
State:	Illinois	Filing Company:	Health Care Service Corporation, A Mutual Legal Reserve Company
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.003G Small Group Only - Other		
Product Name:	ACT DOI-Illinois SG 202609NGF		
Project Name/Number:	/		

Filing at a Glance

Company:	Health Care Service Corporation, A Mutual Legal Reserve Company
Product Name:	ACT DOI-Illinois SG 202609NGF
State:	Illinois
TOI:	H16G Group Health - Major Medical
Sub-TOI:	H16G.003G Small Group Only - Other
Filing Type:	Rate
Date Submitted:	05/28/2026
SERFF Tr Num:	ILCP-134960994
SERFF Status:	Pending State Action
State Tr Num:	
State Status:	Assigned to Reviewer
Co Tr Num:	SG202609NGF

Effective	09/01/2026
Date Requested:	
Author(s):	Angie Sweet, Alec Mora
Reviewer(s):	Gary Gau (primary), Christina Roy, Becky Sheppard, Beth Verticchio
Disposition Date:	
Disposition Status:	
Effective Date:	

State Filing Description:

State: Illinois **Filing Company:** Health Care Service Corporation, A Mutual Legal Reserve Company

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name: ACT DOI-Illinois SG 202609NGF

Project Name/Number: /

General Information

Project Name: Status of Filing in Domicile:
Project Number: Date Approved in Domicile:
Requested Filing Mode: File & Use Domicile Status Comments:
Explanation for Combination/Other: Market Type: Group
Submission Type: New Submission Group Market Size: Small
Group Market Type: Overall Rate Impact:
Filing Status Changed: 07/23/2026
State Status Changed: 05/29/2026 Deemer Date:
Created By: Angie Sweet Submitted By: Angie Sweet
Corresponding Filing Tracking Number:
State TOI: H16G Group Health - Major Medical State Sub-TOI: H16G.003G Small Group Only - Other
PPACA: Non-Grandfathered Immed Mkt Reforms
PPACA Notes: null
Include Exchange Intentions: No

Filing Description:

This rate filing is to comply with the Illinois Department of Insurance (DOI) Company Bulletin 2016-03 addressing transition policies. This block of business is filed with the DOI under policy forms GB16HCSC (HMO) and GB10HCSC (non-HMO).

Company and Contact

Filing Contact Information

Brian Krzych, Sr. Director Actuary Brian_Krzych@bcbsok.com
1400 S. Boston Avenue 918-551-2128 [Phone]
Tulsa, OK 74119

Filing Company Information

Health Care Service Corporation,	CoCode: 70670	State of Domicile: Illinois
A Mutual Legal Reserve Company	Group Code:	Company Type:
300 E. Randolph	Group Name:	State ID Number:
Chicago, IL 60601	FEIN Number: 36-1236610	
(312) 653-5494 ext. [Phone]		

State: Illinois

Filing Company: Health Care Service Corporation, A Mutual Legal Reserve Company

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name: ACT DOI-Illinois SG 202609NGF

Project Name/Number: /

Filing Fees

State Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

Per Company: Yes

Company	Amount	Date Processed	Transaction #
Health Care Service Corporation, A Mutual Legal Reserve Company	\$25.00	05/28/2026 10:32 PM	348047441
EFT Total	\$25.00		

SERFF Tracking #:	ILCP-134960994	State Tracking #:	Company Tracking #:	SG202609NGF
State:	Illinois	Filing Company:	Health Care Service Corporation, A Mutual Legal Reserve Company	
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.003G Small Group Only - Other			
Product Name:	ACT DOI-Illinois SG 202609NGF			
Project Name/Number:	/			

Rate Information

Rate data applies to filing.

Filing Method:	File & Use
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	0.000%
Effective Date of Last Rate Revision:	09/01/2025
Filing Method of Last Filing:	SERFF
SERFF Tracking Number of Last Filing:	ILCP-134540115

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Health Care Service Corporation, A Mutual Legal Reserve Company	Increase	8.700%	15.000%	\$27,665,475	1,504	\$317,993,960	15.000%	15.000%

State: Illinois **Filing Company:** Health Care Service Corporation, A Mutual Legal Reserve Company

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name: ACT DOI-Illinois SG 202609NGF

Project Name/Number: /

Rate Review Detail

COMPANY:

Company Name: Health Care Service Corporation, A Mutual Legal Reserve Company

HHS Issuer Id: 36096

PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
Illinois Regulated Small Group Portfolio			34360

Trend Factors: Aggregate Pricing trend 9.1%, Aggregate Insurance Trend 1.0%

FORMS:

New Policy Forms: None

Affected Forms: HMO: GB16HCSC, NonHMO: GB10HCSC

Other Affected Forms: HMO: GB16HCSC, NonHMO: GB10HCSC

REQUESTED RATE CHANGE INFORMATION:

Change Period: Other

Member Months: 412,127

Benefit Change: None

Percent Change Requested: Min: 15.0 Max: 15.0 Avg: 15.0

PRIOR RATE:

Total Earned Premium: 308,064,317.00

Total Incurred Claims: 275,794,082.00

Annual \$: Min: 386.44 Max: 3,742.91 Avg: 839.72

REQUESTED RATE:

Projected Earned Premium: 303,568,075.00

Projected Incurred Claims: 264,970,489.00

Annual \$: Min: 444.40 Max: 4,304.35 Avg: 965.68

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		202609 Methodology	GB16HCSC, GB10HCSC	New		202609_Methodology_SG_20260817.pdf,

Composite Rating Methodology

Blue Cross Blue Shield of Illinois a division of Health Care Service Corporation

Regulated Small Group Modified Community Rated Manual Rates Effective 9/1/2026

Rating Overview

Blue Cross Blue Shield of Illinois develops 4-tier composite rate for Small Groups.

- EO – Employee/Subscriber Only
- ES – Employee/Subscriber plus Spouse
- EC – Employee/Subscriber plus Child(ren)
- EF – Employee/Subscriber plus Family

BCBSIL also develops Medicare carve-out rates for members that are Medicare primary.

The account specific manual rates are developed using demographic characteristics (ex. age, gender and rating tier of enrolled subscribers), account characteristics (ex. rating area, group size and industry) and benefit characteristics of the marketing plan.

The base rates are developed using the following

- Negotiated provider agreements for the plan
- Utilization, cost and trend assumptions for the plan
- Industry data
- Actuarial judgment
- Retention assumptions to cover:
 - premium tax and assessments
 - administrative expenses
 - marketing expenses
 - reinsurance expenses
 - investment income credit
 - anticipated contribution to surplus
 - ACA fees

Base Rates

Exhibits I, II and III present the base plan premium rates, relative benefit factor for the marketing plans and effective date adjustments.

Modified Community Rating Adjustments

Exhibit IV describes the rate adjustment factors applied to the base rates used to develop the modified community rates. These factor tables are subject to periodic review and revision and are maintained on file at Blue Cross Blue Shield of Illinois headquarters.

Exhibit I

Blue Cross Blue Shield of Illinois a division of Health Care Service Corporation

Regulated Small Group Modified Community Rated Manual Rates Effective 9/1/2026

Base Plan Premium Rates

PPO 827.31

Marketing Plan Benefit Factor

Plan	Factor	Plan	Factor	Plan	Factor
BCA81405	0.8600	BCA83405	0.7921	BCA91505	0.7782
BCA93505	0.7040	BCAC1805	0.6652	BCAC1807	0.6895
BCAC3805	0.5832	BCAJ1405	0.8547	BCAJ3405	0.7887
BCAL1A05	0.8371	BCAL3A05	0.7649	BCAVAVC5	0.8360
BCE10105	0.7843	BCE10205	0.7352	BCE10305	0.7577
BCE10405	0.7049	BCE20105	0.8652	BCE20205	0.7843
BCE20305	0.7577	BCE30105	0.8652	BCE30205	0.7843
BCEC18A7	0.7380	BCEC3805	0.6673	BCP42322	0.9722
BCP42323	0.9602	BCP42324	0.9395	BCP42326	0.9575
BCP43432	0.9134	BCP43433	0.9015	BCP43434	0.8807
BCP43436	0.8987	BCP72322	0.9494	BCP72323	0.9374
BCP72324	0.9167	BCP72326	0.9346	BCP73432	0.8928
BCP73433	0.8809	BCP73434	0.8602	BCP73436	0.8781
BCP82322	0.9138	BCP82323	0.9019	BCP82324	0.8811
BCP82326	0.8991	BCP83432	0.8606	BCP83433	0.8487
BCP83434	0.8279	BCP83436	0.8459	BCP92322	0.8695
BCP92323	0.8578	BCP92324	0.8374	BCP92326	0.8551
BCP93432	0.8198	BCP93433	0.8081	BCP93434	0.7877
BCP93436	0.8054	BCPC2322	0.8132	BCPC2323	0.8016
BCPC2324	0.7815	BCPC2326	0.7990	BCPC3432	0.7682
BCPC3433	0.7566	BCPC3434	0.7365	BCPC3436	0.7539
BCPE2322	0.7767	BCPE2323	0.7651	BCPE2324	0.7450
BCPE2326	0.7624	BCPE3432	0.7350	BCPE3433	0.7234
BCPE3434	0.7033	BCPE3436	0.7207	BCS42322	0.9722
BCS42323	0.9602	BCS42324	0.9395	BCS42326	0.9575
BCS43432	0.9134	BCS43433	0.9015	BCS43434	0.8807
BCS43436	0.8987	BCS72322	0.9494	BCS72323	0.9374
BCS72324	0.9167	BCS72326	0.9346	BCS73432	0.8928
BCS73433	0.8809	BCS73434	0.8602	BCS73436	0.8781
BCS82322	0.9138	BCS82323	0.9019	BCS82324	0.8811
BCS82326	0.8991	BCS83432	0.8606	BCS83433	0.8487
BCS83434	0.8279	BCS83436	0.8459	BCS92322	0.8695
BCS92323	0.8578	BCS92324	0.8374	BCS92326	0.8551
BCS93432	0.8198	BCS93433	0.8081	BCS93434	0.7877
BCS93436	0.8054	BCSC2322	0.8132	BCSC2323	0.8016
BCSC2324	0.7815	BCSC2326	0.7990	BCSC3432	0.7682
BCSC3433	0.7566	BCSC3434	0.7365	BCSC3436	0.7539
BCSE2322	0.7767	BCSE2323	0.7651	BCSE2324	0.7450
BCSE2326	0.7624	BCSE3432	0.7350	BCSE3433	0.7234
BCSE3434	0.7033	BCSE3436	0.7207	BPA1500	0.8847
BPA2250	0.8682	BPA2500	0.8192	BPA82325	0.9886
BPA83405	0.9023	BPA92725	0.9024	BPA93505	0.8058
BPAC2825	0.7791	BPAC3805	0.6716	BPAK1405	0.9730
BPAK3405	0.8813	BPAL1A05	0.9660	BPAL3A05	0.8743
BPAP1V05	0.9354	BPAP1V0520	0.9267	BPAP3V05	0.8923
BPAP3V0520	0.8931	BPAQ1Z07	0.8352	BPAQ1Z0720	0.8206
BPE10105	0.8715	BPE10205	0.8169	BPE10305	0.8419
BPE10405	0.7832	BPE20105	0.9613	BPE20205	0.8715
BPE20305	0.8419	BPE30105	0.9613	BPE30205	0.8715

