



1133 SW Topeka Boulevard  
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In Topeka – (785) 291-7000  
In Kansas - (800) 432-0216

Web site: [www.bcbsks.com](http://www.bcbsks.com)

May 9, 2025

The Honorable Vicki Schmidt  
Insurance Commissioner  
Kansas Department of Insurance  
1300 SW Arrowhead Road Topeka,  
KS 66604

US Department of Health and Human Services  
Centers for Medicare and Medicaid Services  
7500 Security Boulevard  
Baltimore, MD 21244-1850

**RE: Declaration of Confidential and/or Trade Secrets (FFM and Individual Marketplace)**

Dear Kansas Department of Insurance and U.S. Department of Health and Human Services Staff:

As a part of its plan filing to your agencies, Blue Cross and Blue Shield of Kansas (BCBSKS) is submitting herewith necessary supporting documents to the Kansas Department of Insurance Department (KDOI).

While public records are generally available to the public under the Kansas Open Records Act (KORA), K.S.A. 45-221(a) outlines a number of express exemptions to KORA's disclosure requirements. For example:

Subsection (a)(1) exempts from disclosure anything that is protected by State or Federal law. As will be discussed below, The Federal Open Records Act (FOIA) and the Kansas Uniform Trade Secrets Act (KUTSA) both protect the disclosure of trade secrets. KORA integrates these provisions into KORA and similarly restricts the disclosure of a trade secret.

Subsection (a)(2) protects anything that is privileged under the rules of evidence. The Kansas Rules of Evidence also protect "trade secrets" from disclosure. K.S.A. 60-432.

Subsection (a)(18) protects plans, designs, drawings, or specifications which are prepared by a person other than an employee of a public agency or records which are the property of a private person. Insurance products, like any product, undergo a great deal of product development. The information that BCBSKS seeks to protect is the same as a design or specification for a traditional "product." BCBSKS' products should not be treated any differently than any other product simply because its products are insurance.

Subsection (a)(33) protects financial information submitted by contractors in qualification statements to any public agency. The information submitted by



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BCBSKS is certainly important, valuable financial information, submitted to support the company's QHP application and participation in the fully-insured individual insurance market in Kansas.

The Kansas Uniform Trade Secrets Act (KUTSA), K.S.A. 60-3320 *et seq*, protects trade secrets from disclosure, including disclosure by state and municipal governmental agencies. KUTSA defines a trade secret as:

- (4) "Trade secret" means information, including a formula, pattern, compilation, program, device, method, technique, or process, that:
  - (i) derives independent economic value, actual or potential, from not being generally known to, and not being readily ascertainable by proper means by, other persons who can obtain economic value from its disclosure or use, and
  - (ii) is the subject of efforts that are reasonable under the circumstances to maintain its secrecy.

KUTSA includes governmental agencies in the list of "persons" who are restricted from disclosing trade secrets. A Kansas Federal District Court recently discussed KUTSA:

During his deposition, Davis identified the following as ACI trade secrets: "costing, pricing, customer schedules, product information, product specifications, factory cost information as it relates to the final product cost to the customer, customer relations," and the semantics of business operations and relations. ACI points to the non-competition agreements and non-disclosure agreements that it entered into with its employees and to the non-disclosure covenants it entered into with its vendors as evidence that it attempted to guard this information and maintain its secrecy. According to ACI, if its pricing information became widely known, competitors could price ACI out of business by underbidding to its customers, which occurred when Guang Dong offered a better price to ATTA for Paramount headwear than it had previously offered to ACI.

*Guang Dong Light Headgear Factory Co., Ltd. v. ACI Int'l, Inc.*, 521 F. Supp. 2d 1153, 1173 (D. Kan. 2007). The court found the items listed by ACI to be trade secrets. While the case cited does not involve insurance, the claims for trade secret protection made by ACI are very similar to the information BCBSKS seeks to protect under KUTSA. Further, BCBSKS has taken steps to ensure that this information was not made public. In past filings BCBSKS did not supply some of the information now requested by KDOI because it was not requested and viewed as proprietary trade secrets. Now that BCBSKS must submit it, the information should remain protected under KUTSA. An improper disclosure of a trade secret by a governmental entity would subject that party to damages equal to the damages suffered by the harmed party. Further, if the disclosure were willful and malicious, up to double the normal amount of damages may be awarded. K.S.A. 60-3322.



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In addition to KORA and KUTSA, the Kansas Rules of Evidence also contain a protection for trade secrets which is also incorporated into KORA under section (a)(1) above. The Kansas Rules of Evidence state:

The owner of a trade secret has a privilege, which may be claimed by the owner or his or her agent or employee, to refuse to disclose the secret and to prevent other persons from disclosing it if the judge finds that the allowance of the privilege will not tend to conceal fraud or otherwise work injustice.

Kansas Court of Appeals considered this protection in *Sw. Bell Tel. Co. v. State Corp. Comm'n*, 6 Kan. App. 2d 444, 457 (1981) where the court outlined the factors to consider when determining if something is a trade secret.

An exact definition of a trade secret may not be possible, but factors to be considered in recognizing a trade secret are: (1) the extent to which the information is known outside the business, (2) the extent to which it is known to those inside the business, i.e., by the employees, (3) the precautions taken by the holder of the trade secret to guard the secrecy of the information, (4) the savings effected and the value to the holder in having the information as against competitors, (5) the amount of effort or money expended in obtaining and developing the information, and (6) the amount of time and expense it would take for others to acquire and duplicate the information.

