General Information

Company Legal Name	Premera Blue Cross Blue Shield of Alaska (PBCBSA)
State	Alaska
Market	Individual (In and Out of Exchange)
Effective Date	January 1, 2017
HIOS Issuer ID	38344
NAIC Company Code	47570
Company Contact	David Braza FSA, ACAS, MAAA SVP, Chief Actuary – Premera Blue Cross Blue Shield of Alaska 425-918-5294 David.Braza@premera.com

Plans Effective 1/1/2017 In and Out of the Exchange

Preferred Plus Gold 1500	38344AK0540003
Preferred Plus Silver 3000	38344AK0540006
Preferred Plus Bronze 6350	38344AK0540008
Preferred Plus Bronze 5250 HSA	38344AK0550001
Preferred Plus Silver 3000 HSA	38344AK0550002

Discontinued Plans Effective 1/1/2017

Preferred Plus Silver 2000	38344AK0540004
Blue Cross Blue Shield Plus 1500, a Multi-State Plan	38344AK0620003
Blue Cross Blue Shield Plus 2000, a Multi-State Plan	38344AK0620004
Blue Cross Blue Shield Plus 3000, a Multi-State Plan	38344AK0620006
Blue Cross Blue Shield Plus 6350, a Multi-State Plan	38344AK0620008
Blue Cross Blue Shield Plus 5250 HSA High, a Multi-State Plan	38344AK0570001
Blue Cross Blue Shield Plus 3000 HSA High, a Multi-State Plan	38344AK0570002

Market Overview

The Alaskan Individual market will undergo significant changes in 2017. Moda Health Plan Inc has announced it will exit the individual market, leaving 13,634 members uninsured. It is expected that most, if not all, of these members will join the 6,800 members currently covered by

Premera Blue Cross Blue Shield of Alaska (PBCBSA). This comes after two years of significant losses for all carriers in the individual market.

During the first two years after the introduction of ACA compliant (metallic) plans the individual market has seen a significant increase in high cost conditions. Premera lost over $25 million over the first two years, paying out roughly $1.23 for every $1.00 collected. Moda also reported significant losses when they announced their exit. To mitigate this, the State of Alaska has announced plans to initiate a state reinsurance program for 2017 and 2018 while we continue to work with the state to find a long term solution. Without the introduction of the state reinsurance program Premera would require another significant rate increase. This pattern would be unsustainable, potentially leading to a collapse of the Individual market in Alaska.

Scope and Purpose

The purpose of this filing is to present the development of premium rates for PBCBSA Metallic Individual plans offered in and out of the Exchange, and to demonstrate that the resulting amounts charged are reasonable in relation to the benefits provided. This filing is not intended to be used for other purposes. This filing includes rates for our metallic products effective January 1, 2017. As of 4/30/2016 Premera has 6,800 metallic members in the Alaska individual market, and Moda has 13,634 members they will no longer cover in 2017.

Proposed Rate Increase

Based on the 2015 combined metallic experience for PBCBSA and Moda, both in and out of the exchange, the required rate increase is 7.3%.

Reason for Rate Increase(s)

• Medical Inflation	5.0%
• Increased Utilization	7.6%
• Deductible Leveraging	1.4%
• Benefit Change	-1.5%
• Single Risk Pool Experience Adjustment	-26.0%
• ACA Related Taxes and Fees	-2.0%
• Admin Fees	0.0%
• Risk Adjustment Transfer	14.3%
• Reinsurance Recovery	7.9%
• Risk and Contingency Fee	0.6%

There are additional items that are contributing to the rate increase which are demonstrated in Exhibits 1 through 7 submitted to the state for review. The Medical Inflation and Increased

Utilization impacts do not match the Unit Cost and Utilization trends shown in the URRT because the fixed admin portion does not increase with the medical trend; therefore the impact to the rate increase is diluted.

Description of Rate Development

The HHS Part I, Unified Rate Review Template, requires the use of a different methodology than the actuarial methodology used by health plans across the country when preparing rates. Specifically, the Unified Rate Review Template requires the use of data based on allowed charges, referring to how much a healthcare provider is allowed to charge based on that provider's contract with a health plan. Additionally, the template requires that we multiply the allowed charges by the paid-to-allowed ratio to determine the expected incurred in the rating period. In contrast, health plans prepare rate filings using data from incurred claims, meaning the actual amount paid to providers by the health plan, which accounts for the fact members pay for part of the cost of care via co-pays, deductibles, and co-insurance. This industry practice is consistent with generally accepted actuarial principles. Accordingly, Premera Blue Cross Blue Shield started with incurred claims divided by the average benefit relativity to create an "allowed" amount to calculate the expected incurred in the rating period. This allows us to provide an apples to apples comparison from the experience period to the projection period.

