Filing at a Glance

Company:	Health Care Service Corporation, A Mutual Legal Reserve Company
Product Name:	ACT DOI-Illinois Individual 1/1/2027 On/Off Exchange Rates
State:	Illinois
TOI:	H16I Individual Health - Major Medical
Sub-TOI:	H16I.005C Individual - Other
Filing Type:	Rate
Date Submitted:	06/03/2026
SERFF Tr Num:	ILCP-134960138
SERFF Status:	Assigned
State Tr Num:	
State Status:	Assigned to Reviewer
Co Tr Num:	
Effective Date Requested:	01/01/2027
Author(s):	Brian Krzych, Matthew Stoner, Victor Zhou, Wooseok Jeong, Gabe Warner, Mario Viramontes, Tatiana Sizova, Chase Moy, Jeff Andrews
Reviewer(s):	Christina Roy (primary), 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: *H16I Individual Health - Major Medical/H16I.005C Individual - Other*

Product Name: *ACT DOI-Illinois Individual 1/1/2027 On/Off Exchange Rates*

Project Name/Number: */*

General Information

Project Name:

Project Number:

Requested Filing Mode: File & Use

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Gabe Warner

State Sub-TOI: H16I.005C Individual - Other

PPACA Notes: null

Exchange Intentions:

Filing Description:

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 06/04/2026

State Status Changed: 06/04/2026

Created By: Gabe Warner

Corresponding Filing Tracking Number:

State TOI: H16I Individual Health - Major Medical

PPACA: Non-Grandfathered Immed Mkt Reforms

This rate filing includes both on Exchange and off Exchange products.

State:	*Illinois*	**Filing Company:**	*Health Care Service Corporation, A Mutual Legal Reserve Company*
TOI/Sub-TOI:	*H16I Individual Health - Major Medical/H16I.005C Individual - Other*		
Product Name:	*ACT DOI-Illinois Individual 1/1/2027 On/Off Exchange Rates*		
Project Name/Number:	*/*		

Blue Cross and Blue Shield of Illinois (BCBSIL), a division of Health Care Service Corporation (HCSC), a Mutual Legal Reserve Company is filing monthly premium rates for new Individual plans effective January 1, 2027. A completed rate filing checklist is enclosed in the Supporting Documentation tab in SERFF.

For its 2027 plans, the proposed rate changes may vary by both product and plan. The proposed increase is 14.9% across the entire block of BCBSIL Individual ACA-compliant plans, and reflects the expected migration to available plans.

This filing is intended to comply with Sections 2701 and 2794 of the Public Health Service Act and 215 ILCS 5/355. It complies with the requirements as described in the Rate Review Requirements Checklist. This filing is also intended to demonstrate the reasonableness of benefits in relation to premiums.

The list of Policy Forms and Tracking numbers is attached below. For further detail and a complete list of Product ID's, Policy Form Numbers and SERFF filing numbers please refer to the Cover Letter, attached in the Supporting Documentation tab.

Policy Form / SERFF Tracking Number
2027 POL BAV 4T/ILCP-134095318
2027 POL BAV EX 4T/ILCP-134905137
2027 POL BAV EX/ILCP-134905137
2027 POL BAV HSA 4T/ILCP-134095318
2027 POL BAV HSA EX 4T/ILCP-134905137
2027 POL BAV HSA EX/ILCP-134905137
2027 POL BAV HSA/ILCP-134095318
2027 POL BAV/ILCP-134095318
2027 POL BCE 4T/ILCP-134906774
2027 POL BCE CA HSA EX/ILCP-134906587
2027 POL BCE CA HSA/ILCP-134906597
2027 POL BCE EX 4T/ILCP-134906600
2027 POL BCE EX/ILCP-134906600
2027 POL BCE HSA EX/ILCP-134906600
2027 POL BCE HSA/ILCP-134906774
2027 POL BCE/ILCP-134906774
2027 POL BHD 4T/ILCP-134095318
2027 POL BHD EX 4T/ILCP-134905137
2027 POL BHD EX/ILCP-134905137
2027 POL BHD HSA 4T/ILCP-134095318
2027 POL BHD HSA EX 4T/ILCP-134905137
2027 POL BHD HSA EX/ILCP-134905137
2027 POL BHD/ILCP-134095318
2027 POL BLF 4T/ILCP-134905438
2027 POL BLF CA HSA EX/ILCP-134905529
2027 POL BLF CA HSA/ILCP-134905512
2027 POL BLF EX 4T/ILCP-134905351
2027 POL BLF EX/ILCP-134905351
2027 POL BLF/ILCP-134905438

Company and Contact

Filing Contact Information

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

TOI/Sub-TOI: *H16I Individual Health - Major Medical/H16I.005C Individual - Other*
Product Name: *ACT DOI-Illinois Individual 1/1/2027 On/Off Exchange Rates*
Project Name/Number: */*

Brian Krzych, Sr. Director Actuary
1400 S. Boston Avenue
Tulsa, OK 74119

Brian_Krzych@bcbsok.com
918-551-2128 [Phone]

Filing Company Information

Health Care Service Corporation,
A Mutual Legal Reserve Company
300 E. Randolph
Chicago, IL 60601
(312) 653-5494 ext. [Phone]

CoCode: 70670
Group Code:
Group Name:
FEIN Number: 36-1236610

State of Domicile: Illinois
Company Type:
State ID Number:

State:	*Illinois*	**Filing Company:**	*Health Care Service Corporation, A Mutual Legal Reserve Company*
TOI/Sub-TOI:	*H16I Individual Health - Major Medical/H16I.005C Individual - Other*		
Product Name:	*ACT DOI-Illinois Individual 1/1/2027 On/Off Exchange Rates*		
Project Name/Number:	*/*		

Filing Fees

State Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

Rate Information

Rate data applies to filing.

Filing Method: File & Use
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 28.200%
Effective Date of Last Rate Revision: 01/01/2026
Filing Method of Last Filing: File and Use
SERFF Tracking Number of Last Filing: ILCP-134670264

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	14.900%	14.900%	$307,191,612	213,765	$2,064,751,829	33.900%	-5.300%

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
Blue Choice Preferred Bronze PPO - Classic HSA - S			11226
Blue Choice Preferred Bronze PPO - Signature HSA			3536
Blue Choice Preferred Bronze PPO - Support HSA			26525
Blue Choice Preferred Gold PPO - Balance			16235
Blue Choice Preferred Gold PPO - Classic - Rx Copa			18422
Blue Choice Preferred Gold PPO - Secure			23656
Blue Choice Preferred Security PPO - HSA			315
Blue Choice Preferred Silver PPO - Champion			20065
Blue Choice Preferred Silver PPO - Classic - Selec			2250
Blue Choice Preferred Silver PPO - Signature			6981
Blue Precision Bronze HMO - Classic HSA - Select R			13781
Blue Precision Bronze HMO - Secure HSA			10789
Blue Precision Bronze HMO - Support HSA			9248
Blue Precision Gold HMO - Champion			8340
Blue Precision Gold HMO - Classic - Rx Copays			2962
Blue Precision Gold HMO - Secure			8610
Blue Precision Silver HMO - Champion			10924
Blue Precision Silver HMO - Classic - Select Rx Co			1066
Blue Precision Silver HMO - Signature			1020
BlueCare Direct Bronze - Classic HSA - Select Rx C			6633
BlueCare Direct Bronze - Secure HSA with Advocate			2958
BlueCare Direct Bronze - Support HSA with Advocate			3418
BlueCare Direct Gold - Classic - Rx Copays with Ad			2392
BlueCare Direct Gold HMO - Champion with Advocate			185
BlueCare Direct Gold HMO - Secure with Advocate			189

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

TOI/Sub-TOI: *H16I Individual Health - Major Medical/H16I.005C Individual - Other*

Product Name: *ACT DOI-Illinois Individual 1/1/2027 On/Off Exchange Rates*

Project Name/Number: */*

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
BlueCare Direct Silver - Champion with Advocate			69
BlueCare Direct Silver - Classic - Select Rx Copay			2742
MyBlue Plus Gold - Champion			2617
MyBlue Plus Gold - Classic - Rx Copays			5209
MyBlue Plus Gold - Secure			11574
MyBlue Plus Security - HSA			3
MyBlue Plus Silver - Champion			5087
MyBlue Plus Silver - Classic - Select Rx Copays			835
MyBlue Plus Silver - Signature			390

Trend Factors: 7.6% per annum on an allowed-charge basis

FORMS:

New Policy Forms: 2027 POL BAV 4T, 2027 POL BAV EX 4T, 2027 POL BAV EX, 2027 POL BAV HSA 4T, 2027 POL BAV HSA EX 4T, 2027 POL BAV HSA EX, 2027 POL BAV HSA, 2027 POL BAV, 2027 POL BCE 4T, 2027 POL BCE CA HSA EX, 2027 POL BCE CA HSA, 2027 POL BCE EX 4T, 2027 POL BCE EX, 2027 POL BCE HSA EX, 2027 POL BCE HSA, 2027 POL BCE, 2027 POL BHD 4T, 2027 POL BHD EX 4T, 2027 POL BHD EX, 2027 POL BHD HSA 4T, 2027 POL BHD HSA EX 4T, 2027 POL BHD HSA EX, 2027 POL BHD, 2027 POL BLF 4T, 2027 POL BLF CA HSA EX, 2027 POL BLF CA HSA, 2027 POL BLF EX 4T, 2027 POL BLF EX, 2027 POL BLF

Affected Forms:

Other Affected Forms:

REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual

Member Months: 2,592,980

Benefit Change: None

Percent Change Requested: Min: -5.3 Max: 33.9 Avg: 14.9

PRIOR RATE:

Total Earned Premium: 2,558,527,861.00

Total Incurred Claims: 2,515,830,119.00

Annual $: Min: 213.79 Max: 4,057.91 Avg: 972.11

REQUESTED RATE:

Projected Earned Premium: 2,644,936,438.00

Projected Incurred Claims: 2,617,781,131.00

Annual $: Min: 223.99 Max: 4,385.96 Avg: 1,020.04

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

TOI/Sub-TOI: *H16I Individual Health - Major Medical/H16I.005C Individual - Other*

Product Name: *ACT DOI-Illinois Individual 1/1/2027 On/Off Exchange Rates*

Project Name/Number: */*

URRT

State Determination

Review Status:	Incomplete

Part II: Justification for Proposed Rate Increase

BlueCross BlueShield of Illinois
Individual Rate Filing
Effective January 1, 2027

Scope, Range, and Best Estimate of the Rate Increase

Blue Cross and Blue Shield of Illinois (BCBSIL) is filing new rates to be effective January 1, 2027, for its Individual ACA metallic coverage. As measured in the Unified Rate Review Template (URRT), the range of rate increases for these plans is -5.3% to 33.9%. The following are the average rate increases by product:

Product	Rate Increase
BlueChoice Preferred	14.7%
Blue Precision HMO	17.7%
MyBlue Plus	7.4%

Changes in allowable rating factors, such as age, geographical area, or tobacco use, may also impact the premium amount for the coverage.

There are currently 294,534 members on Individual Affordable Care Act (ACA) plans that may be affected by these proposed rates.

Financial Experience of the Product

Consistent with the filed URRT, earned premiums for all non-grandfathered Individual plans during calendar year 2025 were $2,064,751,829 and total claims incurred were $2,207,677,870.

The proposed rates effective January 1, 2027, 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.

Part II: Justification for Proposed Rate Increase

BlueCross BlueShield of Illinois
Individual Rate Filing
Effective January 1, 2027

Changes in Benefits

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

Administrative Costs and Anticipated Margins

The Affordable Care Act expects health plans in the individual 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.