Southwestern Bell wanted to maintain the confidentiality of information submitted to the commission when requesting a rate increase. The Appellate Court ruled that the commission erred by failing to consider whether the information was actually a trade secret protected from disclosure specifically under KORA. The court did not rule on whether the information was a trade secret, rather the case stands for the holding that a governmental agency should consider whether something is a protected trade secret under KORA. BCBSKS requests that KDOI recognize parts of our filings as trade secrets, and adhere to the holding in Southwestern Bell.

In addition to the state law discussed above, subsection (a)1 discussed above borrows additional protections from federal law. FOIA exempts trade secrets from disclosure by applicable governmental parties. 5 U.S.C. 552(b)(4). The information contained in the filing is information that BCBSKS would not normally release to the public. "If information is required to be produced to a government agency, it falls under Exemption 4 as confidential if its disclosure would either (1) impair the ability of the Government to obtain information in the future or (2) disclosure is likely to cause substantial harm to the competitive position of the party from whom it was obtained." *Merit Energy Co. v. U.S. Dep't of Interior*, 180 F. Supp. 2d 1184, 1188 (D. Colo. 2001). In order for BCBSKS to participate in the Kansas insurance market, BCBSKS is required to submit the information at issue. FOIA appears to protect this information under both tests above. If this information is widely disclosed, other insurers including BCBSKS and insurers in other states may choose to not participate in the Kansas insurance market because not participating is preferable to disclosing trade secrets. As discussed below in greater detail, disclosure of this information could readily result in substantial competitive harm to BCBSKS.



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The BCBSKS products that are part of this filing process are the fruits of significant efforts and costs related to product development, to include planning, market research, market assumptions, pricing and risk assumptions, and administrative expenses. Further trade secrets include details on network adequacy (CMS Guidance, p. 6), accreditation standards for approved providers; factors and assumptions considered in establishing rates, including actuarial considerations; claims experience and claims expected; expected enrollment; discounts; and strategies and plans for contracting with providers. BCBSKS has spent hundreds of thousands of dollars over the years developing our pricing tools and assumptions necessary to create, price and market products. This information has significant value to BCBSKS because it is not known outside BCBSKS, and BCBSKS has expended significant efforts and costs to ensure that it remains confidential. The information is only valuable to BCBSKS if it is kept confidential. If competitors were to obtain this information, not only would they gain inside knowledge into BCBSKS' method for creating products, they would also benefit from the administrative cost savings by not having to do the work themselves. Competitors could both undercut our prices with this information and use the detailed pricing assumptions and cost breakdown contained in this information to both directly market against BCBSKS and disrupt its provider network. This information never has been made public, and BCBSKS intends never to make it public.

Pursuant to the Kansas Open Records Act (KORA), K.S.A. 45-221(a)(1), the Kansas Uniform Trade Secrets Act (KUTSA), K.S.A. 60-3320 *et seq.*, and the federal Freedom of Information Act (FOIA), 5 USC 552 *et seq.*, BCBSKS is hereby declaring as confidential and trade secrets all information contained in this filing, attached templates, and Forms.

BCBSKS understands that not every piece of information contained in the filing can fairly be defined as a trade secret. As such, BCBSKS specifically asserts confidentiality to any pages clearly marked with a red "Confidential" stamp in this filing. For all the reasons discussed above, BCBSKS formally requests preservation and external nondisclosure of the above information as trade secrets.

Should a decision be made to disclose any portion of these documents outside of KDOI, please inform BCBSKS of the same at least five working days (or as provided under federal regulations) prior to the planned disclosure in order for us to evaluate the sensitivity of the information and seek injunctive and other relief under applicable law if necessary.

Thank you for your attention to this matter.

Regards,

A handwritten signature in black ink that reads "Shelley H. King". The signature is written in a cursive style with a large, looped initial 'S'.

Shelley H. King  
Sr. Associate General Counsel/Director of Legal Services  
Phone: (785) 291-6352/ Email: [shelley.king@bcbsks.com](mailto:shelley.king@bcbsks.com)

# CONFIDENTIAL

## BLUE CROSS AND BLUE SHIELD OF KANSAS 2026 KANSAS INDIVIDUAL NON-GRANDFATHERED PRODUCTS RATE FILING ACTUARIAL MEMORANDUM

All referenced exhibits may be found at the end of this memorandum, in Section 20.

### 1 General information

This section includes general information about the policies covered by this memorandum.

#### 1.1 *Scope and purpose*

The purpose of this memorandum is to certify that the rates for the Individual Market health plans of Blue Cross and Blue Shield of Kansas, Inc. (BCBSKS) are calculated according to the applicable Actuarial Standards of Practice, are uniformly applied according to Kansas law, comply with all provisions of and regulations pertaining to the Patient Protection and Affordable Care Act (PPACA) of 2010, and are not excessive in relation to benefits. This memorandum is not to be used for any other purpose.

#### 1.2 *Company identifying information*

- **Company legal name:** Blue Cross and Blue Shield of Kansas, Inc.
- **State with regulatory authority:** Kansas
- **HIOS Issuer ID:** 18558
- **Market:** Individual
- **Effective date:** January 1, 2026

#### 1.3 *Company contact information*

- **Primary contact name:** Christina Koehler, A.S.A, M.A.A.A.



#### 1.4 *State-required information*

This section provides information that is required by the Kansas Department of Insurance but not incorporated into the HHS Part III Actuarial Memorandum. All references to Kansas State law apply, except to the extent pre-empted by federal law.

