1. General Information

- Company Identifying Information

Company Legal Name:	Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.
State:	Georgia
HIOS Issuer ID:	49046
NAIC Company Code:	96962
Market:	Small Group
Effective Date:	January 1, 2027

- Company Contact Information

Primary Contact Name:	[redacted]
Primary Contact Email Address:	[redacted]

2. Scope and Purpose of the Filing

This is a rate filing for the Small Group market ACA-compliant plans offered by Blue Cross Blue Shield Healthcare Plan of Georgia, Inc., also referred to as BCBSHP. The policy forms associated with these plans are listed below. The proposed rates in this filing will be effective for the 2027 plan year beginning January 1, 2027, and apply to plans Off-Exchange. This filing also includes quarterly premium trends for the year. Rates are guaranteed for 12 months after the group's effective date or renewal date. The products and proposed rates in this filing apply to groups with 50 or fewer employees.

The Memorandum provides support to the rate development and demonstrates that rates are established in compliance with state laws and provisions of the Affordable Care Act. The rates proposed in this submission reflect the regulatory framework and insurer participation in the market as of July 1, 2026. If the regulatory framework or insurer participation in the market changes after this date, proposed rates may no longer be appropriate and should be reevaluated for revision and resubmission. This rate filing is not intended to be used for other purposes.

Policy Form Number(s):

POS-SG, V14 - 01012027
EPO-SG, V7 - 01012027

3. Proposed Rate Increase(s)

The proposed rates have been developed from BCBSHP's 2025 ACA experience, blended with manual rates. The legal entity specific ACA experience has been assigned [redacted] credibility in the rate development.

The proposed annual rate changes by product in this filing range from [redacted] with rate changes by plan from [redacted] These ranges are based on the renewing plans, and are consistent with what is reported in the Unified Rate Review Template. Exhibit A shows the rate change for each plan.

Factors that affect the rate changes for all plans include:

- Emerging experience different than projected.
- Trend: This includes the impact of inflation, provider contracting changes, and changes in utilization of services.
- Morbidity: There are anticipated changes in the market-wide morbidity of the covered population in the projection period.
- Benefit modifications, including changes made to comply with updated AV requirements.
- Changes in taxes, fees, and some non-benefit expenses.

Although rates are based on the same claims experience, the rate changes vary by plan due to the following factors:

- Changes in benefit design that vary by plan.
- Updates in benefit relativity factors among plans.
- Changes in some non-benefit expenses that are applied on a PMPM basis.
- Changes in the claim cost relativity by area.

4. Experience and Current Period Premium, Claims, and Enrollment

The experience period premium and claims reported in Worksheet 1, Section I of the Unified Rate Review Template (URRT) are for the non-grandfathered, single risk pool compliant policies of the identified legal entity in the Small Group market. The designation of a small employer applies to group policies of 50 or fewer employees.

• Paid Through Date

The experience reported in Worksheet 1, Section I of the URRT reflects the incurred claims from January 1, 2025 through December 31, 2025 based on claims paid through March 31, 2026.

• Current Date

The Current Date for Current Enrollment and Current Premium PMPM in Worksheet 2, Section II of the URRT is March 31, 2026.

• Experience Period Premium

The earned premium prior to MLR rebate is [redacted]. The earned premium reflects the pro-rata share of premium based on policy coverage dates.

The preliminary MLR rebate estimate is [redacted] for experience period ending December 31, 2025, which is consistent with BCBSHP's current general ledger estimate allocated to the non-grandfathered portion of Small Group business. This is an estimated amount and will not be final until 7/31/2026. The earned premium is [redacted] for the legal entity as reported in cell E18 of Worksheet 1, Section I of the URRT.

• Allowed and Incurred Claims Incurred During the Experience Period

The allowed claims are determined by subtracting non-covered benefits, provider discounts, and coordination of benefits amounts from the billed amount.

Allowed and incurred claims are completed using the chain ladder method, an industry standard, by using historic paid vs. incurred claims patterns. The method calculates historic completion percentages, representing the percent of cumulative claims paid of the ultimate incurred amounts for each lag month. Claim backlog files are reviewed on a monthly basis and are accounted for in the historical completion factor estimates.

Allowed and incurred claims reported in Worksheet 1, Section I of the URRT are [redacted] and [redacted] respectively. These amounts differ from those shown in Exhibit B due to the URRT including Rx Rebates and transitional plan experience.

5. Benefit Categories

The methodology used to determine benefit categories in Worksheet 1, Section II of the URRT is as follows:

- Inpatient Hospital: Includes non-capitated facility services for medical, surgical, maternity, mental health and substance abuse, skilled nursing, and other services provided in an inpatient facility setting and billed by the facility.
- Outpatient Hospital: Includes non-capitated facility services for surgery, emergency room, lab, radiology, therapy, observation and other services provided in an outpatient facility setting and billed by the facility.
- Professional: Includes non-capitated primary care, specialist, therapy, the professional component of laboratory and radiology, and other professional services, other than hospital-based professionals whose payments are included in facility fees.

- Other Medical: Includes non-capitated ambulance, home health care, DME, prosthetics, supplies, vision exams, and dental services.
- Capitation: Includes all services provided under one or more capitated arrangements.
- Prescription Drug: Includes drugs dispensed by a pharmacy and rebates received from drug manufacturers.

6. Projection Factors

The experience period claims in Worksheet 1, Section I of the URRT are projected to the projection period using the factors described below. Exhibit C provides a summary of the factors.

The factors used to develop the credibility manual rate are fully detailed in Section 7 below.

• Trend Factors (cost/utilization)

- The annual pricing trend used in the development of proposed rates is [redacted]. This annual pricing trend is applied to both Years 1 and 2 in Worksheet 1 of the URRT after adjusting to an allowed trend. The trend is developed by normalizing historical benefit expense for changes in the underlying population and known cost drivers, which are then projected forward to develop the pricing trend. Examples of such changes or cost drivers include contracting, cost of care initiatives, workdays, average wholesale price, expected introduction of new brand or generic drugs, changes in medical and pharmacy utilization and other changes in practice patterns. For projection, the experience period claims are trended [redacted] months from the member-weighted endpoint of the experience period, which is [redacted] to the member-weighted endpoint of the projection period, which is [redacted] Exhibit F has details.

• Morbidity Adjustment

Adjustments are made to account for the differences between the average morbidity of the experience period population and that of the anticipated population in the projection period.

The projected population consists of expected retention of existing policies, transitional policies voluntarily migrating to ACA-compliant plans, and new groups to BCBSHP. The morbidity impacts of population movement are based on the experience period risk score data and estimated risk scores of the projected population. Exhibit F shows the morbidity factor.

• Changes in Demographics (Normalization)

The experience period claims are normalized to reflect anticipated changes in age/gender, area, network, and benefit plan in the projection period. Exhibit E provides detail of each normalization factor below:

- Age/Gender: The assumed claims cost is applied by age and gender to the experience period membership distribution and the projection period membership distribution.
- Area/Network: The area claims factors are developed based on an analysis of allowed claims by network, mapped to the prescribed rating areas using the group's 5-digit zip code.
- Benefit Plan: The experience period claims are normalized to reflect the average benefit level in the projection period using benefit relativities. The benefit relativities include the value of cost shares and anticipated changes in utilization due to the difference in average cost share requirements, and changes in the Actuarial Value range permitted for each metal level in the 2027 NBPP.

• Plan Design Changes

Changes in benefits include the following items. Exhibit F shows each adjustment factor.

- Network Adjustments: Adjustments are made to account for the member cost sharing change for Out-of-Network benefits between the experience period and the projection period for some plans.
- Rx Adjustments: Adjustments are made to reflect differences in the Rx formulary, Rx networks and discounts, and mail order programs between the experience period and the projection period.
- Essential Health Benefit (EHB) Changes: Adjustments are made to reflect the expansion of preventive care – coverage of diagnostic and supplemental screening mammograms, breast ultrasound, and breast MRI.

• Other Adjustments

Other adjustments to the experience claims data include the following items. Exhibit C has the seasonality maturing adjustment factor. Exhibit F and Exhibit G provide all other factors.