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

TOI/Sub-TOI: *H16I Individual Health - Major Medical/H16I.005C Individual - Other*

Product Name: *ACT DOI-Illinois Individual 1/1/2027 On/Off Exchange Rates*

Project Name/Number: */*

URRT Items

Item Name	Attachment(s)
Actuarial Memorandum - Redacted	*36096_IL_IND_2027_RedactedAM_20260603.pdf*

Part III Actuarial Memorandum

Blue Cross and Blue Shield of Illinois
Individual Rate Filing
Effective January 1, 2027

CONFIDENTIAL TREATMENT AND TRADE SECRET PROTECTION REQUESTED PURSUANT BUT NOT LIMITED TO: 5 U.S.C. §§ 552(b)(4) and (b)(6), 45 C.F.R. §§ 5.31(d) and (f), the Trade Secrets Act (18 U.S.C. § 1905), and the Illinois Freedom of Information Act (5 ILCS 140/7(1)(g)).

Introduction

This actuarial memorandum supports a rate filing on behalf of Blue Cross and Blue Shield of Illinois (BCBSIL), a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association for the Individual medical policies.

This actuarial memorandum has been prepared for the sole purpose of demonstrating compliance with regulatory authority, including the Department of Health and Human Services' Part III Actuarial Memorandum and Certification Instructions and is not intended for and may not be appropriate for any other purpose.

CONFIDENTIAL TREATMENT AND TRADE SECRET PROTECTION REQUESTED PURSUANT BUT NOT LIMITED TO: 5 U.S.C. §§ 552(b)(4) and (b)(6), 45 C.F.R. §§ 5.31(d) and (f), the Trade Secrets Act (18 U.S.C. § 1905) and Illinois Freedom of Information Act (5 ILCS 140/7(1)(g)).

4.2 General Information

Company Identifying Information

Company Legal Name	Blue Cross and Blue Shield of Illinois
State	Illinois
HIOS Issuer ID	36096
Market	Individual
Effective Date	January 1, 2027

Company Contact Information

Primary Contact Name	[redacted]
Primary Contact Telephone	[redacted]
Primary Contact Email	[redacted]

CONFIDENTIAL TREATMENT AND TRADE SECRET PROTECTION REQUESTED PURSUANT BUT NOT LIMITED TO: 5 U.S.C. §§ 552(b)(4) and (b)(6), 45 C.F.R. §§ 5.31(d) and (f), the Trade Secrets Act (18 U.S.C. § 1905) and Illinois Freedom of Information Act (5 ILCS 140/7(1)(g)).

4.3 Proposed Rate Changes

The proposed rate change is 14.9% across the entire block of BCBSIL Individual ACA-compliant plans effective January 1, 2027. The premium rate changes will vary by plan.

The average rate increase is calculated using the 2026 rate tables, the proposed 2027 rate tables and the membership distribution by plan, age, tobacco user status, and area as of March 31, 2026. The calculation does not include any new or terminating plans nor any mapping of members to available plans.

Reason for Rate Increases:

[redacted]

CONFIDENTIAL TREATMENT AND TRADE SECRET PROTECTION REQUESTED PURSUANT BUT NOT LIMITED TO: 5 U.S.C. §§ 552(b)(4) and (b)(6), 45 C.F.R. §§ 5.31(d) and (f), the Trade Secrets Act (18 U.S.C. § 1905) and Illinois Freedom of Information Act (5 ILCS 140/7(1)(g)).

The cost relativities among products are different from the experience period to the prospective rating period due to anticipated non-uniform changes in network reimbursement levels. Additionally, the rates vary by plan due to the leveraging and utilization differences driven by variations in member cost sharing. Therefore, the proposed rates may vary by both product and plan.

Please see Section 4.4.4 for an explanation of how the impact of morbidity was removed from impacting the variance in rate changes across products and plans.

4.4 Market Experience

The single risk pool includes all covered lives for every individual non-grandfathered product/plan combination including transitional products. Transitional product experience has been removed from the experience period and projection period base rate calculations. BCBSIL does not anticipate that a significant number of the members in those policies will be enrolled in metallic plans during the projection period.

4.4.1 Experience Period Premium and Claims

Paid Through Date:

Payments have been made through March 31, 2026, on claims incurred during the calendar year 2025.

Current Date:

Current enrollment and premiums are as of March 31, 2026.

Allowed and Incurred Claims Incurred During the Experience Period:

Allowed claims and incurred claims are pulled from the same source(s) and calculated using a similar methodology. Only claim amounts for members in the Individual Single Risk Pool for claims which have already been processed are included in BCBSIL claims data (incomplete claims).

A set of completion factors is applied to the incomplete claims to develop the expected allowed and incurred claims for the experience period.

Both allowed and incurred claims were reduced by drug manufacturer rebates.

CONFIDENTIAL TREATMENT AND TRADE SECRET PROTECTION REQUESTED PURSUANT BUT NOT LIMITED TO: 5 U.S.C. §§ 552(b)(4) and (b)(6), 45 C.F.R. §§ 5.31(d) and (f), the Trade Secrets Act (18 U.S.C. § 1905) and Illinois Freedom of Information Act (5 ILCS 140/7(1)(g)).

The allowed claims incurred during the experience period are:

- Best estimate of claims incurred and paid through the claim system as of the Paid Through Date = [redacted]
- Best estimate of claims incurred and paid outside the claim system as of the Paid Through Date = [redacted]
- Best estimate of claims incurred but not paid as of the Paid Through Date = [redacted]

The incurred claims incurred during the experience period are:

- Best estimate of claims incurred and paid through the claim system as of the Paid Through Date = [redacted]
    - Best estimate of incurred and paid Cost Sharing Reduction (CSR) claims as of the Paid Through Date = [redacted]
- Best estimate of claims incurred and paid outside the claim system as of the Paid Through Date = [redacted]
- Best estimate of claims incurred but not paid as of the Paid Through Date = [redacted]

Claims paid outside the claim system consist primarily of drug manufacturer rebates.

The same methodology was used to develop the estimate of claims incurred but not paid for both allowed claims and incurred claims in the experience period. The methodology incorporates estimates based upon developed completion factors. Consideration is given to additional relevant information not fully reflected in the pricing model. Model results are evaluated for reasonableness and actuarial judgment may be applied.

The claims used to develop completion factors reflect the experience period claims for the information submitted. The incurred but not paid claims are not unusually high or unusually low relative to the experience period claims paid.

4.4.2 Benefit Categories

The claims experience that appears on Worksheet 1, Section II, is broken into six benefit categories: Inpatient Hospital, Outpatient Hospital, Professional, Other Medical, Capitation, and Prescription Drug. A combination of claim/procedure specific attributes (including but not limited to ICD-9, ICD-10, Revenue Codes, CPT4, HCPCS, and NDCs) was used to determine the category into which each claim in the experience period falls.

CONFIDENTIAL TREATMENT AND TRADE SECRET PROTECTION REQUESTED PURSUANT BUT NOT LIMITED TO: 5 U.S.C. §§ 552(b)(4) and (b)(6), 45 C.F.R. §§ 5.31(d) and (f), the Trade Secrets Act (18 U.S.C. § 1905) and Illinois Freedom of Information Act (5 ILCS 140/7(1)(g)).

Benefit Category	Category Description
Inpatient Hospital	Includes non-capitated facility services for medical, surgical, maternity, mental health and substance abuse disorder, 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 services, 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, dental services and other services.
Capitation	Includes all services provided under one or more capitated arrangements.
Prescription Drug	Includes drugs dispensed by a pharmacy. This amount should be net of rebates received from drug manufacturers.

4.4.3 Projection Factors

The projection factors used in the URRT have been calculated in accordance with Section 4.4.3 of the 2027 Unified Rate Review instructions.

4.4.3.1 Trend Factors

Trend Factors (cost/utilization):

[redacted]

[redacted]

CONFIDENTIAL TREATMENT AND TRADE SECRET PROTECTION REQUESTED PURSUANT BUT NOT LIMITED TO: 5 U.S.C. §§ 552(b)(4) and (b)(6), 45 C.F.R. §§ 5.31(d) and (f), the Trade Secrets Act (18 U.S.C. § 1905) and Illinois Freedom of Information Act (5 ILCS 140/7(1)(g)).

The source data has adjustments applied:

- to normalize for age, gender, and morbidity,
- to complete the data,
- for number/type of days of the week, 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,
- for anticipated changes to prescription drug mix, unit cost, and utilization, and
- for anticipated changes to rebate receivable during the projection period.

[redacted]

4.4.3.2 Adjustments to Trended EHB Allowed Claims PMPM

Morbidity Adjustment:

[redacted]

[redacted]

[redacted]

CONFIDENTIAL TREATMENT AND TRADE SECRET PROTECTION REQUESTED PURSUANT BUT NOT LIMITED TO: 5 U.S.C. §§ 552(b)(4) and (b)(6), 45 C.F.R. §§ 5.31(d) and (f), the Trade Secrets Act (18 U.S.C. § 1905) and Illinois Freedom of Information Act (5 ILCS 140/7(1)(g)).

Demographic Shift:

Plan Design Changes:

Other Adjustments:

CONFIDENTIAL TREATMENT AND TRADE SECRET PROTECTION REQUESTED PURSUANT BUT NOT LIMITED TO: 5 U.S.C. §§ 552(b)(4) and (b)(6), 45 C.F.R. §§ 5.31(d) and (f), the Trade Secrets Act (18 U.S.C. § 1905) and Illinois Freedom of Information Act (5 ILCS 140/7(1)(g)).

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

4.4.3.3 Manual Rate Adjustments

No manual rate was needed as the experience period claims are deemed fully credible as discussed in section 4.4.3.4 Credibility of Experience.

CONFIDENTIAL TREATMENT AND TRADE SECRET PROTECTION REQUESTED PURSUANT BUT NOT LIMITED TO: 5 U.S.C. §§ 552(b)(4) and (b)(6), 45 C.F.R. §§ 5.31(d) and (f), the Trade Secrets Act (18 U.S.C. § 1905) and Illinois Freedom of Information Act (5 ILCS 140/7(1)(g)).

4.4.3.4 Credibility of Experience

Full credibility has been assigned to the Base Period Experience, appropriately adjusted to reflect the material changes anticipated between the experience period and the projected period.

This assignment of full credibility is consistent relative to:

(1) Actuarial Standard of Practice No. 25, Credibility Procedures, specifically section 3.4, "Professional Judgment," the ASOP states, "…in some situations, an acceptable procedure for blending the subject experience with the relevant experience may be based on the actuary assigning full, partial, or zero credibility to the subject experience without using a rigorous mathematical model," and

(2) A review of the MLR credibility standards, as described in 45 CFR Part 158, §158.230(c)(1). An MLR calculation is fully credible if it is based on the experience of 75,000 or more life-years.

[redacted] As such, applying 100% credibility is appropriate.

There are no material changes from the prior credibility procedures.

4.4.3.5 Establishing the Index Rate

As reported in Worksheet 1 of the URRT, the index rate for this filing is [redacted] The index rate represents the estimated total allowed claims per member per month (PMPM) for all fully ACA compliant products and plans for essential health benefits (EHB) in the Illinois Individual market. This does not include the estimated cost of EHBs for transitional polices and plans in the market.

[redacted]

CONFIDENTIAL TREATMENT AND TRADE SECRET PROTECTION REQUESTED PURSUANT BUT NOT LIMITED TO: 5 U.S.C. §§ 552(b)(4) and (b)(6), 45 C.F.R. §§ 5.31(d) and (f), the Trade Secrets Act (18 U.S.C. § 1905) and Illinois Freedom of Information Act (5 ILCS 140/7(1)(g)).

4.4.3.6 Development of the Market-wide Adjusted Index Rate

The Market-wide Adjusted Index Rate (MAIR) is the Index Rate adjusted for all allowable market-wide modifiers defined in the market rating rules, on an allowed basis (grossed up by the expected paid to allowed ratio). These modifiers include federal risk adjustment and Exchange user fees.