The rates are for medical and prescription drug expense coverage on a direct-enrolled (non-group) basis.

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All individual plans are conditionally renewable. A policy may be terminated for non-payment of premium, material misrepresentation on the application, non-compliance with contract provisions, withdrawal of the company from the individual market or type of coverage with notification, or if the insured moves out of the service area.

We do not make any assumptions for mortality of insured members.

Applicants are solicited by direct marketing (or by web through the BCBSKS website or the market place). Enrollment can be concluded by phone or in person by a BCBSKS agent (or by web through the BCBSKS website or the market place).

BCBSKS does not intend to use agents or brokers to sell this business, so our rates do not include commissions.

Rates are based on the attained ages of the members covered by the contract at the time of sale, renewal, or addition to the policy.

Premiums may be billed monthly, quarterly, semi-annually, and annually; however, there are no premium modalization adjustments.

There are no active life reserves.

The medical loss ratio for all BCBSKS Individual business in 2024 was 99.1% as reported on the MLR Supplement Health Care Exhibit.

Blue Cross and Blue Shield of Kansas had a Policyholder's surplus of \$1,211,959,747 at the end of 2024 and a Risk Based Capital of 1,112.15%.

Rating factors used to produce rates are shown in section 16.

BCBSKS offers only EPO plans on and off the individual Marketplace, which have no out-of-network benefits, except for emergency services and services not available in the network.

## 2 Proposed Rate Increase

These rates produce an average rate change of 16.66%, as reported on the accompanying Unified Rate Review Template (URRT). The significant contributing factors are:

- Updated experience and trends
- Expected change in morbidity of 8.6%



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The rate changes by plan are reported in the URRT. The difference between the average rate change reported on the URRT and the average rate change on Exhibit 12c is because the URRT calculates it based on current enrollment and premium and Exhibit 12c calculates it based on the calibrated plan-adjusted index rates and projected enrollment. The rate increases by plan are the same on both exhibits and reflect what members will experience, all other things being equal.

### 3 Experience Period Premium and Claims

The experience period for both premium and claims is the calendar year 2024. Claims are as paid through May 31, 2025. For rating, the experience of the individual metallic business of BCBSKS was used.

#### 3.1 Premium

The premiums shown in Section I of Worksheet 1 of the Unified Rate Review Template (URRT) were all obtained directly from the BCBSKS data warehouse. No adjustments were made to premiums. BCBSKS was not required to issue rebates for 2024 and does not expect to do so for 2025.

#### 3.2 Allowed and incurred claims

The following tables show the breakdown of the claims reported on the URRT, Worksheet 1, Section 1. The amounts reported represent the BCBSKS metallic business.

Incurred claims in experience period	\$258,259,501
Incurred claims processed in BCBSKS systems	\$258,259,501
Incurred claims processed outside BCBSKS systems	\$0
Incurred claims IBNP estimate	\$2,108,488
INCURRED CLAIMS TOTAL	\$260,367,989

Allowed charges in experience period	\$303,915,358
Allowed charges processed in BCBSKS systems	\$303,915,358
Allowed charges processed outside BCBSKS systems	\$0
Allowed charges IBNP estimate	\$2,502,599
ALLOWED CHARGES TOTAL	\$306,417,957

There were no claims processed outside of the BCBSKS systems.

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### *3.3 Description of IBNP method*

The IBNP development begins with the claims payment lag tables. In addition to the claims data, we also pull in enrollment data. The reserve estimate is calculated by using a completion factor and a pure premium projection method.

BCBSKS uses a multiplicative completion factor method. This process assumes claims incurred in a given month reflect payment patterns that have occurred in recent months.

Once the initial unpaid claims liability is calculated, various supporting exhibits are produced and reserve testing is done. At this time, any recommended deviations are determined. Some of the items we consider during this process are:

- Changes in claims payment patterns
- Changes in backlog or inventory
- Significant changes in enrollment or shifts in benefits
- Large claims
- Changes in network arrangements or in fee schedule
- The number of business days in the month
- Changes in medical review
- Comparison of calculated factors to what was used in prior months to see if the factors are significantly higher or lower than normal
- Adjudication system issues
- Legislative or regulatory changes
- Seasonal influences such as epidemics, deductible application, etc.

Actuarial uses this initial liability estimate and the staff reviews to ultimately determine the completion factors used to develop the unpaid claims liability. While this liability includes a provision for adverse deviation, this provision for adverse deviation is not used for rating purposes.

We perform the above development process for inpatient and outpatient (institutional) claims combined, professional claims, dental claims, pharmacy-submitted drug claims, and subscriber-submitted drug claims, separately for each block of business (large group, small group, individual).

We develop IBNP estimates separately for each of the three blocks of business mentioned above. We do not use separate factors for allowed and paid dollars – since we are using five months of runout, the difference between them is immaterial.



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The factors used for rating purposes are shown in Exhibit 3.

### 4 Benefit Categories

Based on the type of health claim form submitted, claims are assigned as Institutional or Professional. Institutional claims are then assigned to inpatient or outpatient based on the place of service code or type of bill code that is on the claim. Professional claims are separated into the "Benefit Category" of Professional and Other Medical based on Current Procedure Terminology (CPT) codes and type of service that is on the claim. For prescription drugs claims, we either rely on data submitted by our pharmacy benefits manager or we rely on CPT codes, National Drug Codes (NDC), and the type of service that is noted on the claim.

