

**State:** Washington **Filing Company:** Premera Blue Cross  
**TOI/Sub-TOI:** H16I Individual Health - Major Medical/H16I.005C Individual - Other  
**Product Name:** 2026 Nongrandfathered Individual rate filing PBC  
**Project Name/Number:** 2026 nongrandfathered individual PBC/2026 nongrandfathered individual PBC

## Filing at a Glance

Company: Premera Blue Cross  
Product Name: 2026 Nongrandfathered Individual rate filing PBC  
State: Washington  
TOI: H16I Individual Health - Major Medical  
Sub-TOI: H16I.005C Individual - Other  
Filing Type: Rate  
Date Submitted: 05/15/2025  
SERFF Tr Num: PBCC-134527954  
SERFF Status: Assigned  
State Tr Num: 484666  
State Status: Review Pending  
Co Tr Num: 2026 NONGRANDFATHERED INDIVIDUAL PBC  
  
Effective: 01/01/2026  
Date Requested:  
Author(s): Ryan Brown, Fiona Mao, Jacob Fuller, Amanda Johnson  
Reviewer(s): Amy Peach (primary), Rocky Patterson II  
Disposition Date:  
Disposition Status:  
Effective Date:  
Destruction Date:  
  
State Filing Description:

**State:** Washington **Filing Company:** Premera Blue Cross  
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## General Information

Project Name: 2026 nongrandfathered individual PBC Status of Filing in Domicile: Authorized  
 Project Number: 2026 nongrandfathered individual PBC Date Approved in Domicile:  
 Requested Filing Mode: Review & Approval Domicile Status Comments:  
 Explanation for Combination/Other: Market Type: Individual  
 Submission Type: New Submission Individual Market Type: Individual  
 Overall Rate Impact: 18.79% Filing Status Changed: 05/15/2025  
 State Status Changed: 05/15/2025  
 Deemer Date: Created By: Ryan Brown  
 Submitted By: Amanda Johnson Corresponding Filing Tracking Number: PBCC-134418210,  
 PBCC-WA26-125120538  
 PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null

Exchange Intentions: Exchange Only

Filing Description:

This filing was prepared with the intention of following the Speed to Market Tool

## Company and Contact

### Filing Contact Information

Ryan Brown, Manager Actuarial Services ryan.brown@premera.com  
 7001 220th St. SW 425-918-8224 [Phone]  
 MS 375  
 Mountlake Terrace, WA 98043-  
 2124

### Filing Company Information

Premera Blue Cross	CoCode: 47570	State of Domicile: Washington
PO Box 327	Group Code: 962	Company Type: Hospital
MS 390	Group Name:	Medical Service Corporation
Seattle, WA 98111-0327	FEIN Number: 91-0499247	State ID Number: 204
(425) 918-5834 ext. [Phone]		

**State:** Washington **Filing Company:** Premera Blue Cross  
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## Filing Fees

### State Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

### State Specific

If you are filing a Healthcare or Disability filing, is the Co Tracking # field populated on the General Information Tab? (yes/no):

Yes

Form Tab Only - Are the Form # and Form Description fields populated corresponding to the attached form? (yes/no): Yes

If your are submitting a File and Use product, have you populated the Implementation Date field? (yes/no): Yes

State:

Washington

Filing Company:

Premera Blue Cross

TOI/Sub-TOI:

H16I Individual Health - Major Medical/H16I.005C Individual - Other

Product Name:

2026 Nongrandfathered Individual rate filing PBC

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2026 nongrandfathered individual PBC/2026 nongrandfathered individual PBC

Correspondence Summary

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Notice for Second Set of Rates Review Process	Note To Filer	Rocky Patterson II	05/19/2025	05/19/2025
Rate Request Summary	Reviewer Note	Kelli Armfield	05/23/2025	



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<b>State:</b>	Washington	<b>Filing Company:</b>	Premiera Blue Cross
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## Note To Filer

**Created By:**

Rocky Patterson II on 05/19/2025 05:53 PM

**Last Edited By:**

Gail Jones

**Submitted On:**

05/27/2025 10:59 AM

**Subject:**

Notice for Second Set of Rates Review Process

**Comments:**

We are sending this note to clarify when you should update the second set of rate documents included in your rate filing. Do NOT update the second set of rate documents submitted under the Supporting Documentation tab in SERFF during the normal objection-and-response process, unless an objection specifically instructs you to do so.

Do NOT update the Company Rate Information or Rate Review Detail sections in SERFF unless an objection explicitly requests it.

If a material change in federal or state law occurs during the review process, the OIC will send an objection with instructions on how to make the necessary updates to your filing.

Please note that only one set of rates may remain active when the OIC takes a positive final action on a rate filing. At the appropriate time, we will send an objection instructing you on how to finalize the rate filing and deactivate the unused set of rates.

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<b>Product Name:</b>	2026 Nongrandfathered Individual rate filing PBC		
<b>Project Name/Number:</b>	2026 nongrandfathered individual PBC/2026 nongrandfathered individual PBC		

## Reviewer Note

**Created By:**

Kelli Armfield on 05/23/2025 07:10 PM

**Last Edited By:**

Gail Jones

**Submitted On:**

05/27/2025 10:59 AM

**Subject:**

Rate Request Summary

**Comments:**

See attached

## Premera Blue Cross – Individual plans

This information is supplied by the company. It has not been verified by the Office of the Insurance Commissioner and may change.

### Overview

Requested rate change:	18.79% <i>average*</i>
Requested effective date:	Jan. 1, 2026
Plans impacted:	Premera Blue Cross' Individual plans
People impacted:	9,460
Counties:	Franklin, Grays Harbor, King, Kitsap, Lincoln, Pacific, Pierce, Spokane and Yakima

### Key information used to develop the rate request

(Jan. 2024 - Dec. 2024)

Premiums	\$112,880,957
Claims	\$132,656,582
Administrative expenses	\$13,621,140
Risk adjustment	\$41,526,451
Company made	<b>\$8,129,686</b>

The company expects its annual medical costs to increase 11.1%.

### How it plans to spend your premium

If these rates are approved, here's how your insurance company plans to spend your premium in 2026:

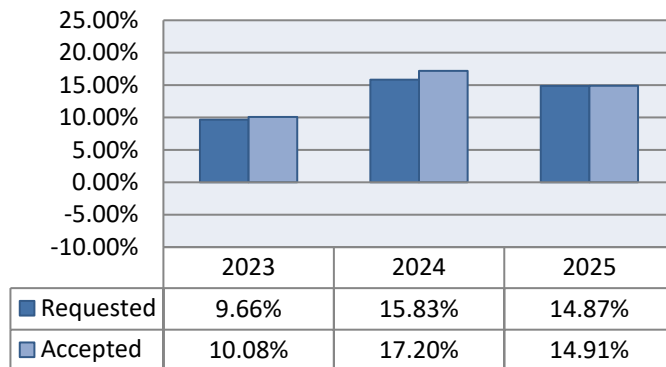
Claims:	92.57%
Administration:	9.99%
Profit:	-2.56%

### Are there any benefit changes?

Yes. To see a description of the changes, look for the attachment called "Uniform Product Modification Justification" in the 'initial request'.

*\*Your premium may vary based on the plan you choose, your age, the age and number of family members covered, where you live, and whether you or your family members smoke.*

### Company's annual rate request history *(Data source: previous OIC decision memos)*



### Need Help?

- Call our Insurance Consumer Hotline at 1-800-562-6900
- 8 a.m. to 5 p.m., Monday – Friday.

## Glossary

**Actuarial value:** The average share or percentage of essential health benefits that are paid by the plan compared to what you pay out-of-pocket. For example, in a plan with a 70% actuarial value, the plan pays for 70% of your covered expenses for essential health benefits and you pay the rest through deductibles, copays and coinsurance.

**Administrative expenses:** Any expenses not related to medical claims including employee and executive salaries, the cost of the company's offices and equipment, agent commissions, and taxes.

**Annual rate change:** Companies normally file a rate change each year due to their medical claims experience. The annual rate request may or may not include benefit changes.

**Average rate change:** The average amount rates will change for all plan members. The amount of your rate change may vary based on the plan you choose, your age, the age and number of family members covered, where you live, and whether you or your family members smoke.

**Cascade Care:** Enacted by the Washington state Legislature in 2020, Cascade Care created new coverage options (standardized plans and public option plans) that are available through [Washington Healthplanfinder](#).

**Catastrophic health plan:** A health plan that covers the essential health benefits, but only after you've met your out-of-pocket maximum (in 2026, it's \$10,150 for individual coverage and \$20,300 for family coverage). These plans are only available to people under age 30 and to people the Washington Health Benefit Exchange has determined can't afford the other plans.

**Essential health benefits:** All individual and small group health plans must cover these 10 benefits: Ambulatory patient services, emergency services, hospitalization, maternity and newborn care, mental health and substance use disorder services including behavioral health treatment, prescription drugs, rehabilitative and habilitative services and devices, laboratory services, preventive and wellness services and chronic disease management, and pediatric services – including oral and vision care.

**Geographical regions:** Rates for each health plan may differ by nine geographical areas. The areas include:

Geographical region	Counties
<b>Area 1</b>	<i>King</i>
<b>Area 2</b>	<i>Clallam, Cowlitz, Grays Harbor, Jefferson, Kitsap, Lewis, Pacific, and Wahkiakum</i>
<b>Area 3</b>	<i>Clark, Klickitat, and Skamania</i>
<b>Area 4</b>	<i>Ferry, Lincoln, Pend Oreille, Spokane, and Stevens</i>
<b>Area 5</b>	<i>Mason, Pierce, and Thurston</i>
<b>Area 6</b>	<i>Benton, Franklin, Kittitas, and Yakima</i>
<b>Area 7</b>	<i>Adams, Chelan, Douglas, Grant, and Okanogan</i>
<b>Area 8</b>	<i>Island, San Juan, Skagit, Snohomish, and Whatcom</i>
<b>Area 9</b>	<i>Asotin, Columbia, Garfield, Walla Walla, and Whitman</i>

**Health Benefit Exchange (HBE):** Under health reform, states are required to set up health insurance marketplaces, called Exchanges. [Washington state's Exchange](http://Washington.state's.Exchange) is a public/private partnership overseen by an 11-member board. It's charged with creating and running an online marketplace, [wahealthplanfinder.org](http://wahealthplanfinder.org).

**Healthplanfinder:** An online marketplace, [wahealthplanfinder.org](http://wahealthplanfinder.org), run by Washington's Health Benefit Exchange, where you can shop for individual and small employer health plans. Here, you can compare plans, get free unbiased help understanding your options, and depending on your income, get help paying for coverage.

**Medical costs:** What the health plan spends on direct medical services including hospital stays, providers, and prescription drugs.

**Medical Loss Ratio rebate:** The Affordable Care Act requires health insurers to submit data on the proportion of premium revenues spent on clinical services and quality improvement, also known as the Medical Loss Ratio (MLR). It also requires them to issue rebates to enrollees if this percentage does not meet minimum standards. MLR standards require insurers to spend at least 80% or 85% of premium dollars on medical care. If they fail to meet these standards, they are required to provide a rebate to their customers.

**Metal levels:** Individual and small group health plans can have four different metal levels – bronze, silver, gold, and platinum – based on the level of coverage they provide for essential health benefits ("actuarial value"). For example, bronze plans cover 60% of the cost of medical services, silver plans cover 70%, gold plans cover 80%, and platinum plans cover 90%.

**Profit:** The amount of money remaining after paying claims and administrative expenses.

**Public Option plan:** A qualified health plan that has a standardized benefit design and meets additional quality and value requirements.

**Qualified Health Plan (QHP):** A health plan that is certified to be sold through [wahealthplanfinder.org](http://wahealthplanfinder.org) and that provides the essential health benefits, follows established limits on cost-sharing (like deductibles, copayments, and out-of-pocket maximum amounts), and meets other requirements.