Exhibit I

Blue Cross Blue Shield of Illinois a division of Health Care Service Corporation

Regulated Small Group Modified Community Rated Manual Rates Effective 9/1/2026

Base Plan Premium Rates

PPO 827.31

Marketing Plan Benefit Factor

Plan	Factor	Plan	Factor	Plan	Factor
BPE81305	0.9886	BPE83405	0.9023	BPE91605	0.9024
BPE93505	0.8058	BPEC1705	0.7791	BPEC1807	0.8060
BPEC3805	0.6716	BPEJ1405	0.9824	BPEJ3405	0.8984
BPP11111	1.2097	BPP11112	1.1866	BPP11113	1.1733
BPP11114	1.1503	BPP11116	1.1703	BPP11121	1.1989
BPP11122	1.1758	BPP11123	1.1626	BPP11124	1.1395
BPP11126	1.1595	BPP12211	1.1543	BPP12212	1.1311
BPP12213	1.1179	BPP12214	1.0948	BPP12216	1.1148
BPP12221	1.1438	BPP12222	1.1207	BPP12223	1.1074
BPP12224	1.0844	BPP12226	1.1043	BPP12311	1.1402
BPP12312	1.1171	BPP12313	1.1038	BPP12314	1.0807
BPP12316	1.1007	BPP12321	1.1297	BPP12322	1.1066
BPP12323	1.0933	BPP12324	1.0703	BPP12326	1.0903
BPP13311	1.1110	BPP13312	1.0879	BPP13313	1.0746
BPP13314	1.0516	BPP13321	1.1007	BPP13322	1.0776
BPP13323	1.0644	BPP13324	1.0413	BPP13332	1.0675
BPP13333	1.0543	BPP13334	1.0312	BPP13411	1.0820
BPP13412	1.0589	BPP13413	1.0456	BPP13414	1.0226
BPP13421	1.0718	BPP13422	1.0486	BPP13423	1.0354
BPP13424	1.0123	BPP13432	1.0386	BPP13433	1.0253
BPP13434	1.0022	BPP21111	1.1968	BPP21112	1.1736
BPP21113	1.1604	BPP21121	1.1859	BPP21122	1.1628
BPP21123	1.1495	BPP22211	1.1429	BPP22212	1.1198
BPP22213	1.1065	BPP22221	1.1324	BPP22222	1.1093
BPP22223	1.0960	BPP22311	1.1290	BPP22312	1.1058
BPP22313	1.0926	BPP22321	1.1185	BPP22322	1.0953
BPP22323	1.0821	BPP23311	1.1009	BPP23312	1.0778
BPP23313	1.0645	BPP23314	1.0415	BPP23321	1.0906
BPP23322	1.0675	BPP23323	1.0542	BPP23324	1.0312
BPP23332	1.0573	BPP23333	1.0441	BPP23334	1.0210
BPP23411	1.0722	BPP23412	1.0491	BPP23413	1.0358
BPP23414	1.0128	BPP23421	1.0619	BPP23422	1.0388
BPP23423	1.0255	BPP23424	1.0024	BPP23432	1.0286
BPP23433	1.0154	BPP23434	0.9923	BPP31111	1.1849
BPP31112	1.1617	BPP31113	1.1485	BPP31121	1.1740
BPP31122	1.1509	BPP31123	1.1376	BPP32211	1.1324
BPP32212	1.1092	BPP32213	1.0960	BPP32221	1.1218
BPP32222	1.0987	BPP32223	1.0854	BPP32311	1.1186
BPP32312	1.0955	BPP32313	1.0822	BPP32321	1.1081
BPP32322	1.0850	BPP32323	1.0717	BPP33311	1.0914
BPP33312	1.0682	BPP33313	1.0550	BPP33314	1.0319
BPP33321	1.0810	BPP33322	1.0579	BPP33323	1.0446
BPP33324	1.0216	BPP33332	1.0478	BPP33333	1.0345
BPP33334	1.0114	BPP33411	1.0628	BPP33412	1.0397
BPP33413	1.0264	BPP33414	1.0034	BPP33421	1.0525
BPP33422	1.0294	BPP33423	1.0161	BPP33424	0.9930
BPP33432	1.0192	BPP33433	1.0060	BPP33434	0.9829
BPP41111	1.1795	BPP41112	1.1564	BPP41113	1.1431
BPP41114	1.1200	BPP41116	1.1400	BPP41121	1.1687

Exhibit I

Blue Cross Blue Shield of Illinois a division of Health Care Service Corporation

Regulated Small Group Modified Community Rated Manual Rates Effective 9/1/2026

Base Plan Premium Rates

PPO 827.31

Marketing Plan Benefit Factor

Plan	Factor	Plan	Factor	Plan	Factor
BPP41122	1.1455	BPP41123	1.1323	BPP41124	1.1092
BPP41126	1.1292	BPP42211	1.1275	BPP42212	1.1044
BPP42213	1.0911	BPP42214	1.0681	BPP42216	1.0881
BPP42221	1.1170	BPP42222	1.0939	BPP42223	1.0806
BPP42224	1.0576	BPP42226	1.0776	BPP42311	1.1138
BPP42312	1.0907	BPP42313	1.0774	BPP42314	1.0544
BPP42316	1.0744	BPP42321	1.1033	BPP42322	1.0802
BPP42323	1.0669	BPP42324	1.0439	BPP42326	1.0638
BPP42412	1.0745	BPP42413	1.0612	BPP42414	1.0382
BPP42416	1.0582	BPP42422	1.0640	BPP42423	1.0507
BPP42424	1.0277	BPP42426	1.0476	BPP43311	1.0870
BPP43312	1.0639	BPP43313	1.0506	BPP43314	1.0275
BPP43321	1.0766	BPP43322	1.0535	BPP43323	1.0403
BPP43324	1.0172	BPP43326	1.0372	BPP43332	1.0434
BPP43333	1.0301	BPP43334	1.0071	BPP43336	1.0271
BPP43411	1.0586	BPP43412	1.0354	BPP43413	1.0222
BPP43414	0.9991	BPP43421	1.0482	BPP43422	1.0251
BPP43423	1.0118	BPP43424	0.9888	BPP43426	1.0088
BPP43432	1.0150	BPP43433	1.0017	BPP43434	0.9787
BPP43436	0.9986	BPP43522	1.0081	BPP43523	0.9949
BPP43524	0.9718	BPP43526	0.9918	BPP43532	0.9979
BPP43533	0.9847	BPP43534	0.9616	BPP43536	0.9816
BPP51111	1.1732	BPP51112	1.1500	BPP51113	1.1368
BPP51121	1.1623	BPP51122	1.1392	BPP51123	1.1259
BPP52211	1.1219	BPP52212	1.0988	BPP52213	1.0855
BPP52221	1.1114	BPP52222	1.0883	BPP52223	1.0750
BPP52311	1.1083	BPP52312	1.0852	BPP52313	1.0719
BPP52321	1.0978	BPP52322	1.0747	BPP52323	1.0614
BPP53311	1.0818	BPP53312	1.0587	BPP53313	1.0454
BPP53314	1.0224	BPP53321	1.0715	BPP53322	1.0484
BPP53323	1.0351	BPP53324	1.0121	BPP53332	1.0383
BPP53333	1.0250	BPP53334	1.0019	BPP53411	1.0536
BPP53412	1.0304	BPP53413	1.0172	BPP53414	0.9941
BPP53421	1.0432	BPP53422	1.0201	BPP53423	1.0068
BPP53424	0.9838	BPP53432	1.0100	BPP53433	0.9967
BPP53434	0.9736	BPP61111	1.1615	BPP61112	1.1384
BPP61113	1.1251	BPP61121	1.1507	BPP61122	1.1276
BPP61123	1.1143	BPP62211	1.1114	BPP62212	1.0883
BPP62213	1.0751	BPP62221	1.1009	BPP62222	1.0778
BPP62223	1.0645	BPP62311	1.0980	BPP62312	1.0749
BPP62313	1.0616	BPP62321	1.0875	BPP62322	1.0644
BPP62323	1.0511	BPP63311	1.0722	BPP63312	1.0491
BPP63313	1.0358	BPP63314	1.0128	BPP63321	1.0619
BPP63322	1.0388	BPP63323	1.0255	BPP63324	1.0024
BPP63332	1.0286	BPP63333	1.0154	BPP63334	0.9923
BPP63411	1.0442	BPP63412	1.0211	BPP63413	1.0078
BPP63414	0.9848	BPP63421	1.0339	BPP63422	1.0108
BPP63423	0.9975	BPP63424	0.9745	BPP63432	1.0006
BPP63433	0.9874	BPP63434	0.9643	BPP71111	1.1508

Exhibit I

Blue Cross Blue Shield of Illinois a division of Health Care Service Corporation

Regulated Small Group Modified Community Rated Manual Rates Effective 9/1/2026

Base Plan Premium Rates

PPO 827.31

Marketing Plan Benefit Factor

Plan	Factor	Plan	Factor	Plan	Factor
BPP71112	1.1276	BPP71113	1.1144	BPP71114	1.0913
BPP71116	1.1113	BPP71121	1.1399	BPP71122	1.1168
BPP71123	1.1035	BPP71124	1.0805	BPP71126	1.1005
BPP72211	1.1018	BPP72212	1.0786	BPP72213	1.0654
BPP72214	1.0423	BPP72216	1.0623	BPP72221	1.0912
BPP72222	1.0681	BPP72223	1.0548	BPP72224	1.0318
BPP72226	1.0518	BPP72311	1.0885	BPP72312	1.0654
BPP72313	1.0521	BPP72314	1.0290	BPP72316	1.0490
BPP72321	1.0780	BPP72322	1.0548	BPP72323	1.0416
BPP72324	1.0185	BPP72326	1.0385	BPP72412	1.0496
BPP72413	1.0364	BPP72414	1.0133	BPP72416	1.0333
BPP72422	1.0391	BPP72423	1.0258	BPP72424	1.0027
BPP72426	1.0227	BPP73311	1.0633	BPP73312	1.0402
BPP73313	1.0269	BPP73314	1.0039	BPP73321	1.0531
BPP73322	1.0299	BPP73323	1.0167	BPP73324	0.9936
BPP73326	1.0136	BPP73332	1.0197	BPP73333	1.0065
BPP73334	0.9834	BPP73336	1.0034	BPP73411	1.0357
BPP73412	1.0125	BPP73413	0.9993	BPP73414	0.9762
BPP73421	1.0253	BPP73422	1.0022	BPP73423	0.9889
BPP73424	0.9659	BPP73426	0.9859	BPP73432	0.9921
BPP73433	0.9788	BPP73434	0.9557	BPP73436	0.9757
BPP73522	0.9857	BPP73523	0.9725	BPP73524	0.9494
BPP73526	0.9694	BPP73532	0.9756	BPP73533	0.9623
BPP73534	0.9393	BPP73536	0.9593	BPP82211	1.0614
BPP82212	1.0383	BPP82213	1.0250	BPP82214	1.0019
BPP82216	1.0219	BPP82221	1.0509	BPP82222	1.0277
BPP82223	1.0145	BPP82224	0.9914	BPP82226	1.0114
BPP82311	1.0489	BPP82312	1.0258	BPP82313	1.0125
BPP82314	0.9895	BPP82316	1.0095	BPP82321	1.0384
BPP82322	1.0153	BPP82323	1.0020	BPP82324	0.9790
BPP82326	0.9989	BPP82412	1.0110	BPP82413	0.9977
BPP82414	0.9746	BPP82416	0.9946	BPP82422	1.0004
BPP82423	0.9872	BPP82424	0.9641	BPP82426	0.9841
BPP83311	1.0260	BPP83312	1.0029	BPP83313	0.9896
BPP83314	0.9666	BPP83321	1.0157	BPP83322	0.9926
BPP83323	0.9794	BPP83324	0.9563	BPP83326	0.9763
BPP83332	0.9824	BPP83333	0.9692	BPP83334	0.9461
BPP83336	0.9661	BPP83411	0.9998	BPP83412	0.9767
BPP83413	0.9634	BPP83414	0.9403	BPP83421	0.9895
BPP83422	0.9663	BPP83423	0.9531	BPP83424	0.9300
BPP83426	0.9500	BPP83432	0.9562	BPP83433	0.9429
BPP83434	0.9199	BPP83436	0.9399	BPP83522	0.9509
BPP83523	0.9376	BPP83524	0.9146	BPP83526	0.9345
BPP83532	0.9407	BPP83533	0.9275	BPP83534	0.9044
BPP83536	0.9244	BPP92312	0.9765	BPP92313	0.9634
BPP92314	0.9408	BPP92316	0.9604	BPP92322	0.9661
BPP92323	0.9531	BPP92324	0.9305	BPP92326	0.9501
BPP92412	0.9627	BPP92413	0.9497	BPP92414	0.9270
BPP92416	0.9466	BPP92422	0.9524	BPP92423	0.9393