### 5 Projection factors

[REDACTED]

#### 5.1 *Changes in morbidity of population*

[REDACTED]

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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

### *5.2 Benefit changes*

[REDACTED]

### *5.3 Demographic shifts*

[REDACTED]

### *5.4 Other adjustments*

[REDACTED]

[REDACTED]

[REDACTED]

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[REDACTED]

[REDACTED]

[REDACTED]

*5.5 Trend factors*

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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[REDACTED]

[REDACTED]

[REDACTED]

### 5.6 *Summary of factors*

[REDACTED]

[REDACTED]

[REDACTED]

## 6 **Credibility Manual Rate Development**

No claims data external to BCBSKS was used in the rate development. The experience that BCBSKS is required to use to develop the rate is 100% credible. This is based on the company's current credibility standard.

## 7 **Credibility of Experience**

We used the BCBSKS individual metallic block from the 2024 calendar year.

## 8 **Paid-to-Allowed Ratio**

Using the membership by plan and pricing actuarial values we calculated a total average paid-to-allowed ratio of 82.3%. This is calculated by taking a weighted average of the 2025 benefit factors, with the weights being projected member months by plan. Both the benefit factors and

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projected member months are shown on Worksheet 2 of the URR. The calculation of benefit factors is discussed in section 13.

### 9 Risk Adjustment

#### 9.1 *Projected risk adjustment transfer*

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

### 10 Non-Benefit Expenses, Profit, and Risk

#### 10.1 *Administrative expense*

[REDACTED]

[REDACTED]

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Expenses that benefit a single line of business are 100% chargeable to that line of business and

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

### *10.2 Contribution to surplus*

[REDACTED]

### *10.3 Taxes and fees*

[REDACTED]

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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

### 11 Projected loss ratio

[REDACTED]

### 12 Index Rate

The term "index rate", as used in the Part III Actuarial Memorandum instructions, is defined in 45 CFR 156.80(d)(1). The index rate used for this filing is shown in exhibit 12a.

#### *12.1 Market adjusted index rate*

[REDACTED]

[REDACTED]

[REDACTED]



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*12.2 Plan adjusted index rate*

[Redacted text block]

*12.3 Calibration*

[Redacted text block]

**12.3.1 Age calibration**

[Redacted text block]

**12.3.2 Geographic factor calibration**

[Redacted text block]

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[REDACTED]

[REDACTED]

*12.4 Consumer adjusted premium rates*

[REDACTED]

[REDACTED]

**13 Actuarial Value (AV) and Metal Values**

[REDACTED]

*13.1 Deviations from AVC*

[REDACTED]

*13.2 Actuarial values for pricing*

[REDACTED]

[REDACTED]

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[REDACTED]

[REDACTED]

[REDACTED]

### *13.3 Plan changes*

[REDACTED]

### **14 Membership Projections**

[REDACTED]

[REDACTED]

### **15 URRT warnings**

No warnings were generated by the URRT.

### **16 Allowable rating factors**

[REDACTED]

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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

**17 Terminated plans and products**

[REDACTED]

**18 Reliance**

[REDACTED]

- [REDACTED]
- [REDACTED]

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### 19 Actuarial certification

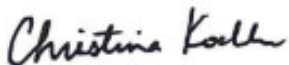
I, Christina Koehler, A.S.A., M.A.A.A., am an Actuary in the Actuarial Research Department of Blue Cross and Blue Shield of Kansas, Inc. I am a member of the American Academy of Actuaries and meet the qualification standards of the Academy to render the actuarial opinion contained herein. I certify, to the best of my knowledge and judgment that the projected index rate is:

- 1) In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80 and 147.102),
- 2) In compliance with the applicable Actuarial Standards of Practice,
- 3) Reasonable in relation to the benefits provided and the population anticipated to be covered, and
- 4) Neither excessive nor deficient.

I further certify that:

- 1) 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,
- 2) The geographic rating factors reflect only differences in the costs of and do not include differences for population morbidity by geographic area,
- 3) The total premium that represents essential health benefits included in Worksheet 2, Sections III and IV of the Part I Unified Rate Review Template was calculated in accordance with Actuarial Standards of Practice,
- 4) The HHS AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Unified Rate Review Template for all plans.

This opinion is qualified as follows: The Part I Unified Rate Review Template does not demonstrate the process used by BCBSKS to develop the rates. Instead, it represents information required by Federal regulation to be provided in support of the review of rate increases, and the index rate is developed in accordance with Federal regulation, used consistently, and only adjusted by the allowable modifiers.



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Christina Koehler, A.S.A, M.A.A.A.  
Associate Actuary  
Blue Cross and Blue Shield of Kansas  
July 3, 2025

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### 20 Appendices

#### 20.1 List of exhibits

- **Exhibit 3:** Incurred but not reported claims factors for both allowed charges and paid claims

[REDACTED]

### 21 Impact of APTC Changes

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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Exhibit 3  
IBNP factors used for 2025 rating

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07/01/2025

Based on claims incurred 1/1/2024 - 12/31/2024 as paid through 5/31/2025  
Based on BCBSKS individual metallic book of business

## Institutional - IBNP factors based on paid claims

Incurred month	Incurred and paid	Fully incurred	IBNP factor
Jan-24	7,996,970.07	8,016,882.46	1.0025
Feb-24	7,975,834.18	8,013,175.75	1.0047
Mar-24	8,634,615.74	8,682,084.42	1.0055
Apr-24	7,755,520.15	7,798,399.27	1.0055
May-24	7,589,667.31	7,631,644.20	1.0055
Jun-24	7,672,886.69	7,722,151.81	1.0064
Jul-24	11,055,927.49	11,142,085.04	1.0078
Aug-24	8,065,700.40	8,151,120.18	1.0106
Sep-24	8,027,436.33	8,165,910.10	1.0173
Oct-24	8,452,661.58	8,624,556.18	1.0203
Nov-24	7,703,956.03	7,961,683.46	1.0335
Dec-24	8,144,049.59	8,479,553.23	1.0412
12-month period	99,075,225.56	100,389,246.08	1.0133

