

PART II: JUSTIFICATION FOR PROPOSED RATE INCREASE

Blue Cross Blue Shield of Montana
Small Group Rate Filing
Effective Date of Rate Change: 1/1/2017

Section I: Scope and Range of the Rate Increase:

Blue Cross and Blue Shield of Montana (BCBSMT) is filing new rates to be effective January 1, 2017, for its Small Group ACA metallic coverage. The following tables contain information about anticipated average, minimum, and maximum rate changes for the Blue Preferred (30751MT056) product.

Rate Effective Date	Plan Category	Average Rate Increase
January to March	Renewing	32.1%
January to March	Terminated*	49.2%
January to March	All	32.3%

**Terminated plans are mapped to an existing plan with the same metallic value*

Rate Effective Date	Plan Category	Average Rate Increase
April to June	Renewing	34.4%
July to August	Renewing	36.8%
September to December	Renewing	39.2%
April to June	All	34.6%
July to August	All	37.0%
September to December	All	39.4%

Rate Effective Date	Plan Category	Minimum Rate Increase	Maximum Rate Increase
January to March	Renewing	10.4%	68.7%
January to March	All	10.4%	69.5%

Other changes in allowable rating factors such as age and tobacco use (if applicable) may also impact the premium amount and vary by individual.

There are currently approximately 39,000 members on Small Group Affordable Care Act (ACA) plans that may be affected by these proposed rates.

Section II: Most Significant Factors Affecting the Rate Increase/Decrease:

- Our pricing is driven by our experience and the anticipated health care costs of the members in each line of business. The main driver of the increase in the proposed rates is that the actual claims experience of the members in these Small Group ACA metallic policies was significantly higher than expected.
- The annual trend is 7.4% for medical and 16.8% for prescription drug. The annual composite trend is 9.1%.
- There are no legally required changes to covered benefits and no significant changes to the benefit structure.
- Changes to cost sharing were made to some plans within this product allowing these plans to maintain their metallic status.

Section III: Financial Experience:

Consistent with the filed URRT, earned premiums for all non-grandfathered Small Group plans during calendar year 2015 were \$143,984,684 and total claims incurred were \$128,173,757. The experienced loss ratio is calculated as claims incurred divided by earned premium:

$$\begin{aligned} &= (\text{claims incurred}) / (\text{earned premium}) \\ &= \$128,173,757 / \$143,984,684 \\ &= 89.0\% \end{aligned}$$

The calendar year 2015 pricing target loss ratio was 82.0%.

The calendar year 2017 pricing target loss ratio is 83.8%.

The target Medical Loss Ratio (MLR) using the federal formula consistent with 2015 pricing assumptions was 86.8%. For the purposes of calculating this loss ratio, the expected incurred claims are reduced for expenditures on quality improving activities and then adjusted for any payments or receipts due from the risk corridor and risk adjustment programs. Federal and state taxes and assessments and licensing and regulatory fees and reinsurance contributions are deducted from the expected earned premium.

The target Medical Loss Ratio (MLR) using the federal formula consistent with 2017 pricing assumptions is 88.2%.

Section IV: Administrative Costs and Anticipated Profits:

Stated as a percent of total premium, the 2017 proposed rates can be broken out as follows:

- 83.8% for medical and prescription drug claims
- 4.6% for administrative costs
- 3.3% for commissions and exchange fees
- 3.0% for Federal and state taxes and fees
- 5.0% for pre-tax contribution to reserves and profit
- 0.3% for projected to be paid for risk adjustment

Changes to administrative costs, commissions, and exchange fees contribute approximately -2.6% to the increase in rates.