Exhibit I

Blue Cross Blue Shield of Illinois a division of Health Care Service Corporation

Regulated Small Group Modified Community Rated Manual Rates Effective 9/1/2026

Base Plan Premium Rates

PPO 827.31

Marketing Plan Benefit Factor

Plan	Factor	Plan	Factor	Plan	Factor
BPP92424	0.9167	BPP92426	0.9363	BPP93322	0.9454
BPP93323	0.9323	BPP93324	0.9097	BPP93326	0.9293
BPP93332	0.9353	BPP93333	0.9223	BPP93334	0.8997
BPP93336	0.9193	BPP93422	0.9209	BPP93423	0.9078
BPP93424	0.8852	BPP93426	0.9048	BPP93432	0.9109
BPP93433	0.8978	BPP93434	0.8752	BPP93436	0.8948
BPP93522	0.9067	BPP93523	0.8936	BPP93524	0.8710
BPP93526	0.8906	BPP93532	0.8967	BPP93533	0.8836
BPP93534	0.8610	BPP93536	0.8806	BPPC2312	0.9138
BPPC2313	0.9009	BPPC2314	0.8786	BPPC2316	0.8980
BPPC2322	0.9036	BPPC2323	0.8907	BPPC2324	0.8684
BPPC2326	0.8878	BPPC2412	0.9017	BPPC2413	0.8888
BPPC2414	0.8665	BPPC2416	0.8859	BPPC2422	0.8915
BPPC2423	0.8786	BPPC2424	0.8563	BPPC2426	0.8757
BPPC3322	0.8850	BPPC3323	0.8721	BPPC3324	0.8498
BPPC3326	0.8692	BPPC3332	0.8751	BPPC3333	0.8622
BPPC3334	0.8399	BPPC3336	0.8593	BPPC3422	0.8634
BPPC3423	0.8505	BPPC3424	0.8282	BPPC3426	0.8476
BPPC3432	0.8536	BPPC3433	0.8407	BPPC3434	0.8184
BPPC3436	0.8378	BPPC3522	0.8511	BPPC3523	0.8383
BPPC3524	0.8159	BPPC3526	0.8353	BPPC3532	0.8413
BPPC3533	0.8284	BPPC3534	0.8060	BPPC3536	0.8254
BPPE2312	0.8731	BPPE2313	0.8602	BPPE2314	0.8379
BPPE2316	0.8573	BPPE2322	0.8629	BPPE2323	0.8500
BPPE2324	0.8277	BPPE2326	0.8471	BPPE2412	0.8624
BPPE2413	0.8495	BPPE2414	0.8272	BPPE2416	0.8466
BPPE2422	0.8522	BPPE2423	0.8393	BPPE2424	0.8170
BPPE2426	0.8364	BPPE3322	0.8455	BPPE3323	0.8326
BPPE3324	0.8102	BPPE3326	0.8296	BPPE3332	0.8356
BPPE3333	0.8228	BPPE3334	0.8004	BPPE3336	0.8198
BPPE3422	0.8265	BPPE3423	0.8136	BPPE3424	0.7913
BPPE3426	0.8107	BPPE3432	0.8166	BPPE3433	0.8037
BPPE3434	0.7814	BPPE3436	0.8008	BPPE3522	0.8157
BPPE3523	0.8028	BPPE3524	0.7804	BPPE3526	0.7998
BPPE3532	0.8058	BPPE3533	0.7929	BPPE3534	0.7705
BPPE3536	0.7899	BPS23302	1.1856	BPS23303	1.1710
BPS23304	1.1457	BPS23306	1.1677	BPS43302	1.1702
BPS43303	1.1556	BPS43304	1.1303	BPS43306	1.1523
BPS43402	1.1389	BPS43403	1.1243	BPS43404	1.0990
BPS43406	1.1210	BPS73302	1.1442	BPS73303	1.1296
BPS73304	1.1042	BPS73306	1.1262	BPS73402	1.1138
BPS73403	1.0992	BPS73404	1.0738	BPS73406	1.0958
BPS83402	1.0743	BPS83403	1.0597	BPS83404	1.0344
BPS83406	1.0564	BPVC3705	0.7061	BPVH3805	0.5607
COV82305	0.9039	COVC2705	0.7570	COVG2805	0.6669
CPO12222	1.1117	CPO12223	1.0984	CPO12224	1.0754
CPO12226	1.0953	CPO42622	1.0518	CPO42623	1.0386
CPO42624	1.0155	CPO42626	1.0355	CPO72422	1.0234
CPO72423	1.0102	CPO72424	0.9871	CPO72426	1.0071

Exhibit I

Blue Cross Blue Shield of Illinois a division of Health Care Service Corporation

Regulated Small Group Modified Community Rated Manual Rates Effective 9/1/2026

Base Plan Premium Rates

PPO 827.31

Marketing Plan Benefit Factor

Plan	Factor	Plan	Factor	Plan	Factor
CPOV21S1	1.1130	CPOV21S2	1.0898	CPOV21S3	1.0766
CPOV21S4	1.0535	CPOV22S1	1.0791	CPOV22S2	1.0560
CPOV22S3	1.0427	CPOV22S4	1.0196	CPOV23S1	1.0498
CPOV23S2	1.0267	CPOV23S3	1.0134	CPOV23S4	0.9904
CPP12222	1.1117	CPP12223	1.0984	CPP12224	1.0754
CPP12226	1.0953	CPP42622	1.0518	CPP42623	1.0386
CPP42624	1.0155	CPP42626	1.0355	CPP72422	1.0234
CPP72423	1.0102	CPP72424	0.9871	CPP72426	1.0071
CPPV21S1	1.1130	CPPV21S2	1.0898	CPPV21S3	1.0766
CPPV21S4	1.0535	CPPV22S1	1.0791	CPPV22S2	1.0560
CPPV22S3	1.0427	CPPV22S4	1.0196	CPPV23S1	1.0498
CPPV23S2	1.0267	CPPV23S3	1.0134	CPPV23S4	0.9904
CPV82305	0.9039	CPVC2705	0.7570	CPVG2805	0.6669
CSP42323	0.9816	CSP42324	0.9604	CSP42326	0.9788
CSP43433	0.9215	CSP43434	0.9003	CSP43436	0.9187
CSP72323	0.9583	CSP72324	0.9370	CSP72326	0.9554
CSP73433	0.9005	CSP73434	0.8793	CSP73436	0.8977
CSP82323	0.9219	CSP82324	0.9007	CSP82326	0.9191
CSP83433	0.8675	CSP83434	0.8463	CSP83436	0.8647
CSP92323	0.8768	CSP92324	0.8560	CSP92326	0.8740
CSP93433	0.8260	CSP93434	0.8052	CSP93436	0.8232
CSPC2323	0.8194	CSPC2324	0.7989	CSPC2326	0.8167
CSPC3433	0.7734	CSPC3434	0.7529	CSPC3436	0.7707
CSPE2323	0.7821	CSPE2324	0.7615	CSPE2326	0.7793
CSPE3433	0.7394	CSPE3434	0.7189	CSPE3436	0.7367
CSS42323	0.9816	CSS42324	0.9604	CSS42326	0.9788
CSS43433	0.9215	CSS43434	0.9003	CSS43436	0.9187
CSS72323	0.9583	CSS72324	0.9370	CSS72326	0.9554
CSS73433	0.9005	CSS73434	0.8793	CSS73436	0.8977
CSS82323	0.9219	CSS82324	0.9007	CSS82326	0.9191
CSS83433	0.8675	CSS83434	0.8463	CSS83436	0.8647
CSS92323	0.8768	CSS92324	0.8560	CSS92326	0.8740
CSS93433	0.8260	CSS93434	0.8052	CSS93436	0.8232
CSSC2323	0.8194	CSSC2324	0.7989	CSSC2326	0.8167
CSSC3433	0.7734	CSSC3434	0.7529	CSSC3436	0.7707
CSSE2323	0.7821	CSSE2324	0.7615	CSSE2326	0.7793
CSSE3433	0.7394	CSSE3434	0.7189	CSSE3436	0.7367
E2A82325	0.9886	E2A83405	0.9023	E2A92725	0.9024
E2A93505	0.8058	E2AC2825	0.7791	E2AC3805	0.6716
E2E81305	0.9886	E2E83405	0.9023	E2E91605	0.9024
E2E93505	0.8058	E2EC1705	0.7791	E2EC1807	0.8060
E2EC3805	0.6716	E2EJ1405	0.9824	E2EJ3405	0.8984
E2P11114	1.1503	E2P11116	1.1703	E2P12312	1.1171
E2P12313	1.1038	E2P12314	1.0807	E2P12316	1.1007
E2P12322	1.1066	E2P12323	1.0933	E2P12324	1.0703
E2P12326	1.0903	E2P13324	1.0413	E2P13332	1.0675
E2P13333	1.0543	E2P13334	1.0312	E2P41114	1.1200
E2P41116	1.1400	E2P42312	1.0907	E2P42313	1.0774
E2P42314	1.0544	E2P42316	1.0744	E2P42322	1.0802

Exhibit I

Blue Cross Blue Shield of Illinois a division of Health Care Service Corporation

Regulated Small Group Modified Community Rated Manual Rates Effective 9/1/2026

Base Plan Premium Rates

PPO 827.31

Marketing Plan Benefit Factor

Plan	Factor	Plan	Factor	Plan	Factor
E2P42323	1.0669	E2P42324	1.0439	E2P42326	1.0638
E2P43324	1.0172	E2P43332	1.0434	E2P43333	1.0301
E2P43334	1.0071	E2P43422	1.0251	E2P43423	1.0118
E2P43424	0.9888	E2P43426	1.0088	E2P43432	1.0150
E2P43433	1.0017	E2P43434	0.9787	E2P43436	0.9986
E2P71114	1.0913	E2P71116	1.1113	E2P72312	1.0654
E2P72313	1.0521	E2P72314	1.0290	E2P72316	1.0490
E2P72322	1.0548	E2P72323	1.0416	E2P72324	1.0185
E2P72326	1.0385	E2P73324	0.9936	E2P73332	1.0197
E2P73333	1.0065	E2P73334	0.9834	E2P73422	1.0022
E2P73423	0.9889	E2P73424	0.9659	E2P73426	0.9859
E2P73432	0.9921	E2P73433	0.9788	E2P73434	0.9557
E2P73436	0.9757	E2P82222	1.0277	E2P82223	1.0145
E2P82312	1.0258	E2P82313	1.0125	E2P82314	0.9895
E2P82316	1.0095	E2P82322	1.0153	E2P82323	1.0020
E2P82324	0.9790	E2P82326	0.9989	E2P83324	0.9563
E2P83332	0.9824	E2P83333	0.9692	E2P83334	0.9461
E2P83422	0.9663	E2P83423	0.9531	E2P83424	0.9300
E2P83426	0.9500	E2P83432	0.9562	E2P83433	0.9429
E2P83434	0.9199	E2P83436	0.9399	E2P92412	0.9627
E2P92413	0.9497	E2P92414	0.9270	E2P92416	0.9466
E2P92422	0.9524	E2P92423	0.9393	E2P92424	0.9167
E2P92426	0.9363	E2P93422	0.9209	E2P93423	0.9078
E2P93424	0.8852	E2P93426	0.9048	E2P93432	0.9109
E2P93433	0.8978	E2P93434	0.8752	E2P93436	0.8948
E2PC2412	0.9017	E2PC2413	0.8888	E2PC2414	0.8665
E2PC2416	0.8859	E2PC2422	0.8915	E2PC2423	0.8786
E2PC2424	0.8563	E2PC2426	0.8757	E2PC3422	0.8634
E2PC3423	0.8505	E2PC3424	0.8282	E2PC3426	0.8476
E2PC3432	0.8536	E2PC3433	0.8407	E2PC3434	0.8184
E2PC3436	0.8378	E2PE2412	0.8624	E2PE2413	0.8495
E2PE2414	0.8272	E2PE2416	0.8466	E2PE2422	0.8522
E2PE2423	0.8393	E2PE2424	0.8170	E2PE2426	0.8364
E2PE3422	0.8265	E2PE3423	0.8136	E2PE3424	0.7913
E2PE3426	0.8107	E2PE3432	0.8166	E2PE3433	0.8037
E2PE3434	0.7814	E2PE3436	0.8008	E2SP101C	1.2097
E2SP101S	1.2097	E2SP102C	1.1866	E2SP102S	1.1866
E2SP103C	1.1733	E2SP103S	1.1733	E2SP104C	1.1968
E2SP104S	1.1968	E2SP105C	1.1736	E2SP105S	1.1736
E2SP106C	1.1604	E2SP106S	1.1604	E2SP107C	1.1795
E2SP107S	1.1795	E2SP108C	1.1564	E2SP108S	1.1564
E2SP109C	1.1431	E2SP109S	1.1431	E2SP110C	1.1508
E2SP110S	1.1508	E2SP111C	1.1276	E2SP111S	1.1276
E2SP112C	1.1144	E2SP112S	1.1144	E2SP801C	1.1007
E2SP801S	1.1007	E2SP802C	1.0776	E2SP802S	1.0776
E2SP803C	1.0644	E2SP803S	1.0644	E2SP804C	1.0906
E2SP804S	1.0906	E2SP805C	1.0675	E2SP805S	1.0675
E2SP806C	1.0542	E2SP806S	1.0542	E2SP807C	1.0766
E2SP807S	1.0766	E2SP808C	1.0535	E2SP808S	1.0535