- Seasonality Maturing Adjustment: Adjustments are made when policies in the experience period have less than 12 months of experience in order to get them on a full 12-month basis that is expected in the projection period. The seasonality factors take into account claim seasonality during the year and the effect of calendar-year deductibles in health insurance.
- Off-System Adjustments: Projected costs are included for benefit expense adjustments and additional fees and surcharges.

- Composite Rating: Per 2015 HHS Notice of Benefit and Payment Parameters, composite rating will be available to all group sizes. An adjustment is being made to the rates to reflect the anti-selective impact of composite rating smaller group sizes.
- Rx Rebates: The projected claims cost is adjusted to reflect anticipated Rx rebates. These projections take into account the most up-to-date information regarding anticipated rebate contracts, drug prices, anticipated price inflation, and upcoming patent expirations.
- Projected costs of pediatric dental and vision benefits are included.
- Benefits in excess of the essential health benefits in the projection period are included. Exhibit G provides details of additional non-EHB benefits.
- Fertility Preservation Services: Projected costs of fertility preservation services when a member is receiving medically necessary treatment for cancer, sickle cell disease, or lupus are included.

Transitional product experience has been included in Worksheet 1, Section I of the URRT, in compliance with URR Instructions. In Exhibit C, transitional policies are not included in the starting claims PMPM as they are not expected to be enrolled in fully ACA-compliant plans during the projection period.

7. Manual Rate Adjustments

The experience period claims are [redacted] credible based on the credibility method used. Therefore, a manual rate was used in the rate development. The section below provides details of how the manual rate was developed.

• Source and Appropriateness of Experience Data Used

[redacted]

• Adjustments Made to the Data

Trend Factors (cost/utilization)

- The annual pricing trend used in the development of proposed rates is [redacted]. The trend is developed by normalizing historical benefit expense for changes in the underlying population and known cost drivers, which are then projected forward to develop the pricing trend. Examples of such changes or cost drivers include contracting, cost of care initiatives, workdays, average wholesale price, expected introduction of new brand or generic drugs, changes in medical and pharmacy utilization and other changes in practice patterns. For projection, the experience period claims are trended [redacted] months from the member-weighted endpoint of the experience period, which is [redacted] to the member-weighted endpoint of the projection period, which is [redacted]. Exhibit F has details.

Morbidity Adjustment

Adjustments are made to the source data to account for the differences in the average morbidity of the population underlying the manual rate and the anticipated population in the projection period.

The projected population consists of expected retention of existing policies, transitional policies voluntarily migrating to ACA-compliant plans, and new groups to BCBSHP. The morbidity impacts of population movement are based on the experience period risk score data and estimated risk scores of the projected population. Exhibit F shows the morbidity factor.

Changes in Demographics (Normalization)

The data underlying the manual rate is normalized to reflect anticipated changes in age/gender, area, network, and benefit plan in the projection period. Exhibit E provides detail of each normalization factor below:

- Age/Gender: The assumed claims cost is applied by age and gender to the source data membership distribution and the projection period membership distribution.
- Area/Network: The area claims factors are developed based on an analysis of allowed claims by network, mapped to the prescribed rating areas using the group's 5-digit zip code.
- Benefit Plan: The experience period claims are normalized to reflect the average benefit level in the projection period using benefit relativities. The benefit relativities include the value of cost shares and anticipated changes in utilization due to the difference in average cost share requirements, and changes in the Actuarial Value range permitted for each metal level in the 2027 NBPP.

Plan Design Changes

Changes in benefits include the following items. Exhibit F shows each adjustment factor.

- Essential Health Benefit (EHB) Changes: Adjustments are made to reflect the expansion of preventive care – coverage of diagnostic and supplemental screening mammograms, breast ultrasound, and breast MRI.
- Network Adjustments: Adjustments are made to account for the member cost sharing change for Out-of-Network benefits between the experience period and the projection period for some plans.
- Rx Adjustments: Adjustments are made to reflect differences in the Rx formulary, Rx networks and discounts, and mail order programs between the experience period and the projection period.

Other Adjustments

Other adjustments to the manual rate data include the following items. Exhibit C has the seasonality maturing adjustment factor. Exhibit F and Exhibit G provide all other factors.

- Off-System Adjustments: Projected costs are included for benefit expense adjustments and additional fees and surcharges.
- Seasonality Maturing Adjustment: Adjustments are made when policies in the experience period have less than 12 months of experience in order to get them on a full 12-month basis that is expected in the projection period. The seasonality factors take into account claim seasonality during the year and the effect of calendar-year deductibles in health insurance.
- Rx Rebates: The projected claims cost is adjusted to reflect anticipated Rx rebates. These projections take into account the most up-to-date information regarding anticipated rebate contracts, drug prices, anticipated price inflation, and upcoming patent expirations.
- Projected cost of pediatric dental and vision benefits are included.
- Addition of any new essential health benefits in the projection period is included.
- Benefits in excess of the essential health benefits in the projection period are included. Exhibit G provides details of additional non-EHB benefits.
- Any non-essential health benefits included in the source data, but not expected to be offered in the projection period are removed.

• Inclusion of Capitation Payments

The underlying data includes capitation payments, which are combined with the base medical and pharmacy claims and projected at the same rate. No further adjustment is made to the capitation.

8. Credibility of Experience

• Credibility Method Used

Based on an analysis of historical data, the standard for fully credible experience is [redacted] members.

To determine credibility, the following formula was used: square root(experience period members / [redacted])

• Resulting Credibility Level Assigned to Base Period Experience

With [redacted], the credibility level assigned to the experience is [redacted] as shown in Exhibit C.

9. Establishing the Index Rate

- Experience Period Index Rate

  The experience period Index Rate is equal to the allowed claims PMPM for the essential health benefits of BCBSHP's non-grandfathered business in the Small Group market. The experience period Index Rate is [redacted]. No benefits in excess of the essential health benefits have been included in this amount.

- Projection Period Index Rate

  The projection period Index Rate is equal to projected allowed claims PMPM for the essential health benefits of BCBSHP's non-grandfathered business in the Small Group market. It reflects the anticipated claim level of the projection period including impact from trend, benefit and demographics as described in Section 6 and Section 7 of this memo.

  The projected Index Rate is reported in Worksheet 1, Section II, cell F42 of the URRT and is also shown in Exhibit D. No benefits in excess of the essential health benefits have been included in this amount.

- Quarterly Premium Trend Factors

  Quarterly premium rate changes will be implemented for products Off-Exchange. Exhibit D provides the quarterly premium trend factors for the remainder of the year.

10. Development of the Market-wide Adjusted Index Rate

The Market-wide Adjusted Index Rate is calculated as the Index Rate adjusted for all allowable market-wide modifiers defined in the market rating rules. The three market-wide adjustments - Risk Adjustment, Reinsurance, and Exchange User Fee adjustment - are described below. In compliance with URR Instructions, these adjustments were applied on an allowed basis in the development of the Market-wide Adjusted Index Rate. Exhibit D illustrates the development of the Market-wide Adjusted Index Rate.

- Projected Risk Adjustments PMPM

  Projection period risk adjustments are estimated based on the HHS payment transfer formula. An independent consultant's study and BCBSHP's historical risk adjustment levels are used to develop the assumptions for the company's relative risk to the market. Projected changes in population movements and demographics that may affect risk adjustments are also considered, as well as the impact of high-cost risk pooling.

  The projected risk adjustment PMPMs reported in Worksheet 2 of the URRT are on a paid claim basis, while the projected amount applied to the development of Market-wide Adjusted Index Rate is on an allowed claim basis. Exhibit D and Exhibit H provide details.

- Projected ACA Reinsurance Recoveries Net of Reinsurance Premium

  Beginning in 2017, the Federal reinsurance program is no longer in effect. The projected reinsurance contribution amount is [redacted].

- Exchange User Fees

  Exchange User Fee: The Exchange User Fee is set [redacted] for this legal entity since BCBSHP will not be participating in the Exchange at this time.