Where ever possible, we have incorporated Moda's experience into our rate development and reported experience as we would our own. Exhibit 3 shows a side by side comparison of the rate development using PBCBSA's experience, Moda's experience, and the combined experience. The combined rate development was used to set the final rates.

We have adjusted the experience period claims and membership data for the following: commercial reinsurance, Medicaid expansion, CSR claims reimbursement, and the Alaska State Reinsurance program in Exhibit 3. 1. The expected reimbursement from the commercial reinsurance was removed from the experience period claims. 2. All members from both PBCBSA and Moda who were on Cost Share Reduction Plans for Individuals at 150% or below who termed were assumed to have moved to Medicaid. The claims and membership for these individuals were removed from the experience period. 3. The CSR claims reimbursement was adjusted to account for those members who moved to Medicaid as shown in Exhibit 4.4 and then applied to the experience period claims. 4. Based on the initial study provided to the state to determine the potential $55M in reimbursement for high cost conditions, we utilized the conditions listed in Exhibit 1.5 to determine which individuals would be impacted and removed their respective claims. As shown in in Exhibit 1.5 we expect to meet this amount and have removed the present value of $55M from the experience period.

Rates were developed based on the claims experience for PBCBSA's and Moda's metallic plans incurred 1/1/2015 to 12/31/2015 and paid through 4/30/2016. From this experience we removed the anticipated commercial reinsurance, claims due to members who went to Medicaid, CSR reimbursements, and projected state reinsurance, then we calibrated for the average benefit relativity to arrive at the Adjusted Experience Period Index Rate. The Adjusted Experience

Period Index Rate was then trended to calculate the Projected Index Rate. To calculate the Market-Wide Adjusted Index Rate we divided the Projection Period Index Rate by one minus the Exchange User Fee. Exhibit 3 shows the rate development. Index rates for PBCBSA and Moda are for comparison only; the combined experience was used for the rate development. Exhibit 3.1 shows the development of the Consumer Adjusted Premium Rate. The rates in Exhibits 3.1 were calculated as follows. Please note Risk Adjustment in this case is zero.

Benefit Adjusted Rate = Market Adjusted Index Rate * Benefit Relativity – Non EHB Experience Adjustment

Risk Adjusted Rate = Benefit Adjusted Rate + Risk Adjustment

Plan Adjusted Index Rate = (Risk Adjusted Rate + Non EHB + Fixed Admin) / (1 – Variable Admin) / Tobacco Calibration Factor

Consumer Adjusted Premium Rate = Plan Adjusted Index Rate / Age-Area Calibration Factor

The variable admin used to calculate the Plan Adjusted Index Rate has the exchange user fee removed since this is already included in the Market Adjusted Index Rate. A filing document including supporting Exhibits 1-7 explaining the rating assumptions is submitted together with this actuarial memorandum to the State Division of Insurance for review. The exhibits are referenced throughout the memorandum, but are not included in the document to HHS.

Refer to *Experience Period Premium and Claims, Projection Factors, Risk adjustment and Reinsurance,* and *Non-benefit expenses and Profit and Risk* sections below for more detail on adjustments and factors used in the rate development.

Experience Period Premium and Claims

The rate development is based on the second year of experience for ACA compliant metallic products, calendar year 2015. The experience below contains both Metallic and Transitional Non Grandfathered products for Premera Blue Cross Blue Shield of Alaska which is consistent with the URRT.

Experience Period	Incurred 1/1/2015 to 12/31/2015 and Paid through 4/30/2016
Premiums	$64,962,115 ($256,952 paid in MLR rebates) for PBCBSA
Allowed Claims	$184,437,487

The allowed claims were calculated based on the experience period actual claims divided by the experience period plan benefit relativities. For reasons stated above, under description of rate development, they differ from the historical allowed claims shown in Exhibit 1. The experience period represents the most recent data while allowing for four months of claims run-out which

minimizes the estimation for incurred but not paid claims. The incurred but not paid claims estimate was based on lag triangles for this specific line of business.