Exhibit I

Blue Cross Blue Shield of Illinois a division of Health Care Service Corporation

Regulated Small Group Modified Community Rated Manual Rates Effective 9/1/2026

Base Plan Premium Rates

PPO 827.31

Marketing Plan Benefit Factor

Plan	Factor	Plan	Factor	Plan	Factor
E2SP809C	1.0403	E2SP809S	1.0403	E2SP810C	1.0531
E2SP810S	1.0531	E2SP811C	1.0299	E2SP811S	1.0299
E2SP812C	1.0167	E2SP812S	1.0167	E2SP813C	0.9926
E2SP813S	0.9926	E2SP814C	0.9794	E2SP814S	0.9794
E2SP901C	1.1543	E2SP901S	1.1543	E2SP902C	1.1311
E2SP902S	1.1311	E2SP903C	1.1179	E2SP903S	1.1179
E2SP904C	1.1429	E2SP904S	1.1429	E2SP905C	1.1198
E2SP905S	1.1198	E2SP906C	1.1065	E2SP906S	1.1065
E2SP907C	1.1275	E2SP907S	1.1275	E2SP908C	1.1044
E2SP908S	1.1044	E2SP909C	1.0911	E2SP909S	1.0911
E2SP910C	1.1018	E2SP910S	1.1018	E2SP911C	1.0786
E2SP911S	1.0786	E2SP912C	1.0654	E2SP912S	1.0654
E2SP913C	1.0383	E2SP913S	1.0383	E2SP914C	1.0250
E2SP914S	1.0250	E2SP915C	1.1438	E2SP915S	1.1438
E2SP916C	1.1207	E2SP916S	1.1207	E2SP917C	1.1074
E2SP917S	1.1074	E2SP918C	1.1324	E2SP918S	1.1324
E2SP919C	1.1093	E2SP919S	1.1093	E2SP920C	1.0960
E2SP920S	1.0960	E2SP921C	1.1170	E2SP921S	1.1170
E2SP922C	1.0939	E2SP922S	1.0939	E2SP923C	1.0806
E2SP923S	1.0806	E2SP924C	1.0912	E2SP924S	1.0912
E2SP925C	1.0681	E2SP925S	1.0681	E2SP926C	1.0548
E2SP926S	1.0548	E2TALT1C	0.8682	E2TALT1S	0.8682
E2TP101C	1.2097	E2TP101S	1.2097	E2TP102C	1.1866
E2TP102S	1.1866	E2TP103C	1.1733	E2TP103S	1.1733
E2TP104C	1.1968	E2TP104S	1.1968	E2TP105C	1.1736
E2TP105S	1.1736	E2TP106C	1.1604	E2TP106S	1.1604
E2TP107C	1.1795	E2TP107S	1.1795	E2TP108C	1.1564
E2TP108S	1.1564	E2TP109C	1.1431	E2TP109S	1.1431
E2TP110C	1.1508	E2TP110S	1.1508	E2TP111C	1.1276
E2TP111S	1.1276	E2TP112C	1.1144	E2TP112S	1.1144
E2TP801C	1.1007	E2TP801S	1.1007	E2TP802C	1.0776
E2TP802S	1.0776	E2TP803C	1.0644	E2TP803S	1.0644
E2TP804C	1.0906	E2TP804S	1.0906	E2TP805C	1.0675
E2TP805S	1.0675	E2TP806C	1.0542	E2TP806S	1.0542
E2TP807C	1.0766	E2TP807S	1.0766	E2TP808C	1.0535
E2TP808S	1.0535	E2TP809C	1.0403	E2TP809S	1.0403
E2TP810C	1.0531	E2TP810S	1.0531	E2TP811C	1.0299
E2TP811S	1.0299	E2TP812C	1.0167	E2TP812S	1.0167
E2TP813C	0.9926	E2TP813S	0.9926	E2TP814C	0.9794
E2TP814S	0.9794	E2TP901C	1.1543	E2TP901S	1.1543
E2TP902C	1.1311	E2TP902S	1.1311	E2TP903C	1.1179
E2TP903S	1.1179	E2TP904C	1.1429	E2TP904S	1.1429
E2TP905C	1.1198	E2TP905S	1.1198	E2TP906C	1.1065
E2TP906S	1.1065	E2TP907C	1.1275	E2TP907S	1.1275
E2TP908C	1.1044	E2TP908S	1.1044	E2TP909C	1.0911
E2TP909S	1.0911	E2TP910C	1.1018	E2TP910S	1.1018
E2TP911C	1.0786	E2TP911S	1.0786	E2TP912C	1.0654
E2TP912S	1.0654	E2TP913C	1.0383	E2TP913S	1.0383
E2TP914C	1.0250	E2TP914S	1.0250	E2TP915C	1.1438

Exhibit I

Blue Cross Blue Shield of Illinois a division of Health Care Service Corporation

Regulated Small Group Modified Community Rated Manual Rates Effective 9/1/2026

Base Plan Premium Rates

PPO 827.31

Marketing Plan Benefit Factor

Plan	Factor	Plan	Factor	Plan	Factor
E2TP915S	1.1438	E2TP916C	1.1207	E2TP916S	1.1207
E2TP917C	1.1074	E2TP917S	1.1074	E2TP918C	1.1324
E2TP918S	1.1324	E2TP919C	1.1093	E2TP919S	1.1093
E2TP920C	1.0960	E2TP920S	1.0960	E2TP921C	1.1170
E2TP921S	1.1170	E2TP922C	1.0939	E2TP922S	1.0939
E2TP923C	1.0806	E2TP923S	1.0806	E2TP924C	1.0912
E2TP924S	1.0912	E2TP925C	1.0681	E2TP925S	1.0681
E2TP926C	1.0548	E2TP926S	1.0548	E2VC3705	0.7061
E2VE3905	0.6366	E2VH3805	0.5607	ECA81405	0.8600
ECA83405	0.7921	ECA91505	0.7782	ECA93505	0.7040
ECAC1805	0.6652	ECAC1807	0.6895	ECAC3805	0.5832
ECAJ1405	0.8547	ECAJ3405	0.7887	ECAK1405	0.8440
ECAK3405	0.7724	ECAL1A05	0.8371	ECAL3A05	0.7649
ECAM1AA5	0.8360	ECAM3AA5	0.7908	ECD91127	0.8652
ECD91137	0.8652	ECD92615	0.7843	ECD92625	0.7843
ECD92635	0.7843	ECD93615	0.7577	ECD93625	0.7577
ECDA2435	0.7352	ECDA3435	0.7049	ECEC18A5	0.7199
ECEC18A7	0.7380	ECEC38A5	0.6673	ECEQ3805	0.6864
EPEC18A7	0.7443	EPEC38A5	0.6714	EESC18A7	0.7443
EESC38A5	0.6714	EOAE1A07	0.7138	EOAE3A05	0.5971
EOAH1807	0.6113	EOD91127	0.9613	EOD91137	0.9613
EOD92615	0.8715	EOD92625	0.8715	EOD92635	0.8715
EOD93615	0.8419	EOD93625	0.8419	EODA2435	0.8169
EODA3435	0.7832	EOEE1907	0.7616	EOEE3A05	0.6567
EOEH1807	0.6695	EOEQ3805	0.7704	EOEQ380520	0.7602
EPAE1A07	0.7138	EPAE3A05	0.5971	EPAH1807	0.6113
EPAK1405	0.9730	EPAK3405	0.8813	EPAL1A05	0.9660
EPAL3A05	0.8743	EPAM1AA5	0.9372	EPAM3AA5	0.8861
EPAP1V05	0.9338	EPAP1V0520	0.9251	EPAP3V05	0.8994
EPAP3V0520	0.8938	EPD91127	0.9613	EPD91137	0.9613
EPD92615	0.8715	EPD92625	0.8715	EPD92635	0.8715
EPD93615	0.8419	EPD93625	0.8419	EPDA2435	0.8169
EPDA3435	0.7832	EPEC18A5	0.8048	EPEC18A7	0.8288
EPEC38A5	0.7490	EPEE1907	0.7616	EPEE3A05	0.6567
EPEH1807	0.6695	EPEQ1805	0.8114	EPEQ180520	0.7979
EPEQ1Z07	0.8352	EPEQ1Z0720	0.8206	ESD91127	0.8652
ESD91137	0.8652	ESD92615	0.7843	ESD92625	0.7843
ESD92635	0.7843	ESD93615	0.7577	ESD93625	0.7577
ESDA2435	0.7352	ESDA3435	0.7049	ESP91505	0.7965
ESP93505	0.7233	ESPC1807	0.7162	ESPC3805	0.6012
ESPL1A05	0.8554	ESPL3A05	0.7839	ESPM1AA5	0.8386
ESPP1J05	0.9310	ESS91505	0.7965	ESS93505	0.7233
ESSC1807	0.7162	ESSC3805	0.6012	ESSL1A05	0.8554
ESSL3A05	0.7839	ESSP1J05	0.9310	PPVE3905	0.6366
RBD91127	0.8690	RBD91137	0.8690	RBD92615	0.7880
RBD92625	0.7880	RBD92635	0.7880	RBD93615	0.7614
RBD93625	0.7614	RBDA2435	0.7390	RBDA3435	0.7085
RBEQ1Z07	0.7532	RBEQ1Z0720	0.8221	RBEQ3805	0.6899
RBEQ380520	0.6811	RBP42323	0.9922	RBP42324	0.9709

Exhibit I

Blue Cross Blue Shield of Illinois a division of Health Care Service Corporation

Regulated Small Group Modified Community Rated Manual Rates Effective 9/1/2026

Base Plan Premium Rates

PPO 827.31

Marketing Plan Benefit Factor

Plan	Factor	Plan	Factor	Plan	Factor
RBP42326	0.9893	RBP43433	0.9315	RBP43434	0.9102
RBP43436	0.9286	RBP72323	0.9686	RBP72324	0.9473
RBP72326	0.9657	RBP7232C	0.9455	RBP73433	0.9123
RBP73434	0.8910	RBP73436	0.9095	RBP7343C	0.8892
RBP82323	0.9322	RBP82324	0.9109	RBP82326	0.9294
RBP8232C	0.9091	RBP83433	0.8793	RBP83434	0.8580
RBP83436	0.8765	RBP8343C	0.8563	RBP92323	0.8870
RBP92324	0.8661	RBP92326	0.8842	RBP9232C	0.8644
RBP93433	0.8376	RBP93434	0.8167	RBP93436	0.8348
RBP9343C	0.8150	RBPC2323	0.8295	RBPC2324	0.8088
RBPC2326	0.8267	RBPC3433	0.7849	RBPC3434	0.7643
RBPC3436	0.7822	RBPE2323	0.7920	RBPE2324	0.7714
RBPE2326	0.7893	RBPE3433	0.7509	RBPE3434	0.7303
RBPE3436	0.7482	RBS91505	0.8002	RBS93505	0.7268
RBSC1807	0.7197	RBSC3805	0.6046	RBSP1J05	0.8379
RBSP1J0520	0.8302	RBSP3J05	0.8940	RBV43705	0.9059
RBV43805	0.8689	RBV73805	0.8371	RBV83705	0.8174
RBV83805	0.7834	RCP72423	1.0206	RCP72424	0.9974
RCP72426	1.0175	RCP7242C	0.9955	RCV82305	0.9141
RCVC2705	0.7668	RCVG2805	0.6766	RPD91127	0.9656
RPD91137	0.9656	RPD92615	0.8756	RPD92625	0.8756
RPD92635	0.8756	RPD93615	0.8460	RPD93625	0.8460
RPDA2435	0.8211	RPDA3435	0.7873	RPEE1907	0.7659
RPEE3A05	0.6608	RPEH1807	0.6737	RPEQ1Z07	0.8352
RPEQ1Z0720	0.8206	RPEQ3805	0.7693	RPEQ380520	0.7593
RPP11123	1.1740	RPP43323	1.0513	RPP72323	1.0528
RPP72324	1.0297	RPP72326	1.0497	RPP7232C	1.0278
RPP73423	1.0000	RPP73424	0.9769	RPP73426	0.9969
RPP7342C	0.9749	RPP73433	0.9916	RPP73434	0.9685
RPP73436	0.9885	RPP7343C	0.9666	RPP82323	1.0133
RPP82324	0.9901	RPP82326	1.0102	RPP8232C	0.9882
RPP83423	0.9641	RPP83424	0.9410	RPP83426	0.9611
RPP8342C	0.9391	RPP83433	0.9557	RPP83434	0.9326
RPP83436	0.9527	RPP8343C	0.9307	RPP92423	0.9504
RPP92424	0.9276	RPP92426	0.9474	RPP9242C	0.9258
RPP93423	0.9186	RPP93424	0.8959	RPP93426	0.9156
RPP9342C	0.8940	RPP93433	0.9104	RPP93434	0.8877
RPP93436	0.9074	RPP9343C	0.8858	RPPC2423	0.8895
RPPC2424	0.8670	RPPC2426	0.8865	RPPC3423	0.8613
RPPC3424	0.8388	RPPC3426	0.8583	RPPC3433	0.8531
RPPC3434	0.8307	RPPC3436	0.8502	RPPE2423	0.8502
RPPE2424	0.8277	RPPE2426	0.8472	RPPE3423	0.8243
RPPE3424	0.8018	RPPE3426	0.8213	RPPE3433	0.8162
RPPE3434	0.7938	RPPE3436	0.8132	RPS91605	0.9065
RPS93505	0.8098	RPSC1807	0.8100	RPSC3805	0.6754
RPSE1A07	0.7177	RPSE3A05	0.6008	RPSH1807	0.6151
RPSP1V05	0.9338	RPSP1V0520	0.9251	RPSP3V05	0.8981
RPSP3V0520	0.8926	RPV43705	0.9871	RPV43805	0.9490
RPV44708	0.9543	RPV44808	0.8870	RPV73805	0.9140