11. Plan Adjusted Index Rate

The Plan Adjusted Index Rate is calculated as the Market-wide Adjusted Index Rate adjusted for all allowable plan level modifiers defined in the market rating rules. Exhibit L shows the development. The plan level modifiers are described below:

- AV and Cost Sharing Adjustments: This is a multiplicative factor that adjusts for the projected paid/allowed ratio of each plan, based on the AV metal value with an adjustment for utilization differences due to differences in cost sharing.
- Provider Network Adjustments: This is a multiplicative factor that adjusts for differences in projected claims cost due to different network discounts.
- Adjustments for Benefits in Addition to the Essential Health Benefits: This multiplicative factor adjusts for additional non-EHB benefits shown in Exhibit G.
- Catastrophic Plan Adjustment: There are no catastrophic plans in this filing. The factor of [redacted]
- Adjustments for Distribution and Administrative Cost: This is an additive adjustment that includes all the selling expense, administration and retention Items shown in Exhibit I.

12. Calibration

The Plan Adjusted Index Rate is calibrated by the Age and Geographic factors so that the schedule of premium rates for each plan can be further developed. Exhibit M shows both calibration factors.

• Age Curve Calibration

The age factors are based on the Default Federal Standard Age Curve. The age calibration adjustment is calculated as the member weighted average of the age factors, using the projected membership distribution by age, with an adjustment for the maximum of 3 child dependents under age 21. Under this methodology, the approximate average age rounded to the nearest whole number for the risk pool is [redacted].

• Geographic Factor Calibration

The geographic factors are developed from historical claims experience. The geographic calibration adjustment is calculated as the member weighted average of the geographic factors, using the projected membership distribution by area.

13. Consumer Adjusted Premium Rate Development

The Consumer Adjusted Premium Rate is calculated by calibrating the Plan Adjusted Index Rate by the Age and Geographic calibration factors described above, and applying consumer specific age and geographic rating factors. Exhibit P has the sample rate calculations.

14. Projected Loss Ratio

- Projected Federal MLR

Exhibit K shows the projected Federal MLR for the products in this filing. The calculation is an estimate and is not meant to be a true measure for Federal or State MLR rebate purposes. The products in this filing represent only a subset of BCBSHP's Small Group business. The MLR for BCBSHP's entire book of Small Group business will be compared to the minimum Federal benchmark for purposes of determining regulation-related premium refunds. Also note that the projected Federal MLR presented here does not capture all adjustments, including but not limited to: three-year averaging, credibility, dual option, and deductible. BCBSHP's projected MLR is expected to meet or exceed the minimum MLR standards at the market level after including all adjustments.

15. Actuarial Value Metal Values

The Actuarial Value (AV) Metal Values reported in Worksheet 2, Section I of the URRT are based on the AV Calculator. To the extent a component of the benefit design was not accommodated by an available input within the AV Calculator, the benefit characteristic was adjusted to be actuarially equivalent to an available input within the AV Calculator for purposes of utilizing the AV Calculator as the basis for the AV Metal Values. When applicable, benefits for plans that are not compatible with the parameters of the AV Calculator have been separately identified and documented in the Unique Plan Design Supporting Documentation and Justification that supports the Plan & Benefits Template. The AV de minimis ranges in the 2027 NBPP were used for all plans.

16. Membership Projections

Membership projections are reported in Worksheet 2, Section IV of the URRT. They are based on historical and current enrollment, expected new sales and lapses.

17. Terminated Plans and Products

Exhibit Q shows there are no products from 2024, 2025, and 2026 that will be terminated prior to January 1, 2027.

Exhibit R provides a listing of 2024, 2025, and 2026 plans that will be terminated prior to January 1, 2027. The mapping of terminated plans to the new plans is also included.

18. Plan Type

The plan type for each plan reported in Worksheet 2, Section I of the URRT is consistent with the option chosen from the drop-down box.

19. Reliance

In support of this rate development, various data and analyses were provided by other members of BCBSHP's actuarial staff, including data and analysis related to cost of care, valuation, and pricing. I have reviewed the data and analyses for reasonableness and consistency. I have also relied on [redacted] to provide the actuarial certification for the Unique Plan Design Supporting Documentation and Justification and Federal Mental Health Parity testing for plans included in this filing.

20. Actuarial Certification

I, [redacted], am an actuary for Elevance Health, the holding company of BCBSHP. I am a member of the American Academy of Actuaries and a Fellow of the Society of Actuaries. I meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained herein. I hereby certify that the following statements are true to the best of my knowledge with regards to this filing:

(1) The projected Index Rate is:

- In compliance with all applicable state and Federal statutes and regulations (45 CFR 156.80 and 147.102)
- Developed in compliance with the appropriate Actuarial Standards of Practice (ASOP's) including but not limited to: ASOP No. 8 (Regulatory Filings for Health Benefits, Accident and Health Insurance, and Entities Providing Health Benefits), ASOP No. 23 (Data Quality), and ASOP No. 41 (Actuarial Communications).
- Reasonable in relation to the benefits provided and the population anticipated to be covered
- Not excessive nor deficient

(2) The Index Rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 156.80(d)(2) were used to generate plan level rates.

(3) The geographic rating factors reflect differences in the costs of delivery (which can include unit cost and provider practice pattern differences) and do not include differences for population morbidity by geographic area.

(4) The most recent approved AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans.

The Part I Unified Rate Review Template does not demonstrate the process used by the issuer to develop the rates. Rather it represents information required by Federal regulation to be provided in support of the review of rate changes, for certification of Qualified Health Plans for Federally-Facilitated Exchanges, and for certification that the Index Rate is developed in accordance with Federal regulation, used consistently, and only adjusted by the allowable modifiers. However, this Actuarial Memorandum does accurately describe the process used by the issuer to develop the rates.

The rates proposed in this submission reflect the regulatory framework and insurer participation in the market as of July 1, 2026. If the regulatory framework or insurer participation in the market change after this date, proposed rates may no longer be appropriate and should be reevaluated for revision and resubmission. Issuer market entry and exit can have a significant impact on rates through the risk adjuster mechanisms in the ACA and create a need for reconsideration and revision of proposed premium rates.

[redacted]

[redacted]

[redacted]