## Professional - IBNP factors based on paid claims

Incurred month	Incurred and paid	Fully incurred	IBNP factor
Jan-24	4,418,303.26	4,427,100.43	1.0020
Feb-24	4,686,238.38	4,695,577.83	1.0020
Mar-24	5,093,461.74	5,104,545.73	1.0022
Apr-24	5,607,106.54	5,625,759.34	1.0033
May-24	5,214,258.70	5,238,759.20	1.0047
Jun-24	5,420,373.02	5,462,078.10	1.0077
Jul-24	5,915,964.46	5,971,016.43	1.0093
Aug-24	5,982,426.21	6,051,208.55	1.0115
Sep-24	5,148,144.85	5,236,976.09	1.0173
Oct-24	6,086,393.07	6,201,113.11	1.0188
Nov-24	5,293,111.25	5,433,850.64	1.0266
Dec-24	5,388,828.68	5,591,354.69	1.0376
12-month period	64,254,610.16	65,039,340.12	1.0122

## Drug - IBNP factors based on paid claims

Incurred month	Incurred and paid	Fully incurred	IBNP factor
Jan-24	6,901,403.45	6,901,403.45	1.0000
Feb-24	6,346,752.73	6,346,752.73	1.0000
Mar-24	7,532,936.15	7,532,936.15	1.0000
Apr-24	8,967,605.72	8,967,605.72	1.0000
May-24	8,332,933.34	8,332,933.34	1.0000
Jun-24	8,386,284.38	8,386,284.38	1.0000
Jul-24	8,585,515.22	8,585,515.22	1.0000
Aug-24	8,591,193.80	8,591,193.80	1.0000
Sep-24	8,741,275.69	8,741,275.69	1.0000
Oct-24	9,486,231.92	9,488,292.50	1.0002
Nov-24	8,283,277.76	8,285,091.86	1.0002
Dec-24	9,241,599.56	9,247,623.02	1.0007
12-month period	99,397,009.72	99,406,907.86	1.0001



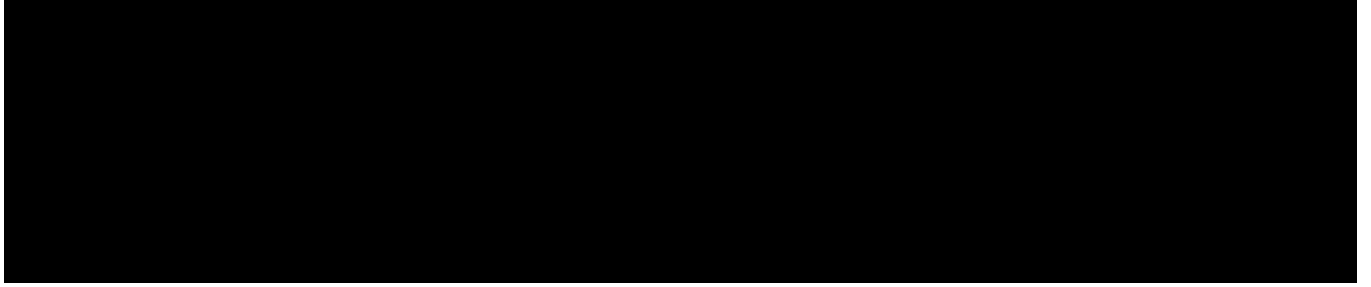
BLUE CROSS AND BLUE SHIELD OF KANSAS  
2025 KANSAS INDIVIDUAL NON-GRANDFATHERED PRODUCTS RATE FILING  
ACTUARIAL MEMORANDUM