Exhibit I

Blue Cross Blue Shield of Illinois a division of Health Care Service Corporation

Regulated Small Group Modified Community Rated Manual Rates Effective 9/1/2026

Base Plan Premium Rates

PPO 827.31

Marketing Plan Benefit Factor

Plan	Factor	Plan	Factor	Plan	Factor
RPV74708	0.9212	RPV74808	0.8557	RPV83705	0.8903
RPV83805	0.8553	RPV84708	0.8649	RPV84808	0.8027
RPVC3705	0.7227	RPVE3905	0.6532	RPVH3805	0.5773
BPAP1V0523	0.9188	BPAP3V0523	0.8883	BPAQ1Z0723	0.8067
EOEQ380523	0.7506	EPAP1V0523	0.9173	EPAP3V0523	0.8889
EPEQ180523	0.7854	EPEQ1Z0723	0.8067	RBEQ1Z0723	0.8083
RBEQ380523	0.6730	RPEQ1Z0723	0.8067	RPEQ380523	0.7499
RPSP1V0523	0.9173	RPSP3V0523	0.8878	BPAP1V0524	0.9021
BPAP3V0524	0.8721	BPAQ1Z0724	0.7920	BPE9160524	0.8860
EOEQ380524	0.7370	EPAP1V0524	0.9006	EPAP3V0524	0.8727
EPEQ180524	0.7711	EPEQ1Z0724	0.7920	RBEQ1Z0724	0.7936
RBEQ380524	0.6608	RBS9150524	0.7856	RBS9350524	0.7136
RPEQ1Z0724	0.7920	RPEQ380524	0.7363	RPS9160524	0.8900
RPS9350524	0.7951	RPSP1V0524	0.9006	RPSP3V0524	0.8716
BPAP1V0525	0.8938	BPAP3V0525	0.8642	BPAQ1Z0725	0.7848
BPE9160525	0.8780	EOEQ380525	0.7303	EPAP1V0525	0.8924
EPAP3V0525	0.8648	EPEQ180525	0.7641	EPEQ1Z0725	0.7848
RBEQ1Z0725	0.7863	RBEQ380525	0.6548	RBS9150525	0.7785
RBS9350525	0.7071	RPEQ1Z0725	0.7848	RPEQ380525	0.7296
RPSP1V0525	0.8819	RPS9350525	0.7879	RPSP1V0525	0.8924
RPSP3V0525	0.8637	RPSH180726	0.6095	BPE9160526	0.8700
RBS9150526	0.7714	RBS9350526	0.7007	RPS9160526	0.8739
RPS9350526	0.7807	EOEQ380526	0.7236	EPAP3V0526	0.8569
EPEQ180526	0.7571	EPEQ1Z0726	0.7777	RBEQ1Z0726	0.7792
RBEQ380526	0.6488	RPEQ1Z0726	0.7777	RPEQ380526	0.7229
RPSP1V0526	0.8843	RPSP3V0526	0.8558	BPE9160527	0.8620
EOEQ380527	0.7171	EPAP3V0527	0.8491	EPEQ180527	0.7503
EPEQ1Z0727	0.7706	RBS9150527	0.7644	RBS9350527	0.6943
RPS9160527	0.8660	RPS9350527	0.7736	RBEQ1Z0727	0.7721
RBEQ380527	0.6429	RPEQ1Z0727	0.7706	RPEQ380527	0.7164
RPSP1V0527	0.8762	RPSP3V0527	0.8480		

Exhibit II

Blue Cross Blue Shield of Illinois a division of Health Care Service Corporation

Regulated Small Group Modified Community Rated Manual Rates Effective 9/1/2026

Base Plan Premium Rates

HMO 693.41

Marketing Plan Benefit Factor

Plan	Factor	Plan	Factor	Plan	Factor
BPHB011	1.0396	BPHB013	1.0249	BPHB014	0.9993
BPHB016	1.0214	BPHB101	1.0139	BPHB103	0.9991
BPHB104	0.9735	BPHB106	0.9957	BPHB131	1.0091
BPHB133	0.9944	BPHB134	0.9687	BPHB136	0.9909
BPHB161	0.9882	BPHB163	0.9734	BPHB164	0.9478
BPHB166	0.9700	BPHB191	0.9763	BPHB193	0.9615
BPHB194	0.9359	BPHB196	0.9581	BPHB201	1.0653
BPHB204	1.0524	BPHB205	1.0267	BPHB206	1.0120
BPHB210	1.0396	BPHB213	1.0348	BPHB214	1.0477
BPHB215	1.0220	BPHB216	1.0072	BPHH01	1.0965
BPHH014	1.0304	BPHH016	1.0526	BPHH02	1.0708
BPHH03	1.0561	BPHH04	1.0823	BPHH05	1.0566
BPHH06	1.0418	BPHH07	1.0775	BPHH08	1.0518
BPHH09	1.0370	BPHH10	1.0694	BPHH104	1.0034
BPHH106	1.0256	BPHH11	1.0437	BPHH12	1.0290
BPHH13	1.0646	BPHH134	0.9986	BPHH136	1.0208
BPHH14	1.0389	BPHH15	1.0242	BPHH164	0.9777
BPHH166	0.9999	BPHH17	1.0181	BPHH18	1.0033
BPHH194	0.9657	BPHH196	0.9879	BPHH20	1.0061
BPHH21	0.9913	E2THB011	1.0396	E2THB013	1.0249
E2THB014	0.9993	E2THB016	1.0214	E2THB101	1.0139
E2THB103	0.9991	E2THB104	0.9735	E2THB106	0.9957
E2THB131	1.0091	E2THB133	0.9944	E2THB134	0.9687
E2THB136	0.9909	E2THB161	0.9882	E2THB163	0.9734
E2THB164	0.9478	E2THB166	0.9700	E2THB191	0.9763
E2THB193	0.9615	E2THB194	0.9359	E2THB196	0.9581
E2THB201	1.0653	E2THB204	1.0524	E2THB205	1.0267
E2THB206	1.0120	E2THB210	1.0396	E2THB213	1.0348
E2THB214	1.0477	E2THB215	1.0220	E2THB216	1.0072
E2THH014	1.0304	E2THH016	1.0526	E2THH01C	1.0965
E2THH01S	1.0965	E2THH02C	1.0708	E2THH02S	1.0708
E2THH03C	1.0561	E2THH03S	1.0561	E2THH04C	1.0823
E2THH04S	1.0823	E2THH05C	1.0566	E2THH05S	1.0566
E2THH06C	1.0418	E2THH06S	1.0418	E2THH07C	1.0775
E2THH07S	1.0775	E2THH08C	1.0518	E2THH08S	1.0518
E2THH09C	1.0370	E2THH09S	1.0370	E2THH104	1.0034
E2THH106	1.0256	E2THH10C	1.0694	E2THH10S	1.0694
E2THH11C	1.0437	E2THH11S	1.0437	E2THH12C	1.0290
E2THH12S	1.0290	E2THH134	0.9986	E2THH136	1.0208

Exhibit II

Blue Cross Blue Shield of Illinois a division of Health Care Service Corporation

Regulated Small Group Modified Community Rated Manual Rates Effective 9/1/2026

Base Plan Premium Rates

HMO 693.41

Marketing Plan Benefit Factor

Plan	Factor	Plan	Factor	Plan	Factor
E2THH13C	1.0646	E2THH13S	1.0646	E2THH14C	1.0389
E2THH14S	1.0389	E2THH15C	1.0242	E2THH15S	1.0242
E2THH164	0.9777	E2THH166	0.9999	E2THH17	1.0181
E2THH18	1.0033	E2THH194	0.9657	E2THH196	0.9879
E2THH20	1.0061	E2THH21	0.9913	E2THV022	0.9449
E2THV023	0.9302	E2THV024	0.9046	E2THV026	0.9268
E2THV032	0.9087	E2THV033	0.8939	E2THV034	0.8683
E2THV036	0.8905	HMOBV022	0.9449	HMOBV023	0.9302
HMOBV024	0.9046	HMOBV026	0.9268	HMOBV032	0.9087
HMOBV033	0.8939	HMOBV034	0.8683	HMOBV036	0.8905
RHHHB103	1.0000	RHHHB104	0.9743	RHHHB106	0.9966
RHHHB10C	0.9721	RHHHB133	0.9953	RHHHB134	0.9695
RHHHB136	0.9918	RHHHB13C	0.9674	RHHHB163	0.9849
RHHHB164	0.9591	RHHHB166	0.9814	RHHHB16C	0.9570
RHHHB193	0.9730	RHHHB194	0.9473	RHHHB196	0.9696
RHHHB19C	0.9451	RHVHV023	0.9378	RHVHV024	0.9120
RHVHV026	0.9344	RHVHV02C	0.9099	RHVHV033	0.9028
RHVHV034	0.8770	RHVHV036	0.8994	RHVHV03C	0.8749

Exhibit III

Blue Cross Blue Shield of Illinois a division of Health Care Service Corporation

Regulated Small Group Modified Community Rated Manual Rates Effective 9/1/2026

Effective Date Adjustments

<u>Effective Date</u>	<u>Factor</u>
09/2026	1.0047
10/2026	1.0094
11/2026	1.0142
12/2026	1.0189
01/2027	1.0237
02/2027	1.0285
03/2027	1.0334
04/2027	1.0382
05/2027	1.0431
06/2027	1.0480
07/2027	1.0529
08/2027	1.0579

Exhibit IV

Blue Cross Blue Shield of Illinois a division of Health Care Service Corporation

Regulated Small Group Modified Community Rated Manual Rates Effective 9/1/2026

The following adjustments are applied to the Marketing Plan Premium rates to develop modified community rates for a particular account.

Age/Gender/Relationship

Premium rates may be adjusted to reflect the expected cost differences associated with age, gender and family relationship characteristics of the anticipated account membership.

Employment Status

Premium rates may be adjusted to reflect the expected cost differences associated with COBRA status of the anticipated account membership.

Area

Premium rates may be adjusted to reflect the expected cost differences associated with specific geographic areas.

Industry

Premium rates may be adjusted to reflect the utilization risk associated with the account's Standard Industrial Classification code or the account's North American Industry Classification System code.

Group Size

Premium rates may be adjusted to reflect different retention, morbidity and commissions based on the number of contracts enrolled in the account.

Underwriting Adjustments

Premium rates may be adjusted to reflect account specific utilization risk associated with the account's aggregate claims experience and health status as determined by the underwriter.

These factor tables are subject to periodic review and revision and are maintained on file at Blue Cross Blue Shield of Illinois headquarters.