**Risk Adjustment:** The Affordable Care Act established a permanent risk adjustment program to reduce incentives for health insurance plans to avoid covering people with pre-existing conditions or those in poor health. The risk adjustment program transfers funds from lower-risk plans to higher-risk plans annually.

**Standardized (or Standard) plan:** A qualified health plan that has a standard benefit design across health insurers.

<b>SERFF Tracking #:</b>	PBCC-134527954	<b>State Tracking #:</b>	484666	<b>Company Tracking #:</b>	2026 NONGRANDFATHERED INDIVIDUAL PBC
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## Rate Information

Rate data applies to filing.

<b>Filing Method:</b>	SERFF
<b>Rate Change Type:</b>	Increase
<b>Overall Percentage of Last Rate Revision:</b>	14.910%
<b>Effective Date of Last Rate Revision:</b>	01/01/2025
<b>Filing Method of Last Filing:</b>	SERFF
<b>SERFF Tracking Number of Last Filing:</b>	PBCC-134041962

## 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):
Premera Blue Cross	Increase	18.790%	18.790%	\$20,925,006	6,051	\$111,362,459	41.240%	-6.570%

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## Rate Review Detail

### COMPANY:

Company Name: Premera Blue Cross  
HHS Issuer Id: 49831

### PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
Preferred EPO	49831WA194		9460

Trend Factors: Annual medical/Rx trend is 11.1%

### FORMS:

New Policy Forms:  
Affected Forms:  
Other Affected Forms: 49831WA194 (01-2026)

### REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual  
Member Months: 126,053  
Benefit Change: None  
Percent Change Requested: Min: -6.57 Max: 41.24 Avg: 18.79

### PRIOR RATE:

Total Earned Premium: 111,362,459.00  
Total Incurred Claims: 110,248,571.00  
Annual \$: Min: 337.30 Max: 2,901.78 Avg: 977.61

### REQUESTED RATE:

Projected Earned Premium: 132,287,465.00  
Projected Incurred Claims: 122,453,088.00  
Annual \$: Min: 391.94 Max: 3,028.22 Avg: 1,161.30



State:

Washington

Filing Company:

Premera Blue Cross

TOI/Sub-TOI:

H16I Individual Health - Major Medical/H16I.005C Individual - Other

Product Name:

2026 Nongrandfathered Individual rate filing PBC

Project Name/Number:

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Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Rate Schedule		Revised	Previous State Filing Number: PBCC-134041962 Percent Rate Change Request: 18.79	PBCWA Ind 2026 Illustrative Example of Premium Rate Calculation.pdf, PBCWA Ind 2026 Rate Schedule.pdf, PBCWA Ind 2026 Rate Schedule DUPLICATE.xlsx,

### Illustrative Example of Premium Rate Calculation

Example	Family of 6
Plan	Premera Blue Cross Preferred Bronze
HIOS ID	49831WA1940003
Effective Date	1/1/2026
Rating Area	1

Notes:

(1) Rates are charged to no more than the three oldest covered children under Age 21 for a family coverage.

(2) Total Monthly Premium is the sum of each member's Monthly Premium Rate

**Premera Blue Cross**  
**RATE SCHEDULE**

**Plan Information**

**Plan Name:** Premera Blue Cross Preferred Gold  
**HIOS Plan ID:** 49831WA1940001  
**Effective Date:** 1/1/2026  
**Market Type:** Individual  
**Exchange Status:** In the exchange  
**Metal Level:** Gold  
**Plan Type:** Non-Standardized Plan

**Plan Geographic Availability**

Area Number	Available in area?	Counties where this plan is available
1	Yes	King
2	Yes	Grays Harbor, Kitsap, Pacific
3	No	
4	Yes	Lincoln, Spokane
5	Yes	Pierce
6	Yes	Franklin, Yakima
7	No	
8	No	
9	No	

**Plan Rates**

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	540.47	588.08		511.39	567.22	524.15				540.47	588.08		511.39	567.22	524.15			
15	588.51	640.36		556.85	617.64	570.74				588.51	640.36		556.85	617.64	570.74			
16	606.88	660.34		574.23	636.92	588.55				606.88	660.34		574.23	636.92	588.55			
17	625.25	680.33		591.61	656.20	606.37				625.25	680.33		591.61	656.20	606.37			
18	645.03	701.86		610.33	676.96	625.55				645.03	701.86		610.33	676.96	625.55			
19	664.81	723.38		629.04	697.72	644.73				664.81	723.38		629.04	697.72	644.73			
20	685.30	745.67		648.43	719.22	664.60				685.30	745.67		648.43	719.22	664.60			
21	706.49	768.74		668.48	741.47	685.16				706.49	768.74		668.48	741.47	685.16			
22	706.49	768.74		668.48	741.47	685.16				706.49	768.74		668.48	741.47	685.16			
23	706.49	768.74		668.48	741.47	685.16				706.49	768.74		668.48	741.47	685.16			
24	706.49	768.74		668.48	741.47	685.16				706.49	768.74		668.48	741.47	685.16			
25	709.32	771.81		671.16	744.43	687.90				709.32	771.81		671.16	744.43	687.90			
26	723.45	787.19		684.53	759.26	701.60				723.45	787.19		684.53	759.26	701.60			
27	740.41	805.64		700.57	777.06	718.05				740.41	805.64		700.57	777.06	718.05			
28	767.96	835.62		726.64	805.97	744.77				767.96	835.62		726.64	805.97	744.77			
29	790.57	860.22		748.03	829.70	766.69				790.57	860.22		748.03	829.70	766.69			
30	801.87	872.52		758.73	841.56	777.65				801.87	872.52		758.73	841.56	777.65			
31	818.83	890.97		774.77	859.36	794.10				818.83	890.97		774.77	859.36	794.10			
32	835.78	909.42		790.82	877.15	810.54				835.78	909.42		790.82	877.15	810.54			
33	846.38	920.95		800.85	888.28	820.82				846.38	920.95		800.85	888.28	820.82			
34	857.68	933.25		811.54	900.14	831.78				857.68	933.25		811.54	900.14	831.78			
35	863.34	939.40		816.89	906.07	837.26				863.34	939.40		816.89	906.07	837.26			
36	868.99	945.55		822.24	912.00	842.74				868.99	945.55		822.24	912.00	842.74			
37	874.64	951.70		827.58	917.93	848.23				874.64	951.70		827.58	917.93	848.23			
38	880.29	957.85		832.93	923.87	853.71				880.29	957.85		832.93	923.87	853.71			
39	891.60	970.15		843.63	935.73	864.67				891.60	970.15		843.63	935.73	864.67			
40	902.90	982.45		854.32	947.59	875.63				902.90	982.45		854.32	947.59	875.63			
41	919.86	1000.89		870.37	965.39	892.08				919.86	1000.89		870.37	965.39	892.08			
42	936.11	1018.58		885.74	982.44	907.83				936.11	1018.58		885.74	982.44	907.83			
43	958.71	1043.18		907.13	1006.17	929.76				958.71	1043.18		907.13	1006.17	929.76			
44	986.97	1073.92		933.87	1035.83	957.17				986.97	1073.92		933.87	1035.83	957.17			
45	1020.18	1110.06		965.29	1070.68	989.37				1020.18	1110.06		965.29	1070.68	989.37			
46	1059.74	1153.10		1002.73	1112.20	1027.74				1059.74	1153.10		1002.73	1112.20	1027.74			
47	1104.25	1201.54		1044.84	1158.91	1070.90				1104.25	1201.54		1044.84	1158.91	1070.90			
48	1155.12	1256.88		1092.97	1212.30	1120.23				1155.12	1256.88		1092.97	1212.30	1120.23			
49	1205.28	1311.46		1140.44	1264.94	1168.88				1205.28	1311.46		1140.44	1264.94	1168.88			
50	1261.80	1372.96		1193.91	1324.26	1223.69				1261.80	1372.96		1193.91	1324.26	1223.69			
51	1317.61	1433.69		1246.72	1382.83	1277.82				1317.61	1433.69		1246.72	1382.83	1277.82			
52	1379.08	1500.57		1304.88	1447.34	1337.43				1379.08	1500.57		1304.88	1447.34	1337.43			
53	1441.25	1568.22		1363.71	1512.59	1397.72				1441.25	1568.22		1363.71	1512.59	1397.72			
54	1508.37	1641.25		1427.22	1583.03	1462.81				1508.37	1641.25		1427.22	1583.03	1462.81			
55	1575.48	1714.28		1490.72	1653.47	1527.90				1575.48	1714.28		1490.72	1653.47	1527.90			
56	1648.25	1793.46		1559.58	1729.84	1598.47				1648.25	1793.46		1559.58	1729.84	1598.47			
57	1721.73	1873.41		1629.10	1806.95	1669.73				1721.73	1873.41		1629.10	1806.95	1669.73			
58	1800.15	1958.74		1703.30	1889.25	1745.78				1800.15	1958.74		1703.30	1889.25	1745.78			
59	1839.00	2001.02		1740.07	1930.04	1783.47				1839.00	2001.02		1740.07	1930.04	1783.47			
60	1917.43	2086.35		1814.27	2012.34	1859.52				1917.43	2086.35		1814.27	2012.34	1859.52			
61	1985.25	2160.15		1878.44	2083.52	1925.29				1985.25	2160.15		1878.44	2083.52	1925.29			
62	2029.76	2208.58		1920.56	2130.23	1968.46				2029.76	2208.58		1920.56	2130.23	1968.46			
63	2085.57	2269.31		1973.37	2188.81	2022.59				2085.57	2269.31		1973.37	2188.81	2022.59			
64 and over	2119.47	2306.21		2005.44	2224.40	2055.47				2119.47	2306.21		2005.44	2224.40	2055.47			

**Premera Blue Cross  
RATE SCHEDULE**

**Plan Information**

**Plan Name:** Premera Blue Cross Preferred Bronze  
**HIOS Plan ID:** 49831WA1940003  
**Effective Date:** 1/1/2026  
**Market Type:** Individual  
**Exchange Status:** In the exchange  
**Metal Level:** Bronze  
**Plan Type:** Non-Standardized Plan

**Plan Geographic Availability**

Area Number	Available in area?	Counties where this plan is available
1	Yes	King
2	Yes	Grays Harbor, Kitsap, Pacific
3	No	
4	Yes	Lincoln, Spokane
5	Yes	Pierce
6	Yes	Franklin, Yakima
7	No	
8	No	
9	No	

