,726,536	\$3,243,605	1.0000	\$2,726,536	1.1743	\$2,321,939	5,053	\$459.52	\$441.28	17.44%	\$457.95	22.57%		\$441.61
Oct-15	\$3,121,112	\$3,635,130	1.0000	\$3,121,112	1.1763	\$2,653,383	5,003	\$530.36	\$472.37	26.78%	\$463.98	22.23%		\$453.06
Nov-15	\$3,233,513	\$3,729,889	1.0000	\$3,233,513	1.1780	\$2,745,030	4,940	\$555.67	\$514.83	34.36%	\$477.16	24.00%		\$467.51
Dec-15	\$2,819,911	\$3,394,507	1.0000	\$2,819,911	1.1791	\$2,391,677	4,824	\$495.79	\$527.53	28.30%	\$483.57	23.02%		\$473.38
Jan-16	\$2,450,477	\$2,903,854	1.0000	\$2,450,477	1.1536	\$2,124,220	3,994	\$531.85	\$527.76	23.80%	\$498.71	25.41%		\$479.54
Feb-16	\$2,388,572	\$2,779,701	1.0000	\$2,388,572	1.1514	\$2,074,463	3,821	\$542.91	\$521.43	20.56%	\$517.85	27.89%		\$490.60
Mar-16	\$1,986,849	\$2,381,488	1.0000	\$1,986,849	1.1538	\$1,722,047	3,723	\$462.54	\$513.15	12.78%	\$521.22	21.40%		\$486.86
Apr-16	\$2,138,210	\$2,491,866	1.0000	\$2,138,210	1.1554	\$1,850,677	3,686	\$502.08	\$502.87	7.34%	\$516.57	16.26%		\$487.49
May-16	\$2,117,327	\$2,444,482	1.0000	\$2,117,327	1.1578	\$1,828,870	3,649	\$501.20	\$488.48	-0.70%	\$506.05	10.19%		\$489.78
Jun-16	\$1,876,292	\$2,232,312	0.9999	\$1,876,567	1.1618	\$1,615,189	3,600	\$448.66	\$484.20	2.15%	\$499.06	7.53%		\$490.19
Jul-16	\$2,107,265	\$2,445,292	0.9998	\$2,107,740	1.1625	\$1,813,172	3,557	\$509.75	\$486.51	6.72%	\$494.85	7.03%		\$497.04
Aug-16	\$1,804,955	\$2,179,125	0.9994	\$1,805,961	1.1672	\$1,547,246	3,512	\$440.56	\$466.36	5.79%	\$477.62	2.32%		\$500.14
Sep-16	\$1,602,824	\$1,938,456	0.9991	\$1,604,284	1.1684	\$1,373,051	3,470	\$395.69	\$449.14	1.78%	\$466.99	1.97%		\$496.85
Oct-16	\$1,780,507	\$2,185,451	0.9990	\$1,782,246	1.1693	\$1,524,144	3,431	\$444.23	\$426.82	-9.64%	\$457.22	-1.46%		\$489.32
Nov-16	\$2,067,823	\$2,493,388	0.9990	\$2,069,857	1.1742	\$1,762,813	3,401	\$518.32	\$452.34	-12.14%	\$459.47	-3.71%		\$484.18
Dec-16	\$1,865,994	\$2,235,867	0.9991	\$1,867,753	1.1760	\$1,588,213	3,320	\$478.38	\$480.22	-8.97%	\$464.39	-3.97%		\$482.44