SERFF Tracking #:	ILCP-134960994	State Tracking #:		Company Tracking #:	SG202609NGF
State:	Illinois	Filing Company:	Health Care Service Corporation, A Mutual Legal Reserve Company		
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.003G Small Group Only - Other				
Product Name:	ACT DOI-Illinois SG 202609NGF				
Project Name/Number:	/				

Supporting Document Schedules

Satisfied - Item:	Review Requirement Checklist
Comments:	
Attachment(s):	202609 Health Premium Rates Review Requirements Checklist (SG - NGF).pdf
Item Status:	
Status Date:	
Satisfied - Item:	Cover Letter
Comments:	
Attachment(s):	202609 SG Filing Cover NGF.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Objection Response
Comments:	
Attachment(s):	2026_IL_SG_NGF_public-rate-filing-summary.xlsx 2026_IL_SG_PARTII.pdf 202609_Actuarial_Memorandum_SG-NGF_REDACTED.pdf RRJ_RateSummaryTemplate_20260707.xls 202609_SG_Rate_Filing_Confidentiality_Letter.pdf IL_Pre-ACA_2026-09-01_R3_Response.pdf
Item Status:	
Status Date:	



Illinois Department of Insurance

BRUCE RAUNER
Governor

JENNIFER HAMMER
Director

Checklist for Renewal of Transitional (Grandmothered) Policy Plans

The following are additional guidelines for submitting rate filings for Transitional plans meeting the requirements specified in Company Bulletins 2014-04 and 2017-01:

- I. Where a company chooses to continue using the last set of rates that were given a SERFF disposition of "Filed" by DOI, no further actuarial review by DOI will be required. These filings should be submitted to DOI no later than fifteen (15) days prior to the date the company intends to implement the rates. **N/A**
- II. Where a company chooses to use rates that are different than the last set of rates that were given a SERFF disposition of "Filed" by DOI, then the following apply:
 - a) A rate filing changing trend only will result in an expedited DOI actuarial review with an estimated completion time of two (2) weeks. **N/A**
 - b) A rate filing changing any other assumptions/factors other than trend will result in a full actuarial review. **We are choosing this option.**
- III. All rate filings should contain at a minimum the information set out in this paragraph. The failure to include such information, requiring a subsequent request to the company for same, will result in a commensurate delay in actuarial review times. The required information follows: **The following information is included in the Actuarial Memorandum on the Supporting Documents tab.**
 - a) A cover letter indicating the following:
 1. The rate filing option the company has chosen (either 1, 2a, or 2b above);
 2. The SERFF filing number for the last "Filed" rate filing;
 3. The trend used in the last "Filed" rate filing; and
 4. The intended implementation date of the rates.
 - b) An actuarial memorandum including:
 1. Proposed effective date;
 2. Requested rate increase – from current rates and annual;
 3. Reason for rate increase (attribution analysis);
 4. Historical rate increases;
 5. Target loss ratio for the rating and two preceding periods;
 6. Historic loss ratios;
 7. Benefit description including:
 - a) Type of Policy
 - b) Benefits
 - c) Renewability
 - d) General Marketing Method
 - e) Underwriting Method,
 - f) Premium Classifications

g) Age Basis and Issue Age

8. Market (individual or small group);
9. Average premium before and after rate increase;
10. Historical financial experience (earned premiums, incurred claims, resulting loss ratios, policyholders, covered lives, member months, etc. by calendar year since inception of product);
11. Description and demonstration of the development of proposed base rate increase describing the source of each assumption used including trends, lapse rates, and interest rates;
12. Description and demonstration of all changes in rating factors;
13. Base period experience including:
 - a) Base period from and through dates
 - b) Paid through date
 - c) Completion methodology and average factors and IBNR
 - d) Contract reserves
 - e) Allowed claims experience by service type
 - f) Paid claims experience by service type
 - g) Corresponding member months
 - h) Credibility analysis
 - i) Treatment of large claims and development of pooling charges and credits
14. Treatment of reinsurance;
15. Projected policyholders, individuals and member months;
16. Projection factors by type of service (inpatient, outpatient, professional, other and prescription drug), including:
 - a) Utilization
 - b) Cost
 - c) Service mix
17. Experience adjustments:
 - a) Due to benefit changes
 - b) Due to demographic changes
18. Historic trends should be provided, if not provided in prior filings;
19. Summary of changes in filing from previous filing (benefits, rating factors, administrative costs, gain/loss margins etc.);
20. Loss ratio with and without proposed rate increase;
21. Cumulative, future and lifetime loss ratios;
22. Company's State rebate MLR for this market with credibility adjustment;
23. Explanation when the future loss ratio is not consistent with the federal rebate MLR;
24. Administrative costs and load included in rates; and
25. Rate filing disclosure form required for "unreasonable" rate increases.

If you have any questions regarding this checklist, please contact Eric Anderson at eric.anderson@illinois.gov.

04/01/2017



**BlueCross BlueShield
of Illinois**

May 28th, 2026

Ann Gillespie
Acting Director, Department of Insurance
320 West Washington Street
Springfield, Illinois 62767

**Subject: Blue Cross Blue Shield of Illinois (BCBSIL), a division of Health Care Service Corporation, Chicago, Illinois
FEIN 36-1236610
Filing # ILCP-134960994 - SG202609NGF
Rate Filing Actuarial Memorandum and Justification Review Standards**

Ms. Gillespie,

This rate filing is to comply with the Illinois Department of Insurance (DOI) Company Bulletin 2016-03 addressing transition policies. BCBSIL has chosen to file option 2b. The purpose of this filing is to acknowledge an increase to our base rate for our fully-insured, non-grandfathered regulated small group business and renewal manual rates with effective dates on or after September 1, 2026. This block of business is filed with the DOI under policy forms GB16HCSC (HMO) and GB10HCSC (non-HMO). **A completed rate filing checklist is enclosed in the Supporting Documentation tab within SERFF.**

Attached are the Rate Filing Actuarial Memorandum and Justification Review Standards and other supporting documents in compliance the Illinois Department of Insurance Company Bulletin 2015-06 and the Checklist for Second Renewal of Existing Policy Plans.

We respectfully request that the DOI discuss with us in advance any public disclosure of the information contained in our filing to ensure that it is disclosed in a manner that is not misleading to consumers.

Sincerely,

Brian Krzych, FSA, MAAA
Executive Director & Actuary

300 East Randolph Street □ Chicago, Illinois 60601-5099 □ 312/653-6000 □ www.bcbsil.com

*Blue Cross and Blue Shield of Illinois, a division of Health Care Service Corporation, a Mutual Legal Reserve Company,
an Independent Licensee of the Blue Cross and Blue Shield Association*

Part II: Justification for Proposed Rate Increase

BlueCross BlueShield of Illinois

Small Group Rate Filing

Effective September 1, 2026

Scope, Range and Best Estimate of the Rate Increase

Blue Cross and Blue Shield of Illinois (BCBSIL) filed rates to be effective September 1, 2026, for its Small Group Transitional plans. The rate increase for all plans is 15.0%.

Changes in allowable rating factors, such as age, plan selection, geographical area, and renewal month may also impact the premium amount for the coverage.

There are currently 34,000 members that may be affected by these proposed rates.

Financial Experience of the Product

The earned premiums for Small Group plans during calendar year 2025 were \$308,064,000 and total claims incurred were \$275,794,000.

The proposed rates effective September 1, 2026, are expected to achieve the loss ratio assumed in the rate development.

Changes in Medical Service Costs

The proposed rates reflect expected change in year over year medical service and prescription drug costs, which includes changes in reimbursement rates to providers, changes in expected utilization of services, the mix and intensity of services, and the introduction of new procedures and technologies.

Changes in Benefits

There are no significant changes to the benefit structure.

Administrative Costs and Anticipated Margins

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

[REDACTED]
Date: May 28, 2026
Submitted via SERFF

Health Care Service Corporation
Blue Cross Blue Shield of Illinois
Rate Filing Actuarial Memorandum and Justification Review Standards

SCOPE AND PURPOSE OF FILING

This rate filing is to comply with the Illinois Department of Insurance (DOI) Company Bulletin 2015-06 addressing transition policies and follows the format requested in the “Checklist for Second Renewal of Existing Policy Plans.” The filing is also intended to demonstrate the reasonableness of rates in relation to premiums. The filing may not be appropriate for other purposes.

The scope of this filing is for Blue Cross Blue Shield of Illinois (BCBSIL), a division of Health Care Service Corporation, fully-insured non-grandfathered regulated small group pre-packaged benefits. This block of business is filed with the DOI under policy forms GB16HCSC (HMO) and GB10HCSC (non-HMO). BCBSIL defines the fully-insured regulated small group block as protected by the Small Employer Health Insurance Rating Act (215 ILCS 93/1 through 99).

The purpose of this filing is to acknowledge a change in the base rate which increases the rate schedule [REDACTED] effective September 1, 2026. The last set of rates was filed in SERFF under ILCP-134540115.

i) PROPOSED EFFECTIVE DATE

This filing impacts renewal manual rates with effective dates September 1, 2026 and later.

ii) REQUESTED RATE INCREASE

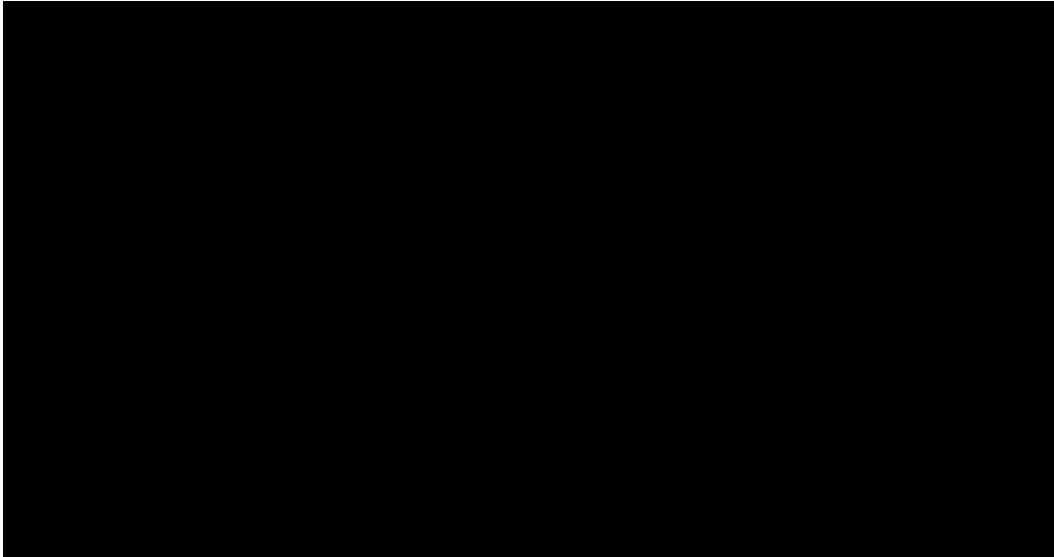
The proposed rate action for this block is a [REDACTED] to the rate schedule of [REDACTED]. For a group renewing between September 1, 2026 and August 31, 2027, the resulting average annual rate schedule change is approximately [REDACTED].

iii) REASON FOR RATE INCREASE

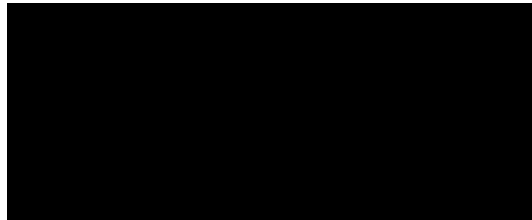
The proposed rate action reflects updated base experience and trend.