**Plan Rates**

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	427.39	465.05		404.40	448.55	414.49				427.39	465.05		404.40	448.55	414.49			
15	465.39	506.39		440.35	488.42	451.33				465.39	506.39		440.35	488.42	451.33			
16	479.91	522.19		454.09	503.67	465.42				479.91	522.19		454.09	503.67	465.42			
17	494.44	538.00		467.84	518.91	479.51				494.44	538.00		467.84	518.91	479.51			
18	510.08	555.02		482.64	535.33	494.68				510.08	555.02		482.64	535.33	494.68			
19	525.72	572.04		497.44	551.75	509.85				525.72	572.04		497.44	551.75	509.85			
20	541.93	589.67		512.77	568.75	525.56				541.93	589.67		512.77	568.75	525.56			
21	558.69	607.91		528.63	586.34	541.81				558.69	607.91		528.63	586.34	541.81			
22	558.69	607.91		528.63	586.34	541.81				558.69	607.91		528.63	586.34	541.81			
23	558.69	607.91		528.63	586.34	541.81				558.69	607.91		528.63	586.34	541.81			
24	558.69	607.91		528.63	586.34	541.81				558.69	607.91		528.63	586.34	541.81			
25	560.92	610.34		530.74	588.69	543.98				560.92	610.34		530.74	588.69	543.98			
26	572.09	622.50		541.32	600.41	554.82				572.09	622.50		541.32	600.41	554.82			
27	585.50	637.09		554.00	614.49	567.82				585.50	637.09		554.00	614.49	567.82			
28	607.29	660.79		574.62	637.35	588.95				607.29	660.79		574.62	637.35	588.95			
29	625.17	680.25		591.54	656.12	606.29				625.17	680.25		591.54	656.12	606.29			
30	634.11	689.97		599.99	665.50	614.96				634.11	689.97		599.99	665.50	614.96			
31	647.52	704.56		612.68	679.57	627.96				647.52	704.56		612.68	679.57	627.96			
32	660.93	719.15		625.37	693.64	640.97				660.93	719.15		625.37	693.64	640.97			
33	669.31	728.27		633.30	702.44	649.09				669.31	728.27		633.30	702.44	649.09			
34	678.24	738.00		641.76	711.82	657.76				678.24	738.00		641.76	711.82	657.76			
35	682.71	742.86		645.98	716.51	662.10				682.71	742.86		645.98	716.51	662.10			
36	687.18	747.72		650.21	721.20	666.43				687.18	747.72		650.21	721.20	666.43			
37	691.65	752.59		654.44	725.89	670.77				691.65	752.59		654.44	725.89	670.77			
38	696.12	757.45		658.67	730.58	675.10				696.12	757.45		658.67	730.58	675.10			
39	705.06	767.18		667.13	739.96	683.77				705.06	767.18		667.13	739.96	683.77			
40	714.00	776.90		675.59	749.34	692.44				714.00	776.90		675.59	749.34	692.44			
41	727.41	791.49		688.27	763.42	705.44				727.41	791.49		688.27	763.42	705.44			
42	740.26	805.48		700.43	776.90	717.90				740.26	805.48		700.43	776.90	717.90			
43	758.14	824.93		717.35	795.66	735.24				758.14	824.93		717.35	795.66	735.24			
44	780.48	849.25		738.49	819.12	756.91				780.48	849.25		738.49	819.12	756.91			
45	806.74	877.82		763.34	846.68	782.38				806.74	877.82		763.34	846.68	782.38			
46	838.03	911.86		792.94	879.51	812.72				838.03	911.86		792.94	879.51	812.72			
47	873.23	950.16		826.25	916.45	846.85				873.23	950.16		826.25	916.45	846.85			
48	913.45	993.93		864.31	958.67	885.87				913.45	993.93		864.31	958.67	885.87			
49	953.12	1037.09		901.84	1000.30	924.33				953.12	1037.09		901.84	1000.30	924.33			
50	997.81	1085.72		944.13	1047.20	967.68				997.81	1085.72		944.13	1047.20	967.68			
51	1041.95	1133.75		985.89	1093.53	1010.48				1041.95	1133.75		985.89	1093.53	1010.48			
52	1090.56	1186.63		1031.88	1144.54	1057.62				1090.56	1186.63		1031.88	1144.54	1057.62			
53	1139.72	1240.13		1078.40	1196.14	1105.30				1139.72	1240.13		1078.40	1196.14	1105.30			
54	1192.79	1297.88		1128.62	1251.84	1156.77				1192.79	1297.88		1128.62	1251.84	1156.77			
55	1245.87	1355.63		1178.84	1307.54	1208.24				1245.87	1355.63		1178.84	1307.54	1208.24			
56	1303.41	1418.25		1233.29	1367.93	1264.05				1303.41	1418.25		1233.29	1367.93	1264.05			
57	1361.52	1481.47		1288.27	1428.91	1320.40				1361.52	1481.47		1288.27	1428.91	1320.40			
58	1423.53	1548.95		1346.95	1494.00	1380.54				1423.53	1548.95		1346.95	1494.00	1380.54			
59	1454.26	1582.38		1376.02	1526.25	1410.34				1454.26	1582.38		1376.02	1526.25	1410.34			
60	1516.27	1649.86		1434.70	1591.33	1470.48				1516.27	1649.86		1434.70	1591.33	1470.48			
61	1569.91	1708.22		1485.45	1647.62	1522.50				1569.91	1708.22		1485.45	1647.62	1522.50			
62	1605.10	1746.51		1518.75	1684.56	1556.63				1605.10	1746.51		1518.75	1684.56	1556.63			
63	1649.24	1794.54		1560.51	1730.88	1599.43				1649.24	1794.54		1560.51	1730.88	1599.43			
64 and over	1676.06	1823.72		1585.89	1759.02	1625.43				1676.06	1823.72		1585.89	1759.02	1625.43			

**Premera Blue Cross**  
**RATE SCHEDULE**

**Plan Information**

**Plan Name:** Premera Blue Cross Preferred Silver  
**HIOS Plan ID:** 49831WA1940004  
**Effective Date:** 1/1/2026  
**Market Type:** Individual  
**Exchange Status:** In the exchange  
**Metal Level:** Silver  
**Plan Type:** Non-Standardized Plan

**Plan Geographic Availability**

Area Number	Available in area?	Counties where this plan is available
1	Yes	King
2	Yes	Grays Harbor, Kitsap, Pacific
3	No	
4	Yes	Lincoln, Spokane
5	Yes	Pierce
6	Yes	Franklin, Yakima
7	No	
8	No	
9	No	

**Plan Rates**

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	667.27	726.05		631.37	700.30	647.11				667.27	726.05		631.37	700.30	647.11			
15	726.58	790.59		687.49	762.54	704.64				726.58	790.59		687.49	762.54	704.64			
16	749.26	815.27		708.95	786.34	726.63				749.26	815.27		708.95	786.34	726.63			
17	771.94	839.94		730.40	810.15	748.62				771.94	839.94		730.40	810.15	748.62			
18	796.36	866.52		753.51	835.78	772.31				796.36	866.52		753.51	835.78	772.31			
19	820.78	893.09		776.62	861.41	795.99				820.78	893.09		776.62	861.41	795.99			
20	846.08	920.61		800.56	887.96	820.52				846.08	920.61		800.56	887.96	820.52			
21	872.24	949.09		825.32	915.42	845.90				872.24	949.09		825.32	915.42	845.90			
22	872.24	949.09		825.32	915.42	845.90				872.24	949.09		825.32	915.42	845.90			
23	872.24	949.09		825.32	915.42	845.90				872.24	949.09		825.32	915.42	845.90			
24	872.24	949.09		825.32	915.42	845.90				872.24	949.09		825.32	915.42	845.90			
25	875.73	952.88		828.62	919.08	849.28				875.73	952.88		828.62	919.08	849.28			
26	893.18	971.87		845.12	937.39	866.20				893.18	971.87		845.12	937.39	866.20			
27	914.11	994.64		864.93	959.36	886.50				914.11	994.64		864.93	959.36	886.50			
28	948.13	1031.66		897.12	995.06	919.49				948.13	1031.66		897.12	995.06	919.49			
29	976.04	1062.03		923.53	1024.35	946.56				976.04	1062.03		923.53	1024.35	946.56			
30	990.00	1077.21		936.73	1039.00	960.10				990.00	1077.21		936.73	1039.00	960.10			
31	1010.93	1099.99		956.54	1060.97	980.40				1010.93	1099.99		956.54	1060.97	980.40			
32	1031.86	1122.77		976.35	1082.94	1000.70				1031.86	1122.77		976.35	1082.94	1000.70			
33	1044.95	1137.01		988.73	1096.67	1013.39				1044.95	1137.01		988.73	1096.67	1013.39			
34	1058.90	1152.19		1001.93	1111.32	1026.92				1058.90	1152.19		1001.93	1111.32	1026.92			
35	1065.88	1159.79		1008.54	1118.64	1033.69				1065.88	1159.79		1008.54	1118.64	1033.69			
36	1072.86	1167.38		1015.14	1125.97	1040.46				1072.86	1167.38		1015.14	1125.97	1040.46			
37	1079.84	1174.97		1021.74	1133.29	1047.23				1079.84	1174.97		1021.74	1133.29	1047.23			
38	1086.81	1182.56		1028.34	1140.61	1053.99				1086.81	1182.56		1028.34	1140.61	1053.99			
39	1100.77	1197.75		1041.55	1155.26	1067.53				1100.77	1197.75		1041.55	1155.26	1067.53			
40	1114.73	1212.93		1054.75	1169.91	1081.06				1114.73	1212.93		1054.75	1169.91	1081.06			
41	1135.66	1235.71		1074.56	1191.88	1101.36				1135.66	1235.71		1074.56	1191.88	1101.36			
42	1155.72	1257.54		1093.54	1212.93	1120.82				1155.72	1257.54		1093.54	1212.93	1120.82			
43	1183.63	1287.91		1119.95	1242.22	1147.89				1183.63	1287.91		1119.95	1242.22	1147.89			
44	1218.52	1325.88		1152.97	1278.84	1181.72				1218.52	1325.88		1152.97	1278.84	1181.72			
45	1259.52	1370.48		1191.76	1321.87	1221.48				1259.52	1370.48		1191.76	1321.87	1221.48			
46	1308.36	1423.63		1237.97	1373.13	1268.85				1308.36	1423.63		1237.97	1373.13	1268.85			
47	1363.32	1483.42		1289.97	1430.80	1322.14				1363.32	1483.42		1289.97	1430.80	1322.14			
48	1426.12	1551.76		1349.39	1496.71	1383.05				1426.12	1551.76		1349.39	1496.71	1383.05			
49	1488.05	1619.14		1407.99	1561.70	1443.11				1488.05	1619.14		1407.99	1561.70	1443.11			
50	1557.83	1695.07		1474.01	1634.94	1510.78				1557.83	1695.07		1474.01	1634.94	1510.78			
51	1626.73	1770.05		1539.21	1707.26	1577.61				1626.73	1770.05		1539.21	1707.26	1577.61			
52	1702.62	1852.62		1611.02	1786.90	1651.20				1702.62	1852.62		1611.02	1786.90	1651.20			
53	1779.38	1936.14		1683.65	1867.45	1725.64				1779.38	1936.14		1683.65	1867.45	1725.64			
54	1862.24	2026.30		1762.05	1954.42	1806.00				1862.24	2026.30		1762.05	1954.42	1806.00			
55	1945.10	2116.47		1840.46	2041.38	1886.36				1945.10	2116.47		1840.46	2041.38	1886.36			
56	2034.94	2214.22		1925.46	2135.67	1973.49				2034.94	2214.22		1925.46	2135.67	1973.49			
57	2125.66	2312.93		2011.30	2230.88	2061.46				2125.66	2312.93		2011.30	2230.88	2061.46			
58	2222.48	2418.28		2102.91	2332.49	2155.36				2222.48	2418.28		2102.91	2332.49	2155.36			
59	2270.45	2470.47		2148.30	2382.84	2201.88				2270.45	2470.47		2148.30	2382.84	2201.88			
60	2367.27	2575.82		2239.91	2484.45	2295.78				2367.27	2575.82		2239.91	2484.45	2295.78			
61	2451.00	2666.94		2319.14	2572.33	2376.98				2451.00	2666.94		2319.14	2572.33	2376.98			
62	2505.95	2726.73		2371.13	2630.00	2430.27				2505.95	2726.73		2371.13	2630.00	2430.27			
63	2574.86	2801.71		2436.33	2702.32	2497.10				2574.86	2801.71		2436.33	2702.32	2497.10			
64 and over	2616.72	2847.26		2475.95	2746.26	2537.70				2616.72	2847.26		2475.95	2746.26	2537.70			

**Premera Blue Cross**  
**RATE SCHEDULE**

**Plan Information**

**Plan Name:** Premera Blue Cross Cascade Complete Gold  
**HIOS Plan ID:** 49831WA1940005  
**Effective Date:** 1/1/2026  
**Market Type:** Individual  
**Exchange Status:** In the exchange  
**Metal Level:** Gold  
**Plan Type:** Standardized Non-Public Option Plan

**Plan Geographic Availability**

Area Number	Available in area?	Counties where this plan is available
1	Yes	King
2	Yes	Grays Harbor, Kitsap, Pacific
3	No	
4	Yes	Lincoln, Spokane
5	Yes	Pierce
6	Yes	Franklin, Yakima
7	No	
8	No	
9	No	