The MAIR is calculated by subtracting the reinsurance and risk adjustment amounts from the index rate and dividing by 1 minus the Exchange user fee percentage.

The table below provides a summary of the development of the projection period MAIR as shown on Worksheet 1 of the URRT:

Reinsurance:

The 2016 benefit year was the final year of the Federal Reinsurance Program, as stated in the 2027 Notice of Benefit and Payment Parameters. As a result, neither the Experience Period nor the Projection Period include Reinsurance payments/contributions.

Risk Adjustment Payment/Charge:

CONFIDENTIAL TREATMENT AND TRADE SECRET PROTECTION REQUESTED PURSUANT BUT NOT LIMITED TO: 5 U.S.C. §§ 552(b)(4) and (b)(6), 45 C.F.R. §§ 5.31(d) and (f), the Trade Secrets Act (18 U.S.C. § 1905) and Illinois Freedom of Information Act (5 ILCS 140/7(1)(g)).

The estimated risk adjustment transfers were allocated uniformly to all plans as a percentage of premium. For the purposes of Worksheet 1, Section II and Worksheet 2, Section IV, the percentage of premium has been converted as described to a market level dollar amount.

The development of final projected risk adjustment receivable PMPM is shown in the table below:

Exchange User Fees:

4.4.4 Plan Adjusted Index Rate

The Plan Adjusted Index Rate (PAIR) is the MAIR adjusted for all allowable plan level modifiers defined in the market rating rules, 45 CFR 156.80(d)(2). Only the following adjustments were made:

- Actuarial value and cost-sharing design of the plan,
- CSR load factor, to account for CSR amounts provided to eligible enrollees, provided the issuer does not otherwise receive reimbursement for such amounts,
- The plan's provider network, delivery system characteristics, and utilization management practices,
- Benefits provided under the plan that are in addition to EHBs, and
- Administrative costs, excluding Exchange user fees

CONFIDENTIAL TREATMENT AND TRADE SECRET PROTECTION REQUESTED PURSUANT BUT NOT LIMITED TO: 5 U.S.C. §§ 552(b)(4) and (b)(6), 45 C.F.R. §§ 5.31(d) and (f), the Trade Secrets Act (18 U.S.C. § 1905) and Illinois Freedom of Information Act (5 ILCS 140/7(1)(g)).

As provided in Worksheet 2 of the URRT, the PAIR is the MAIR multiplied by the product of the "AV and Cost Sharing Design of Plan," "Provider Network Adjustment," "Catastrophic Adjustment," and "Benefits in Addition to EHB" components, divided by 1 minus the sum of "Administrative Expense," "Taxes and Fees" and "Profit & Risk Load." These components are described below.

AV and Cost Sharing Design of Plan:

The AV and Cost-Sharing Design of Plan factors consider the benefit and utilization differences due to variance in cost-sharing. The utilization difference reflects the impact higher cost-sharing has on utilization but does not reflect differences due to health status.

CONFIDENTIAL TREATMENT AND TRADE SECRET PROTECTION REQUESTED PURSUANT BUT NOT LIMITED TO: 5 U.S.C. §§ 552(b)(4) and (b)(6), 45 C.F.R. §§ 5.31(d) and (f), the Trade Secrets Act (18 U.S.C. § 1905) and Illinois Freedom of Information Act (5 ILCS 140/7(1)(g)).

$$IDF = (AV * CSR\ Load)^2 - (AV * CSR\ Load) + 1.24$$

CSR Load Factor:

[redacted]

Provider Network Adjustment:

[redacted]

CONFIDENTIAL TREATMENT AND TRADE SECRET PROTECTION REQUESTED PURSUANT BUT NOT LIMITED TO: 5 U.S.C. §§ 552(b)(4) and (b)(6), 45 C.F.R. §§ 5.31(d) and (f), the Trade Secrets Act (18 U.S.C. § 1905) and Illinois Freedom of Information Act (5 ILCS 140/7(1)(g)).

Benefits in Addition to EHB:

According to the 2027 Unified Rate Review Instructions, coverage for routine non-pediatric eye exam services and services covered under the Illinois Reproductive Health Act are benefits that should not be considered EHBs but are required by the State of Illinois. These claims represent of projected allowed claims.

Administrative Costs:

Administrative Costs include Administrative Expenses, Taxes and Fees, and Profit & Risk Load.

Administrative Expenses

The administrative expense load built into the pricing of the Individual products is based on allocated expenses as they exist in the current operating model, adjusted for expected 2027 membership, expected expense inflation, and other budgeted adjustments related to the Individual block of business. Additionally, all Individual premiums include a flat load to account for commissions, which incorporate the expected external sales commission percentage, and total expected expenses related to internal distribution costs for direct business.

The source data is based on allocated expenses applicable to each line of business as they exist in the current operating model which has been adjusted for expected expense inflation, expected membership in 2027, and changes in operations as a result of regulatory changes. Membership in 2027 is described in Section 4.6.2.

Taxes and Fees

All taxes and fees, whether calculated as a PMPM, PMPY, or percentage of premium, are allocated uniformly as a percentage of premiums across all products and plans.

The following Taxes and Fees may be subtracted from premiums for purposes of calculating MLR:

CONFIDENTIAL TREATMENT AND TRADE SECRET PROTECTION REQUESTED PURSUANT BUT NOT LIMITED TO: 5 U.S.C. §§ 552(b)(4) and (b)(6), 45 C.F.R. §§ 5.31(d) and (f), the Trade Secrets Act (18 U.S.C. § 1905) and Illinois Freedom of Information Act (5 ILCS 140/7(1)(g)).

The market level Exchange User Fees were calculated as [redacted] of total expected premium. This value was calculated using the projected mix of Exchange and non-Exchange enrollment assuming a fee of [redacted] of Exchange premium as described in the final 2027 Notice of Benefit and Payment Parameters.

Profit & Risk Load

The target contribution to surplus, inclusive of underwriting gain/loss margin and any additional risk margin, is [redacted] of the billed premiums.

Catastrophic Adjustment:

No additional catastrophic adjustment was applied as HHS expanded catastrophic plan eligibility to consumers of all ages not eligible for an APTC or CSR.

4.4.5 Calibration

Age Calibration Factor:

The age calibration factor is calculated as follows:

$$ACF = \frac{\sum Mbrs}{\sum Mbrs * AF}$$, where

ACF = Age Calibration Factor

Mbrs = Projected Members

CONFIDENTIAL TREATMENT AND TRADE SECRET PROTECTION REQUESTED PURSUANT BUT NOT LIMITED TO: 5 U.S.C. §§ 552(b)(4) and (b)(6), 45 C.F.R. §§ 5.31(d) and (f), the Trade Secrets Act (18 U.S.C. § 1905) and Illinois Freedom of Information Act (5 ILCS 140/7(1)(g)).

AF = CMS Rating Age Factor for a given subset of members, which is 0 for members not expected to pay premium

The age calibration adjustment is not plan-specific. The same factor was applied to all plans in the projected single risk pool.

This calculation reflects the uncollected premium for families with more than three dependents under age 21.

A demonstration of how the PAIR and the age curve are used to generate the schedule of premium rates for each plan is described in Section 4.4.6.

Geographic Calibration Factor:

[redacted]

The geographic factors used are displayed in URRT Worksheet 3.

[redacted]

The geographic calibration factor is calculated as follows:

$$GCF = \frac{\sum Mbrs}{\sum Mbrs * GF}$$, where

GCF = Geographic Calibration Factor

Mbrs = Projected Members

GF = Projected Geographic Factor for a given subset of members

The geographic factor calibration adjustment is not plan specific. The same approximate average geographic factor was applied to all plans in the projected single risk pool.

CONFIDENTIAL TREATMENT AND TRADE SECRET PROTECTION REQUESTED PURSUANT BUT NOT LIMITED TO: 5 U.S.C. §§ 552(b)(4) and (b)(6), 45 C.F.R. §§ 5.31(d) and (f), the Trade Secrets Act (18 U.S.C. § 1905) and Illinois Freedom of Information Act (5 ILCS 140/7(1)(g)).

Tobacco Calibration Factor:

[redacted]

$$TCF = \frac{\sum Mbrs*AF}{\sum Mbrs*AF*TF}$$, where

TCF = Tobacco Calibration Factor

Mbrs = Projected Members

TF = Projected Tobacco Factor for a given subset of members

AF = CMS Rating Age Factor for a given subset of members, which is 0 for members not expected to pay premium

[redacted]

The tobacco rating factor calibration adjustment is not plan specific, and the same factor is applied for all plans in the projected Single Risk Pool.

4.4.6 Consumer Adjusted Premium Rate Development

The Consumer Adjusted Premium Rate (CAPR) is calculated by first multiplying the PAIR by the age calibration factor, the geographic calibration factor, and the tobacco calibration factor. The result can then be multiplied by the individual's specific age factor, geographic factor, and tobacco factor, to determine the approximate Consumer Adjusted Premium Rate. The premium for family coverage is determined by summing the premiums for each individual family member, provided at most three child dependents under age 21 are taken into account.

$$\text{CAPR} = \text{PAIR} \times \text{Age Calibration} \times \text{Geographic Calibration x Tobacco Calibration} \times \text{Age Factor} \times \text{Geographic Factor} \times \text{Tobacco Factor}$$

<u>Example calculation for age 40 non-tobacco user in Rating Area 1</u>

Plan: Blue Precision Gold HMO - Champion, 36096IL0810080

CONFIDENTIAL TREATMENT AND TRADE SECRET PROTECTION REQUESTED PURSUANT BUT NOT LIMITED TO: 5 U.S.C. §§ 552(b)(4) and (b)(6), 45 C.F.R. §§ 5.31(d) and (f), the Trade Secrets Act (18 U.S.C. § 1905) and Illinois Freedom of Information Act (5 ILCS 140/7(1)(g)).

Plan Adjusted Index Rate = [redacted]
Age Calibration = [redacted]
Geographic Calibration = [redacted]
Tobacco Calibration = [redacted]
Age 40 Factor = [redacted]
Rating Area 1 Factor = [redacted]
Non-Tobacco Factor = [redacted]

[redacted]

The Premium Rate listed in the Rates Template is [redacted]. Any differences are due to the intermediate rounding of values implied in the URRT's rate development and actual rate development.

4.5 Projected Loss Ratio

The projected loss ratio using the Federally prescribed MLR methodology is [redacted]. The MLR calculation is in accordance with the formula in the HHS Notice of Benefits and Payment Parameters.

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

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
- *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

The following are the values for each component listed above stated as a percentage of

CONFIDENTIAL TREATMENT AND TRADE SECRET PROTECTION REQUESTED PURSUANT BUT NOT LIMITED TO: 5 U.S.C. §§ 552(b)(4) and (b)(6), 45 C.F.R. §§ 5.31(d) and (f), the Trade Secrets Act (18 U.S.C. § 1905) and Illinois Freedom of Information Act (5 ILCS 140/7(1)(g)).

premium:

- *i* = [redacted]
- *q* = [redacted]
- *p* = [redacted]
- *t* = [redacted]
- *f* = [redacted]
- *n* = [redacted]
- *r* = [redacted]
- *c* = [redacted]

[redacted]

The projected MLR is greater than 80.0%.

4.6 Plan Product Information

4.6.1 AV Metal Values

The AV Metal Values included in Worksheet 2 of the Part I Unified Rate Review Template are based entirely on the AV Calculator results. While certain member cost-sharing features may not be fully compatible with the AV Calculator parameters and potentially remain unaccounted for, the impact of these features is likely small enough that no plan's metallic status would be impacted.

4.6.2 Membership Projections

[redacted]

[redacted]

CONFIDENTIAL TREATMENT AND TRADE SECRET PROTECTION REQUESTED PURSUANT BUT NOT LIMITED TO: 5 U.S.C. §§ 552(b)(4) and (b)(6), 45 C.F.R. §§ 5.31(d) and (f), the Trade Secrets Act (18 U.S.C. § 1905) and Illinois Freedom of Information Act (5 ILCS 140/7(1)(g)).