7/1/2026

Date

Exhibit A - Non-Grandfathered Rate Changes

Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.
Small Group

Rates Effective January 1, 2027

HIOS Plan Name	2027 HIOS Plan ID	On/Off Exchange	Metal Level	Network Name	Area(s) Offered	Plan Category	Plan Specific Rate Change (excluding aging) {1},{2}
Anthem Bronze Blue Open Access POS 9500/0%/9500	49046GA0431149	Off	Bronze	Blue Open Access POS	[redacted]	Renewing	[redacted]
Anthem Bronze Blue Open Access POS 6750/10%/8500 w/HSA	49046GA0431154	Off	Bronze	Blue Open Access POS		Renewing	
Anthem Virtual Access Plus Bronze Blue Open Access POS 6000/8500 w/HSA	49046GA0431160	Off	Bronze	Blue Open Access POS		Renewing	
Anthem Bronze Blue Open Access POS 8500/0%/8500 w/HSA	49046GA0431162	Off	Bronze	Blue Open Access POS		Renewing	
Anthem Silver Blue Open Access POS 4000/20%/11000	49046GA0430109	Off	Silver	Blue Open Access POS		Renewing	
Anthem Silver Blue Open Access POS 3750/20%/8500 w/HSA	49046GA0430118	Off	Silver	Blue Open Access POS		Renewing	
Anthem Silver Blue Open Access POS 5000/20%/11000	49046GA0431004	Off	Silver	Blue Open Access POS		Renewing	
Anthem Silver Blue Open Access POS 3500/20%/11000	49046GA0431106	Off	Silver	Blue Open Access POS		Renewing	
Anthem Silver Blue Open Access POS 6000/20%/11000	49046GA0431150	Off	Silver	Blue Open Access POS		Renewing	
Anthem Silver Blue Open Access POS 5000/10%/8000 w/HSA	49046GA0431151	Off	Silver	Blue Open Access POS		Renewing	
Anthem Virtual Access Plus Silver Blue Open Access POS 4000/8000	49046GA0431155	Off	Silver	Blue Open Access POS		Renewing	
Anthem Virtual Access Plus Silver Blue Open Access POS 3500/8000 w/HSA	49046GA0431159	Off	Silver	Blue Open Access POS		Renewing	
Anthem Clear Choice Silver Blue Open Access POS 80/10150	49046GA0431163	Off	Silver	Blue Open Access POS		Renewing	
Anthem Silver Blue Open Access POS 7500/20%/10000	49046GA0431166	Off	Silver	Blue Open Access POS		New	
Anthem Gold Blue Open Access POS 1500/20%/7500	49046GA0430094	Off	Gold	Blue Open Access POS		Renewing	
Anthem Gold Blue Open Access POS 2000/20%/7000	49046GA0430102	Off	Gold	Blue Open Access POS		Renewing	
Anthem Gold Blue Open Access POS 2500/20%/6750	49046GA0430104	Off	Gold	Blue Open Access POS		Renewing	
Anthem Gold Blue Open Access POS 1000/20%/8000	49046GA0430107	Off	Gold	Blue Open Access POS		Renewing	
Anthem Virtual Access Plus Gold Blue Open Access POS 3000/5000	49046GA0431156	Off	Gold	Blue Open Access POS		Renewing	
Anthem Virtual Access Plus Gold Blue Open Access POS 1500/5500	49046GA0431157	Off	Gold	Blue Open Access POS		Renewing	
Anthem Advanced Access Bronze Blue Connection EPO 6000/8500 w/HSA	49046GA0680050	Off	Bronze	Blue Connection		Renewing	
Anthem Advanced Access Bronze Blue Connection EPO 6000/8500 w/HSA	49046GA0680052	Off	Bronze	Blue Connection		Renewing	
Anthem Advanced Access Bronze Blue Connection EPO 6000/8500 w/HSA	49046GA0680065	Off	Bronze	Blue Connection		Renewing	
Anthem Advanced Access Bronze Blue Connection EPO 6000/8500 w/HSA	49046GA0680066	Off	Bronze	Blue Connection		Renewing	
Anthem Advanced Access Bronze Blue Connection EPO 6000/8500 w/HSA	49046GA0680116	Off	Bronze	Blue Connection		Renewing	
Anthem Advanced Access Bronze Blue Connection EPO 6000/8500 w/HSA	49046GA0680117	Off	Bronze	Blue Connection		Renewing	
Anthem Advanced Access Bronze Blue Connection EPO 6000/8500 w/HSA	49046GA0680145	Off	Bronze	Blue Connection		Renewing	
Anthem Advanced Access Silver Blue Connection EPO 4000/8000	49046GA0680012	Off	Silver	Blue Connection		Renewing	
Anthem Advanced Access Silver Blue Connection EPO 4000/8000	49046GA0680014	Off	Silver	Blue Connection		Renewing	
Anthem Advanced Access Silver Blue Connection EPO 3500/8000 w/HSA	49046GA0680027	Off	Silver	Blue Connection		Renewing	
Anthem Advanced Access Silver Blue Connection EPO 3500/8000 w/HSA	49046GA0680029	Off	Silver	Blue Connection		Renewing	
Anthem Advanced Access Silver Blue Connection EPO 3500/8000 w/HSA	49046GA0680057	Off	Silver	Blue Connection		Renewing	
Anthem Advanced Access Silver Blue Connection EPO 3500/8000 w/HSA	49046GA0680058	Off	Silver	Blue Connection		Renewing	
Anthem Advanced Access Silver Blue Connection EPO 4000/8000	49046GA0680063	Off	Silver	Blue Connection		Renewing	
Anthem Advanced Access Silver Blue Connection EPO 4000/8000	49046GA0680064	Off	Silver	Blue Connection		Renewing	
Anthem Advanced Access Silver Blue Connection EPO 5000/20%/11000	49046GA0680083	Off	Silver	Blue Connection		Renewing	
Anthem Advanced Access Silver Blue Connection EPO 5000/20%/11000	49046GA0680085	Off	Silver	Blue Connection		Renewing	

Exhibit A - Non-Grandfathered Rate Changes

Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.
Small Group

Rates Effective January 1, 2027

HIOS Plan Name	2027 HIOS Plan ID	On/Off Exchange	Metal Level	Network Name	Area(s) Offered	Plan Category	Plan Specific Rate Change (excluding aging) {1},{2}
Anthem Advanced Access Silver Blue Connection EPO 5000/20%/11000	49046GA0680086	Off	Silver	Blue Connection	[redacted]	Renewing	[redacted]
Anthem Advanced Access Silver Blue Connection EPO 5000/20%/11000	49046GA0680089	Off	Silver	Blue Connection		Renewing	
Anthem Advanced Access Silver Blue Connection EPO 4000/20%/11000	49046GA0680091	Off	Silver	Blue Connection		Renewing	
Anthem Advanced Access Silver Blue Connection EPO 4000/20%/11000	49046GA0680093	Off	Silver	Blue Connection		Renewing	
Anthem Advanced Access Silver Blue Connection EPO 4000/20%/11000	49046GA0680094	Off	Silver	Blue Connection		Renewing	
Anthem Advanced Access Silver Blue Connection EPO 4000/20%/11000	49046GA0680097	Off	Silver	Blue Connection		Renewing	
Anthem Advanced Access Silver Blue Connection EPO 4000/20%/11000	49046GA0680126	Off	Silver	Blue Connection		Renewing	
Anthem Advanced Access Silver Blue Connection EPO 4000/20%/11000	49046GA0680127	Off	Silver	Blue Connection		Renewing	
Anthem Advanced Access Silver Blue Connection EPO 5000/20%/11000	49046GA0680128	Off	Silver	Blue Connection		Renewing	
Anthem Advanced Access Silver Blue Connection EPO 5000/20%/11000	49046GA0680129	Off	Silver	Blue Connection		Renewing	
Anthem Advanced Access Silver Blue Connection EPO 4000/8000	49046GA0680132	Off	Silver	Blue Connection		Renewing	
Anthem Advanced Access Silver Blue Connection EPO 4000/8000	49046GA0680133	Off	Silver	Blue Connection		Renewing	
Anthem Advanced Access Silver Blue Connection EPO 3500/8000 w/HSA	49046GA0680134	Off	Silver	Blue Connection		Renewing	
Anthem Advanced Access Silver Blue Connection EPO 3500/8000 w/HSA	49046GA0680135	Off	Silver	Blue Connection		Renewing	
Anthem Advanced Access Silver Blue Connection EPO 4000/8000	49046GA0680140	Off	Silver	Blue Connection		Renewing	
Anthem Advanced Access Silver Blue Connection EPO 4000/20%/11000	49046GA0680141	Off	Silver	Blue Connection		Renewing	
Anthem Advanced Access Silver Blue Connection EPO 5000/20%/11000	49046GA0680144	Off	Silver	Blue Connection		Renewing	
Anthem Advanced Access Silver Blue Connection EPO 3500/8000 w/HSA	49046GA0680146	Off	Silver	Blue Connection		Renewing	
Anthem Advanced Access Silver Blue Connection EPO 7500/20%/10000	49046GA0680150	Off	Silver	Blue Connection		New	
Anthem Advanced Access Silver Blue Connection EPO 7500/20%/10000	49046GA0680151	Off	Silver	Blue Connection		New	
Anthem Advanced Access Silver Blue Connection EPO 7500/20%/10000	49046GA0680152	Off	Silver	Blue Connection		New	
Anthem Advanced Access Silver Blue Connection EPO 7500/20%/10000	49046GA0680153	Off	Silver	Blue Connection		New	
Anthem Advanced Access Silver Blue Connection EPO 7500/20%/10000	49046GA0680154	Off	Silver	Blue Connection		New	
Anthem Advanced Access Silver Blue Connection EPO 7500/20%/10000	49046GA0680155	Off	Silver	Blue Connection		New	
Anthem Advanced Access Silver Blue Connection EPO 7500/20%/10000	49046GA0680156	Off	Silver	Blue Connection		New	
Anthem Advanced Access Gold Blue Connection EPO 3000/5000	49046GA0680002	Off	Gold	Blue Connection		Renewing	
Anthem Advanced Access Gold Blue Connection EPO 3000/5000	49046GA0680004	Off	Gold	Blue Connection		Renewing	
Anthem Advanced Access Gold Blue Connection EPO 1500/5500	49046GA0680007	Off	Gold	Blue Connection		Renewing	
Anthem Advanced Access Gold Blue Connection EPO 1500/5500	49046GA0680009	Off	Gold	Blue Connection		Renewing	
Anthem Advanced Access Gold Blue Connection EPO 3000/5000	49046GA0680059	Off	Gold	Blue Connection		Renewing	
Anthem Advanced Access Gold Blue Connection EPO 3000/5000	49046GA0680060	Off	Gold	Blue Connection		Renewing	
Anthem Advanced Access Gold Blue Connection EPO 1500/5500	49046GA0680061	Off	Gold	Blue Connection		Renewing	
Anthem Advanced Access Gold Blue Connection EPO 1500/5500	49046GA0680062	Off	Gold	Blue Connection		Renewing	
Anthem Advanced Access Gold Blue Connection EPO 1000/20%/8000	49046GA0680067	Off	Gold	Blue Connection		Renewing	
Anthem Advanced Access Gold Blue Connection EPO 1000/20%/8000	49046GA0680069	Off	Gold	Blue Connection		Renewing	
Anthem Advanced Access Gold Blue Connection EPO 1000/20%/8000	49046GA0680070	Off	Gold	Blue Connection		Renewing	
Anthem Advanced Access Gold Blue Connection EPO 1000/20%/8000	49046GA0680073	Off	Gold	Blue Connection		Renewing	