Paid Claims Incurred	$95,934,860
Processed In System	$96,217,957
Processed Out of System	-$885,647
Incurred but not Paid	$602,551

Experience Period Federal Minimum Loss Ratio Rebate

Due to the MLR rebate calculation requiring issuers to use 100% of the Risk Corridor receivable, even though we only collected 12.6%, we paid $256,952 in rebates for 2014, despite having losses for that calendar year. Since this will not be the case going forward, and given the high loss ratios, we do not expect to pay any MLR rebates in 2017. The projected Federal MLR is shown on Exhibit 4.2.

Benefit Categories

Service codes were used to identify whether a claim was related to Inpatient Hospital, Outpatient Hospital, Professional, Other Medical, or Prescription Drug. Service codes are defined based on place of service, type of service, revenue code, procedure code, and diagnosis code. There were no capitation claims.

Projection Factors

The rate development calculation is included in filing document Exhibit 3. Consumer Adjusted Premium Rates by plan prior to area, age, and nicotine use adjustment are in Exhibit 3.1.

Changes in the Morbidity of the Population Insured

We anticipate a decrease in morbidity of our individual metallic membership. This is due to the large number of members coming from Moda, which has traditionally paid risk adjustment to PBCBSA. Since we blended the experience we have not made an additional morbidity adjustment.

Changes in Other

- **Changes in Benefits** – Effective 1/1/2017 we will waive the deductible on preventive pediatric dental benefits, and move to deductible then 40% coinsurance for specialty prescription drugs. Urgent care copays will fall under the specialty (SP) office visit copay for all non HSA qualified plans, with the Preferred Plus Bronze 6350 having a $60 urgent care copay. This is change is to encourage members to utilize their primary care

physicians (PCP) for non-emergency services. In addition we have made the following changes due to AV calculator requirements.

- Preferred Plus Gold 1500 – Changed PCP/SP office visit copays from $10/$40 to $20/$60 , the out of pocket max from $4,750 to $5,000.
- Preferred Plus Silver 3000 – Changed the coinsurance from 20% to 25%, the PCP/SP office visit copays from $15/$20 to $20/$60, and the out of pocket max from $6,850 to $7,150.
- Preferred Plus Bronze 6350 – Changed the out of pocket max from $6,850 to $7,150, and the first three PCP office visits will be $20 copay then deductible/coinsurance.
- Preferred Plus Bronze 5250 HSA – Changed coinsurance from 20% to 30%, and out of pocket max from $6,100 to $6,500.

- **Changes in Demographics** – No change in the demographics, such as age, of the membership from 2016 to 2017 is assumed. The average ages for PBCBSA and Moda as of January 2015 were one year apart, 39 vs 40 respectively.
- **Changes in Claims** – Metallic products offer a more comprehensive range of covered benefits. As the Transitional Non-Grandfathered members move into the metallic pool we expect they will utilize the richer benefits, resulting in higher utilization. Therefore we have used the metallic experience in our rate development. We have included Transitional Non Grandfathered in the URRT as required. The rate development also removed claims eligible for the Alaska State Reinsurance program up to the present value of the cap. Due to the difference in the experience shown in Section I of Worksheet I of the URRT and the experience used in the rate development we have applied a factor of 0.938 under Population Risk Morbidity to the Utilization per 1,000, and a factor of 1.025 under Other to the Average Cost/Service in order to arrive at the Index Rate in exhibit 3. The other adjustment includes changes in admin, area factors (that went into effect 1/1/2016), and changes in benefits, such as the addition of maternity, mental health, chemical dependency, and Rx benefits from the Transitional Non Grandfathered to Metallic plans. The Other Medical category was adjusted to 1.016 in order to account for a rounding error, since the URRT requires these adjustments to be rounded to three decimal places.

Trend Factors

A combined historical trend for Non-Grandfathered, Grandfathered, and Metallic members is shown in Exhibit 2.1. The historical trends show a significant increase with the introduction of metallic plans. In order to develop an appropriate rating trend, the trend projection is calculated based on the unit costs, utilization, and deductible leveraging as illustrated in Exhibit 2.3. Trends of unit cost and utilization are calculated for medical and pharmacy prescriptions (Rx) separately then weighted based on claims volume, 90% being attributed to medical and 10% to Rx.