4.6.3 Terminated Plans and Products

[redacted]

4.6.4 Plan Type

All health plans fit the plan types listed in the drop-down box in Worksheet 2, Section I of the URRT.

4.7 Miscellaneous Instructions

4.7.2 Reliance

I have relied upon financial data, summaries and analyses prepared by responsible officers and employees of Health Care Service Corporation, and my analysis included such review of the assumptions as I considered necessary.

4.7.3 Actuarial Certification

I, [redacted] am a Fellow of the Society of Actuaries, a Member of the American Academy of Actuaries in good standing, and I meet the qualification standards necessary to prepare and certify rate filings for health plan entities.

This memorandum has been prepared in conformity with the applicable Actuarial Standards of Practice, including:

- ASOP No. 1, Introductory Actuarial Standard of Practice
- ASOP No. 5, Incurred Health and Disability Claims
- ASOP No. 8, Regulatory Filings for Health Benefits, Accident and Health Insurance, and Entities Providing Health Benefits
- ASOP No. 12, Risk Classification
- ASOP No. 23, Data Quality
- ASOP No. 25, Credibility Procedures
- ASOP No. 41, Actuarial Communications
- ASOP No. 50, Determining Minimum Value and Actuarial Value under the Affordable Care Act

I hereby certify to the best of my knowledge that:

CONFIDENTIAL TREATMENT AND TRADE SECRET PROTECTION REQUESTED PURSUANT BUT NOT LIMITED TO: 5 U.S.C. §§ 552(b)(4) and (b)(6), 45 C.F.R. §§ 5.31(d) and (f), the Trade Secrets Act (18 U.S.C. § 1905) and Illinois Freedom of Information Act (5 ILCS 140/7(1)(g)).

1. I am a member of the American Academy of Actuaries.

2. The projected index rate is:
    a. In compliance with all applicable State and Federal statutes and regulations (45 CFR 156.80 and 45 CFR 147.102),
    b. Developed in compliance with the applicable Actuarial Standards of Practice,
    c. Reasonable in relation to the benefits provided and the population anticipated to be covered, and
    d. Neither excessive nor deficient.

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

4. The percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.

5. The geographic rating factors reflect only 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.

6. The 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 increases, for certification of qualified health plans for Federally facilitated Exchanges and for certification that the index rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

Respectfully submitted,

CONFIDENTIAL TREATMENT AND TRADE SECRET PROTECTION REQUESTED PURSUANT BUT NOT LIMITED TO: 5 U.S.C. §§ 552(b)(4) and (b)(6), 45 C.F.R. §§ 5.31(d) and (f), the Trade Secrets Act (18 U.S.C. § 1905) and Illinois Freedom of Information Act (5 ILCS 140/7(1)(g)).

Appendix I

Terminated Plans and Products

[redacted]

CONFIDENTIAL TREATMENT AND TRADE SECRET PROTECTION REQUESTED PURSUANT BUT NOT LIMITED TO: 5 U.S.C. §§ 552(b)(4) and (b)(6), 45 C.F.R. §§ 5.31(d) and (f), the Trade Secrets Act (18 U.S.C. § 1905) and Illinois Freedom of Information Act (5 ILCS 140/7(1)(g)).

CONFIDENTIAL TREATMENT AND TRADE SECRET PROTECTION REQUESTED PURSUANT BUT NOT LIMITED TO: 5 U.S.C. §§ 552(b)(4) and (b)(6), 45 C.F.R. §§ 5.31(d) and (f), the Trade Secrets Act (18 U.S.C. § 1905) and Illinois Freedom of Information Act (5 ILCS 140/7(1)(g)).

[redacted]

CONFIDENTIAL TREATMENT AND TRADE SECRET PROTECTION REQUESTED PURSUANT BUT NOT LIMITED TO: 5 U.S.C. §§ 552(b)(4) and (b)(6), 45 C.F.R. §§ 5.31(d) and (f), the Trade Secrets Act (18 U.S.C. § 1905) and Illinois Freedom of Information Act (5 ILCS 140/7(1)(g)).

Appendix II

Silver Membership by Variant

[redacted]

CONFIDENTIAL TREATMENT AND TRADE SECRET PROTECTION REQUESTED PURSUANT BUT NOT LIMITED TO: 5 U.S.C. §§ 552(b)(4) and (b)(6), 45 C.F.R. §§ 5.31(d) and (f), the Trade Secrets Act (18 U.S.C. § 1905) and Illinois Freedom of Information Act (5 ILCS 140/7(1)(g)).

CONFIDENTIAL TREATMENT AND TRADE SECRET PROTECTION REQUESTED PURSUANT BUT NOT LIMITED TO: 5 U.S.C. §§ 552(b)(4) and (b)(6), 45 C.F.R. §§ 5.31(d) and (f), the Trade Secrets Act (18 U.S.C. § 1905) and Illinois Freedom of Information Act (5 ILCS 140/7(1)(g)).

Supporting Document Schedules

Satisfied - Item:	Review Requirement Checklist
Comments:	
Attachment(s):	36096_IL_IND_2027_Health Premium Rate Review Checklist_20260603.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Cover Letter
Comments:	This is included. Please see the "Actuarial Memorandum and Certifications" Supporting Documentation item.
Attachment(s):	36096_IL_IND_2027_CoverLetter_20260603.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Certificate of Compliance
Comments:	
Attachment(s):	36096_IL_IND_2026_CertificateOfCompliance_Signed.pdf
Item Status:	
Status Date:	

Contact Person:

Eric Anderson
217-782-6284

Eric.Anderson@illinois.gov

Illinois Division of Insurance

Review Requirements Checklist

320 West Washington Street
Springfield, IL 62767-0001

Effective 05/27/2014

Line(s) of Business

Health Premium Rates

For Policies issued after 01/01/2014

Line(s) of Insurance

Individual/Small Group Major Medical
Surgical/Medical/Hospital PPO and Non PPO and HMO

Illinois Insurance Code Link	Illinois Compiled Statutes Online		
Illinois Administrative Code Link	Administrative Regulations Online		
Product Coding Matrix	**Product Coding Matrix**		
REVIEW REQUIREMENTS	**REFERENCE**	**DESCRIPTION OF REVIEW** **STANDARDS REQUIREMENTS**	**LOCATION OF STANDARD IN FILING**
		NOTE: These brief summaries do not include all requirements of all laws, regulations, bulletins, or requirements, so review actual law, regulation, bulletin, or requirement for details to ensure that forms are fully compliant before filing with the Department of Insurance.	
COMPANY REQUIREMENTS	**REFERENCE**	**DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS**	**LOCATION OF STANDARD IN FILING**
Cover Letter	50 IL Adm. Code 916.40 (b)	Cover Letters must generally describe the intent of the rate filing and whether the filing is a new rate, rate revision or justification of an existing rate. It is necessary to provide a listing of the policy form filing company tracking number(s) and company form number(s) to show the association between the rate being filed and those forms affected by the rate change. ** The Filing Description field in the General Information Tab in SERFF may be used in place of a cover letter.	This is completed in Supporting Documentation Tab “Actuarial Memorandum and Certifications” section.

COMPANY REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
Grandfathered Status		1.) Not Grandfathered- This rate filing is not being made in support of a grandfathered plan. 2.) Grandfathered Plan- This rate filing is being made in support of a grandfathered plan. None of the changes that have been made to this plan since the last rate filing have caused the plan to lose its grandfathered status. 3.) Formerly a Grandfathered Plan- This rate filing is being made in support of a formerly grandfathered plan. The following SERFF filing(s) contained changes that caused the plan to lose its grandfathered status: _____.	This is completed in General Information "PPACA" section.
Implementation Date		The proposed effective date of rate revision implementation.	This is completed in Supporting Docume
Rate Filing Requirements	215 ILCS 5/355	The Federal Patient Protection and Affordable Care Act (PPACA) has established premium reporting and review processes for all health insurance issuers. The Rate Data Collection Form is available on the Department's web site. The revised Actuarial Memorandum requirements are found in the "Actuarial Memorandum" section of this checklist. Rates must be submitted in a separate SERFF filing from policy forms.	NA
Rate Filing Submission		Rate Filings must be submitted in their entirety into both SERFF and the Web Portal for review.	N/A Web Portal filing will be completed after SERFF filing submission.
TOI (Type of Insurance)		A health insurance issuer offering any group or individual health insurance coverage, including managed care and HMO plans (regardless of whether the plans are grandfathered or non-grandfathered) must submit all new rate filings and rate revisions for review. A link to SERFF's Website for the TOI's required to file pursuant to CB 2010-08 and 2011-02 http://www.serff.com/documents/index_ppaca_tois.pdf	The appropriate PPACA TOI was selected.
Federal Unified Rate Review Templates		Parts I and III must be submitted with each filing. Parts I and III are required to be completed and Submitted for all rate increases the issuer has in a state. Link to the Rate Review Templates: http://www.serff.com/plan_management_data_templates.htm	This is completed in Supporting Documentation Tab: Part I in "Unified Rate Review Template" and Part III in "Actuarial Memorandum and Certifications" section.
Rate Data Collection Form		The filing must contain an Excel spreadsheet (.xls or .xlsx format), along with a PDF version of the spreadsheet, according to format found at http://insurance.illinois.gov/cb/2010/Experience.xlsx	This is completed in Supporting Documentation Tab "Rate Data Collection Form" section.

COMPANY REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
Actuarial Memorandum		The Actuarial Memorandum is required and is to contain the complete justification for the submitted rates, including background information and an explanation of the rationale for the requested rate action, as well as other relevant information. The small group or individual Actuarial Memorandum requirements checklist must be completed for each filing. Small Group Checklist: http://insurance.illinois.gov/LAH_HMO_IS3_Checklists/documents/RateReviewChecklistSmallGroup.pdf Individual Checklist: http://insurance.illinois.gov/LAH_HMO_IS3_Checklists/documents/RateReviewChecklistIndividual.pdf	This is completed in Supporting Documentation Tab "Actuarial Memorandum and Certifications" section.
Actuarial Certification		The Actuarial Certification must be completed for all filings. http://insurance.illinois.gov/LAH_HMO_IS3_Checklists/documents/ActuarialCertificationForRateFilings.pdf	This is completed in Supporting Docume
Rate Schedules/Manuals		Shall be attached in SERFF as separate attachments from other documents required in SERFF.	This is completed in Supporting Docume
HHS Rate Data Requirements		Data required to be entered in the Rate Review Detail tab in SERF must be complete and accurate. DOI does not require all of this data for rate review but HHS reviews the data contained in this section for accuracy.	This is completed in Rate/Rate Schedule
Public Access	215 ILCS 5/404	In order to maintain confidentiality, the Actuarial Memorandum should be attached in the Supporting Documentations Tab. It should be attached separately from any other attachments. Also, it is necessary to name them as Actuarial Memorandums to assist DOI in recognizing the type of document that is being attached.	This is completed in Supporting Documentation Tab "Actuarial Memorandum and Certifications" section.
Have you included the following forms?		1. Federal Unified Rate Review Template 2. Rate Data Collection Form 3. Actuarial Memorandum 4. Actuarial Certification	These are all completed in Supporting D

June 3, 2026

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

Subject: **Health Care Service Corporation, Chicago, Illinois**
FEIN 36-1236610
SERFF Filing # ILCP-134960138
Monthly Premium Rates for Individual plans

Dear Ms. Ann Gillespie,

Blue Cross and Blue Shield of Illinois (BCBSIL), a division of Health Care Service Corporation (HCSC), a Mutual Legal Reserve Company, is filing annual premium rates for Individual plans effective January 1, 2027. A completed rate filing checklist is enclosed in the Supporting Documentation tab in SERFF. For 2027 plans, the proposed rate changes may vary by both product and plan.