Health Care Service Corporation
Blue Cross Blue Shield of Illinois
Rate Filing Actuarial Memorandum and Justification Review Standards

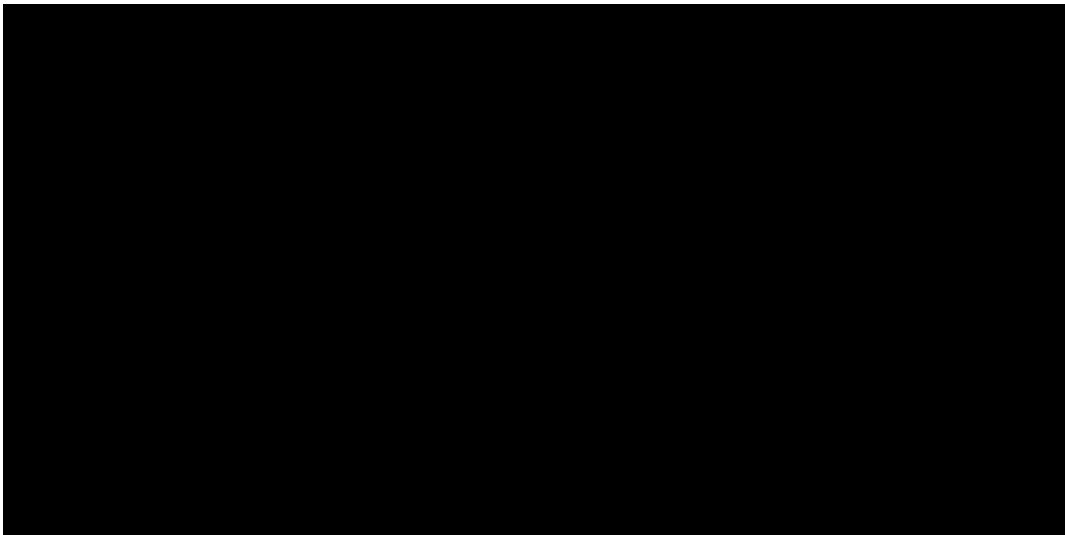
iv) HISTORICAL RATE INCREASES



v) TARGET LOSS RATIO



vi) HISTORIC LOSS RATIOS



Health Care Service Corporation
Blue Cross Blue Shield of Illinois
Rate Filing Actuarial Memorandum and Justification Review Standards

BENEFIT DESCRIPTION

a) Type of Policy

This fully-insured non-grandfathered regulated small group block of business is filed with the DOI under policy forms GB16HCSC (HMO) and GB10HCSC (non-HMO). This block is closed and only applies to renewals.

b) Benefits

This block of business includes PPO, HMO, HDHP and HSA benefit designs. For the PPO, HDHP, and HSA designs: deductibles range from \$0 to \$5,000, coinsurance amounts range from 0% to 50%. If there are copays the office visit copays range from \$10 to \$50 and emergency room copays are \$150. For the HMO designs: office visit copays range from \$10 to \$70 and emergency room copays are \$150.

c) Renewability

This block of business is guaranteed renewable.

d) General Marketing Method

These policies are closed to new business.

e) Underwriting Method

The manual rates may be adjusted based upon the utilization risk associated with the group's health status as determined by the underwriter.

f) Premium Classifications

Premium rates are developed using a composite four tier rate structure and Medicare carve-out rates. BCBSIL's standard Non-Medicare rating tiers are: employee only, employee plus spouse, employee plus child(ren) and employee plus family. The composite rates are calculated using employee and employer demographics. The age and gender of the employees combined with the rating area, SIC, group size, out-of-state membership of the employer are used to develop the composite rates. The benefit relativities and underwriting risk assessment are also used in the development of the accounts specific rates. Finally, the rate schedule includes automatic increments that advance the rates depending on rate effective year/month. As of this filing, the monthly increment is [REDACTED] and rates increase by this factor with the passage of each future month.

g) Age Basis and Issue Age

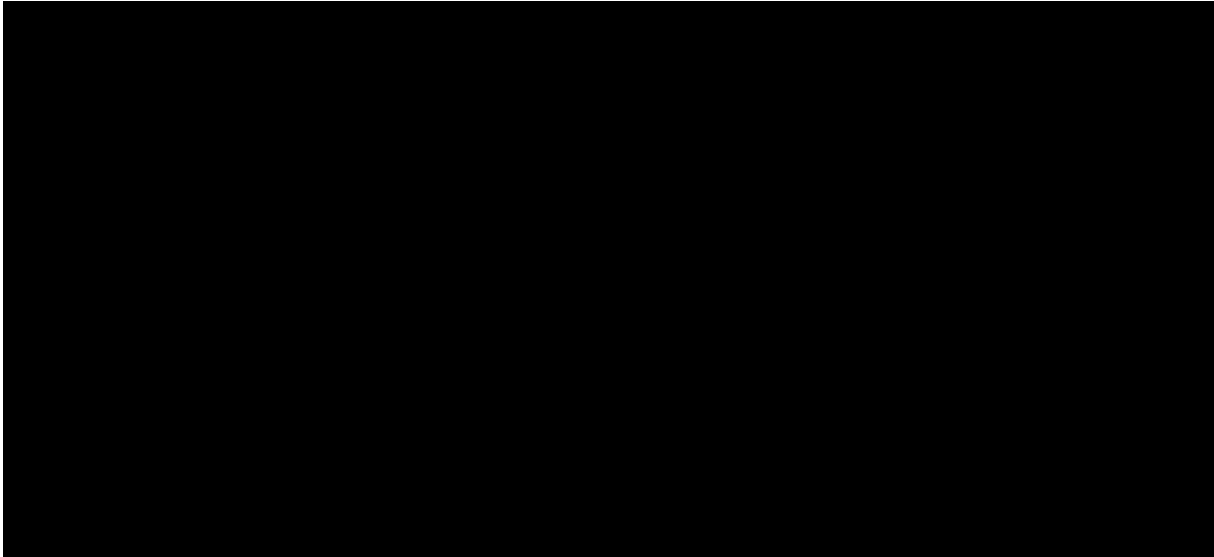
The manual rates are calculated based on the attained ages as of the effective/renewal date.

vii) MARKET

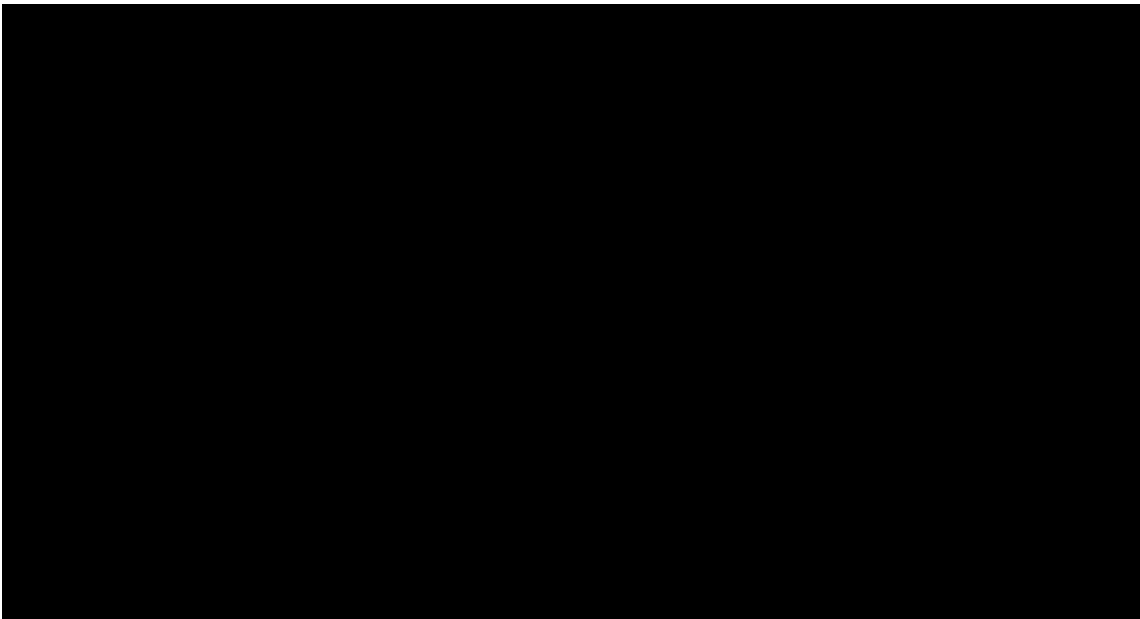
This filing applies to the regulated small group market.

Health Care Service Corporation
Blue Cross Blue Shield of Illinois
Rate Filing Actuarial Memorandum and Justification Review Standards

viii) AVERAGE ANNUAL PREMIUM



ix) HISTORICAL FINANCIAL EXPERIENCE



x) DESCRIPTION AND DEMONSTRATION OF BASE RATE INCREASE

The proposed rate action is acknowledging unfavorable trends and experience, which results in increasing the rate schedule [REDACTED] effective September 1, 2026.

The trend factors utilized in projecting our experience period claims forward are based on existing insured business in this state. The underlying data used in developing trend is derived from group accounts from PPO products. The data includes various categories of services representing inpatient, outpatient, professional, other medical providers,

Health Care Service Corporation
Blue Cross Blue Shield of Illinois
Rate Filing Actuarial Memorandum and Justification Review Standards

and prescription drugs. The categories have been selected to include encounters/services that are of a credible size, and separate unrelated types of encounters (ER visits, maternity admits, preventive visits, etc.).

The source data has adjustments applied:

- to normalize for age, gender, and morbidity,
- for number/type of days of the week and holidays,
- for any one-time events not anticipated to reoccur during the projection period,
- for anticipated changes to the provider contracts that differ from those underlying the experience period, and
- for anticipated changes to prescription drug mix, unit cost and utilization.

The data selected is appropriate for the single risk pool because the underlying population is group business from this issuer in this state. Such data reflects the medical policy, utilization management, provider contracts and adjudication practices of the issuer, but does not include the effects of medical underwriting. The benefits provided are comprehensive and cover a broad range of services which are consistent with essential health benefits.

xi) DESCRIPTION AND DEMONSTRATION OF ALL CHANGES IN RATING FACTORS

There are no other changes to the rating factors from what is currently filed.

xii) BASE PERIOD EXPERIENCE

a) Base Period from and through dates

The base period experience data is incurred from November 1, 2024 through October 31, 2025.

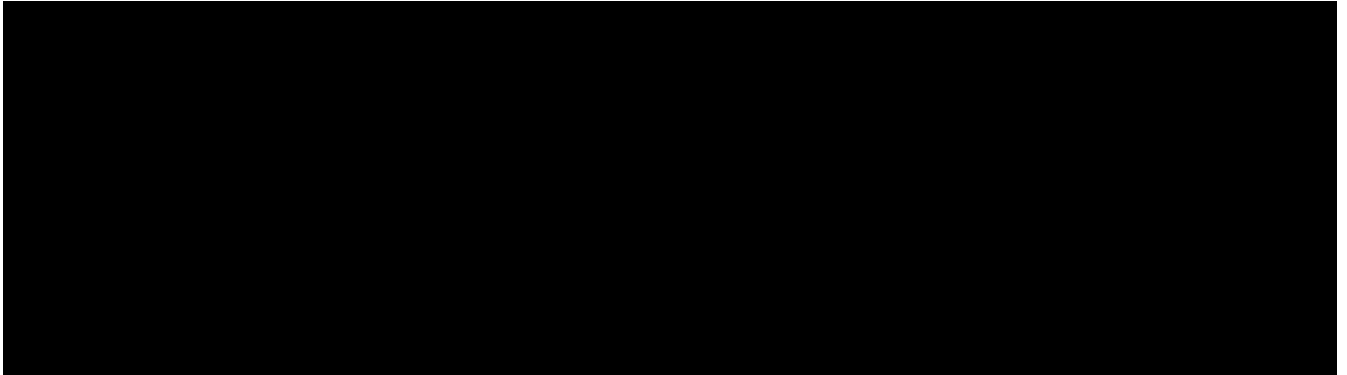
b) Paid through date

The base period experience data is paid through March 31, 2026.

c) Completion methodology and average factors and IBNR

Allowed claims and incurred claims are pulled from the same source(s) and calculated using a similar methodology. Only the allowed claim amounts for small group accounts/members for claims which have already been processed are included in our claim data (incomplete allowed claims). A set of completion factors are then applied to the incomplete allowed claims to develop the expected allowed claims for the experience period. The completion factors to be applied to the incomplete allowed claims are developed using a similar process as the completion factors to be applied to paid claims.