Jan-17	\$1,618,061	\$1,975,169	0.9988	\$1,620,008	1.1559	\$1,401,484	2,822	\$496.63	\$498.01	-5.64%	\$460.86	-7.59%		\$478.70
Feb-17	\$1,678,861	\$1,929,301	0.9991	\$1,680,397	1.1553	\$1,454,495	2,757	\$527.56	\$499.40	-4.22%	\$474.15	-8.44%		\$475.99
Mar-17	\$1,748,742	\$2,040,549	0.9984	\$1,751,512	1.1594	\$1,510,702	2,716	\$556.22	\$526.42	2.59%	\$500.99	-3.88%		\$482.70
Apr-17	\$1,700,022	\$1,950,838	0.9986	\$1,702,427	1.1648	\$1,461,515	2,679	\$545.55	\$543.02	7.99%	\$518.75	0.42%		\$485.20
May-17	\$1,849,931	\$2,129,061	0.9981	\$1,853,363	1.1664	\$1,588,983	2,654	\$598.71	\$566.68	16.01%	\$531.35	5.00%		\$491.60
Jun-17	\$2,126,077	\$2,429,349	0.9979	\$2,130,508	1.1669	\$1,825,822	2,621	\$696.61	\$613.07	26.61%	\$568.84	13.98%		\$510.33
Jul-17	\$2,197,119	\$2,570,748	0.9966	\$2,204,531	1.1663	\$1,890,201	2,590	\$729.81	\$674.51	38.64%	\$607.59	22.78%		\$526.19
Aug-17	\$1,563,249	\$1,857,820	0.9942	\$1,572,324	1.1683	\$1,345,818	2,566	\$524.48	\$650.87	39.56%	\$608.05	27.31%		\$534.65
Sep-17	\$1,730,799	\$1,997,017	0.9945	\$1,740,371	1.1739	\$1,482,501	2,541	\$583.43	\$613.03	36.49%	\$613.05	31.28%		\$552.43
Oct-17	\$1,529,402	\$1,840,315	0.9938	\$1,538,934	1.1774	\$1,307,095	2,519	\$518.89	\$542.28	27.05%	\$609.41	33.29%		\$561.07
Nov-17	\$1,573,490	\$1,853,828	0.9921	\$1,586,040	1.1778	\$1,346,637	2,494	\$539.95	\$547.56	21.05%	\$599.97	30.58%		\$563.94
Dec-17	\$1,328,833	\$1,598,290	0.9888	\$1,343,943	1.1764	\$1,142,373	2,456	\$465.14	\$508.25	5.84%	\$561.43	20.90%		\$565.26
Jan-18	\$2,371,700	\$2,649,225	0.9876	\$2,401,594	1.1701	\$2,052,510	2,308	\$889.30	\$625.73	25.65%	\$582.97	26.50%		\$595.73
Feb-18	\$1,676,007	\$1,912,057	0.9791	\$1,711,869	1.1744	\$1,457,689	2,293	\$635.71	\$659.28	32.01%	\$601.52	26.86%		\$604.92
Mar-18	\$1,401,334	\$1,654,096	0.9114	\$1,537,494	1.1778	\$1,305,345	2,276	\$573.53	\$700.24	33.02%	\$600.28	19.82%		\$606.94