**Plan Rates**

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	592.19	644.36		560.33	621.50	574.31				592.19	644.36		560.33	621.50	574.31			
15	644.83	701.64		610.14	676.75	625.36				644.83	701.64		610.14	676.75	625.36			
16	664.96	723.54		629.18	697.87	644.87				664.96	723.54		629.18	697.87	644.87			
17	685.08	745.44		648.23	718.99	664.39				685.08	745.44		648.23	718.99	664.39			
18	706.76	769.02		668.73	741.74	685.41				706.76	769.02		668.73	741.74	685.41			
19	728.43	792.61		689.24	764.49	706.43				728.43	792.61		689.24	764.49	706.43			
20	750.88	817.03		710.48	788.05	728.21				750.88	817.03		710.48	788.05	728.21			
21	774.10	842.30		732.46	812.42	750.73				774.10	842.30		732.46	812.42	750.73			
22	774.10	842.30		732.46	812.42	750.73				774.10	842.30		732.46	812.42	750.73			
23	774.10	842.30		732.46	812.42	750.73				774.10	842.30		732.46	812.42	750.73			
24	774.10	842.30		732.46	812.42	750.73				774.10	842.30		732.46	812.42	750.73			
25	777.20	845.67		735.39	815.67	753.73				777.20	845.67		735.39	815.67	753.73			
26	792.68	862.52		750.04	831.92	768.74				792.68	862.52		750.04	831.92	768.74			
27	811.26	882.73		767.62	851.42	786.76				811.26	882.73		767.62	851.42	786.76			
28	841.45	915.58		796.18	883.10	816.04				841.45	915.58		796.18	883.10	816.04			
29	866.22	942.54		819.62	909.10	840.06				866.22	942.54		819.62	909.10	840.06			
30	878.61	956.01		831.34	922.10	852.07				878.61	956.01		831.34	922.10	852.07			
31	897.19	976.23		848.92	941.60	870.09				897.19	976.23		848.92	941.60	870.09			
32	915.77	996.44		866.50	961.10	888.11				915.77	996.44		866.50	961.10	888.11			
33	927.38	1009.08		877.48	973.28	899.37				927.38	1009.08		877.48	973.28	899.37			
34	939.76	1022.56		889.20	986.28	911.38				939.76	1022.56		889.20	986.28	911.38			
35	945.96	1029.29		895.06	992.78	917.39				945.96	1029.29		895.06	992.78	917.39			
36	952.15	1036.03		900.92	999.28	923.39				952.15	1036.03		900.92	999.28	923.39			
37	958.34	1042.77		906.78	1005.78	929.40				958.34	1042.77		906.78	1005.78	929.40			
38	964.53	1049.51		912.64	1012.28	935.41				964.53	1049.51		912.64	1012.28	935.41			
39	976.92	1062.99		924.36	1025.28	947.42				976.92	1062.99		924.36	1025.28	947.42			
40	989.31	1076.46		936.08	1038.28	959.43				989.31	1076.46		936.08	1038.28	959.43			
41	1007.88	1096.68		953.66	1057.77	977.45				1007.88	1096.68		953.66	1057.77	977.45			
42	1025.69	1116.05		970.51	1076.46	994.71				1025.69	1116.05		970.51	1076.46	994.71			
43	1050.46	1143.01		993.95	1102.46	1018.74				1050.46	1143.01		993.95	1102.46	1018.74			
44	1081.42	1176.70		1023.24	1134.95	1048.77				1081.42	1176.70		1023.24	1134.95	1048.77			
45	1117.81	1216.29		1057.67	1173.14	1084.05				1117.81	1216.29		1057.67	1173.14	1084.05			
46	1161.16	1263.46		1098.69	1218.63	1126.09				1161.16	1263.46		1098.69	1218.63	1126.09			
47	1209.93	1316.52		1144.83	1269.82	1173.39				1209.93	1316.52		1144.83	1269.82	1173.39			
48	1265.66	1377.17		1197.57	1328.31	1227.44				1265.66	1377.17		1197.57	1328.31	1227.44			
49	1320.62	1436.97		1249.57	1385.99	1280.74				1320.62	1436.97		1249.57	1385.99	1280.74			
50	1382.55	1504.35		1308.17	1450.99	1340.80				1382.55	1504.35		1308.17	1450.99	1340.80			
51	1443.71	1570.90		1366.03	1515.17	1400.11				1443.71	1570.90		1366.03	1515.17	1400.11			
52	1511.05	1644.18		1429.76	1585.85	1465.42				1511.05	1644.18		1429.76	1585.85	1465.42			
53	1579.17	1718.30		1494.21	1657.34	1531.48				1579.17	1718.30		1494.21	1657.34	1531.48			
54	1652.71	1798.32		1563.80	1734.52	1602.80				1652.71	1798.32		1563.80	1734.52	1602.80			
55	1726.25	1878.34		1633.38	1811.70	1674.12				1726.25	1878.34		1633.38	1811.70	1674.12			
56	1805.99	1965.09		1708.82	1895.38	1751.45				1805.99	1965.09		1708.82	1895.38	1751.45			
57	1886.49	2052.69		1785.00	1979.87	1829.52				1886.49	2052.69		1785.00	1979.87	1829.52			
58	1972.42	2146.19		1866.30	2070.05	1912.85				1972.42	2146.19		1866.30	2070.05	1912.85			
59	2014.99	2192.52		1906.59	2114.74	1954.14				2014.99	2192.52		1906.59	2114.74	1954.14			
60	2100.92	2286.01		1987.89	2204.92	2037.47				2100.92	2286.01		1987.89	2204.92	2037.47			
61	2175.23	2366.87		2058.21	2282.91	2109.54				2175.23	2366.87		2058.21	2282.91	2109.54			
62	2224.00	2419.94		2104.35	2334.09	2156.84				2224.00	2419.94		2104.35	2334.09	2156.84			
63	2285.16	2486.48		2162.22	2398.27	2216.15				2285.16	2486.48		2162.22	2398.27	2216.15			
64 and over	2322.30	2526.90		2197.37	2437.26	2252.18				2322.30	2526.90		2197.37	2437.26	2252.18			

**Premera Blue Cross  
RATE SCHEDULE**

**Plan Information**

**Plan Name:** Premera Blue Cross Cascade Silver  
**HIOS Plan ID:** 49831WA1940006  
**Effective Date:** 1/1/2026  
**Market Type:** Individual  
**Exchange Status:** In the exchange  
**Metal Level:** Silver  
**Plan Type:** Standardized Non-Public Option Plan

**Plan Geographic Availability**

Area Number	Available in area?	Counties where this plan is available
1	Yes	King
2	Yes	Grays Harbor, Kitsap, Pacific
3	No	
4	Yes	Lincoln, Spokane
5	Yes	Pierce
6	Yes	Franklin, Yakima
7	No	
8	No	
9	No	

**Plan Rates**

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	709.67	772.20		671.49	744.80	688.24				709.67	772.20		671.49	744.80	688.24			
15	772.75	840.83		731.18	811.01	749.42				772.75	840.83		731.18	811.01	749.42			
16	796.87	867.08		754.00	836.32	772.81				796.87	867.08		754.00	836.32	772.81			
17	820.99	893.32		776.82	861.63	796.20				820.99	893.32		776.82	861.63	796.20			
18	846.97	921.59		801.40	888.89	821.39				846.97	921.59		801.40	888.89	821.39			
19	872.94	949.85		825.98	916.15	846.58				872.94	949.85		825.98	916.15	846.58			
20	899.85	979.12		851.43	944.39	872.67				899.85	979.12		851.43	944.39	872.67			
21	927.68	1009.41		877.77	973.60	899.66				927.68	1009.41		877.77	973.60	899.66			
22	927.68	1009.41		877.77	973.60	899.66				927.68	1009.41		877.77	973.60	899.66			
23	927.68	1009.41		877.77	973.60	899.66				927.68	1009.41		877.77	973.60	899.66			
24	927.68	1009.41		877.77	973.60	899.66				927.68	1009.41		877.77	973.60	899.66			
25	931.39	1013.44		881.28	977.49	903.26				931.39	1013.44		881.28	977.49	903.26			
26	949.94	1033.63		898.83	996.96	921.25				949.94	1033.63		898.83	996.96	921.25			
27	972.21	1057.86		919.90	1020.33	942.84				972.21	1057.86		919.90	1020.33	942.84			
28	1008.38	1097.22		954.13	1058.30	977.93				1008.38	1097.22		954.13	1058.30	977.93			
29	1038.07	1129.52		982.22	1089.45	1006.72				1038.07	1129.52		982.22	1089.45	1006.72			
30	1052.91	1145.67		996.27	1105.03	1021.12				1052.91	1145.67		996.27	1105.03	1021.12			
31	1075.18	1169.90		1017.33	1128.40	1042.71				1075.18	1169.90		1017.33	1128.40	1042.71			
32	1097.44	1194.13		1038.40	1151.77	1064.30				1097.44	1194.13		1038.40	1151.77	1064.30			
33	1111.36	1209.27		1051.57	1166.37	1077.79				1111.36	1209.27		1051.57	1166.37	1077.79			
34	1126.20	1225.42		1065.61	1181.95	1092.19				1126.20	1225.42		1065.61	1181.95	1092.19			
35	1133.62	1233.49		1072.63	1189.74	1099.39				1133.62	1233.49		1072.63	1189.74	1099.39			
36	1141.04	1241.57		1079.65	1197.52	1106.58				1141.04	1241.57		1079.65	1197.52	1106.58			
37	1148.46	1249.64		1086.68	1205.31	1113.78				1148.46	1249.64		1086.68	1205.31	1113.78			
38	1155.89	1257.72		1093.70	1213.10	1120.98				1155.89	1257.72		1093.70	1213.10	1120.98			
39	1170.73	1273.87		1107.74	1228.68	1135.37				1170.73	1273.87		1107.74	1228.68	1135.37			
40	1185.57	1290.02		1121.79	1244.26	1149.77				1185.57	1290.02		1121.79	1244.26	1149.77			
41	1207.84	1314.25		1142.85	1267.62	1171.36				1207.84	1314.25		1142.85	1267.62	1171.36			
42	1229.17	1337.46		1163.04	1290.02	1192.05				1229.17	1337.46		1163.04	1290.02	1192.05			
43	1258.86	1369.76		1191.13	1321.17	1220.84				1258.86	1369.76		1191.13	1321.17	1220.84			
44	1295.96	1410.14		1226.24	1360.11	1256.83				1295.96	1410.14		1226.24	1360.11	1256.83			
45	1339.57	1457.58		1267.50	1405.87	1299.11				1339.57	1457.58		1267.50	1405.87	1299.11			
46	1391.52	1514.11		1316.65	1460.40	1349.49				1391.52	1514.11		1316.65	1460.40	1349.49			
47	1449.96	1577.70		1371.95	1521.73	1406.17				1449.96	1577.70		1371.95	1521.73	1406.17			
48	1516.75	1650.38		1435.15	1591.83	1470.95				1516.75	1650.38		1435.15	1591.83	1470.95			
49	1582.62	1722.05		1497.47	1660.96	1534.82				1582.62	1722.05		1497.47	1660.96	1534.82			
50	1656.83	1802.80		1567.69	1738.84	1606.79				1656.83	1802.80		1567.69	1738.84	1606.79			
51	1730.12	1882.54		1637.04	1815.76	1677.87				1730.12	1882.54		1637.04	1815.76	1677.87			
52	1810.83	1970.36		1713.40	1900.46	1756.14				1810.83	1970.36		1713.40	1900.46	1756.14			
53	1892.46	2059.19		1790.65	1986.14	1835.31				1892.46	2059.19		1790.65	1986.14	1835.31			
54	1980.59	2155.08		1874.03	2078.63	1920.78				1980.59	2155.08		1874.03	2078.63	1920.78			
55	2068.72	2250.97		1957.42	2171.12	2006.24				2068.72	2250.97		1957.42	2171.12	2006.24			
56	2164.27	2354.94		2047.83	2271.40	2098.91				2164.27	2354.94		2047.83	2271.40	2098.91			
57	2260.75	2459.92		2139.12	2372.66	2192.47				2260.75	2459.92		2139.12	2372.66	2192.47			
58	2363.72	2571.96		2236.55	2480.72	2292.34				2363.72	2571.96		2236.55	2480.72	2292.34			
59	2414.74	2627.48		2284.83	2534.27	2341.82				2414.74	2627.48		2284.83	2534.27	2341.82			
60	2517.72	2739.53		2382.26	2642.34	2441.68				2517.72	2739.53		2382.26	2642.34	2441.68			
61	2606.77	2836.43		2466.53	2735.81	2528.05				2606.77	2836.43		2466.53	2735.81	2528.05			
62	2665.22	2900.02		2521.83	2797.14	2584.73				2665.22	2900.02		2521.83	2797.14	2584.73			
63	2738.50	2979.76		2591.17	2874.06	2655.80				2738.50	2979.76		2591.17	2874.06	2655.80			
64 and over	2783.03	3028.22		2633.30	2920.79	2698.98				2783.03	3028.22		2633.30	2920.79	2698.98			