- Unit Cost: The unit cost trend is based on our provider contracts and service cost for fully funded Alaska lines of business. For the Rx trend, we have a significant rise in unit cost due to new high cost medications. The medical unit cost trend is 4.1%, and the Rx 12.0% for a combined unit cost trend of 4.9%.

- Utilization: The utilization trend is based on calendar years 2014 and 2015 experience for PBCBSA Individual Metallic, Grandfathered, and Transitional Non-Grandfathered lines of business. The medical utilization trend is measured by the number days spend inpatient, number of outpatient cases, and number of professional services. These categories were weighted by claims volume producing a weighted medical utilization trend of 7.8%. The Rx Utilization based service counts is 9.1%, for a combined utilization trend of 7.9%. Development of the utilization trend is shown in Exhibit 2.2.
- Deductible Leveraging: As cost rise and deductibles remain fixed, the amount effectively paid by the carrier increases. Deductible leveraging for both medical and Rx is 1.5%.

The required combined Medical and Prescription Drug trend is 14.9%. We are proposing to use the required combined trend. In HHS Part I, we use the separate cost and utilization trends shown in Exhibit 2.3.

Calibration Factors

To arrive at the Index Rate for the rating period, the projected incurred claims were calibrated by the benefit for the experience period. The Index Rate is further calibrated by the area, demographic, and smoker factor to reflect the rate level at the 1.0 factor level.

- Benefit Value – The benefit relativities were combined for medical and Rx. The benefit relativities have been updated to reflect the benefit changes in order to meet AV requirements, waiving the deductible on preventive pediatric services, and changing specialty pharmacy prescription cost shares as described above under Changes in Benefits. The development of the average benefit relativity, for the experience period is shown in Exhibit 2.4. Members attributed to Medicaid expansion have been removed from the weighted average.
- Demographic – The Affordable Care Act (ACA) age factor was applied to the membership distribution of the experience period for PBCBSA. The data provided by Moda included ages as of 1/1/2015 with no birthdates, therefore we held the age for Moda members constant throughout the experience period. Members attributed to Medicaid expansion have been removed from the weighted average.
- Area – The area factors were based on the first three digits of the subscriber's zip code. The area factors effective 1/1/16 were applied to the experience period member months, adjusted for Medicaid expansion as shown in Exhibit 3.3. Members attributed to Medicaid expansion have been removed from the weighted average.
- Smoker – The smoker load is the same as 2016. Members with unknown tobacco use status, and dependents age 18 and over were excluded from the average smoker factor as shown in Exhibit 3.4. Moda members were excluded from the smoker factor development, due to unknown smoker status. Moda does not distinguish between smokers and non-smokers.
- Normalization Adjustment – This is a mathematical adjustment to ensure the impact of calculating the factors separately rather than as a composite calculation is revenue neutral.

Credibility Manual Rate Development

Since the instructions for the URRT require that we only show the filing legal entity's (Premera's) experience in the experience period, we have included Moda's experience under the Credibility Manual on Worksheet I Section I. We then weighted the PBCBSA projected index rate with the Moda projected index rate to arrive at the combined Projected Allowed Experience Claims PMPM.

Credibility of Experience

With over 237,000 member months in the experience period based on the combined membership for PBCBSA and Moda, we have determined that this data is fully credible.

Paid to Allowed Ratio

To complete HHS Part I, the average benefit relativity, weighted by projected membership, was used as the Paid to Allowed Ratio for the rating period. This is different than the average Actuarial Value (AV) since AV does not account for the change in utilization due to member cost share or the value of out-of-network benefits. Also, as stated previously, the allowed claims were determined by using the incurred claims divided by the average benefit relativity; therefore, the Paid to Allowed Ratio in the Unified Rate Review Template is the projected benefit relativity.

Risk Adjustment and Reinsurance

Projected Risk Adjustments PMPM

Premera's assumption is that PBCBSA will be the sole carrier in the Alaska Individual market with Moda's exit in 2017. Therefore, there are no projected risk adjustment payments for 2017. We have not included the $0.13 admin fee for the federal risk adjustment program. If there is an additional carrier who files to serve the Alaska Individual market, Premera reserves the right to adjust this rate filing accordingly.