**CONFIDENTIAL**

Exhibit 5.9

Summary of factors used to develop index rate

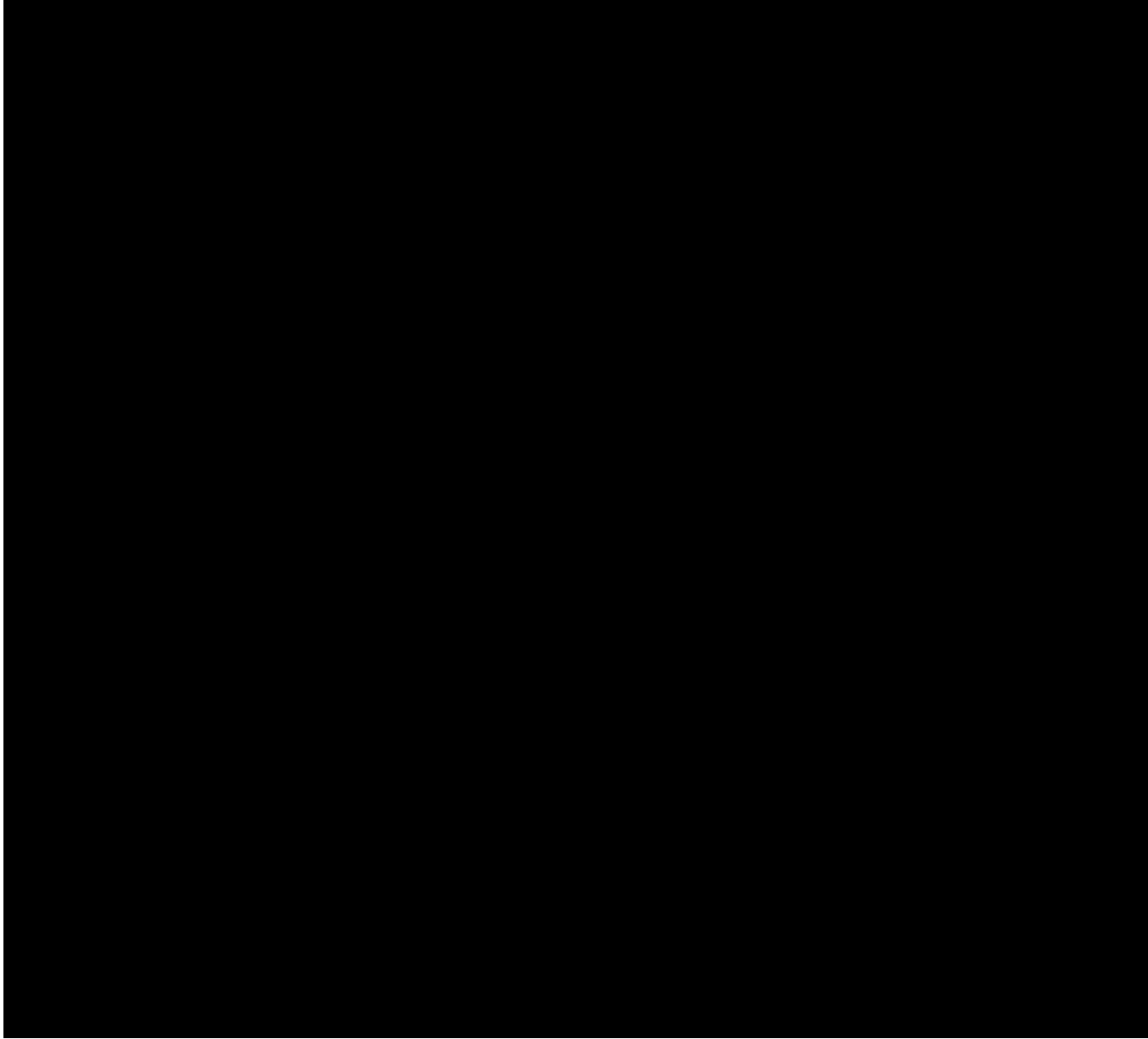
07/03/2025



**CONFIDENTIAL**

Exhibit 12a  
Development of index rate - BCBSKS METALLIC PLANS

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07/01/2025

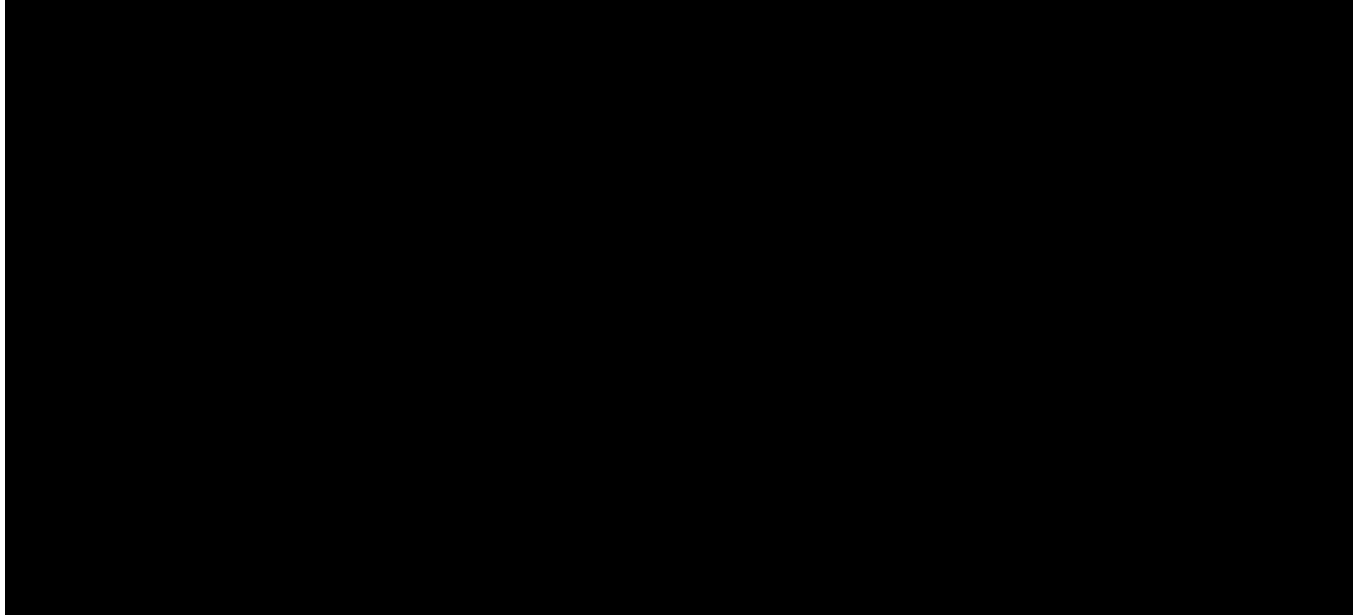


BLUE CROSS AND BLUE SHIELD OF KANSAS  
2025 KANSAS INDIVIDUAL NON-GRANDFATHERED PRODUCTS RATE FILING  
ACTUARIAL MEMORANDUM