**Premera Blue Cross  
RATE SCHEDULE**

**Plan Information**

**Plan Name:** Premera Blue Cross Cascade Bronze  
**HIOS Plan ID:** 49831WA1940007  
**Effective Date:** 1/1/2026  
**Market Type:** Individual  
**Exchange Status:** In the exchange  
**Metal Level:** Bronze  
**Plan Type:** Standardized Non-Public Option Plan

**Plan Geographic Availability**

Area Number	Available in area?	Counties where this plan is available
1	Yes	King
2	Yes	Grays Harbor, Kitsap, Pacific
3	No	
4	Yes	Lincoln, Spokane
5	Yes	Pierce
6	Yes	Franklin, Yakima
7	No	
8	No	
9	No	

**Plan Rates**

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	426.58	464.16		403.63	447.70	413.70				426.58	464.16		403.63	447.70	413.70			
15	464.50	505.42		439.51	487.49	450.47				464.50	505.42		439.51	487.49	450.47			
16	479.00	521.20		453.23	502.71	464.53				479.00	521.20		453.23	502.71	464.53			
17	493.49	536.97		466.94	517.92	478.59				493.49	536.97		466.94	517.92	478.59			
18	509.11	553.96		481.72	534.31	493.73				509.11	553.96		481.72	534.31	493.73			
19	524.72	570.95		496.49	550.69	508.87				524.72	570.95		496.49	550.69	508.87			
20	540.89	588.54		511.79	567.67	524.56				540.89	588.54		511.79	567.67	524.56			
21	557.62	606.75		527.62	585.22	540.78				557.62	606.75		527.62	585.22	540.78			
22	557.62	606.75		527.62	585.22	540.78				557.62	606.75		527.62	585.22	540.78			
23	557.62	606.75		527.62	585.22	540.78				557.62	606.75		527.62	585.22	540.78			
24	557.62	606.75		527.62	585.22	540.78				557.62	606.75		527.62	585.22	540.78			
25	559.85	609.17		529.73	587.56	542.94				559.85	609.17		529.73	587.56	542.94			
26	571.00	621.31		540.28	599.27	553.76				571.00	621.31		540.28	599.27	553.76			
27	584.39	635.87		552.95	613.31	566.74				584.39	635.87		552.95	613.31	566.74			
28	606.13	659.53		573.52	636.14	587.83				606.13	659.53		573.52	636.14	587.83			
29	623.98	678.95		590.41	654.86	605.13				623.98	678.95		590.41	654.86	605.13			
30	632.90	688.66		598.85	664.23	613.79				632.90	688.66		598.85	664.23	613.79			
31	646.28	703.22		611.51	678.27	626.76				646.28	703.22		611.51	678.27	626.76			
32	659.67	717.78		624.18	692.32	639.74				659.67	717.78		624.18	692.32	639.74			
33	668.03	726.88		632.09	701.10	647.86				668.03	726.88		632.09	701.10	647.86			
34	676.95	736.59		640.53	710.46	656.51				676.95	736.59		640.53	710.46	656.51			
35	681.41	741.45		644.75	715.14	660.83				681.41	741.45		644.75	715.14	660.83			
36	685.87	746.30		648.97	719.82	665.16				685.87	746.30		648.97	719.82	665.16			
37	690.33	751.15		653.19	724.51	669.49				690.33	751.15		653.19	724.51	669.49			
38	694.80	756.01		657.42	729.19	673.81				694.80	756.01		657.42	729.19	673.81			
39	703.72	765.72		665.86	738.55	682.47				703.72	765.72		665.86	738.55	682.47			
40	712.64	775.42		674.30	747.92	691.12				712.64	775.42		674.30	747.92	691.12			
41	726.02	789.98		686.96	761.96	704.10				726.02	789.98		686.96	761.96	704.10			
42	738.85	803.94		699.10	775.42	716.53				738.85	803.94		699.10	775.42	716.53			
43	756.69	823.36		715.98	794.15	733.84				756.69	823.36		715.98	794.15	733.84			
44	779.00	847.63		737.09	817.56	755.47				779.00	847.63		737.09	817.56	755.47			
45	805.20	876.14		761.88	845.06	780.89				805.20	876.14		761.88	845.06	780.89			
46	836.43	910.12		791.43	877.83	811.17				836.43	910.12		791.43	877.83	811.17			
47	871.56	948.35		824.67	914.70	845.24				871.56	948.35		824.67	914.70	845.24			
48	911.71	992.03		862.66	956.84	884.18				911.71	992.03		862.66	956.84	884.18			
49	951.30	1035.11		900.12	998.39	922.57				951.30	1035.11		900.12	998.39	922.57			
50	995.91	1083.65		942.33	1045.21	965.83				995.91	1083.65		942.33	1045.21	965.83			
51	1039.96	1131.58		984.01	1091.44	1008.56				1039.96	1131.58		984.01	1091.44	1008.56			
52	1088.48	1184.37		1029.92	1142.36	1055.60				1088.48	1184.37		1029.92	1142.36	1055.60			
53	1137.55	1237.76		1076.35	1193.86	1103.19				1137.55	1237.76		1076.35	1193.86	1103.19			
54	1190.52	1295.41		1126.47	1249.45	1154.57				1190.52	1295.41		1126.47	1249.45	1154.57			
55	1243.49	1353.05		1176.59	1305.05	1205.94				1243.49	1353.05		1176.59	1305.05	1205.94			
56	1300.93	1415.54		1230.94	1365.33	1261.64				1300.93	1415.54		1230.94	1365.33	1261.64			
57	1358.92	1478.64		1285.81	1426.19	1317.88				1358.92	1478.64		1285.81	1426.19	1317.88			
58	1420.82	1545.99		1344.38	1491.15	1377.91				1420.82	1545.99		1344.38	1491.15	1377.91			
59	1451.49	1579.36		1373.40	1523.34	1407.65				1451.49	1579.36		1373.40	1523.34	1407.65			
60	1513.38	1646.71		1431.96	1588.30	1467.68				1513.38	1646.71		1431.96	1588.30	1467.68			
61	1566.91	1704.96		1482.61	1644.48	1519.59				1566.91	1704.96		1482.61	1644.48	1519.59			
62	1602.04	1743.18		1515.85	1681.35	1553.66				1602.04	1743.18		1515.85	1681.35	1553.66			
63	1646.10	1791.12		1557.54	1727.58	1596.38				1646.10	1791.12		1557.54	1727.58	1596.38			
64 and over	1672.86	1820.24		1582.86	1755.66	1622.34				1672.86	1820.24		1582.86	1755.66	1622.34			



**Premera Blue Cross**  
**RATE SCHEDULE**

**Plan Information**

**Plan Name:** Premera Blue Cross Preferred Bronze HSA  
**HIOS Plan ID:** 49831WA1940008  
**Effective Date:** 1/1/2026  
**Market Type:** Individual  
**Exchange Status:** In the exchange  
**Metal Level:** Bronze  
**Plan Type:** Non-Standardized Plan

**Plan Geographic Availability**

Area Number	Available in area?	Counties where this plan is available
1	Yes	King
2	Yes	Grays Harbor, Kitsap, Pacific
3	No	
4	Yes	Lincoln, Spokane
5	Yes	Pierce
6	Yes	Franklin, Yakima
7	No	
8	No	
9	No	

**Plan Rates**

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	414.23	450.72		391.94	434.73	401.72				414.23	450.72		391.94	434.73	401.72			
15	451.05	490.79		426.78	473.38	437.43				451.05	490.79		426.78	473.38	437.43			
16	465.13	506.10		440.10	488.15	451.08				465.13	506.10		440.10	488.15	451.08			
17	479.21	521.42		453.42	502.93	464.73				479.21	521.42		453.42	502.93	464.73			
18	494.37	537.92		467.77	518.84	479.44				494.37	537.92		467.77	518.84	479.44			
19	509.53	554.42		482.12	534.75	494.14				509.53	554.42		482.12	534.75	494.14			
20	525.23	571.50		496.97	551.23	509.37				525.23	571.50		496.97	551.23	509.37			
21	541.47	589.18		512.34	568.28	525.12				541.47	589.18		512.34	568.28	525.12			
22	541.47	589.18		512.34	568.28	525.12				541.47	589.18		512.34	568.28	525.12			
23	541.47	589.18		512.34	568.28	525.12				541.47	589.18		512.34	568.28	525.12			
24	541.47	589.18		512.34	568.28	525.12				541.47	589.18		512.34	568.28	525.12			
25	543.64	591.54		514.39	570.55	527.22				543.64	591.54		514.39	570.55	527.22			
26	554.47	603.32		524.64	581.92	537.73				554.47	603.32		524.64	581.92	537.73			
27	567.47	617.46		536.94	595.56	550.33				567.47	617.46		536.94	595.56	550.33			
28	588.58	640.44		556.92	617.72	570.81				588.58	640.44		556.92	617.72	570.81			
29	605.91	659.29		573.31	635.90	587.61				605.91	659.29		573.31	635.90	587.61			
30	614.57	668.72		581.51	645.00	596.01				614.57	668.72		581.51	645.00	596.01			
31	627.57	682.86		593.81	658.63	608.62				627.57	682.86		593.81	658.63	608.62			
32	640.56	697.00		606.10	672.27	621.22				640.56	697.00		606.10	672.27	621.22			
33	648.69	705.84		613.79	680.80	629.10				648.69	705.84		613.79	680.80	629.10			
34	657.35	715.26		621.99	689.89	637.50				657.35	715.26		621.99	689.89	637.50			
35	661.68	719.98		626.08	694.44	641.70				661.68	719.98		626.08	694.44	641.70			
36	666.01	724.69		630.18	698.98	645.90				666.01	724.69		630.18	698.98	645.90			
37	670.35	729.40		634.28	703.53	650.10				670.35	729.40		634.28	703.53	650.10			
38	674.68	734.12		638.38	708.07	654.30				674.68	734.12		638.38	708.07	654.30			
39	683.34	743.54		646.58	717.17	662.70				683.34	743.54		646.58	717.17	662.70			
40	692.00	752.97		654.78	726.26	671.11				692.00	752.97		654.78	726.26	671.11			
41	705.00	767.11		667.07	739.90	683.71				705.00	767.11		667.07	739.90	683.71			
42	717.45	780.66		678.86	752.97	695.79				717.45	780.66		678.86	752.97	695.79			
43	734.78	799.52		695.25	771.15	712.59				734.78	799.52		695.25	771.15	712.59			
44	756.44	823.08		715.74	793.88	733.60				756.44	823.08		715.74	793.88	733.60			
45	781.89	850.77		739.82	820.59	758.28				781.89	850.77		739.82	820.59	758.28			
46	812.21	883.77		768.52	852.42	787.68				812.21	883.77		768.52	852.42	787.68			
47	846.33	920.89		800.79	888.22	820.77				846.33	920.89		800.79	888.22	820.77			
48	885.31	963.31		837.68	929.13	858.58				885.31	963.31		837.68	929.13	858.58			
49	923.76	1005.14		874.06	969.48	895.86				923.76	1005.14		874.06	969.48	895.86			
50	967.07	1052.27		915.05	1014.94	937.87				967.07	1052.27		915.05	1014.94	937.87			
51	1009.85	1098.82		955.52	1059.84	979.35				1009.85	1098.82		955.52	1059.84	979.35			
52	1056.96	1150.08		1000.09	1109.28	1025.04				1056.96	1150.08		1000.09	1109.28	1025.04			
53	1104.61	1201.92		1045.18	1159.29	1071.25				1104.61	1201.92		1045.18	1159.29	1071.25			
54	1156.05	1257.90		1093.85	1213.27	1121.14				1156.05	1257.90		1093.85	1213.27	1121.14			
55	1207.49	1313.87		1142.53	1267.26	1171.02				1207.49	1313.87		1142.53	1267.26	1171.02			
56	1263.26	1374.55		1195.30	1325.79	1225.11				1263.26	1374.55		1195.30	1325.79	1225.11			
57	1319.57	1435.83		1248.58	1384.89	1279.72				1319.57	1435.83		1248.58	1384.89	1279.72			
58	1379.68	1501.23		1305.45	1447.97	1338.01				1379.68	1501.23		1305.45	1447.97	1338.01			
59	1409.46	1533.63		1333.63	1479.23	1366.89				1409.46	1533.63		1333.63	1479.23	1366.89			
60	1469.56	1599.03		1390.50	1542.31	1425.18				1469.56	1599.03		1390.50	1542.31	1425.18			
61	1521.54	1655.59		1439.69	1596.86	1475.59				1521.54	1655.59		1439.69	1596.86	1475.59			
62	1555.66	1692.71		1471.96	1632.66	1508.68				1555.66	1692.71		1471.96	1632.66	1508.68			
63	1598.43	1739.26		1512.44	1677.56	1550.16				1598.43	1739.26		1512.44	1677.56	1550.16			
64 and over	1624.41	1767.54		1537.02	1704.83	1575.36				1624.41	1767.54		1537.02	1704.83	1575.36			