This filing is intended to comply with the Department of Health & Human Services "2027 Unified Rate Review Instructions" and with the Illinois Department of Insurance Company Bulletin 2026-06. This filing is also intended to demonstrate the reasonableness of benefits in relation to premiums. It does not guarantee adequacy; rather, it certifies that the proposed rates would be adequate if the assumptions are realized. This filing may not be appropriate for other purposes.

BCBSIL considers the information in this rate filing to be of a strategic nature, competitively sensitive, and proprietary and confidential. Therefore, we would request that the Department protect this information from disclosure under the Illinois Freedom of Information Act and otherwise treat the information contained herein as confidential pursuant to but not limited to 5 U.S.C. §§ 552(b)(4) and (b)(6), 45 C.F.R. §§ 5.31(d) and (f), the Trade Secrets Act (18 U.S.C. § 1905) and the Illinois Freedom of Information Act (5 ILCS 140/7(1)(g)).

Sincerely,

Brian Krzych, F.S.A., M.A.A.A.

Tel. (312) 653-5181
ratefiling@hcsc.net

Policy Form Information and SERFF Tracking Information for Policy Forms:

Standard Component ID	Plan Name	Rating Area	Policy Booklet (On-Exchange)	Policy Booklet (Off-Exchange)	SERFF (On-Exchange)	SERFF (Off-Exchange)
36096IL0810080	Blue Precision Gold HMO - Champion	1	2027 POL BAV EX	2027 POL BAV	ILCP-134905137	ILCP-134095318
36096IL0810090	Blue Precision Gold HMO - Champion	2	2027 POL BAV EX	2027 POL BAV	ILCP-134905137	ILCP-134095318
36096IL0810091	Blue Precision Gold HMO - Champion	3	2027 POL BAV EX	2027 POL BAV	ILCP-134905137	ILCP-134095318
36096IL0810092	Blue Precision Gold HMO - Champion	4	2027 POL BAV EX	2027 POL BAV	ILCP-134905137	ILCP-134095318
36096IL0810093	Blue Precision Gold HMO - Champion	5	2027 POL BAV EX	2027 POL BAV	ILCP-134905137	ILCP-134095318
36096IL0810094	Blue Precision Gold HMO - Champion	7	2027 POL BAV EX	2027 POL BAV	ILCP-134905137	ILCP-134095318
36096IL0810081	Blue Precision Silver HMO - Champion	1	2027 POL BAV EX	2027 POL BAV	ILCP-134905137	ILCP-134095318
36096IL0810096	Blue Precision Silver HMO - Champion	2	2027 POL BAV EX	2027 POL BAV	ILCP-134905137	ILCP-134095318
36096IL0810097	Blue Precision Silver HMO - Champion	3	2027 POL BAV EX	2027 POL BAV	ILCP-134905137	ILCP-134095318
36096IL0810098	Blue Precision Silver HMO - Champion	4	2027 POL BAV EX	2027 POL BAV	ILCP-134905137	ILCP-134095318
36096IL0810099	Blue Precision Silver HMO - Champion	5	2027 POL BAV EX	2027 POL BAV	ILCP-134905137	ILCP-134095318
36096IL0810100	Blue Precision Silver HMO - Champion	7	2027 POL BAV EX	2027 POL BAV	ILCP-134905137	ILCP-134095318
36096IL0810083	Blue Precision Bronze HMO - Support HSA	1	2027 POL BAV HSA EX	2027 POL BAV HSA	ILCP-134905137	ILCP-134095318
36096IL0810108	Blue Precision Bronze HMO - Support HSA	2	2027 POL BAV HSA EX	2027 POL BAV HSA	ILCP-134905137	ILCP-134095318
36096IL0810109	Blue Precision Bronze HMO - Support HSA	3	2027 POL BAV HSA EX	2027 POL BAV HSA	ILCP-134905137	ILCP-134095318
36096IL0810110	Blue Precision Bronze HMO - Support HSA	4	2027 POL BAV HSA EX	2027 POL BAV HSA	ILCP-134905137	ILCP-134095318

Standard Component ID	Plan Name	Rating Area	Policy Booklet (On-Exchange)	Policy Booklet (Off-Exchange)	SERFF (On-Exchange)	SERFF (Off-Exchange)
36096IL0810111	Blue Precision Bronze HMO - Support HSA	5	2027 POL BAV HSA EX	2027 POL BAV HSA	ILCP-134905137	ILCP-134095318
36096IL0810112	Blue Precision Bronze HMO - Support HSA	7	2027 POL BAV HSA EX	2027 POL BAV HSA	ILCP-134905137	ILCP-134095318
36096IL0810114	Blue Precision Silver HMO - Signature	1		2027 POL BAV		ILCP-134095318
36096IL0810115	Blue Precision Silver HMO - Signature	2		2027 POL BAV		ILCP-134095318
36096IL0810116	Blue Precision Silver HMO - Signature	3		2027 POL BAV		ILCP-134095318
36096IL0810117	Blue Precision Silver HMO - Signature	4		2027 POL BAV		ILCP-134095318
36096IL0810118	Blue Precision Silver HMO - Signature	5		2027 POL BAV		ILCP-134095318
36096IL0810119	Blue Precision Silver HMO - Signature	7		2027 POL BAV		ILCP-134095318
36096IL0810121	Blue Precision Gold HMO - Secure	1	2027 POL BAV EX	2027 POL BAV	ILCP-134905137	ILCP-134095318
36096IL0810124	Blue Precision Gold HMO - Secure	2	2027 POL BAV EX	2027 POL BAV	ILCP-134905137	ILCP-134095318
36096IL0810125	Blue Precision Gold HMO - Secure	3	2027 POL BAV EX	2027 POL BAV	ILCP-134905137	ILCP-134095318
36096IL0810126	Blue Precision Gold HMO - Secure	4	2027 POL BAV EX	2027 POL BAV	ILCP-134905137	ILCP-134095318
36096IL0810127	Blue Precision Gold HMO - Secure	5	2027 POL BAV EX	2027 POL BAV	ILCP-134905137	ILCP-134095318
36096IL0810128	Blue Precision Gold HMO - Secure	7	2027 POL BAV EX	2027 POL BAV	ILCP-134905137	ILCP-134095318
36096IL0810123	Blue Precision Bronze HMO - Secure HSA	1	2027 POL BAV HSA EX	2027 POL BAV HSA	ILCP-134905137	ILCP-134095318
36096IL0810134	Blue Precision Bronze HMO - Secure HSA	2	2027 POL BAV HSA EX	2027 POL BAV HSA	ILCP-134905137	ILCP-134095318

Standard Component ID	Plan Name	Rating Area	Policy Booklet (On-Exchange)	Policy Booklet (Off-Exchange)	SERFF (On-Exchange)	SERFF (Off-Exchange)
36096IL0810135	Blue Precision Bronze HMO - Secure HSA	3	2027 POL BAV HSA EX	2027 POL BAV HSA	ILCP-134905137	ILCP-134095318
36096IL0810136	Blue Precision Bronze HMO - Secure HSA	4	2027 POL BAV HSA EX	2027 POL BAV HSA	ILCP-134905137	ILCP-134095318
36096IL0810137	Blue Precision Bronze HMO - Secure HSA	5	2027 POL BAV HSA EX	2027 POL BAV HSA	ILCP-134905137	ILCP-134095318
36096IL0810138	Blue Precision Bronze HMO - Secure HSA	7	2027 POL BAV HSA EX	2027 POL BAV HSA	ILCP-134905137	ILCP-134095318
36096IL0810139	Blue Precision Gold HMO - Classic - Rx Copays	1	2027 POL BAV EX 4T	2027 POL BAV 4T	ILCP-134905137	ILCP-134095318
36096IL0810142	Blue Precision Gold HMO - Classic - Rx Copays	2	2027 POL BAV EX 4T	2027 POL BAV 4T	ILCP-134905137	ILCP-134095318
36096IL0810143	Blue Precision Gold HMO - Classic - Rx Copays	3	2027 POL BAV EX 4T	2027 POL BAV 4T	ILCP-134905137	ILCP-134095318
36096IL0810144	Blue Precision Gold HMO - Classic - Rx Copays	4	2027 POL BAV EX 4T	2027 POL BAV 4T	ILCP-134905137	ILCP-134095318
36096IL0810145	Blue Precision Gold HMO - Classic - Rx Copays	5	2027 POL BAV EX 4T	2027 POL BAV 4T	ILCP-134905137	ILCP-134095318
36096IL0810146	Blue Precision Gold HMO - Classic - Rx Copays	7	2027 POL BAV EX 4T	2027 POL BAV 4T	ILCP-134905137	ILCP-134095318
36096IL0810140	Blue Precision Silver HMO - Classic - Select Rx Copays	1	2027 POL BAV EX 4T	2027 POL BAV 4T	ILCP-134905137	ILCP-134095318
36096IL0810147	Blue Precision Silver HMO - Classic - Select Rx Copays	2	2027 POL BAV EX 4T	2027 POL BAV 4T	ILCP-134905137	ILCP-134095318
36096IL0810148	Blue Precision Silver HMO - Classic - Select Rx Copays	3	2027 POL BAV EX 4T	2027 POL BAV 4T	ILCP-134905137	ILCP-134095318
36096IL0810149	Blue Precision Silver HMO -	4	2027 POL BAV EX 4T	2027 POL BAV 4T	ILCP-134905137	ILCP-134095318

Standard Component ID	Plan Name	Rating Area	Policy Booklet (On-Exchange)	Policy Booklet (Off-Exchange)	SERFF (On-Exchange)	SERFF (Off-Exchange)
	Classic - Select Rx Copays					
36096IL0810150	Blue Precision Silver HMO - Classic - Select Rx Copays	5	2027 POL BAV EX 4T	2027 POL BAV 4T	ILCP-134905137	ILCP-134095318
36096IL0810151	Blue Precision Silver HMO - Classic - Select Rx Copays	7	2027 POL BAV EX 4T	2027 POL BAV 4T	ILCP-134905137	ILCP-134095318
36096IL0810172	Blue Precision Bronze HMO - Classic HSA - Select Rx Copays	1	2027 POL BAV HSA EX 4T	2027 POL BAV HSA 4T	ILCP-134905137	ILCP-134095318
36096IL0810173	Blue Precision Bronze HMO - Classic HSA - Select Rx Copays	2	2027 POL BAV HSA EX 4T	2027 POL BAV HSA 4T	ILCP-134905137	ILCP-134095318
36096IL0810174	Blue Precision Bronze HMO - Classic HSA - Select Rx Copays	3	2027 POL BAV HSA EX 4T	2027 POL BAV HSA 4T	ILCP-134905137	ILCP-134095318
36096IL0810175	Blue Precision Bronze HMO - Classic HSA - Select Rx Copays	4	2027 POL BAV HSA EX 4T	2027 POL BAV HSA 4T	ILCP-134905137	ILCP-134095318
36096IL0810176	Blue Precision Bronze HMO - Classic HSA - Select Rx Copays	5	2027 POL BAV HSA EX 4T	2027 POL BAV HSA 4T	ILCP-134905137	ILCP-134095318
36096IL0810177	Blue Precision Bronze HMO - Classic HSA - Select Rx Copays	7	2027 POL BAV HSA EX 4T	2027 POL BAV HSA 4T	ILCP-134905137	ILCP-134095318
36096IL0810193	BlueCare Direct Gold - Classic - Rx Copays with Advocate	1	2027 POL BHD EX 4T	2027 POL BHD 4T	ILCP-134905137	ILCP-134095318
36096IL0810208	BlueCare Direct Gold - Classic - Rx Copays with Advocate	2	2027 POL BHD EX 4T	2027 POL BHD 4T	ILCP-134905137	ILCP-134095318
36096IL0810209	BlueCare Direct Gold - Classic - Rx	3	2027 POL BHD EX 4T	2027 POL BHD 4T	ILCP-134905137	ILCP-134095318