**CONFIDENTIAL**

Exhibit 12b  
Development of plan adjusted index rates

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07/01/2025

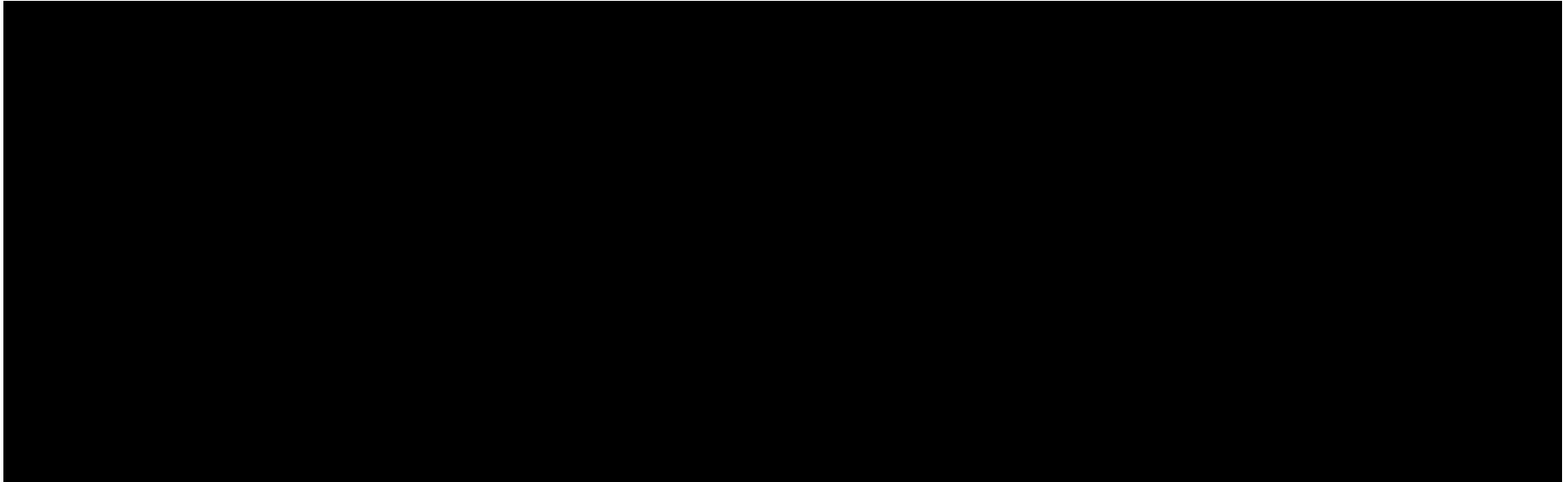


BLUE CROSS AND BLUE SHIELD OF KANSAS  
2025 KANSAS INDIVIDUAL NON-GRANDFATHERED PRODUCTS RATE FILING  
ACTUARIAL MEMORANDUM

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Exhibit 12b  
Development of plan adjusted index rates

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BLUE CROSS AND BLUE SHIELD OF KANSAS  
2025 KANSAS INDIVIDUAL NON-GRANDFATHERED PRODUCTS RATE FILING  
ACTUARIAL MEMORANDUM