**Premera Blue Cross  
RATE SCHEDULE**

**Plan Information**

**Plan Name:** Premera Blue Cross Cascade Vital Gold  
**HIOS Plan ID:** 49831WA1940009  
**Effective Date:** 1/1/2026  
**Market Type:** Individual  
**Exchange Status:** In the exchange  
**Metal Level:** Gold  
**Plan Type:** Standardized Non-Public Option Plan

**Plan Geographic Availability**

Area Number	Available in area?	Counties where this plan is available
1	Yes	King
2	Yes	Grays Harbor, Kitsap, Pacific
3	No	
4	Yes	Lincoln, Spokane
5	Yes	Pierce
6	Yes	Franklin, Yakima
7	No	
8	No	
9	No	

**Plan Rates**

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	563.49	613.13		533.18	591.38	546.47				563.49	613.13		533.18	591.38	546.47			
15	613.58	667.64		580.57	643.95	595.05				613.58	667.64		580.57	643.95	595.05			
16	632.73	688.47		598.69	664.05	613.62				632.73	688.47		598.69	664.05	613.62			
17	651.88	709.31		616.81	684.15	632.20				651.88	709.31		616.81	684.15	632.20			
18	672.51	731.75		636.33	705.80	652.20				672.51	731.75		636.33	705.80	652.20			
19	693.13	754.20		655.84	727.44	672.20				693.13	754.20		655.84	727.44	672.20			
20	714.49	777.44		676.05	749.86	692.91				714.49	777.44		676.05	749.86	692.91			
21	736.59	801.48		696.96	773.05	714.34				736.59	801.48		696.96	773.05	714.34			
22	736.59	801.48		696.96	773.05	714.34				736.59	801.48		696.96	773.05	714.34			
23	736.59	801.48		696.96	773.05	714.34				736.59	801.48		696.96	773.05	714.34			
24	736.59	801.48		696.96	773.05	714.34				736.59	801.48		696.96	773.05	714.34			
25	739.54	804.69		699.75	776.14	717.20				739.54	804.69		699.75	776.14	717.20			
26	754.27	820.72		713.69	791.60	731.49				754.27	820.72		713.69	791.60	731.49			
27	771.95	839.95		730.42	810.16	748.63				771.95	839.95		730.42	810.16	748.63			
28	800.67	871.21		757.60	840.31	776.49				800.67	871.21		757.60	840.31	776.49			
29	824.24	896.86		779.90	865.04	799.35				824.24	896.86		779.90	865.04	799.35			
30	836.03	909.68		791.05	877.41	810.78				836.03	909.68		791.05	877.41	810.78			
31	853.71	928.92		807.78	895.97	827.93				853.71	928.92		807.78	895.97	827.93			
32	871.39	948.16		824.51	914.52	845.07				871.39	948.16		824.51	914.52	845.07			
33	882.43	960.18		834.96	926.12	855.79				882.43	960.18		834.96	926.12	855.79			
34	894.22	973.00		846.11	938.48	867.21				894.22	973.00		846.11	938.48	867.21			
35	900.11	979.41		851.69	944.67	872.93				900.11	979.41		851.69	944.67	872.93			
36	906.01	985.82		857.26	950.85	878.64				906.01	985.82		857.26	950.85	878.64			
37	911.90	992.24		862.84	957.04	884.36				911.90	992.24		862.84	957.04	884.36			
38	917.79	998.65		868.41	963.22	890.07				917.79	998.65		868.41	963.22	890.07			
39	929.58	1011.47		879.57	975.59	901.50				929.58	1011.47		879.57	975.59	901.50			
40	941.36	1024.30		890.72	987.96	912.93				941.36	1024.30		890.72	987.96	912.93			
41	959.04	1043.53		907.44	1006.51	930.08				959.04	1043.53		907.44	1006.51	930.08			
42	975.98	1061.97		923.47	1024.29	946.51				975.98	1061.97		923.47	1024.29	946.51			
43	999.55	1087.61		945.78	1049.03	969.37				999.55	1087.61		945.78	1049.03	969.37			
44	1029.02	1119.67		973.66	1079.95	997.94				1029.02	1119.67		973.66	1079.95	997.94			
45	1063.64	1157.34		1006.41	1116.29	1031.51				1063.64	1157.34		1006.41	1116.29	1031.51			
46	1104.88	1202.23		1045.44	1159.58	1071.52				1104.88	1202.23		1045.44	1159.58	1071.52			
47	1151.29	1252.72		1089.35	1208.28	1116.52				1151.29	1252.72		1089.35	1208.28	1116.52			
48	1204.32	1310.43		1139.53	1263.94	1167.95				1204.32	1310.43		1139.53	1263.94	1167.95			
49	1256.62	1367.33		1189.02	1318.83	1218.67				1256.62	1367.33		1189.02	1318.83	1218.67			
50	1315.55	1431.45		1244.77	1380.67	1275.82				1315.55	1431.45		1244.77	1380.67	1275.82			
51	1373.74	1494.77		1299.83	1441.74	1332.25				1373.74	1494.77		1299.83	1441.74	1332.25			
52	1437.82	1564.50		1360.47	1509.00	1394.40				1437.82	1564.50		1360.47	1509.00	1394.40			
53	1502.64	1635.03		1421.80	1577.02	1457.26				1502.64	1635.03		1421.80	1577.02	1457.26			
54	1572.62	1711.17		1488.01	1650.46	1525.13				1572.62	1711.17		1488.01	1650.46	1525.13			
55	1642.60	1787.31		1554.22	1723.90	1592.99				1642.60	1787.31		1554.22	1723.90	1592.99			
56	1718.46	1869.86		1626.01	1803.53	1666.57				1718.46	1869.86		1626.01	1803.53	1666.57			
57	1795.07	1953.22		1698.49	1883.93	1740.86				1795.07	1953.22		1698.49	1883.93	1740.86			
58	1876.83	2042.18		1775.86	1969.73	1820.15				1876.83	2042.18		1775.86	1969.73	1820.15			
59	1917.34	2086.26		1814.19	2012.25	1859.44				1917.34	2086.26		1814.19	2012.25	1859.44			
60	1999.11	2175.23		1891.55	2098.06	1938.73				1999.11	2175.23		1891.55	2098.06	1938.73			
61	2069.82	2252.17		1958.46	2172.27	2007.31				2069.82	2252.17		1958.46	2172.27	2007.31			
62	2116.22	2302.66		2002.37	2220.98	2052.31				2116.22	2302.66		2002.37	2220.98	2052.31			
63	2174.41	2365.98		2057.43	2282.05	2108.75				2174.41	2365.98		2057.43	2282.05	2108.75			
64 and over	2209.77	2404.44		2090.88	2319.15	2143.02				2209.77	2404.44		2090.88	2319.15	2143.02			

<b>SERFF Tracking #:</b>	PBCC-134527954	<b>State Tracking #:</b>	484666	<b>Company Tracking #:</b>	2026 NONGRANDFATHERED INDIVIDUAL PBC
<b>State:</b>	Washington	<b>Filing Company:</b>	Premera Blue Cross		
<b>TOI/Sub-TOI:</b>	H16I Individual Health - Major Medical/H16I.005C Individual - Other				
<b>Product Name:</b>	2026 Nongrandfathered Individual rate filing PBC				
<b>Project Name/Number:</b>	2026 nongrandfathered individual PBC/2026 nongrandfathered individual PBC				

URRT

State Determination

<b>Review Status:</b>	Incomplete
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SERFF Tracking #:	PBCC-134527954	State Tracking #:	484666	Company Tracking #:	2026 NONGRANDFATHERED INDIVIDUAL PBC
State:	Washington	Filing Company:	Premera Blue Cross		
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other				
Product Name:	2026 Nongrandfathered Individual rate filing PBC				
Project Name/Number:	2026 nongrandfathered individual PBC/2026 nongrandfathered individual PBC				

URRT Items

Item Name	Attachment(s)
Unified Rate Review Template	PartIUnifiedRateReviewTemplate.xml
Actuarial Memorandum	PartIIIRateFilingDocumentationandActuarialMemorandum.pdf
Actuarial Memorandum - Redacted	PartIIIRateFilingDocumentationandActuarialMemorandum_Redacted.pdf
Consumer Justification Narrative	Part_II_WrittenDescriptionJustifyingtheRateIncrease.pdf
Other Supporting Documents	Part_I_Unified_Rate_Review_Template.pdf

**Premera Blue Cross**  
**Individual Filing Effective 1/1/2026**  
**Actuarial Memorandum**

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**General Information**

<b>Company Legal Name</b>	Premera Blue Cross
<b>State</b>	Washington
<b>HIOS Issuer ID</b>	49831
<b>Market</b>	Individual (In Exchange)
<b>Effective Date</b>	January 1, 2026
<b>Company Contact</b>	Hiu-Wan Ko, FSA, MAAA VP of Actuarial Services 425-918-4917 <a href="mailto:Hiu-Wan.Ko@premera.com">Hiu-Wan.Ko@premera.com</a>

**1/1/2026 Plans in the Exchange**

Premera Blue Cross Preferred Gold	49831WA1940001
Premera Blue Cross Preferred Bronze	49831WA1940003
Premera Blue Cross Preferred Silver	49831WA1940004
Premera Blue Cross Cascade Complete Gold	49831WA1940005
Premera Blue Cross Cascade Silver	49831WA1940006
Premera Blue Cross Cascade Bronze	49831WA1940007
Premera Blue Cross Preferred Bronze HSA	49831WA1930008
Premera Blue Cross Cascade Vital Gold	49831WA1940009

**Scope and Purpose**

The purpose of this filing is to present the development of premium rates for Premera Blue Cross non-grandfathered individual plans offered inside the Exchange, and to demonstrate that the resulting amounts charged are reasonable in relation to the benefits provided. This filing is not intended to be used for other purposes. The rates presented herein will be effective January 1, 2026.