Exhibit A - Non-Grandfathered Rate Changes

Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.
Small Group

Rates Effective January 1, 2027

HIOS Plan Name	2027 HIOS Plan ID	On/Off Exchange	Metal Level	Network Name	Area(s) Offered	Plan Category	Plan Specific Rate Change (excluding aging) {1},{2}
Anthem Advanced Access Gold Blue Connection EPO 2500/20%/6750	49046GA0680075	Off	Gold	Blue Connection	[redacted]	Renewing	[redacted]
Anthem Advanced Access Gold Blue Connection EPO 2500/20%/6750	49046GA0680077	Off	Gold	Blue Connection		Renewing	
Anthem Advanced Access Gold Blue Connection EPO 2500/20%/6750	49046GA0680078	Off	Gold	Blue Connection		Renewing	
Anthem Advanced Access Gold Blue Connection EPO 2500/20%/6750	49046GA0680081	Off	Gold	Blue Connection		Renewing	
Anthem Advanced Access Gold Blue Connection EPO 1500/5500	49046GA0680118	Off	Gold	Blue Connection		Renewing	
Anthem Advanced Access Gold Blue Connection EPO 1500/5500	49046GA0680119	Off	Gold	Blue Connection		Renewing	
Anthem Advanced Access Gold Blue Connection EPO 3000/5000	49046GA0680120	Off	Gold	Blue Connection		Renewing	
Anthem Advanced Access Gold Blue Connection EPO 3000/5000	49046GA0680121	Off	Gold	Blue Connection		Renewing	
Anthem Advanced Access Gold Blue Connection EPO 2500/20%/6750	49046GA0680122	Off	Gold	Blue Connection		Renewing	
Anthem Advanced Access Gold Blue Connection EPO 2500/20%/6750	49046GA0680123	Off	Gold	Blue Connection		Renewing	
Anthem Advanced Access Gold Blue Connection EPO 1000/20%/8000	49046GA0680124	Off	Gold	Blue Connection		Renewing	
Anthem Advanced Access Gold Blue Connection EPO 1000/20%/8000	49046GA0680125	Off	Gold	Blue Connection		Renewing	
Anthem Advanced Access Gold Blue Connection EPO 1000/20%/8000	49046GA0680142	Off	Gold	Blue Connection		Renewing	
Anthem Advanced Access Gold Blue Connection EPO 2500/20%/6750	49046GA0680143	Off	Gold	Blue Connection		Renewing	
Anthem Advanced Access Gold Blue Connection EPO 1000/20%/8000	49046GA0680142	Off	Gold	Blue Connection		Renewing	
Anthem Advanced Access Gold Blue Connection EPO 2500/20%/6750	49046GA0680143	Off	Gold	Blue Connection		Renewing	
Anthem Advanced Access Gold Blue Connection EPO 1500/5500	49046GA0680148	Off	Gold	Blue Connection		Renewing	
Anthem Advanced Access Gold Blue Connection EPO 3000/5000	49046GA0680149	Off	Gold	Blue Connection		Renewing	

NOTES:

{1} Plan level increases in rates do not include demographic changes in the population.

{2} Plan level rate increases were developed in accordance to URR Instructions. For 'New' 2027 plans, non-zero rate increases were calculated based off 2026 terminated plans mapped to them.

Exhibit B - Claims Experience for Rate Developments

Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.
Small Group

Experience Rate Claims Experience

Incurred January 1, 2025 through December 31, 2025
Paid through March 31, 2026

PAID CLAIMS:									
Incurred and Paid Claims:		IBNR:		Fully Incurred Claims:			Total	Member	Total
Medical	Drug	Medical	Drug	Medical	Drug	Capitation	Benefit Expense	Months	PMPM
[redacted]									

ALLOWED CLAIMS:									
Incurred and Paid Claims:		IBNR:		Fully Incurred Claims:			Total	Member	Total
Medical	Drug	Medical	Drug	Medical	Drug	Capitation	Benefit Expense	Months	PMPM
[redacted]									

Manual Rate Claims Experience

[redacted]

PAID CLAIMS:									
Incurred and Paid Claims:		IBNR:		Fully Incurred Claims:			Total	Member	Total
Medical	Drug	Medical	Drug	Medical	Drug	Capitation	Benefit Expense	Months	PMPM
[redacted]									

ALLOWED CLAIMS:									
Incurred and Paid Claims:		IBNR:		Fully Incurred Claims:			Total	Member	Total
Medical	Drug	Medical	Drug	Medical	Drug	Capitation	Benefit Expense	Months	PMPM
[redacted]									

Note

{1} The 'Experience Rate Claims Experience' above does not account for Transitional Plans or Rx Rebates in 'Paid Claims', whereas the claims shown in Worksheet 1, Section 1 of the URRT include them, if present.

Exhibit C - Index Rate Development

Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.
Small Group

Rates Effective January 1, 2027

		Experience Rate	Manual Rate	
1)	Starting Paid Claims PMPM	[redacted]		Exhibit B
2)	x Seasonality Maturing Adjustment			
3)	= Mature Claims PMPM			= (1) x (2)
4)	x Normalization Factor			Exhibit E
5)	= Normalized Claims			= (3) x (4)
6)	x Plan Design Changes			Exhibit F
7)	x Morbidity Changes			Exhibit F
8)	x Trend Factor			Exhibit F
9)	x Other Cost of Care Impacts			Exhibit F
10)	= Projected Paid Claim Cost			= (5) x (6) x (7) x (8) x (9)
11)	Credibility Weight			
12)	Blended Paid Claims			
13)	- Non-EHBs Embedded in Line Item 1) Above			
14)	= Projected Paid Claims, Excluding ALL Non-EHBs			= (12) - (13)
15)	+ Rx Rebates			Exhibit G
16)	+ Additional EHBs			Exhibit G
17)	= Projected Paid Claims Reflecting only EHBs			= (14) + (15) + (16)
18)	÷ Paid to Allowed Ratio			
19)	**= Index Rate** {2}			= (17) / (18)

NOTE:

{1} Factors above are detailed in subsequent exhibits

{2} 1Q Index Rate is Projected Allowed Claims for EHBs only

{3} Index Rate may differ slightly from URRT due to rounding

Exhibit D - Quarterly Index and Market Adjusted Index Rate Development

Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.
Small Group

	Rates Effective:				
	1Q27	2Q27	3Q27	4Q27	Member Weighted Average
Renewing Membership	[redacted]				
Quarterly Allowed Trend					
Index Rate {1}					
Reinsurance Contribution {2}					
Expected Reinsurance Payments					
Risk Adjustment Net Transfer					
Exchange User Fee					
Paid-to-allowed Ratio					
Market-wide Adjusted Index Rate {3}					
Quarterly Premium Trend {4}					

NOTES:

{1} The 1Q index rate was derived in Exhibit C. The index rate changes each quarter with the quarterly allowed trend as illustrated above.
{2} The details of Risk Mitigation programs are shown in Exhibit H. Exchange User Fee is explained in the Memo, and also shown in Exhibit I.
{3} Market-wide Adjusted Index Rate = Index Rate + ((Reinsurance + Risk Adjustment + Exchange User Fee) ÷ Paid-to-allowed Ratio)
{4} The quarterly premium trend reflects quarterly allowed trend, deductible leveraging, and anticipated quarterly changes in risk mitigation programs and non-benefit expenses.
{5} Minor rate variances may occur due to differences in rounding methodology.