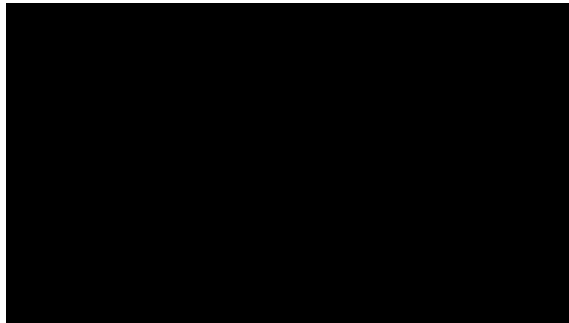
Health Care Service Corporation
Blue Cross Blue Shield of Illinois
Rate Filing Actuarial Memorandum and Justification Review Standards



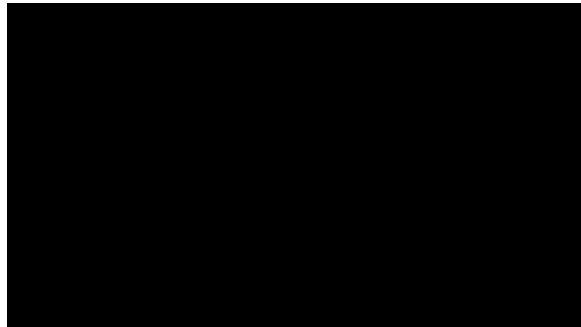
d) Contract reserves

There are no contract reserves set up for these policies.

e) Allowed Claims Experience



f) Paid Claims Experience



g) Member months

The base period experience member months are [REDACTED].

h) Credibility Analysis

With an average of [REDACTED] members in our Small Group non-ACA metallic market, we have assigned full, 100% credibility to our base experience data. The plans were all rated together and as such, no pooling was necessary.

Health Care Service Corporation
Blue Cross Blue Shield of Illinois
Rate Filing Actuarial Memorandum and Justification Review Standards

i) Treatment of Large Claims and Pooling Charges

Large claims were included in the experience period, as the experience in aggregate is deemed 100% credible.

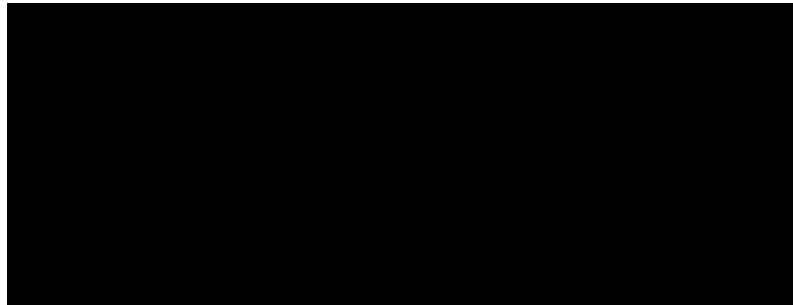
xiii) TREATMENT OF REINSURANCE

Reinsurance recoveries do not apply to the Small Group market.

xiv) PROJECTED POLICYHOLDERS

We are projecting [REDACTED] members in 2026.

xv) TREND PROJECTION FACTORS

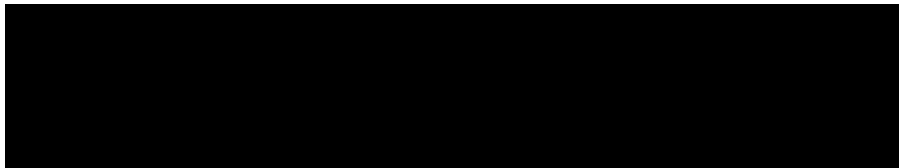


xvi) EXPERIENCE ADJUSTMENTS

- a) All benefits covered in the experience period will also be covered in the projection period.
- b) The assumptions for changes in demographics are developed by comparing the population mix from the experience period to the assumed population mix in the projection period. For rating, we assumed the population mix remained constant.

xvii) HISTORIC TRENDS

Actual vs Expected trend for the past 3 years is as follows:



xviii) SUMMARY OF CHANGES FROM PREVIOUS FILING

Benefits and rating factors remained constant from the previous filing. Administrative costs were updated as follows.

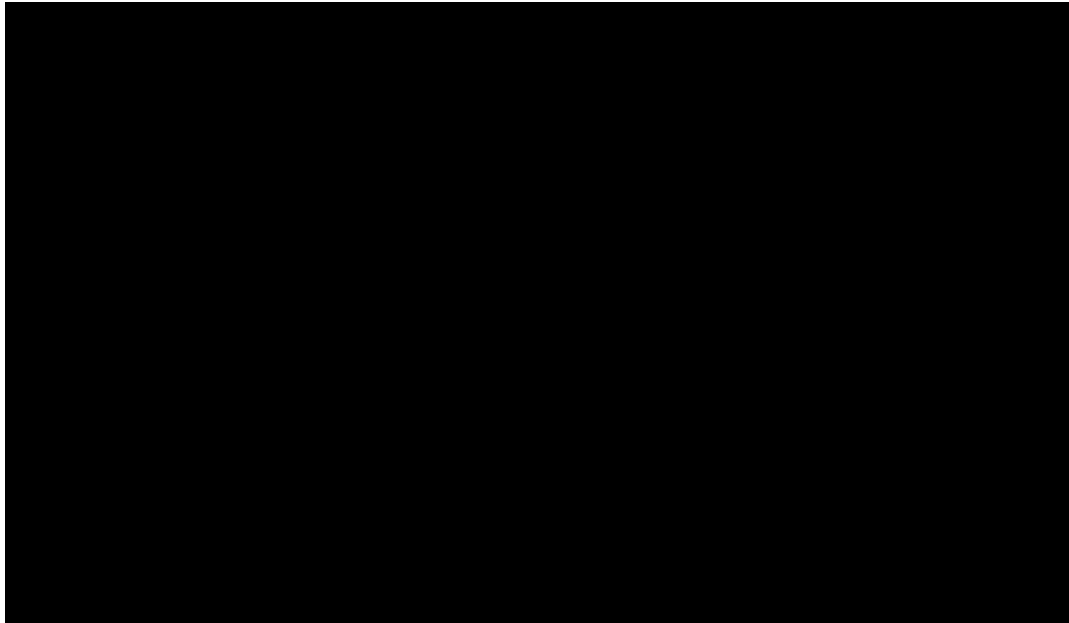
Health Care Service Corporation
Blue Cross Blue Shield of Illinois
Rate Filing Actuarial Memorandum and Justification Review Standards



xix) PROJECTED LOSS RATIO WITH AND WITHOUT PROPOSED RATE INCREASE

The projected traditional loss ratio in 2026 is [REDACTED] and in 2027 is [REDACTED]. Without this proposed change, the projected loss ratio in 2026 is [REDACTED] and in 2027 is [REDACTED].

xx) CUMULATIVE, FUTURE AND LIFETIME LOSS RATIOS



There is no Lifetime Loss Ratio requirement for this block of business.

xxi) COMPANY'S REBATE MLR FOR MARKET

The projected loss ratio for 2026 using the Federally prescribed MLR methodology is [REDACTED] for the Single Risk Pool.

xxii) EXPLANATION WHEN THE FUTURE LOSS RATIO IS NOT CONSISTENT WITH THE FEDERAL REBATE MLR

The MLR calculation is in accordance with the formula in the HHS Notice of Benefits and Payment Parameters.

Health Care Service Corporation
Blue Cross Blue Shield of Illinois
Rate Filing Actuarial Memorandum and Justification Review Standards

$$MLR = \left[\frac{(i + q + n - r)}{\{(p - n + r) - t - f - (-n + r)\}} \right] + c$$

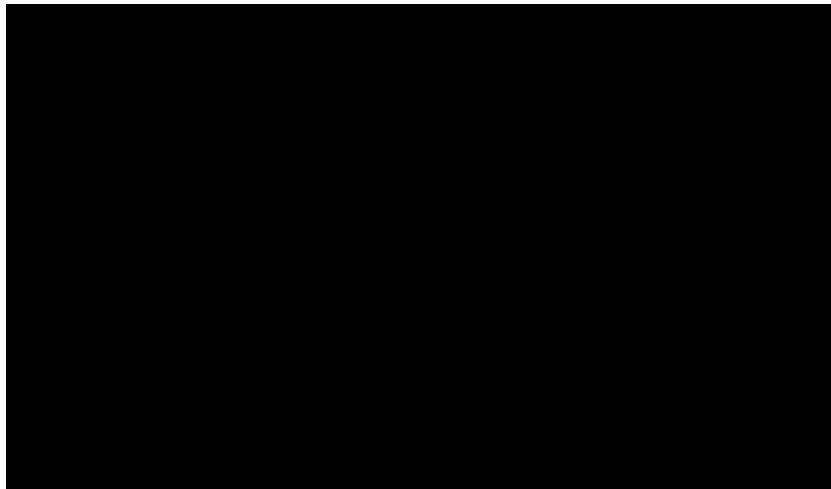
Which simplifies to,

$$MLR = \left[\frac{(i + q + n - r)}{\{p - (t + f)\}} \right] + c$$

Where,

- i = incurred claims
- q = expenditures on quality improving activities
- p = earned premiums
- t = Federal and State taxes and assessments
- f = licensing and regulatory fees, including transitional reinsurance contributions
- s = issuer's transitional reinsurance receipts
- n = issuer's risk corridors and risk adjustment related payments
- r = issuer's risk corridors and risk adjustment related receipts
- c = credibility adjustment, if any.

Below are the MLR calculations for the single risk pool as well as for the closed, non-metallic business.



xxiii) ADMINISTRATIVE COSTS

The following assumptions were used in the pricing of this block of business:

- Commissions are expected to be [REDACTED] of premium
- Acquisition and maintenance expenses are expected to be [REDACTED] of premium
- Taxes and Assessments are expected to be [REDACTED] of premium

xxiv) RATE FILING DISCLOSURE FORM

The rate filing disclosure is not applicable.

Health Care Service Corporation
Blue Cross Blue Shield of Illinois
Rate Filing Actuarial Memorandum and Justification Review Standards

xxv) ACTUARIAL CERTIFICATION

I, [REDACTED] am an employee of Blue Cross Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company. I am a Member of the American Academy of Actuaries, and a Fellow of the Society of Actuaries, and I meet the qualification standards appropriate for this Rate Filing Actuarial Memorandum and Justification Review Standards. I certify that, to the best of my knowledge, this rate filing is in compliance with the applicable laws and regulations of the State of Illinois and the applicable federal statutes and complies with all applicable Actuarial Standards of Practice.

The rates referenced in this filing reflect the negotiated prices from the provider contracts and the expected utilization experience of the plan.

I have relied upon financial data and summaries prepared by responsible officers and employees of Blue Cross Blue Shield of Illinois. In other respects, my analysis included such review of the assumptions as I considered necessary.

For preparation of the rates, items identified above:

- (i) are computed in accordance with commonly accepted actuarial standards consistently applied and are fairly stated in accordance with sound actuarial principles.
- (ii) are in compliance with applicable laws and regulations of the State of Illinois.
- (iii) are in compliance with applicable federal statutes.
- (iv) make a good and sufficient provision for all unpaid claims of the organization under the terms of its contracts and agreements.
- (v) include appropriate provision for all actuarial items which ought to be established.

To the best of my knowledge and judgment, the referenced rates are reasonable in relation to the anticipated experience of Blue Cross Blue Shield of Illinois and are neither excessive, inadequate nor unfairly discriminatory.

[REDACTED]

05/28/2026

Date

Plan Year 2027 Public Rate Filing Summary for Individual and Small Group ACA-Compliant Plans
215 ILCS 5/355(d) and (e)

Company Name:	Health Care Service Corporation, A Mutual Legal Reserve Company
SERFF Filing ID:	ILCP-134960994
Individual or Small Group:	Small Group
Effective Date:	9/1/2026
Exchange Information: (On-Exchange or Off-Exchange Only)	Off-Exchange Only
Product Type(s) Offered: (HMO, PPO, and/or POS)	HMO, PPO
Metal Tiers Offered: (please list which metal tiers are offered)	N/A
Tobacco Rating Factors Used? (y/n)	No
Description of Service Areas:	Blue Cross and Blue Shield of Illinois (BCBSIL) believes in offering affordable and quality products to all Illinoisans. Therefore, BCBSIL will offer plans in all rating areas and counties in the state.
Rate Change Summary:	
Average Rate Change:	15.0%
Maximum Rate Change:	15.0%
Minimum Rate Change:	15.0%
Reason for differences between max and min rate increases:	
Enrollment (members) as of Dec. 31, 2025:	34,000
Company Justification for Rate Change:	The proposed rates reflect expected change in year over year medical service and prescription drug costs, which includes changes in reimbursement rates to providers, changes in expected utilization of services, the mix and intensity of services, and the introduction of new procedures and technologies. The Affordable Care Act expects health plans in the small group market to spend at least 80% of each premium dollar they collect to pay for medical care and activities that improve health care quality for members. These rates assume BCBSIL will once again exceed the 80% threshold.
Expected Medical Loss Ratio:	91.8%
Expected Annual Medical Trend:	9.1%
Expected Administrative Cost Ratio:	13.5%
Any Other Relevant Comments: (optional)	

Comments from the public may be submitted on the Illinois Department of Insurance's website.