Projected ACA Reinsurance Recoveries Net of Reinsurance Premium

Since the federal reinsurance program will not continue into 2017, we have made no adjustments to the projected claims for reinsurance and removed the fee from our admin expenses.

Non-Essential Health Benefits

The following plans include coverage for elective termination of pregnancy which is considered above Essential Health Benefits:

Plans sold on and off the exchange:	
Preferred Plus Gold 1500	38344AK0540003
Preferred Plus Silver 3000	38344AK0540006
Preferred Plus Bronze 6350	38344AK0540008
Preferred Plus Bronze 5250 HSA	38344AK0550001
Preferred Plus Silver 3000 HSA	38344AK0550002

For the plans sold on the exchange, the claims cost in the experience period was $0.33 PMPM, however due to the requirement that the minimum premium that we can charge for elective termination of pregnancy is $1.00 PMPM we have used this as the cost. Since the experience claims cost included this benefit we removed $1.00 from the index rate when calculating the Benefit Adjusted Rate. Then we added the $1.00 just to plans that cover elective abortion when calculating the Plan Adjusted Index Rate. This is shown in exhibits 3.1.

Non-Benefit Expenses and Profit & Risk

Administrative Expense Load

Non-benefit related expenses or Net Operating Expenses were developed by converting the experience period Operating Expenses to a PMPM and then adjusting for any projected changes in expense and inflation. The total fixed and variable operating experience for the rating period of $42.20 PMPM is shown in Exhibit 4.1.

Commissions will continue to be paid at a fixed PMPM in 2017, but at a lower rate. Effective 1/1/17 commissions will be paid at $17 PMPM. Since we do not pay commissions on members who come to us directly we have reduced this to $5.52 PMPM.

An Interest Credit amount of -$0.19 PMPM was calculated based on the Yield rate as of 3/31/2016.

The commercial reinsurance fee is $0.43 PMPM. This provides reinsurance for any member who incurs more than two million in claims, covering the amount over two million. This has provided a significant reduction to the projected claims compared to the cost of administering it.

Contribution to Surplus & Risk Margin (C&R)

Given the high trends and uncertainty of the Alaskan individual market we are filing for a contribution to surplus and risk margin of 4.4%.

Taxes and Fees

Premium Tax – we have included a Premium Tax of 2.0%.

Insurer Tax – We have removed the Insurer tax for 2017.

Exchange Fees – The 2017 Federal Facilitated Exchange (FFE) Fee is 3.5% for members using the Exchange. As of April, 90.3% of the membership came from the Exchange bringing the fee down to 3.2% of premium. The development of the reduced fee is shown in Exhibit 4.4.

State High Risk Pool – Based on the 2016 Alaska State High Risk Pool's assessment, we projected the 2017 assessment to be equivalent. The 2017 projected fee is $7.32 PMPM with a corresponding tax credit of $3.66 PMPM as illustrated in Exhibit 5.

Reinsurance Fees – We have removed reinsurance fees for 2017.

Risk Adjustment Program Administration Fee – We have removed this fee for 2017 since there will be no risk transfer payments.

Funding of Patient Centered Outcomes Research Fee – The 2017 amount is $2.28 per member per year or $0.19 PMPM.

AK Vaccine Assessment – The 2017 fee for the AK Vaccine Assessment Program is $1.65 PMPM. The development is shown in Exhibit 4.3, using the adult and child assessment fees and the pool demographics as of April 2016 to compute a weighted average.

Fixed Retention Adjustment

Exhibit 4.1 summarizes the non-benefit expenses. To ensure it is revenue neutral, the fixed retention is included in the Plan Adjusted Index Rate prior to calibrating for the rating factors to avoid overcharging the older individuals.

Projected Loss Ratio

The 2017 projected Medical Loss Ratio is 91.5%. This exceeds the Federal Minimum Loss Ratio Requirements. This is demonstrated on exhibit 4.2.

Index Rate

The adjusted "Index Rate" for the experience period is $1,455.09 based on PBCBSA and Moda metallic experience. This is different from the index rate for the experience period of $1,717.39 shown in the URRT, which does not remove claims and requires Moda's experience to be excluded and Transitional Non Grandfathered experience to be included. This represents the Total Allowed Claims for the experience period which is based on the experience period benefit relativity and the total Incurred claims.