Standard Component ID	Plan Name	Rating Area	Policy Booklet (On-Exchange)	Policy Booklet (Off-Exchange)	SERFF (On-Exchange)	SERFF (Off-Exchange)
	Copays with Advocate					
36096IL0810194	BlueCare Direct Silver - Classic - Select Rx Copays with Advocate	1	2027 POL BHD EX 4T	2027 POL BHD 4T	ILCP-134905137	ILCP-134095318
36096IL0810210	BlueCare Direct Silver - Classic - Select Rx Copays with Advocate	2	2027 POL BHD EX 4T	2027 POL BHD 4T	ILCP-134905137	ILCP-134095318
36096IL0810211	BlueCare Direct Silver - Classic - Select Rx Copays with Advocate	3	2027 POL BHD EX 4T	2027 POL BHD 4T	ILCP-134905137	ILCP-134095318
36096IL0810195	BlueCare Direct Bronze - Classic HSA - Select Rx Copays with Advocate	1	2027 POL BHD HSA EX 4T	2027 POL BHD HSA 4T	ILCP-134905137	ILCP-134095318
36096IL0810212	BlueCare Direct Bronze - Classic HSA - Select Rx Copays with Advocate	2	2027 POL BHD HSA EX 4T	2027 POL BHD HSA 4T	ILCP-134905137	ILCP-134095318
36096IL0810213	BlueCare Direct Bronze - Classic HSA - Select Rx Copays with Advocate	3	2027 POL BHD HSA EX 4T	2027 POL BHD HSA 4T	ILCP-134905137	ILCP-134095318
36096IL0810215	BlueCare Direct Bronze - Support HSA with Advocate	1	2027 POL BHD HSA EX	2027 POL BAV HSA	ILCP-134905137	ILCP-134095318
36096IL0810249	BlueCare Direct Bronze - Support HSA with Advocate	2	2027 POL BHD HSA EX	2027 POL BAV HSA	ILCP-134905137	ILCP-134095318
36096IL0810250	BlueCare Direct Bronze - Support HSA with Advocate	3	2027 POL BHD HSA EX	2027 POL BAV HSA	ILCP-134905137	ILCP-134095318
36096IL0810216	BlueCare Direct Bronze - Secure HSA with Advocate	1	2027 POL BHD HSA EX	2027 POL BAV HSA	ILCP-134905137	ILCP-134095318
36096IL0810247	BlueCare Direct Bronze - Secure HSA with Advocate	2	2027 POL BHD HSA EX	2027 POL BAV HSA	ILCP-134905137	ILCP-134095318

Standard Component ID	Plan Name	Rating Area	Policy Booklet (On-Exchange)	Policy Booklet (Off-Exchange)	SERFF (On-Exchange)	SERFF (Off-Exchange)
36096IL0810248	BlueCare Direct Bronze - Secure HSA with Advocate	3	2027 POL BHD HSA EX	2027 POL BAV HSA	ILCP-134905137	ILCP-134095318
36096IL0810217	BlueCare Direct Silver - Champion with Advocate	1	2027 POL BHD EX	2027 POL BHD	ILCP-134905137	ILCP-134095318
36096IL0810218	BlueCare Direct Silver - Champion with Advocate	2	2027 POL BHD EX	2027 POL BHD	ILCP-134905137	ILCP-134095318
36096IL0810219	BlueCare Direct Silver - Champion with Advocate	3	2027 POL BHD EX	2027 POL BHD	ILCP-134905137	ILCP-134095318
36096IL0810244	BlueCare Direct Gold HMO - Champion with Advocate	1	2027 POL BHD EX	2027 POL BHD	ILCP-134905137	ILCP-134095318
36096IL0810251	BlueCare Direct Gold HMO - Champion with Advocate	2	2027 POL BHD EX	2027 POL BHD	ILCP-134905137	ILCP-134095318
36096IL0810252	BlueCare Direct Gold HMO - Champion with Advocate	3	2027 POL BHD EX	2027 POL BHD	ILCP-134905137	ILCP-134095318
36096IL0810246	BlueCare Direct Gold HMO - Secure with Advocate	1	2027 POL BHD EX	2027 POL BHD	ILCP-134905137	ILCP-134095318
36096IL0810253	BlueCare Direct Gold HMO - Secure with Advocate	2	2027 POL BHD EX	2027 POL BHD	ILCP-134905137	ILCP-134095318
36096IL0810254	BlueCare Direct Gold HMO - Secure with Advocate	3	2027 POL BHD EX	2027 POL BHD	ILCP-134905137	ILCP-134095318
36096IL0990122	Blue Choice Preferred Gold PPO - Secure	1	2027 POL BCE EX	2027 POL BCE	ILCP-134906600	ILCP-134906774
36096IL0990128	Blue Choice Preferred Gold PPO - Secure	2	2027 POL BCE EX	2027 POL BCE	ILCP-134906600	ILCP-134906774
36096IL0990129	Blue Choice Preferred Gold PPO - Secure	3	2027 POL BCE EX	2027 POL BCE	ILCP-134906600	ILCP-134906774

Standard Component ID	Plan Name	Rating Area	Policy Booklet (On-Exchange)	Policy Booklet (Off-Exchange)	SERFF (On-Exchange)	SERFF (Off-Exchange)
36096IL0990130	Blue Choice Preferred Gold PPO - Secure	4	2027 POL BCE EX	2027 POL BCE	ILCP-134906600	ILCP-134906774
36096IL0990131	Blue Choice Preferred Gold PPO - Secure	5	2027 POL BCE EX	2027 POL BCE	ILCP-134906600	ILCP-134906774
36096IL0990132	Blue Choice Preferred Gold PPO - Secure	6	2027 POL BCE EX	2027 POL BCE	ILCP-134906600	ILCP-134906774
36096IL0990133	Blue Choice Preferred Gold PPO - Secure	7	2027 POL BCE EX	2027 POL BCE	ILCP-134906600	ILCP-134906774
36096IL0990134	Blue Choice Preferred Gold PPO - Secure	8	2027 POL BCE EX	2027 POL BCE	ILCP-134906600	ILCP-134906774
36096IL0990135	Blue Choice Preferred Gold PPO - Secure	9	2027 POL BCE EX	2027 POL BCE	ILCP-134906600	ILCP-134906774
36096IL0990136	Blue Choice Preferred Gold PPO - Secure	10	2027 POL BCE EX	2027 POL BCE	ILCP-134906600	ILCP-134906774
36096IL0990137	Blue Choice Preferred Gold PPO - Secure	11	2027 POL BCE EX	2027 POL BCE	ILCP-134906600	ILCP-134906774
36096IL0990138	Blue Choice Preferred Gold PPO - Secure	12	2027 POL BCE EX	2027 POL BCE	ILCP-134906600	ILCP-134906774
36096IL0990139	Blue Choice Preferred Gold PPO - Secure	13	2027 POL BCE EX	2027 POL BCE	ILCP-134906600	ILCP-134906774
36096IL0990125	Blue Choice Preferred Bronze PPO - Signature HSA	1		2027 POL BCE HSA		ILCP-134906774
36096IL0990164	Blue Choice Preferred Bronze PPO - Signature HSA	2		2027 POL BCE HSA		ILCP-134906774
36096IL0990165	Blue Choice Preferred Bronze PPO - Signature HSA	3		2027 POL BCE HSA		ILCP-134906774
36096IL0990166	Blue Choice Preferred Bronze	4		2027 POL BCE HSA		ILCP-134906774

Standard Component ID	Plan Name	Rating Area	Policy Booklet (On-Exchange)	Policy Booklet (Off-Exchange)	SERFF (On-Exchange)	SERFF (Off-Exchange)
	PPO - Signature HSA					
36096IL0990167	Blue Choice Preferred Bronze PPO - Signature HSA	5		2027 POL BCE HSA		ILCP-134906774
36096IL0990168	Blue Choice Preferred Bronze PPO - Signature HSA	6		2027 POL BCE HSA		ILCP-134906774
36096IL0990169	Blue Choice Preferred Bronze PPO - Signature HSA	7		2027 POL BCE HSA		ILCP-134906774
36096IL0990170	Blue Choice Preferred Bronze PPO - Signature HSA	8		2027 POL BCE HSA		ILCP-134906774
36096IL0990171	Blue Choice Preferred Bronze PPO - Signature HSA	9		2027 POL BCE HSA		ILCP-134906774
36096IL0990172	Blue Choice Preferred Bronze PPO - Signature HSA	10		2027 POL BCE HSA		ILCP-134906774
36096IL0990173	Blue Choice Preferred Bronze PPO - Signature HSA	11		2027 POL BCE HSA		ILCP-134906774
36096IL0990174	Blue Choice Preferred Bronze PPO - Signature HSA	12		2027 POL BCE HSA		ILCP-134906774
36096IL0990175	Blue Choice Preferred Bronze PPO - Signature HSA	13		2027 POL BCE HSA		ILCP-134906774
36096IL0990126	Blue Choice Preferred Security PPO - HSA	1	2027 POL BCE CA HSA EX	2027 POL BCE CA HSA	ILCP-134906587	ILCP-134906597
36096IL0990176	Blue Choice Preferred Security PPO - HSA	2	2027 POL BCE CA HSA EX	2027 POL BCE CA HSA	ILCP-134906587	ILCP-134906597

Standard Component ID	Plan Name	Rating Area	Policy Booklet (On-Exchange)	Policy Booklet (Off-Exchange)	SERFF (On-Exchange)	SERFF (Off-Exchange)
36096IL0990177	Blue Choice Preferred Security PPO - HSA	3	2027 POL BCE CA HSA EX	2027 POL BCE CA HSA	ILCP-134906587	ILCP-134906597
36096IL0990178	Blue Choice Preferred Security PPO - HSA	4	2027 POL BCE CA HSA EX	2027 POL BCE CA HSA	ILCP-134906587	ILCP-134906597
36096IL0990179	Blue Choice Preferred Security PPO - HSA	5	2027 POL BCE CA HSA EX	2027 POL BCE CA HSA	ILCP-134906587	ILCP-134906597
36096IL0990180	Blue Choice Preferred Security PPO - HSA	6	2027 POL BCE CA HSA EX	2027 POL BCE CA HSA	ILCP-134906587	ILCP-134906597
36096IL0990181	Blue Choice Preferred Security PPO - HSA	7	2027 POL BCE CA HSA EX	2027 POL BCE CA HSA	ILCP-134906587	ILCP-134906597
36096IL0990182	Blue Choice Preferred Security PPO - HSA	8	2027 POL BCE CA HSA EX	2027 POL BCE CA HSA	ILCP-134906587	ILCP-134906597
36096IL0990183	Blue Choice Preferred Security PPO - HSA	9	2027 POL BCE CA HSA EX	2027 POL BCE CA HSA	ILCP-134906587	ILCP-134906597
36096IL0990184	Blue Choice Preferred Security PPO - HSA	10	2027 POL BCE CA HSA EX	2027 POL BCE CA HSA	ILCP-134906587	ILCP-134906597
36096IL0990185	Blue Choice Preferred Security PPO - HSA	11	2027 POL BCE CA HSA EX	2027 POL BCE CA HSA	ILCP-134906587	ILCP-134906597
36096IL0990186	Blue Choice Preferred Security PPO - HSA	12	2027 POL BCE CA HSA EX	2027 POL BCE CA HSA	ILCP-134906587	ILCP-134906597
36096IL0990187	Blue Choice Preferred Security PPO - HSA	13	2027 POL BCE CA HSA EX	2027 POL BCE CA HSA	ILCP-134906587	ILCP-134906597
36096IL0990127	Blue Choice Preferred Bronze PPO - Support HSA	1	2027 POL BCE HSA EX	2027 POL BCE HSA	ILCP-134906600	ILCP-134906774
36096IL0990188	Blue Choice Preferred Bronze PPO - Support HSA	2	2027 POL BCE HSA EX	2027 POL BCE HSA	ILCP-134906600	ILCP-134906774
36096IL0990189	Blue Choice Preferred Bronze PPO - Support HSA	3	2027 POL BCE HSA EX	2027 POL BCE HSA	ILCP-134906600	ILCP-134906774