Exhibit E - Normalization Factors

Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.
Small Group

Rates Effective January 1, 2027

	Average Claim Factors - Experience Rate		
	Experience Period Population	Future Population	Normalization Factor [1]
Age/Gender Area/Network Benefit Plan			
Total			

	Average Claim Factors - Manual Rate		
	Experience Period Population	Future Population	Normalization Factor [1]
Age/Gender Area/Network Benefit Plan			
Total			

Note

{1} Normalization Factor = Future Population Factor / Experience Period Population Factor

Exhibit F - Projection Period Adjustments

Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.
Small Group

Rates Effective January 1, 2027

Impact of Changes Between Experience Period and Projection Period:		
	Experience Rate	**Manual Rate**
Plan Design Changes		
Network Adjustments		
Total Benefit Changes		
Morbidity Changes		
Total Morbidity Changes		
Trend & Other Cost of Care Impacts		
Annual Medical/Rx Trend Rate		
# Months of Projection		
Trend Factor		
Other Cost of Care:		
Off System Adjustments		
Composite Rating		
Total other Cost of Care Impacts		

Note

{1} Explanation of the factors above is provided in the Actuarial Memorandum

Exhibit G - Other Claim Adjustments

Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.
Small Group

Rates Effective January 1, 2027

Other Claim Adjustments	PMPM
Rx Rebates	
Additional EHBs	
Pediatric Dental	
Pediatric Vision	
GA HB94 Fertility Preservation	
Total - Additional EHBs	
Additional non-EHBs	
CCP, Adult Dental, Adult Vision	
Non-EHB pmpm (in experience)	
Total - Additional Non-EHBs	

NOTES:

{1} This exhibit includes projected claims from lines 15 & 16 of Exhibit C and additional non EHBs.

Exhibit H - Risk Adjustment and Reinsurance - Contributions and Payments

Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.
Small Group

Rates Effective January 1, 2027

Risk Adjustment:		
PMPM		**Net Transfer{1}**
Federal Program		[redacted]
Reinsurance: {2}		
PMPM	**Contributions Made**	**Expected Receipts**
Federal Program	[redacted]	
Grand Total of All Risk Mitigation Programs	[redacted]	

NOTES:

{1} Projected risk adjustment transfer amount is explained in the Memorandum "Development of the Market-wide Adjusted Index Rate" Section.

{2} Federal Reinsurance Program is no longer applicable starting in 2017.

Exhibit I - Non-Benefit Expenses and Profit & Risk

Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.
Small Group

Rates Effective January 1, 2027

	Expenses Applied As a PMPM Cost	Expenses Applied as a % of Premium [1]	Expenses Expressed as a PMPM [5]
Administrative Expenses	[redacted]		
Administrative Costs			
Quality Improvement Expense			
Selling Expense			
Specialty Expenses			
Total Administrative Expenses			
Taxes and Fees			
PCORI Fee			
ACA Insurer Fee			
Risk Adjustment Fee [2]			
Marketplace User Fee			
Premium Tax			
MLR-Deductible Federal/State Income Taxes [3]			
Total Taxes and Fees			
Profit and Risk Margin [4]			
Total Non-Benefit Expenses, Profit, and Risk			

NOTES:

{1} The sum of the rounded percentages shown may not equal the total at the bottom of the table due to rounding.

{2} The Risk Adjustment User Fee reflects the per capita annual user fee rate established by HHS at the time this filing was prepared: $2.16 per year or $0.18 per-enrollee-per-month.

{3} Includes only those income taxes which are deductible from the MLR denominator; in particular, Federal income taxes on investment income are excluded.

{4} Profit and Risk Margin shown here is post-tax profit, net of those federal and state income taxes which are deductible from the MLR denominator.

{5} BCBSHP's Non-Benefit Expenses are applied in both PMPM and % of Premium as shown above. The last column expresses all non-benefit Expenses in PMPM only.

Exhibit J - Commission

Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.
Small Group

Rates Effective January 1, 2027

For 2027 we will use the following commission schedule for Small Group products:

Number of Employees in Group	Commission PEPM
[redacted]	

Below is the development of the Selling Expense amount shown in Exhibit I:

Weighted Average Commission:

Number of Employees in Group	Commission PEPM	Average number of Members per Employee	Commission PMPM	Expected % of Members
[redacted]				

Where Commission PMPM = Commission PEPM / Average Number of Members per Employee

1)	Avg comm for bus sold through agents:	[redacted]	weighted average of Commissions PMPM
2)	% business sold through agents:		based on historical data
3)	Avg commission expense PMPM:		= 1) x 2)
4)	Avg BenefitMall expense PMPM:		
5)	Selling expense PMPM:		= 3) + 4)

Note: Minor rate variances may occur due to differences in rounding methodology.

Exhibit K - Federal MLR Estimated Calculation

Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.
Small Group

Rates Effective January 1, 2027

Numerator:	[redacted]	
Incurred Claims {1}		Exhibit C (Line 17) + Exhibit G (Total Non-EHBs)
+ Quality Improvement Expense		Exhibit I
+ Risk Corridor Contributions		
+ Risk Adjustment Net Transfer		Exhibit H
+ Reinsurance Receipts		Exhibit H
+ Risk Corridor Receipts		
+ Reduction to Rx Incurred Claims (ACA MLR)		Footnote {3}
= *Estimated* Federal MLR Numerator		
Denominator:		
Premiums {2}		Incurred Claims + Exhibit H (Total) + Exhibit I (Total)
- Federal and State Taxes		Exhibit I (Federal/State Income Taxes)
- Premium Taxes		Exhibit I (Premium Tax)
- Risk Adjustment User Fee		Exhibit I
- Reinsurance Contributions		Exhibit H
- Licensing and Regulatory Fees		Exhibit I (PCORI, ACA and Marketplace Fees)
= *Estimated* Federal MLR Denominator		
***Estimated* Federal MLR**		Footnote {4}

NOTES:

{1} Incurred Claims = Projected Paid Claims for EHB (Exhibit C Line 17) + additional non EHBs (Exhibit G Total Non-EHBs)

{2} Premiums = Incurred Claims in this exhibit + Risk Mitigation Programs in Exhibit H + Non-Benefit Expenses and Profit & Risk Margin in Exhibit I

{3} This is the amount of 2027 pharmacy claims that are attributable to Third Party Administrative Expenses (i.e. the 'retail spread' or 'pharmacy claims margin'). It is calculated by applying the third party margin percentage to the 2027 projected Pharmacy claims including projected rebates.

{4} The above calculation is purely an estimate and not meant to be compared to the minimum MLR benchmark for federal/state MLR rebate purposes:

* The above calculation represents only the products in this filing. Federal MLR will be calculated at the legal entity and market level.
* Not all numerator/denominator components are captured above (for example, fraud and prevention program costs, payroll taxes, assessments for state high risk pools etc.).
* Other adjustments may also be applied within the federal MLR calculation such as 3-year averaging, new business, credibility, deductible and dual option. These are ignored in the above calculation.
* Licensing and Regulatory Fees include ACA-related fees as allowed under the MLR Final Rule.