This filing assumes that CMS will not pay carriers cost share reduction payments.

**Rate Increase Summary**

**Proposed Rate Increase**

The average rate change for 1/1/2026 is 18.8%.

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The average experience increase is 19.7% with a benefit change of 0.0% and cost share change of -0.7%.

For this filing we are using the average rate increase calculated per OIC instructions to match the increase from the Uniform Product Modification Justification (UPMJ) form. This results in an average rate increase different from the average premium increase in CMS's Uniform Rate Review template. The difference between the two approaches is because they represent different averages. The UPMJ's calculation is the average rate increase weighted by member, while the URRT is the average premium increase.

With the OIC emergency rules on silver loading and the AV and Cost Sharing factor, the displayed increase in premium is not representative of the expected change in premium for Premera. The Washington Health Board Exchange will actively migrate members between plans, resulting in a lower premium impact than the state average member increase from the UPMJ would indicate.

### **Reason for Rate Increase(s)**

Below are the major factors for the rate increase:

- Unit cost inflation: 6.9%
- Increased utilization: 3.5%
- Cost share change: -0.7%
- Change in population: 0.0%
- Risk adjustment: -17.3%

The unit cost inflation continues to be high compared to historical levels. This is driven by hospital systems and health care providers demanding higher contracted reimbursement rates, but it is coming down compared to the prior year. Premera has already had to agree to significant rate increases. As more provider contracting information becomes available, Premera will update the unit cost trend projections. Many systems are asking for large increases for services (some requesting and receiving double-digit annual increases) and have shown a willingness to allow our contracts to expire. Because of the limited competition and regional monopolies some health care providers have achieved, there is reduced market pressure for these systems to innovate new, more efficient practices.

There are also other drivers including the difference between actual and projected base experience, changes in anticipated risk adjustment transfer dollars, service area, network providers, and taxes and fees between the experience period and projection period which would impact the final rate. For complete details around the drivers of the rate increase, see the appendices.

### **Experience Period Premium and Claims**

**Experience period** Incurred 1/1/2024 to 12/31/2024 and paid through 3/31/2025

**Member Months**  
**Premiums**

126,053  
\$112,880,957



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<b>Allowed claims</b>	\$157,828,149
<b>Incurred claims</b>	\$132,656,582
<b>Processed in system</b>	\$2,471,284
<b>Incurred but not paid</b>	\$130,185,298

The experience period represents the most recent data while allowing for three months of claims run-out to minimize the estimation for incurred but not paid claims. The incurred but not paid claims estimate was based on reserve triangles for this specific line of business. Monthly completion factors were developed after adjusting for outliers, seasonality, and number of working days. The incurred claims include the cost of provider incentives.

For the purpose of developing the projected rates, the above experience is used instead of the annual financial statement. The over/underestimate of medical trend for the prior years, the change in reserves, and the change in administrative costs are data points. Any gains/losses resulting from the over/underestimate of these assumptions will not directly impact the rate making, as rates are set based on expected costs, not to offset prior years' gains or losses.

#### **Actual vs Projected Experience**

WA Exhibit 2 shows the Actual vs Projected Experience. The projected values are from the 2024 Rate Filings URRT Worksheet 2 Section IV.

The variance in actual vs projected experience is mostly tied to a change in membership. Premera had lower membership than projected due to competition in the marketplace. The actual vs projected PMPMs are fairly close and are consistent with the lower membership. The profit margin was higher than expected, primarily due to an increase in risk adjustment transfer amounts.

#### **Commercial Reinsurance**

Premera Blue Cross has a commercial reinsurance agreement to cover 40% of claims above an attachment point of \$3.5 million per member per year. The expected 2024 reimbursement is \$0.00 PMPM and the charge was \$0.63 PMPM. The reimbursement amount is incorporated into the rate development though the Other Adjustment in worksheet 1 section II of the URRT. The projected 2026 charge is included in the administrative expense line of worksheet 2 section III of the URRT.

#### **Benefit Categories**

Service codes were used to identify whether a claim was related to inpatient hospital, outpatient hospital, professional, other medical, or prescription drug. Service codes are defined based on place of service, type of service, revenue code, procedure code, and diagnosis code. There were no capitation claims.

### **Market, Plan, and Calibrated Plan Adjusted Index Rate**

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**Projection Period Index Rate** - Represents projected allowed claims after application of trend, morbidity adjustments, network shift impact, and demographic shift. Appendix 1.1 shows the development of the projection period index rate, with the Projection Factor section providing explanations of the development. For this filing the projection period index rate was determined based on the manual rate. The projection period index rate is \$2,069.13 PMPM for all plans.

**Market Adjusted Index Rate** - Represents the average projected health care costs for essential health benefits. This is equal to the Projected Index Rate plus allowed basis risk adjustment, federal reinsurance programs, and exchange fee.

Appendix 1.1 shows the development of the Market Adjusted Index Rate. Federal reinsurance is not applicable for this year's rate filing. Risk adjustment development explanation in Risk Adjustment section below. The Market Adjusted Index Rate PMPM is \$1,480.33 PMPM for all plans.

**Plan Adjusted Index Rate** - Represents the average projected premium of a plan if all members purchased this plan. The Plan Adjusted Index Rate is equal to the Market Adjusted Index Rate, multiplied by the plan specific cost share adjustment, network utilization factor, benefits above EHB, administrative expense, taxes and fees, and the profit and risk load.

Appendix 1.2 shows the development of the Plan Adjusted Index Rate. Additional information on the above factors can be found in the Market to Plan Factors and Non-Benefit Expenses sections below. The Plan Adjusted Index Rate varies from plan to plan.

**Calibrated Plan Adjusted Index Rate** - Represents the plan premium for a member who is 21 years old, non-smoker, living in King County. It is equal to the plan adjusted index rate multiplied by the reciprocals of the age, tobacco-use, and geographic factors (Appendix 2.6).

## **Projection Factors**

The development of the Market Adjusted Index Rate is shown in Appendix 1.1, calibration factors are shown in Appendix 2.6, and Plan Adjusted Index Rates prior to application of geographic and age factors are shown in Appendix 2.5.

Per the URRT instructions, the following adjustments are applied to EHB allowed claims.

### **Trend Factors**

The development of the trend factor used in this filing is shown in Appendix 2.1. The trend is split into three components: increase in unit cost, increase in utilization, and increase due to deductible leveraging. The trend is applied to EHB claims only.

- **Unit Cost** – The unit cost is expected to increase 6.9% annually.  
The Unit cost increase represents the average change in cost for each unit (procedure/drug) of healthcare.

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- Medical unit cost trend is expected to be 6.6% based on the changes in the negotiated healthcare provider reimbursement contracts.
- Pharmacy unit cost trend is expected to be 7.6% based on our PBM's projections.
- Unit cost trend in the prior year filing was 6.9%.
  
- **Utilization** – The utilization increase is expected to be 3.5% annually  
The utilization increase represents the change in the number of medical services and prescriptions members seek.
  - Medical utilization trend is 4.0% based on the change in the number of medical services members per 1000 members per year.
  - Pharmacy utilization trend is 2.0%. based on the change in the number of prescriptions per 1000 members per year.
  - Utilization trend in the prior year filing was 6.9%.
  
- **Leveraging** - Leveraging is expected to be 0.4% annually.  
Leveraging represents the acceleration of trend due to fixed-dollar member cost shares (deductible, copays, and out-of-pocket maximums) not increasing at the same rate as claims, and therefore the insurer needs to cover a larger portion of the claims cost.
  - The leveraging trend in the prior year filing was 0.4%, as shown in Appendix 2.1.

The proposed rating trend for incurred claims including leveraging is 11.1% as shown in Appendix 2.1 and in WAC 284-43-6660.

Per URRT instruction, leveraging is excluded from the two years of trend in Worksheet 1. As such, it is applied separately to the paid to allow ratio.

### **Morbidity Adjustment**

No Morbidity Adjustment is applied in 2026 rate development. In last year's rate filing, no Morbidity Adjustment was applied.

### **Demographic Shift**

The demographic shift adjustment is made for the expected change in membership demographic between the experience period and the projection period.

The demographic shift adjustment shown is 1.091, and development is shown in more detail in Appendix 2.2. This includes the impact of expanding into Lincoln County. Last year's adjustment factor was 1.138.

To develop the factor, Premera split 2026 projected membership into four categories:

- a) 2023 member projected to persist into 2026 (retained members)
- b) New members as of March 2025 migrating from our affiliated company (projected to persist into 2026)
- c) New members as of March 2025 joining from other carriers with unknown experience (projected to persist into 2026)
- d) New 2026 members

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- For the members in category (a) and (b), the assumption is that they will be similar to their actual 2024 experience adjusted for aging.
- For new members in category (c), Premera assumed they will be similar to the members in (a) and (b) after adjusting for age, metal level mix, and applying a new members claims adjustment. The new members claims adjustment was determined by comparing several years of claims experience of renewal vs. newly enrolled membership.
- For new members in category (d), without any information about this population, Premera assumed this population would resemble the rest of the projected pool.

### **Plan Design Changes**

Premera assumed none of the changes in the plan design will affect EHB allowed claims.

### **Other Adjustments**

Premera is using an Other Adjustment factor of 1.237 for 2026.

This factor is a combination of 1) the projected paid to allowed vs AV & cost sharing adjustment and 2) the impact of the expiration of the enhanced advanced premium tax credits and the new rule on the silver CSR loading.

- 1) Due to the new Emergency rule from the OIC, the overall AV & Cost Sharing factor varies from the projected paid to allowed factor, and an adjustment factor is added. LifeWise calculated the actual projected paid to allowed ratio based on the experience period paid to allowed, adjusting for the projected change in benefits and cost sharing, then took the projected paid to allowed divided by the projected AV & Cost Share factor to determine the adjustment factor needed. The development of this adjustment of 1.180 is shown in Appendix 2.3a.
- 2) With the expiration of the enhanced advanced premium tax credits in 2026 and the new uniform silver loading rule, we expect deterioration of our experience as healthy people exit the market or purchase less expensive plans. To determine this adjustment, Premera projected the contribution margin before and after these changes by looking who would likely leave Premera or migrate to a different Premera plan. This change in contribution margin is then grossed up to an allowed basis and divided by the projected index rate to get the adjustment factor. The development of this adjustment of 1.049 is shown in Appendix 2.3b.

The Other adjustment in prior years filing was 1.000 as shown in Appendix 1.1.

### **Credibility Manual Rate Development**

No manual rates were used.

### **Credibility of Experience**

Due to the size of the bloc in the experience period, no credibility adjustments were used for developing the rates.

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## **Risk Adjustment Transfer (Appendix 2.4)**

Premera is expecting to receive \$3.7 million in risk transfer payments including recovery for high cost enrollees for its 2024 individual population.

To develop the projected risk adjustment transfer amount, Premera relied on Wakley 2024 December Risk Adjustment report, risk score data from internal data sources, and an external consultant's risk adjustment reports. Below are the adjustments and assumptions used to project the 2026 risk transfer.

Premera split the projected 2026 membership by metal level into 2024 membership that are expected to persist into 2026, new 2025 members that are expected to persist into 2026, and expected new 2026 members.

