

Part II: Justification for Proposed Rate Increase

BlueCross BlueShield of Montana

Small Group Rate Filing

Effective January 1, 2018

Scope and Range of the Rate Increase

Blue Cross and Blue Shield of Montana (BCBSMT) is filing new rates to be effective January 1, 2018, for its Small Group ACA metallic coverage. As measured in the Unified Rate Review Template (URRT), the range of rate increases for these plans is -0.8% to 8.1%. The average rate increase of the Blue Preferred product is 4.1%.

Changes in allowable rating factors, such as age and geographical area may also impact the premium amount for the coverage. The proposed 2018 rate increases reflect changes to the age curve as defined by the Centers for Medicare & Medicaid Services (CMS). In general, this change will have the greatest impact on the 0 -20 age group.

There are currently 35,567 members on Small Group Affordable Care Act (ACA) plans that may be affected by these proposed rates.

Financial Experience of the Product

Consistent with the filed URRT, earned premiums for all non-grandfathered Small Group plans during calendar year 2016 were \$175,098,722 and total claims incurred were \$152,063,562.

The proposed rates effective January 1, 2018, are expected to achieve the loss ratio assumed in the rate development.

Changes in Medical Service Costs

The proposed rates reflect expected changes due to increasing medical service and prescription drug costs, which includes changes in reimbursement rates to providers, higher expected utilization, the mix and intensity of services, and new technologies.

Changes in Benefits

There are no legally required changes to covered benefits and no significant changes to the benefit structure. Cost-sharing changes were made within these products allowing plans to maintain their metal status, which can contribute to the change in rates.

Administrative Costs and Anticipated Margins

Changes to non-benefit expenses are not a main driver of the rate increases. The key change in non-benefit expenses, is a result of reflecting the termination of the moratorium on the health insurer fee in the 2018 rates.

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The Affordable Care Act expects health plans in the small group market to spend at least 80% of each premium dollar they collect to pay for medical care and activities that improve health care quality for members. If health plans fail to spend at least 80% on medical claims and health care quality initiatives, they are required to give back money to consumers through a premium rebate. These rates assume BCBSMT will once again exceed the 80% threshold.