Exhibit L - Plan Adjusted Index Rate and Consumer Adjusted Premium Rates

Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.
Small Group

Rates Effective January 1, 2027

HIOS Plan Name	HIOS Plan ID	Market Adjusted Index Rate (Exhibit D)	Cost Sharing Adjustment	CSR Load Factor	Provider Network Adjustment	Adjustment for Benefits in Addition to the EHBS	Catastrophic Plan Adjustment {1}	Administrative Costs {2}	Plan Adjusted Index Rate {3}	Calibration Factor {4}	Adjust to 1Q27 eff date	Consumer Adjusted Premium Rate {5}
Anthem Bronze Blue Open Access POS 9500/0%/9500	49046GA0431149											
Anthem Bronze Blue Open Access POS 6750/10%/8500 w/HSA	49046GA0431154											
Anthem Virtual Access Plus Bronze Blue Open Access POS 6000/8500 w/HSA	49046GA0431160											
Anthem Bronze Blue Open Access POS 8500/0%/8500 w/HSA	49046GA0431162											
Anthem Silver Blue Open Access POS 4000/20%/11000	49046GA0430109											
Anthem Silver Blue Open Access POS 3750/20%/8500 w/HSA	49046GA0430118											
Anthem Silver Blue Open Access POS 5000/20%/11000	49046GA0431004											
Anthem Silver Blue Open Access POS 3500/20%/11000	49046GA0431106											
Anthem Silver Blue Open Access POS 6000/20%/11000	49046GA0431150											
Anthem Silver Blue Open Access POS 5000/10%/8000 w/HSA	49046GA0431151											
Anthem Virtual Access Plus Silver Blue Open Access POS 4000/8000	49046GA0431155											
Anthem Virtual Access Plus Silver Blue Open Access POS 3500/8000 w/HSA	49046GA0431159											
Anthem Clear Choice Silver Blue Open Access POS 80/10150	49046GA0431163											
Anthem Silver Blue Open Access POS 7500/20%/10000	49046GA0431166											
Anthem Gold Blue Open Access POS 1500/20%/7500	49046GA0430094											
Anthem Gold Blue Open Access POS 2000/20%/7000	49046GA0430102											
Anthem Gold Blue Open Access POS 2500/20%/6750	49046GA0430104											
Anthem Gold Blue Open Access POS 1000/20%/8000	49046GA0430107											
Anthem Virtual Access Plus Gold Blue Open Access POS 3000/5000	49046GA0431156											
Anthem Virtual Access Plus Gold Blue Open Access POS 1500/5500	49046GA0431157											
Anthem Advanced Access Bronze Blue Connection EPO 6000/8500 w/HSA	49046GA0680050											
Anthem Advanced Access Bronze Blue Connection EPO 6000/8500 w/HSA	49046GA0680052											
Anthem Advanced Access Bronze Blue Connection EPO 6000/8500 w/HSA	49046GA0680065											
Anthem Advanced Access Bronze Blue Connection EPO 6000/8500 w/HSA	49046GA0680066											
Anthem Advanced Access Bronze Blue Connection EPO 6000/8500 w/HSA	49046GA0680116											
Anthem Advanced Access Bronze Blue Connection EPO 6000/8500 w/HSA	49046GA0680117											
Anthem Advanced Access Bronze Blue Connection EPO 6000/8500 w/HSA	49046GA0680145											
Anthem Advanced Access Silver Blue Connection EPO 4000/8000	49046GA0680012											
Anthem Advanced Access Silver Blue Connection EPO 4000/8000	49046GA0680014											
Anthem Advanced Access Silver Blue Connection EPO 3500/8000 w/HSA	49046GA0680027											
Anthem Advanced Access Silver Blue Connection EPO 3500/8000 w/HSA	49046GA0680029											
Anthem Advanced Access Silver Blue Connection EPO 3500/8000 w/HSA	49046GA0680057											
Anthem Advanced Access Silver Blue Connection EPO 3500/8000 w/HSA	49046GA0680058											
Anthem Advanced Access Silver Blue Connection EPO 4000/8000	49046GA0680063											
Anthem Advanced Access Silver Blue Connection EPO 4000/8000	49046GA0680064											
Anthem Advanced Access Silver Blue Connection EPO 5000/20%/11000	49046GA0680083											
Anthem Advanced Access Silver Blue Connection EPO 5000/20%/11000	49046GA0680085											
Anthem Advanced Access Silver Blue Connection EPO 5000/20%/11000	49046GA0680086											
Anthem Advanced Access Silver Blue Connection EPO 5000/20%/11000	49046GA0680089											
Anthem Advanced Access Silver Blue Connection EPO 4000/20%/11000	49046GA0680091											
Anthem Advanced Access Silver Blue Connection EPO 4000/20%/11000	49046GA0680093											
Anthem Advanced Access Silver Blue Connection EPO 4000/20%/11000	49046GA0680094											
Anthem Advanced Access Silver Blue Connection EPO 4000/20%/11000	49046GA0680097											
Anthem Advanced Access Silver Blue Connection EPO 4000/20%/11000	49046GA0680126											
Anthem Advanced Access Silver Blue Connection EPO 4000/20%/11000	49046GA0680127											
Anthem Advanced Access Silver Blue Connection EPO 5000/20%/11000	49046GA0680128											
Anthem Advanced Access Silver Blue Connection EPO 5000/20%/11000	49046GA0680129											
Anthem Advanced Access Silver Blue Connection EPO 4000/8000	49046GA0680132											
Anthem Advanced Access Silver Blue Connection EPO 4000/8000	49046GA0680133											
Anthem Advanced Access Silver Blue Connection EPO 3500/8000 w/HSA	49046GA0680134											
Anthem Advanced Access Silver Blue Connection EPO 3500/8000 w/HSA	49046GA0680135											
Anthem Advanced Access Silver Blue Connection EPO 4000/8000	49046GA0680140											
Anthem Advanced Access Silver Blue Connection EPO 4000/20%/11000	49046GA0680141											
Anthem Advanced Access Silver Blue Connection EPO 5000/20%/11000	49046GA0680144											
Anthem Advanced Access Silver Blue Connection EPO 3500/8000 w/HSA	49046GA0680146											
Anthem Advanced Access Silver Blue Connection EPO 7500/20%/10000	49046GA0680150											
Anthem Advanced Access Silver Blue Connection EPO 7500/20%/10000	49046GA0680151											
Anthem Advanced Access Silver Blue Connection EPO 7500/20%/10000	49046GA0680152											
Anthem Advanced Access Silver Blue Connection EPO 7500/20%/10000	49046GA0680153											
Anthem Advanced Access Silver Blue Connection EPO 7500/20%/10000	49046GA0680154											
Anthem Advanced Access Silver Blue Connection EPO 7500/20%/10000	49046GA0680155											
Anthem Advanced Access Silver Blue Connection EPO 7500/20%/10000	49046GA0680156											
Anthem Advanced Access Gold Blue Connection EPO 3000/5000	49046GA0680002											