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

<b>CompleteCare</b>	<b>Snapshot Enrollment Distribution</b>	<b>Average Rate</b>
\$500 deductible - Male Tier 1	58.66%	708.98
\$500 deductible - Female Tier 1	24.12%	898.00
\$500 deductible - Male Tier 2	1.80%	470.07
\$500 deductible - Female Tier 2	0.70%	888.55
\$500 deductible - Male Tier 3	0.09%	932.83
\$500 deductible - Female Tier 3	0.04%	930.20
\$1,000 deductible - Male Tier 1	9.80%	767.15
\$1,000 deductible - Female Tier 1	4.26%	874.86
\$1,000 deductible - Male Tier 2	0.44%	331.96
\$1,000 deductible - Female Tier 2	0.09%	832.25
\$1,000 deductible - Male Tier 3	0.00%	0.00
\$1,000 deductible - Female Tier 3	0.00%	0.00
	<b>100.00%</b>	<b>763.05</b>

<b>Income at Current Rates PCPM (Snapshot)</b>	<b>\$763.05</b>
<b>Projected Contract Months (1/19 - 12/19)</b>	<b>19,079</b>
<b>Projected Member Months (1/19 - 12/19)</b>	<b>26,992</b>
<b>Projected Income at Current Rates</b>	<b>\$14,558,065</b>



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

<b>CompleteCare</b>	<b>Snapshot Enrollment Distribution</b>	<b>Average Rate</b>
\$500 deductible - Male Tier 1	58.66%	801.86
\$500 deductible - Female Tier 1	24.12%	1,015.64
\$500 deductible - Male Tier 2	1.80%	531.65
\$500 deductible - Female Tier 2	0.70%	1,004.95
\$500 deductible - Male Tier 3	0.09%	1,055.03
\$500 deductible - Female Tier 3	0.04%	1,052.06
\$1,000 deductible - Male Tier 1	9.80%	867.64
\$1,000 deductible - Female Tier 1	4.26%	989.47
\$1,000 deductible - Male Tier 2	0.44%	375.45
\$1,000 deductible - Female Tier 2	0.09%	941.27
\$1,000 deductible - Male Tier 3	0.00%	0.00
\$1,000 deductible - Female Tier 3	0.00%	0.00
	<b>100.00%</b>	<b>863.01</b>





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

Year	Total Operating Expenses*	Contract Months	Operating Expenses PCPM
<b>2013</b>	\$3,799,300	133,276	\$28.51
<b>2014</b>	\$3,148,997	104,499	\$30.13
<b>2015</b>	\$1,784,654	63,275	\$28.20
<b>2016</b>	\$1,214,469	43,164	\$28.14
<b>2017</b>	\$1,103,683	31,415	\$35.13
<b>2018 (Forecasted)</b>	\$1,301,788	26,544	\$49.04
<b>2019 (Forecasted)</b>	\$969,086	19,079	\$50.79
<b>1/1/2019 to 12/31/2019 Projection</b>	\$969,086	19,079	\$50.79

\* 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**

	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>Projected 1/1/19 - 12/31/19</b>
Subscription Fees	\$55,969,234	\$50,548,169	\$34,398,753	\$27,372,141	\$22,975,717	\$16,465,171
Prior Year Revenue Adjustment	\$35,609	(\$53,660)	\$229,077	\$589	\$48,865	
Subsequent Year Revenue Adjustment	\$53,660	(\$229,077)	(\$589)	(\$48,865)		
Adjusted Subscription Fees	\$56,058,502	\$50,265,432	\$34,627,241	\$27,323,866	\$23,024,582	\$16,465,171
Claims Incurred	\$53,520,189	\$46,101,645	\$37,202,767	\$24,476,788	\$20,377,547	\$15,487,259
Prior Year Claim Adjustment	\$274,221	\$20,449	(\$2,505,099)	(\$648,292)	\$199,175	
Subsequent Year Claim Adjustment	(\$20,449)	\$2,505,099	\$648,292	(\$199,175)		
Adjusted Incurred Claims	\$53,773,961	\$48,627,194	\$35,345,959	\$23,629,322	\$20,576,721	\$15,487,259
Administrative Expense	\$3,843,769	\$4,660,058	\$2,860,928	\$1,784,806	\$1,099,130	\$976,961
Commission Expense	\$150,811	\$111,770	\$55,996	\$29,767	\$19,067	\$0
Total Operating Expense	\$3,994,579	\$4,771,828	\$2,916,924	\$1,814,573	\$1,118,197	\$976,961
Total Underwriting Expense	\$57,768,540	\$53,399,022	\$38,262,883	\$25,443,895	\$21,694,919	\$16,464,220
Underwriting Gain/(Loss)	(\$1,710,038)	(\$3,133,590)	(\$3,635,642)	\$1,879,971	\$1,329,663	\$951
Average Contracts During the Period	11,106	8,708	5,273	3,597	2,618	1,590