The Index Rate for the projection period is $1,921.01. This represents the Total Allowed claims for the projection period prior to any risk or retention adjustments.

The projected Index Rate was calibrated for rating factors based on the experience membership. The plan level adjustments were applied to the calibrated rate (claim base rate) to calculate each plan's base rate (see *Description of Rate Making* above for more clarification).

AV Metal Values

The AV Metal Values were based on the AV calculator.

AV Pricing Values

The AV pricing values (i.e., benefit relativities) were calculated using our current pricing methodology which reflects induced utilization and the out of network benefits at different cost shares.

Membership Projections

The membership projections for 2017 assume migration from Moda to Premera plans.

Historical Rate Increases

Exhibit 6 shows the historical rate increases for the past 5 years.

Company's Financial Results

Exhibit 7 shows the company's revenues, liabilities and surplus for the past 5 years. These are combined for Premera Blue Cross Blue Shield of Alaska and Premera Blue Cross of Washington as reported in the annual statement.

Terminated Products

The following Metallic products will be discontinued on 1/1/2017.

Preferred Plus Silver 2000	38344AK0540004
Blue Cross Blue Shield Plus 1500, a Multi-State Plan	38344AK0620003
Blue Cross Blue Shield Plus 2000, a Multi-State Plan	38344AK0620004
Blue Cross Blue Shield Plus 3000, a Multi-State Plan	38344AK0620006
Blue Cross Blue Shield Plus 6350, a Multi-State Plan	38344AK0620008
Blue Cross Blue Shield Plus 3000 HSA High, a Multi-State Plan	38344AK0570002
Blue Cross Blue Shield Plus 5250 HSA High, a Multi-State Plan	38344AK0570001

Plan Type

The plans included in this filing are PPO plans.

Warning Alerts

There were no warning alerts from the URRT. However we were not able to report the experience period Portion of Above Payable by HHS's Fund on Behalf of Insured Person, in Dollars on worksheet II section III. Page 35 of the Unified Rate Review Instructions state under Exchange plan an issuer should mark terminated plans as "No", regardless of if it was sold in the exchange in the past. When "No" is selected it blacks out the box for entering CSR payments in the experience period.

Reliance

Premera used the reinsurance and risk adjustment transfer amount provided by CMS released on 6/30/2016 for experience period reporting. Premera also relied on data provided by Moda Health Plan Inc through the Alaska Department of Insurance. Membership and claims expense totals for this data were compared to their annual statement for reasonableness. [redacted] Since, the final rules for the Alaska Reinsurance program were not available prior to the filing deadline, if the program differs from the assumptions used in this rate filing, Premera reserves the right to adjust this rate filing accordingly.

Actuarial Certification

I, David Braza, am Chief Actuary, SVP at Premera Blue Cross Blue Shield of Alaska. I am a member of the American Academy of Actuaries and meet its qualification standards for rendering actuarial certification.

I am familiar with applicable laws and regulations of the State and federal government for rate filing requirements applicable to health care service contractors.

I, certify that the projected Index Rate is in compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1)). The Index Rate is reasonable in relation to the benefits provided and the population anticipated to be covered. The projected Index Rate is in compliance with the Actuarial Standards of Practice and is neither excessive nor deficient. Only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.

I certify that the AV Calculator was used to determine the AV Metal Values and that no other methodologies were used. The percent of total premium that represents essential health benefits were calculated in accordance with Actuarial Standards of Practice.

I certify that we have relied on data provided by Moda Health Plan through the Alaska Department of Insurance. This data was tested to be reasonable in relation to Moda's filed annual statement, but no further testing was completed. [redacted]

I, (David Braza, FSA ACAS, MAAA), do hereby certify that this filing has been developed in accordance with the profession's Code of Professional Conduct and the following Actuarial Standards of Practice (ASOPs):

- ASOP No. 5, *Incurred Health and Disability Claims*
- ASOP No. 8, *Regulatory Filings for Health Plan Entities*
- ASOP No. 12, *Risk Classification*
- ASOP No. 23, *Data Quality*
- ASOP No. 25, *Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages*
- ASOP No. 26, *Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans*
- ASOP No. 41, *Actuarial Communications*

8/19/2016

David Braza, FSA, ACAS, MAAA — Date
SVP, Chief Actuary
Premera Blue Cross Blue Shield of Alaska