Exhibit L - Plan Adjusted Index Rate and Consumer Adjusted Premium Rates

Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.
Small Group

Rates Effective January 1, 2027

HIOS Plan Name	HIOS Plan ID	Market Adjusted Index Rate (Exhibit D)	Cost Sharing Adjustment	CSR Load Factor	Provider Network Adjustment	Adjustment for Benefits in Addition to the EHBS	Catastrophic Plan Adjustment {1}	Administrative Costs {2}	Plan Adjusted Index Rate {3}	Calibration Factor {4}	Adjust to 1Q27 eff date	Consumer Adjusted Premium Rate {5}
Anthem Advanced Access Gold Blue Connection EPO 3000/5000	49046GA0680004											
Anthem Advanced Access Gold Blue Connection EPO 1500/5500	49046GA0680007											
Anthem Advanced Access Gold Blue Connection EPO 1500/5500	49046GA0680009											
Anthem Advanced Access Gold Blue Connection EPO 3000/5000	49046GA0680059											
Anthem Advanced Access Gold Blue Connection EPO 3000/5000	49046GA0680060											
Anthem Advanced Access Gold Blue Connection EPO 1500/5500	49046GA0680061											
Anthem Advanced Access Gold Blue Connection EPO 1500/5500	49046GA0680062											
Anthem Advanced Access Gold Blue Connection EPO 1000/20%/8000	49046GA0680067											
Anthem Advanced Access Gold Blue Connection EPO 1000/20%/8000	49046GA0680069											
Anthem Advanced Access Gold Blue Connection EPO 1000/20%/8000	49046GA0680070											
Anthem Advanced Access Gold Blue Connection EPO 1000/20%/8000	49046GA0680073											
Anthem Advanced Access Gold Blue Connection EPO 2500/20%/6750	49046GA0680075											
Anthem Advanced Access Gold Blue Connection EPO 2500/20%/6750	49046GA0680077											
Anthem Advanced Access Gold Blue Connection EPO 2500/20%/6750	49046GA0680078											
Anthem Advanced Access Gold Blue Connection EPO 2500/20%/6750	49046GA0680081											
Anthem Advanced Access Gold Blue Connection EPO 1500/5500	49046GA0680118											
Anthem Advanced Access Gold Blue Connection EPO 1500/5500	49046GA0680119											
Anthem Advanced Access Gold Blue Connection EPO 3000/5000	49046GA0680120											
Anthem Advanced Access Gold Blue Connection EPO 3000/5000	49046GA0680121											
Anthem Advanced Access Gold Blue Connection EPO 2500/20%/6750	49046GA0680122											
Anthem Advanced Access Gold Blue Connection EPO 2500/20%/6750	49046GA0680123											
Anthem Advanced Access Gold Blue Connection EPO 1000/20%/8000	49046GA0680124											
Anthem Advanced Access Gold Blue Connection EPO 1000/20%/8000	49046GA0680125											
Anthem Advanced Access Gold Blue Connection EPO 1000/20%/8000	49046GA0680142											
Anthem Advanced Access Gold Blue Connection EPO 2500/20%/6750	49046GA0680143											
Anthem Advanced Access Gold Blue Connection EPO 1500/5500	49046GA0680148											
Anthem Advanced Access Gold Blue Connection EPO 3000/5000	49046GA0680149											

Notes:

{1} This adjustment reflects the projected costs of the population eligible for catastrophic plans.

{2} This is an additive adjustment that includes all the selling expense, administration and retention Items shown in Exhibit I, with the exception of the Exchange User Fee. The Exchange User Fee has been included in the Market-wide Adjusted Index Rate at the market level.

{3} The Plan Adjusted Index Rate is calculated by multiplying the Market-wide Adjusted Index Rate by the AV and cost sharing, CSR load factor, provider network, benefits in addition to the EHBs, and catastrophic plan adjustments and then adding the administrative costs. The Plan Adjusted Index Rate can also be described as a Plan Level Required Premium.

{4} See Exhibit M - Calibration.

{5} The Consumer Adjusted Premium Rate is equal to 'Plan Adjusted Index Rate' divided by 'Calibration Factor'.

Exhibit M - Calibration

Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.
Small Group

Rates Effective January 1, 2027

Average rating factors for 2027 population:	
	Calibration Factors
Age	[redacted]
Tobacco	
Area	
Total Calibration Factor{1}	

NOTES:

{1} Total Calibration factor was used in Exhibit L.

{2} Age calibration includes adjustments for membership that exceeds the three child dependent cap, as permitted by CMS per 2027 Part 3 Instructions.

Exhibit N - Age and Tobacco Factors

Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.
Small Group

Rates Effective January 1, 2027

	Age Factors	Tobacco Factors
Age	2027	2027
0-14	0.765	[redacted]
15	0.833	
16	0.859	
17	0.885	
18	0.913	
19	0.941	
20	0.970	
21	1.000	
22	1.000	
23	1.000	
24	1.000	
25	1.004	
26	1.024	
27	1.048	
28	1.087	
29	1.119	
30	1.135	
31	1.159	
32	1.183	
33	1.198	
34	1.214	
35	1.222	
36	1.230	
37	1.238	
38	1.246	
39	1.262	
40	1.278	
41	1.302	
42	1.325	
43	1.357	
44	1.397	
45	1.444	
46	1.500	
47	1.563	
48	1.635	
49	1.706	
50	1.786	
51	1.865	
52	1.952	
53	2.040	
54	2.135	
55	2.230	
56	2.333	
57	2.437	
58	2.548	
59	2.603	
60	2.714	
61	2.810	
62	2.873	
63	2.952	
64+	3.000	

NOTES:

The weighted average of these factors for the entire risk pool included in this rate filing is provided in Exhibit M.

Exhibit O - Area Factors

Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.
Small Group

Rates Effective January 1, 2027

	Rating Area Description	2027 Area Rating Factor	2026 Area Rating Factor	Change
01	Albany	[redacted]	[redacted]	[redacted]
02	Athens			
03	Atlanta			
04	Carrollton			
05	Augusta			
06	Brunswick-Waycross			
07	Chattanooga			
08	Columbus			
09	Dalton			
10	Gainesville			
11	Vidalia			
12	Macon			
13	Rome			
14	Savannah			
15	Valdosta			
16	Hardwick			

NOTES:

{1} The weighted average of these factors for the entire risk pool included in this rate filing is provided in Exhibit M.

Exhibit P - Sample Rate Calculation

Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.
Small Group

Rates Effective January 1, 2027

Group Name: **Sample Group**
Effective Date: **1/1/2027**
On/Off Exchange: Off
Metal Level: Bronze
Plan ID: 49046GA0431154
Rating Area: 01

Group Census:

	Employee	Spouse	Child #1	Child #2	Child #3	Total Number of Children
	Age	Age	Age	Age	Age	
Employee #1	24	23	0			1
Employee #2	26					
Employee #3	28					
Employee #4	32	33				
Employee #5	30		2	4		2
Employee #6	45	45	18	15	12	5
Employee #7	53	55				
Employee #8	41		16	13		2
Employee #9	56					
Employee #10	39		25			1
Employee #11	62					
Employee #12	64	64				

Calculation of Monthly Premium:

Consumer Adjusted Premium Rate
x Area Factor
Rate Adjusted for Area = [redacted]

Age Factors:

	Employee	Spouse	Child #1	Child #2	Child #3	Number of Children Rated {1}
	Age Factor	Age Factor	Age Factor	Age Factor	Age Factor	
Employee #1	[redacted]					
Employee #2						
Employee #3						
Employee #4						
Employee #5						
Employee #6						
Employee #7						
Employee #8						
Employee #9						
Employee #10						
Employee #11						
Employee #12						

Final Monthly Premium PMPM:

	Employee	Spouse	Children	Total
Employee #1	[redacted]			
Employee #2				
Employee #3				
Employee #4				
Employee #5				
Employee #6				
Employee #7				
Employee #8				
Employee #9				
Employee #10				
Employee #11				
Employee #12				

NOTES:

{1} As per the Market Reform Rule, when computing family premiums no more than the three oldest covered children under the age of 21 are taken into account whereas the premiums associated with each child age 21+ are included.

{2} This sample calculation ignores the tobacco offset under a Wellness Program as described in the Market Reform Rule.

{3} Minor rate variances may occur due to differences in rounding methodology.

Exhibit Q - Terminated Products

Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.
Small Group

Effective January 1, 2027

Following are the products that will be terminated prior to the effective date:

This includes products that have experience included in the URRT during the experience period and any products that were not in effect during the experience period but were made available thereafter.

Pre ACA Terminated Products	
HIOS Product ID	**HIOS Product Name**
N/A	N/A

Post ACA Terminated Products	
HIOS Product ID	**HIOS Product Name**
N/A	N/A

NOTES:

{1} This exhibit may include a greater number of HIOS Product IDs than the URRT, WS2, as this list additionally includes terminated Product IDs that were introduced after the experience period.

Exhibit R - Terminated Plans

Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.
Small Group

Effective January 1, 2027

Following are the plans that will be terminated prior to the effective date:

This includes plans that have experience included in the URRT during the experience period and any plans that were not in effect during the experience period but were made available thereafter.

Pre ACA Terminated Plans				
Plan ID	**Plan Name**	**HIOS Product ID**	**HIOS Product Name**	**2027 Mapped HIOS Plan ID**
N/A	N/A	N/A	N/A	N/A

Post ACA Terminated Plans				
Plan ID	**Plan Name**	**HIOS Product ID**	**HIOS Product Name**	**2027 Mapped HIOS Plan ID**
[redacted]				

NOTES:

{1} This exhibit may include a greater number of HIOS Plan IDs than the URRT, WS2, as this list additionally includes terminated Plan IDs that were introduced after the experience period.