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Exhibit 12c

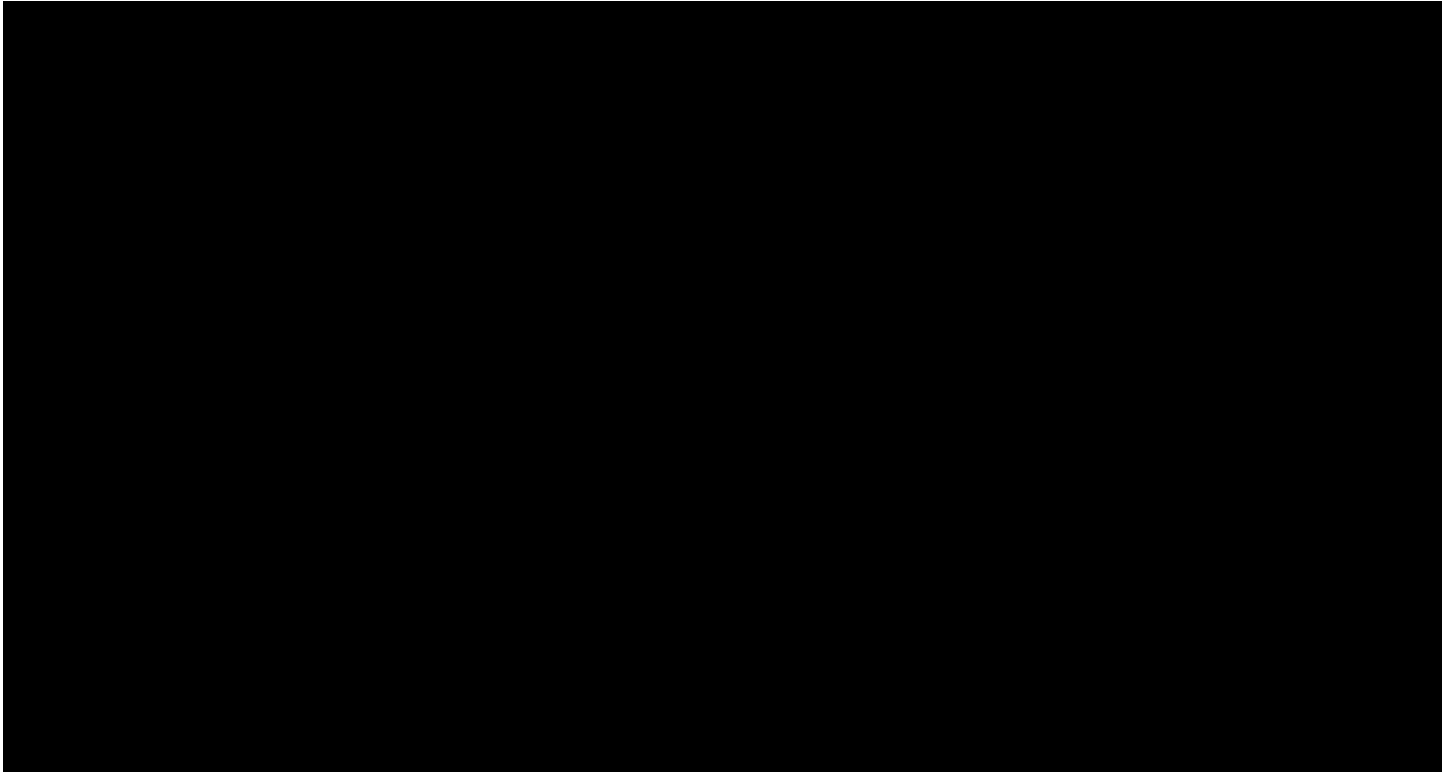
Calculation of rate increase

Page 1

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For plans currently available and renewing in 2026

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**Notes:**

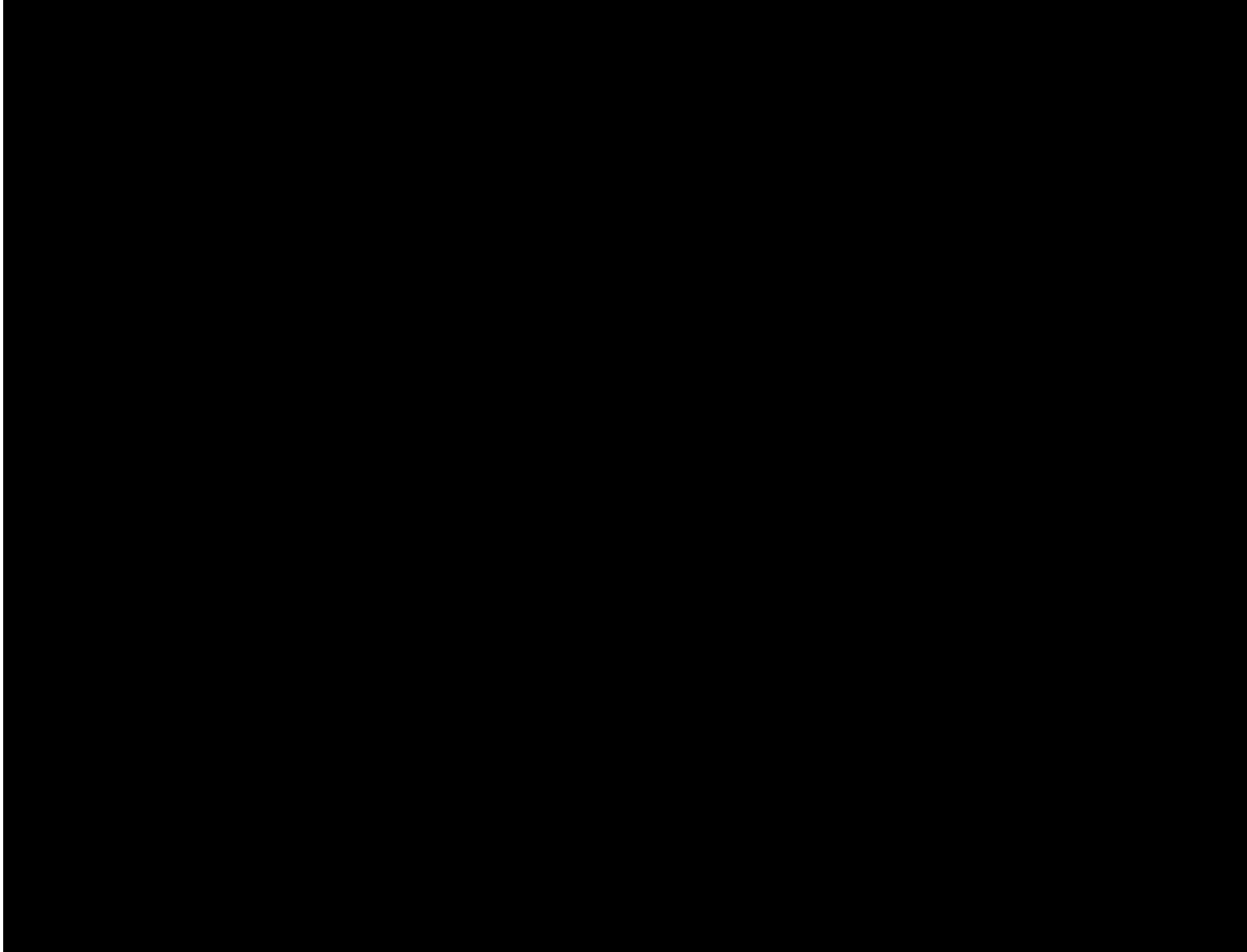
(A): From 2025 filings.

(B): From Exhibit 12b.

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Exhibit 13  
Plan changes

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Exhibit 16

Age and tobacco rating factors used for 2026 rating

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