Standard Component ID	Plan Name	Rating Area	Policy Booklet (On-Exchange)	Policy Booklet (Off-Exchange)	SERFF (On-Exchange)	SERFF (Off-Exchange)
36096IL0990190	Blue Choice Preferred Bronze PPO - Support HSA	4	2027 POL BCE HSA EX	2027 POL BCE HSA	ILCP-134906600	ILCP-134906774
36096IL0990191	Blue Choice Preferred Bronze PPO - Support HSA	5	2027 POL BCE HSA EX	2027 POL BCE HSA	ILCP-134906600	ILCP-134906774
36096IL0990192	Blue Choice Preferred Bronze PPO - Support HSA	6	2027 POL BCE HSA EX	2027 POL BCE HSA	ILCP-134906600	ILCP-134906774
36096IL0990193	Blue Choice Preferred Bronze PPO - Support HSA	7	2027 POL BCE HSA EX	2027 POL BCE HSA	ILCP-134906600	ILCP-134906774
36096IL0990194	Blue Choice Preferred Bronze PPO - Support HSA	8	2027 POL BCE HSA EX	2027 POL BCE HSA	ILCP-134906600	ILCP-134906774
36096IL0990195	Blue Choice Preferred Bronze PPO - Support HSA	9	2027 POL BCE HSA EX	2027 POL BCE HSA	ILCP-134906600	ILCP-134906774
36096IL0990196	Blue Choice Preferred Bronze PPO - Support HSA	10	2027 POL BCE HSA EX	2027 POL BCE HSA	ILCP-134906600	ILCP-134906774
36096IL0990197	Blue Choice Preferred Bronze PPO - Support HSA	11	2027 POL BCE HSA EX	2027 POL BCE HSA	ILCP-134906600	ILCP-134906774
36096IL0990198	Blue Choice Preferred Bronze PPO - Support HSA	12	2027 POL BCE HSA EX	2027 POL BCE HSA	ILCP-134906600	ILCP-134906774
36096IL0990199	Blue Choice Preferred Bronze PPO - Support HSA	13	2027 POL BCE HSA EX	2027 POL BCE HSA	ILCP-134906600	ILCP-134906774
36096IL0990201	Blue Choice Preferred Silver PPO - Signature	1		2027 POL BCE		ILCP-134906774
36096IL0990202	Blue Choice Preferred Silver PPO - Signature	2		2027 POL BCE		ILCP-134906774
36096IL0990203	Blue Choice Preferred Silver PPO - Signature	3		2027 POL BCE		ILCP-134906774
36096IL0990204	Blue Choice Preferred Silver PPO - Signature	4		2027 POL BCE		ILCP-134906774

Standard Component ID	Plan Name	Rating Area	Policy Booklet (On-Exchange)	Policy Booklet (Off-Exchange)	SERFF (On-Exchange)	SERFF (Off-Exchange)
36096IL0990205	Blue Choice Preferred Silver PPO - Signature	5		2027 POL BCE		ILCP-134906774
36096IL0990206	Blue Choice Preferred Silver PPO - Signature	6		2027 POL BCE		ILCP-134906774
36096IL0990207	Blue Choice Preferred Silver PPO - Signature	7		2027 POL BCE		ILCP-134906774
36096IL0990208	Blue Choice Preferred Silver PPO - Signature	8		2027 POL BCE		ILCP-134906774
36096IL0990209	Blue Choice Preferred Silver PPO - Signature	9		2027 POL BCE		ILCP-134906774
36096IL0990210	Blue Choice Preferred Silver PPO - Signature	10		2027 POL BCE		ILCP-134906774
36096IL0990211	Blue Choice Preferred Silver PPO - Signature	11		2027 POL BCE		ILCP-134906774
36096IL0990212	Blue Choice Preferred Silver PPO - Signature	12		2027 POL BCE		ILCP-134906774
36096IL0990213	Blue Choice Preferred Silver PPO - Signature	13		2027 POL BCE		ILCP-134906774
36096IL0990279	Blue Choice Preferred Gold PPO - Classic - Rx Copays	1	2027 POL BCE EX 4T	2027 POL BCE	ILCP-134906600	ILCP-134906774
36096IL0990282	Blue Choice Preferred Gold PPO - Classic - Rx Copays	2	2027 POL BCE EX 4T	2027 POL BCE	ILCP-134906600	ILCP-134906774
36096IL0990283	Blue Choice Preferred Gold PPO - Classic - Rx Copays	3	2027 POL BCE EX 4T	2027 POL BCE	ILCP-134906600	ILCP-134906774
36096IL0990284	Blue Choice Preferred Gold PPO - Classic - Rx Copays	4	2027 POL BCE EX 4T	2027 POL BCE	ILCP-134906600	ILCP-134906774

Standard Component ID	Plan Name	Rating Area	Policy Booklet (On-Exchange)	Policy Booklet (Off-Exchange)	SERFF (On-Exchange)	SERFF (Off-Exchange)
36096IL0990285	Blue Choice Preferred Gold PPO - Classic - Rx Copays	5	2027 POL BCE EX 4T	2027 POL BCE	ILCP-134906600	ILCP-134906774
36096IL0990286	Blue Choice Preferred Gold PPO - Classic - Rx Copays	6	2027 POL BCE EX 4T	2027 POL BCE	ILCP-134906600	ILCP-134906774
36096IL0990287	Blue Choice Preferred Gold PPO - Classic - Rx Copays	7	2027 POL BCE EX 4T	2027 POL BCE	ILCP-134906600	ILCP-134906774
36096IL0990288	Blue Choice Preferred Gold PPO - Classic - Rx Copays	8	2027 POL BCE EX 4T	2027 POL BCE	ILCP-134906600	ILCP-134906774
36096IL0990289	Blue Choice Preferred Gold PPO - Classic - Rx Copays	9	2027 POL BCE EX 4T	2027 POL BCE	ILCP-134906600	ILCP-134906774
36096IL0990290	Blue Choice Preferred Gold PPO - Classic - Rx Copays	10	2027 POL BCE EX 4T	2027 POL BCE	ILCP-134906600	ILCP-134906774
36096IL0990291	Blue Choice Preferred Gold PPO - Classic - Rx Copays	11	2027 POL BCE EX 4T	2027 POL BCE	ILCP-134906600	ILCP-134906774
36096IL0990292	Blue Choice Preferred Gold PPO - Classic - Rx Copays	12	2027 POL BCE EX 4T	2027 POL BCE	ILCP-134906600	ILCP-134906774
36096IL0990293	Blue Choice Preferred Gold PPO - Classic - Rx Copays	13	2027 POL BCE EX 4T	2027 POL BCE	ILCP-134906600	ILCP-134906774
36096IL0990280	Blue Choice Preferred Silver PPO - Classic - Select Rx Copays	1	2027 POL BCE EX 4T	2027 POL BCE 4T	ILCP-134906600	ILCP-134906774
36096IL0990294	Blue Choice Preferred Silver PPO - Classic - Select Rx Copays	2	2027 POL BCE EX 4T	2027 POL BCE 4T	ILCP-134906600	ILCP-134906774

Standard Component ID	Plan Name	Rating Area	Policy Booklet (On-Exchange)	Policy Booklet (Off-Exchange)	SERFF (On-Exchange)	SERFF (Off-Exchange)
36096IL0990295	Blue Choice Preferred Silver PPO - Classic - Select Rx Copays	3	2027 POL BCE EX 4T	2027 POL BCE 4T	ILCP-134906600	ILCP-134906774
36096IL0990296	Blue Choice Preferred Silver PPO - Classic - Select Rx Copays	4	2027 POL BCE EX 4T	2027 POL BCE 4T	ILCP-134906600	ILCP-134906774
36096IL0990297	Blue Choice Preferred Silver PPO - Classic - Select Rx Copays	5	2027 POL BCE EX 4T	2027 POL BCE 4T	ILCP-134906600	ILCP-134906774
36096IL0990298	Blue Choice Preferred Silver PPO - Classic - Select Rx Copays	6	2027 POL BCE EX 4T	2027 POL BCE 4T	ILCP-134906600	ILCP-134906774
36096IL0990299	Blue Choice Preferred Silver PPO - Classic - Select Rx Copays	7	2027 POL BCE EX 4T	2027 POL BCE 4T	ILCP-134906600	ILCP-134906774
36096IL0990300	Blue Choice Preferred Silver PPO - Classic - Select Rx Copays	8	2027 POL BCE EX 4T	2027 POL BCE 4T	ILCP-134906600	ILCP-134906774
36096IL0990344	Blue Choice Preferred Silver PPO - Classic - Select Rx Copays	9	2027 POL BCE EX 4T	2027 POL BCE 4T	ILCP-134906600	ILCP-134906774
36096IL0990345	Blue Choice Preferred Silver PPO - Classic - Select Rx Copays	10	2027 POL BCE EX 4T	2027 POL BCE 4T	ILCP-134906600	ILCP-134906774
36096IL0990346	Blue Choice Preferred Silver PPO - Classic - Select Rx Copays	11	2027 POL BCE EX 4T	2027 POL BCE 4T	ILCP-134906600	ILCP-134906774
36096IL0990347	Blue Choice Preferred Silver PPO - Classic - Select Rx Copays	12	2027 POL BCE EX 4T	2027 POL BCE 4T	ILCP-134906600	ILCP-134906774
36096IL0990348	Blue Choice Preferred Silver PPO - Classic - Select Rx Copays	13	2027 POL BCE EX 4T	2027 POL BCE 4T	ILCP-134906600	ILCP-134906774

Standard Component ID	Plan Name	Rating Area	Policy Booklet (On-Exchange)	Policy Booklet (Off-Exchange)	SERFF (On-Exchange)	SERFF (Off-Exchange)
36096IL0990306	Blue Choice Preferred Bronze PPO - Classic HSA - Select Rx Copays	1	2027 POL BCE HSA EX	2027 POL BCE HSA	ILCP-134906600	ILCP-134906774
36096IL0990332	Blue Choice Preferred Bronze PPO - Classic HSA - Select Rx Copays	2	2027 POL BCE HSA EX	2027 POL BCE HSA	ILCP-134906600	ILCP-134906774
36096IL0990333	Blue Choice Preferred Bronze PPO - Classic HSA - Select Rx Copays	3	2027 POL BCE HSA EX	2027 POL BCE HSA	ILCP-134906600	ILCP-134906774
36096IL0990334	Blue Choice Preferred Bronze PPO - Classic HSA - Select Rx Copays	4	2027 POL BCE HSA EX	2027 POL BCE HSA	ILCP-134906600	ILCP-134906774
36096IL0990335	Blue Choice Preferred Bronze PPO - Classic HSA - Select Rx Copays	5	2027 POL BCE HSA EX	2027 POL BCE HSA	ILCP-134906600	ILCP-134906774
36096IL0990336	Blue Choice Preferred Bronze PPO - Classic HSA - Select Rx Copays	6	2027 POL BCE HSA EX	2027 POL BCE HSA	ILCP-134906600	ILCP-134906774
36096IL0990337	Blue Choice Preferred Bronze PPO - Classic HSA - Select Rx Copays	7	2027 POL BCE HSA EX	2027 POL BCE HSA	ILCP-134906600	ILCP-134906774
36096IL0990338	Blue Choice Preferred Bronze PPO - Classic HSA - Select Rx Copays	8	2027 POL BCE HSA EX	2027 POL BCE HSA	ILCP-134906600	ILCP-134906774
36096IL0990339	Blue Choice Preferred Bronze PPO - Classic HSA - Select Rx Copays	9	2027 POL BCE HSA EX	2027 POL BCE HSA	ILCP-134906600	ILCP-134906774
36096IL0990340	Blue Choice Preferred Bronze PPO - Classic HSA - Select Rx Copays	10	2027 POL BCE HSA EX	2027 POL BCE HSA	ILCP-134906600	ILCP-134906774
36096IL0990341	Blue Choice Preferred Bronze PPO - Classic HSA - Select Rx Copays	11	2027 POL BCE HSA EX	2027 POL BCE HSA	ILCP-134906600	ILCP-134906774

Standard Component ID	Plan Name	Rating Area	Policy Booklet (On-Exchange)	Policy Booklet (Off-Exchange)	SERFF (On-Exchange)	SERFF (Off-Exchange)
36096IL0990342	Blue Choice Preferred Bronze PPO - Classic HSA - Select Rx Copays	12	2027 POL BCE HSA EX	2027 POL BCE HSA	ILCP-134906600	ILCP-134906774
36096IL0990343	Blue Choice Preferred Bronze PPO - Classic HSA - Select Rx Copays	13	2027 POL BCE HSA EX	2027 POL BCE HSA	ILCP-134906600	ILCP-134906774
36096IL0990361	Blue Choice Preferred Silver PPO - Champion	1	2027 POL BCE EX	2027 POL BCE	ILCP-134906600	ILCP-134906774
36096IL0990362	Blue Choice Preferred Silver PPO - Champion	2	2027 POL BCE EX	2027 POL BCE	ILCP-134906600	ILCP-134906774
36096IL0990363	Blue Choice Preferred Silver PPO - Champion	3	2027 POL BCE EX	2027 POL BCE	ILCP-134906600	ILCP-134906774
36096IL0990364	Blue Choice Preferred Silver PPO - Champion	4	2027 POL BCE EX	2027 POL BCE	ILCP-134906600	ILCP-134906774
36096IL0990365	Blue Choice Preferred Silver PPO - Champion	5	2027 POL BCE EX	2027 POL BCE	ILCP-134906600	ILCP-134906774
36096IL0990366	Blue Choice Preferred Silver PPO - Champion	6	2027 POL BCE EX	2027 POL BCE	ILCP-134906600	ILCP-134906774
36096IL0990367	Blue Choice Preferred Silver PPO - Champion	7	2027 POL BCE EX	2027 POL BCE	ILCP-134906600	ILCP-134906774
36096IL0990368	Blue Choice Preferred Silver PPO - Champion	8	2027 POL BCE EX	2027 POL BCE	ILCP-134906600	ILCP-134906774
36096IL0990369	Blue Choice Preferred Silver PPO - Champion	9	2027 POL BCE EX	2027 POL BCE	ILCP-134906600	ILCP-134906774
36096IL0990370	Blue Choice Preferred Silver PPO - Champion	10	2027 POL BCE EX	2027 POL BCE	ILCP-134906600	ILCP-134906774
36096IL0990371	Blue Choice Preferred Silver PPO - Champion	11	2027 POL BCE EX	2027 POL BCE	ILCP-134906600	ILCP-134906774
36096IL0990372	Blue Choice Preferred Silver PPO - Champion	12	2027 POL BCE EX	2027 POL BCE	ILCP-134906600	ILCP-134906774

Standard Component ID	Plan Name	Rating Area	Policy Booklet (On-Exchange)	Policy Booklet (Off-Exchange)	SERFF (On-Exchange)	SERFF (Off-Exchange)
36096IL0990373	Blue Choice Preferred Silver PPO - Champion	13	2027 POL BCE EX	2027 POL BCE	ILCP-134906600	ILCP-134906774
36096IL0990374	Blue Choice Preferred Gold PPO - Balance	1	2027 POL BCE EX	2027 POL BCE	ILCP-134906600	ILCP-134906774
36096IL0990375	Blue Choice Preferred Gold PPO - Balance	2	2027 POL BCE EX	2027 POL BCE	ILCP-134906600	ILCP-134906774
36096IL0990376	Blue Choice Preferred Gold PPO - Balance	3	2027 POL BCE EX	2027 POL BCE	ILCP-134906600	ILCP-134906774
36096IL0990377	Blue Choice Preferred Gold PPO - Balance	4	2027 POL BCE EX	2027 POL BCE	ILCP-134906600	ILCP-134906774
36096IL0990378	Blue Choice Preferred Gold PPO - Balance	5	2027 POL BCE EX	2027 POL BCE	ILCP-134906600	ILCP-134906774
36096IL0990379	Blue Choice Preferred Gold PPO - Balance	6	2027 POL BCE EX	2027 POL BCE	ILCP-134906600	ILCP-134906774
36096IL0990380	Blue Choice Preferred Gold PPO - Balance	7	2027 POL BCE EX	2027 POL BCE	ILCP-134906600	ILCP-134906774
36096IL0990381	Blue Choice Preferred Gold PPO - Balance	8	2027 POL BCE EX	2027 POL BCE	ILCP-134906600	ILCP-134906774
36096IL0990382	Blue Choice Preferred Gold PPO - Balance	9	2027 POL BCE EX	2027 POL BCE	ILCP-134906600	ILCP-134906774
36096IL0990383	Blue Choice Preferred Gold PPO - Balance	10	2027 POL BCE EX	2027 POL BCE	ILCP-134906600	ILCP-134906774
36096IL0990384	Blue Choice Preferred Gold PPO - Balance	11	2027 POL BCE EX	2027 POL BCE	ILCP-134906600	ILCP-134906774
36096IL0990385	Blue Choice Preferred Gold PPO - Balance	12	2027 POL BCE EX	2027 POL BCE	ILCP-134906600	ILCP-134906774
36096IL0990386	Blue Choice Preferred Gold PPO - Balance	13	2027 POL BCE EX	2027 POL BCE	ILCP-134906600	ILCP-134906774
36096IL1380002	MyBlue Plus Silver - Signature	1		2027 POL BLF		ILCP-134905438

Standard Component ID	Plan Name	Rating Area	Policy Booklet (On-Exchange)	Policy Booklet (Off-Exchange)	SERFF (On-Exchange)	SERFF (Off-Exchange)
36096IL1380013	MyBlue Plus Silver - Signature	3		2027 POL BLF		ILCP-134905438
36096IL1380014	MyBlue Plus Silver - Signature	4		2027 POL BLF		ILCP-134905438
36096IL1380003	MyBlue Plus Silver - Champion	1	2027 POL BLF EX	2027 POL BLF	ILCP-134905351	ILCP-134905438
36096IL1380015	MyBlue Plus Silver - Champion	3	2027 POL BLF EX	2027 POL BLF	ILCP-134905351	ILCP-134905438
36096IL1380016	MyBlue Plus Silver - Champion	4	2027 POL BLF EX	2027 POL BLF	ILCP-134905351	ILCP-134905438
36096IL1380004	MyBlue Plus Gold - Champion	1	2027 POL BLF EX	2027 POL BLF	ILCP-134905351	ILCP-134905438
36096IL1380017	MyBlue Plus Gold - Champion	3	2027 POL BLF EX	2027 POL BLF	ILCP-134905351	ILCP-134905438
36096IL1380018	MyBlue Plus Gold - Champion	4	2027 POL BLF EX	2027 POL BLF	ILCP-134905351	ILCP-134905438
36096IL1380007	MyBlue Plus Gold - Secure	1	2027 POL BLF EX	2027 POL BLF	ILCP-134905351	ILCP-134905438
36096IL1380023	MyBlue Plus Gold - Secure	3	2027 POL BLF EX	2027 POL BLF	ILCP-134905351	ILCP-134905438
36096IL1380024	MyBlue Plus Gold - Secure	4	2027 POL BLF EX	2027 POL BLF	ILCP-134905351	ILCP-134905438
36096IL1380008	MyBlue Plus Gold - Classic - Rx Copays	1	2027 POL BLF EX 4T	2027 POL BLF 4T	ILCP-134905351	ILCP-134905438
36096IL1380025	MyBlue Plus Gold - Classic - Rx Copays	3	2027 POL BLF EX 4T	2027 POL BLF 4T	ILCP-134905351	ILCP-134905438
36096IL1380026	MyBlue Plus Gold - Classic - Rx Copays	4	2027 POL BLF EX 4T	2027 POL BLF 4T	ILCP-134905351	ILCP-134905438
36096IL1380009	MyBlue Plus Silver - Classic - Select Rx Copays	1	2027 POL BLF EX 4T	2027 POL BLF 4T	ILCP-134905351	ILCP-134905438
36096IL1380027	MyBlue Plus Silver - Classic - Select Rx Copays	3	2027 POL BLF EX 4T	2027 POL BLF 4T	ILCP-134905351	ILCP-134905438
36096IL1380028	MyBlue Plus Silver - Classic - Select Rx Copays	4	2027 POL BLF EX 4T	2027 POL BLF 4T	ILCP-134905351	ILCP-134905438
36096IL1380032	MyBlue Plus Security - HSA	1	2027 POL BLF CA HSA EX	2027 POL BLF CA HSA	ILCP-134905529	ILCP-134905512
36096IL1380033	MyBlue Plus Security - HSA	3	2027 POL BLF CA HSA EX	2027 POL BLF CA HSA	ILCP-134905529	ILCP-134905512
36096IL1380034	MyBlue Plus Security - HSA	4	2027 POL BLF CA HSA EX	2027 POL BLF CA HSA	ILCP-134905529	ILCP-134905512

Health Care Service Corporation, a Mutual Legal Reserve Company

(Company Name)

By: Arron Beeson Title: AVP, Individual & Family Markets

certifies that the policy forms submitted or referenced in this filing do comply:

a) with all provisions of the Illinois Insurance Code applicable to the policy forms; and

b) with all provisions of 50 Ill. Adm. Code applicable to policyforms;

and does further certify to the best of our knowledge and belief that:

1) the forms do not contain any inconsistent, ambiguous or misleading clauses;

2) the forms do not contain specifications or conditions that unreasonably or deceptively affect the risk purported to be assumed in the general coverage of the policy forms;

3) the only variation from the usual provisions of the policy forms are clearly marked or otherwise indicated;

4) the language of the policy form, as submitted or approved, shall be exactly as it has been or will be offered for issuance or delivery in the State of Illinois as approved by the Director, except for hypothetical data and other appropriate variable material; and

5) the policy forms do not contain any provision or clause currently being disapproved by the Director.

In utilizing the procedure for policy form filing and approval set forth in 50 Ill. Adm. Code 916, Health Care Service Corporation, a Mutual Legal Reserve Company, hereby expressly agrees and consents to a review, by the Director, to be made at any time, and further hereby expressly agrees and consents to the discontinuance by the company of future use of the approved policy forms, 30 days from the date of mailing an order of withdrawal issued by the Director pursuant to Section 143(1) of the Illinois Insurance Code. The order shall set forth the reasons why the previously approved policy forms are violative of or contrary to the provisions of the Illinois Insurance Code or all provisions of 50 Ill. Adm. Code applicable to policy forms. Each company shall have the right to request a hearing within that 30 day period. The request shall be made in writing to the Director. The order of withdrawal shall be stayed and the company shall be given a hearing under the provisions of Sections 143(1), 401(c), 401.1, 402(2), 426 and 429 of the Illinois Insurance Code [215 ILCS 5/143(1), 401(c), 401.1, 402(2), 426 and 429] and 50 Ill. Adm. Code 2402, as may be applicable, to determine:

a) whether the policy form shall be disapproved; and

b) whether further orders of the Director may be appropriate.

Health Care Service Corporation, a Mutual Legal Reserve Company

(Company Name)

By:

(Signature)

Title: AVP, Individual & Family Markets Date: 5/12/2026