- The 2026 market average premium net of admin costs is expected to increase 14.5% over the 2024 market average premium net of admin costs.
- The 2026 state average non-plan liability risk score is assumed not to change from the 2025 state average non-plan liability risk score provided by our consultant.
- The 2026 state average plan liability risk score is estimated from the 2024 plan liability risk score, adjusted for the expected changes to the market average due to the new 2026 calibrated model factors.
- For 2024 members expected to persist into 2026, Premera used the cohort's 2024 risk adjustment factors, adjusted to proposed 2026 calibrated model factors, and applied the factors corresponding to the member's mapped 2026 metal level.
- For new 2025 members expected to persist into 2026, the members were split into (a) 2025 members that moved from an affiliated company and (b) all other new 2025 members.
  - a) Premera assumed the cohort's 2024 risk adjustment factors, adjusted to proposed 2026 calibrated model factors, and applied the factors corresponding to the member's mapped 2026 metal level as well as the new members claims factor.
  - b) Premera assumed the cohort's 2026 calibrated model factors would be similar to that of the "2024 members expected to persist into 2026" by metal level after adjusting for the difference in geography and age of the populations.
- For 2026 new members: Premera assumed the risk adjustment factors will be similar to the risk adjustment factors of the "2024 members expected to persist into 2026" and "New 2025 Members expected to persist into 2026" after adjusting for the difference in geography and age of the populations by metal level.

Premera took the product of these members' risk scores and averaged the resulting products divided by the state average risk scores (following the statutory formula used by CMS) to determine the risk adjustment transfer amount by categories and metallic levels. Based on the above assumptions, Premera estimated the 2026 risk adjustment transfer to be \$406.08 PMPM.

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The projected risk adjustment transfer does not account for the impact of Risk Adjustment Data Validation.

In last year's rate filing the projected 2025 risk adjustment transfer was \$279.76 PMPM.

The high-cost risk pool program reimbursement amount will be 60% of the claim amounts above \$1 million dollars for enrollees that surpass the \$1 million claims threshold. The projected 2026 reimbursement for this program is \$32.71 PMPM based on historical large claims experience. The administrative cost of this program is projected to be 0.4% of Premera's expected total premiums, or approximately \$4.13 PMPM.

In order to add the projected risk adjustment PMPM into the Market Adjusted Index Rate, projected risk adjustment transfer plus high-cost risk pool reimbursement less high-cost risk pool administrative cost was converted to an allowed amount by dividing the projected paid to allowed (as shown on Appendix 2.4). The result is an allowed PMPM estimate of \$595.76 (as shown in Appendix 1.1).

Appendix 3.3b shows projected vs. actual high cost risk pool reimbursement and assessment amounts. Historically there is variance between projected and actual. However, since both the assessment and reimbursement were generally greater than projected, the changes partially offset each other. The differences are due to the volatility of large claims, and we did not make additional adjustments for this.

## **Market to Plan Factors**

### **AV & Cost Sharing Adjustment (Appendix 2.5 & 2.5a)**

In 2026, the Washington Office of the Insurance Commissioner implemented WSR 25-07-021. Per the new rule, AV & Cost Sharing Adjustment must equal "AV Pricing" x "Induced Demand Factor" x "Silver Loading", with the AV pricing value to be  $\pm 2\%$  or  $\pm 3\%$  of the plan's designated AV metal value from the CMS AV calculator, the Induced Demand Factor to be  $(AV\ Pricing^2 - AV\ Pricing + 1.24)$ , and Silver Loading to be 1.435.

The AV and cost sharing design of plan adjustments (benefit relativities) were calculated using our current pricing methodology, which reflects induced utilization at different cost shares and paid to allow ratios. Then adjustments were made to the benefit relativities to comply with the tolerances of the AV & Cost Sharing requirements.

For Silver plans, the Silver CSR loading is 1.435 based on the above new rule. Historically, the silver CSR load adjustment was developed by calculating the cost share differential between the CSR plan and the base plan for each of its cost share reduction plan variations. Then the CSR adjustments were averaged based on the projected membership on each CSR variant. In 2024, the expected CSR payment if CSRs had been funded would have been \$1,929,775, which represented 3.6% of total silver claims. For 2026, the projected CSR payment is \$1,746,399 due to higher concentration of CSR 87% and CSR 94%.

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**Provider Network Adjustment**

Only one Provider Network is available, therefore no adjustment is made.

**Calibration Factors**

Appendix 2.6 shows the calculation of the age/geographic/tobacco calibration factor. This calculates the product of the age, geographic, and tobacco use factors for each projected member, and then averages this product. The product of the age, geographic, and tobacco use calibration factors is applied to develop the Calibrated Plan Adjusted Index Rate.

- **Age** – The Affordable Care Act (ACA) age factor was applied to the membership distribution limited to a maximum of three dependent children under the age of 21 per family. The average age of the projected members is 50. The average age of the projection period was determined as the closest age factor to the average age factor.
- **Geographic** – The Geographic factors remain the same as 2024. The geographic factors were updated in the 2024 filing, and there are no major changes in providers or service area for 2026.
- **Tobacco Use** – The tobacco use factor is removed for 2026. This was done to comply with the new rules issued by WAHBE to provide Cascade Care Subsidies to members enrolling on plans that have tobacco use factors. Prior filings had the tobacco use load at 7.5%.

**Non-Benefit Expense**

**Administrative Expense Load (Appendix 2.5b)**

Net operating expenses for the rating period is \$84.35 PMPM, compared with \$76.34 PMPM from the prior year filing.

Commissions of \$6.46 PMPM are projected for 2026. This is developed based on the current distribution of members purchasing insurance through a producer and the producer's commission from the compensation table. Commission was \$7.35 in the prior year filing.

Commercial reinsurance fee is \$0.69 PMPM. The fee was \$0.63 PMPM in the prior year filing.

An interest credit amount of -\$5.47 PMPM was calculated based on the yield rate.

**Contribution to Surplus & Risk Margin (C&R) (Appendix 2.5b)**

Premera Blue Cross is filing for -2.6% Contingency and Risk (C&R).

The C&R charge is intended to cover business risk, statistical variation, and other unknown, unpredictable risks. With the uncertainty of the inflationary pressure on provider contracted

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reimbursements, risk adjustment model changes and its impact on risk adjustment transfer amounts, as well as other uncertainty on claims, Premera determined that a C&R charge of 10-12.0% is needed.

Premera is proposing a one-time transitioning C&R charge of -2.6% to ease the impact on premium increase due to recent or expected rules changes. The negative C&R offsets the impact of the expected expiration of the enhanced advanced premium tax credit and the new rules around the development of the AV & Cost Sharing Adjustment. Premera is committed in the individual market and is willing to take a one-time hit to support the emergency rule, with the uncertainty of how membership will react to the changes.

Premera did not consider its capital and surplus in determining rates. The capital and surplus is mostly dedicated to furthering business development including system transformation.

**Taxes and Fees (Appendix 2.5b)**

Regulatory & Insurance Fraud Surcharge – The combined regulatory and insurance fraud surcharge is 0.1% of premium.

Federal Income Tax – Premera, as a not-for-profit organization, does not pay federal income tax. Therefore, the federal income tax is 0.00% of premium.

WSHIP assessment – The Washington State Health Insurance Pool is anticipating 9 million in total assessments for 2026. Based on our projected market share, we assumed the 2026 projected fee to be \$0.19 PMPM.

Premium tax – Washington state premium tax is 0.0%. This amount has not changed from prior year filing.

WAPAL Assessment Fee – The expected fee is \$0.06 PMPM determined by WAPAL Fund Advisory Committee.

Patient Centered Outcomes Research Fee – Expected 2026 fee is \$0.32 PMPM. According to IRS, the most recent PCORI fee was \$3.47 PMPY between Oct.2024 and Sep.2025. Therefore, Premera applied one year's worth of National Expenditures rate which is 5% to the most recent PCORI to predict 2026 expected PCORI fee PMPM.

Risk adjustment program administrative fee – The fee per 2026 Benefit and Payment Parameters is \$0.20 PMPM.

**Non-EHB Benefits (Appendix 2.5)**

Premera does not offer plans with non-EHB benefits. However, per URRT instructions, abortion services are included in worksheet 2, field 3.5 as non-EHB benefit.

**Exchange Fees (Appendix 2.5b)**



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The projected Exchange fee is \$5.11 PMPM.

Premera is only actively selling In Exchange plans and expects all members to purchase inside the Exchange.

In the Market Adjusted Index Rate the Exchange fee is 0.5%. This is the exchange fee represented as an allowed basis percentage. Therefore, the PMPM is divided by average paid to allow and the Market Adjusted Index Rate to arrive at the percentage.

## **Projected Loss Ratio**

The projected loss ratio is 94.6% (Appendix 1.2 Section IV). This was determined by dividing the projected incurred claims of \$1,509.63 (Appendix 1.2 Section IV) by the projected premium and risk adjustment transfer of \$1,595.96 (Appendix 1.2 Section IV).

The projected federal medical loss ratio for 2026 is 95.0% (Appendix 3.2), which exceeds the federal minimum loss ratio requirement of 80.0%.

## **AV Metal Values**

- The HSA qualified plans AV metal values were from the 2026 final AV calculator (AVC).
- Cascade Plans: AV metal values were provided by Wakely and the Washington Health Board Exchange to Premera Blue Cross using a permissible alternative method that complies with 45 CFR 156.135(b).
- All Other Plans: the AV metal values have a unique benefit design and were determined by using a permissible alternative method that complies with 45 CFR 156.135(b)(3). These plans have different cost sharing for outpatient office visits and all other outpatient mental health and substance use disorder services (MHSUD) and have \$1 copay for first 2 Primary Care office visits followed by standard Primary care copay.
  - As the AV calculator only has one input for outpatient MHSUD, the AVC is run with MH OP office visit copay cost shares input in Tier 1 and MH OP non-office visit cost shares input in Tier 2 each plan. The continuance tables of each metallic level from the AV model and each plan's claims maximum were used to calculate the weights between MH outpatient professional and facility that are entered into the Tier 1 Utilization field.
  - Additionally, the AV Calculator cannot handle Primary care cost shares being one copay for first x visits, then a different copay for third plus visits. As such the benefits were entered into the AV Calculator as first 2 visits at no cost sharing and the value of the \$1 copay for the first 2 Primary Care visits is subtracted from the AV calculator value. The continuance tables of each metallic level from the AV model and each plan's claims maximum were used to determine value. See Appendix 5 for calculations.

## **Membership Projections (Appendix 2.5)**

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The membership projection for Premera in 2026 is 113,913 member months.

Premera is projecting 7,675 member months on silver plans in 2026. Of these, 5,160 are on an 87% CSR, and 2,509 are on a 94% CSR plan.

The 2026 membership was projected from the March 2025 membership (9,460 members) with the following adjustments:

- 1) Assumes members on Silver (70%) or Silver CSR 73% will be migrated to a Gold plan.
- 2) Assumes that 8,542 members will choose to renew in 2026.
- 3) Assumes that Premera will gain 951 new members in 2026.

The projected period member months are based on assuming 12 months of membership for the projected 9,493 members.

## **Terminated Products**

No terminated plans for 2026.

## **Plan Type**

The plans included in this filing are EPO plans.

## **Washington State Required Appendixes**

Appendix 2.5b: Projected and Historical Administrative Cost Development  
Appendix 3.1: Experience Claims by Incurred & Paid Date  
Appendix 3.2: Federal Minimum Loss Ratio Calculation  
Appendix 3.3a: Risk Adjustment Experience by Plan  
Appendix 3.3b: HCRP Actual vs Projected  
Appendix 4.1: WAC 283-43-6660 vs Additional Data Statement Form  
Appendix 4.1a: Additional Data Statement screenshots  
Appendix 4.2: Months of Surplus  
Appendix 5: Actuarial Values for Non-Cascade plans  
Appendix 6: Rate/Rule Schedule tab of SERFF rate filing support/source

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## **Actuarial Certification**

I, Hiu-Wan Ko, am VP of Actuarial Services at Premera Blue Cross. I am a member of the American Academy of Actuaries and meet its qualification standards for rendering actuarial certification.

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

I, certify that the projected index rate is in compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1) and 147.102), is in compliance with the Actuarial Standards of Practice, is reasonable overall in relation to the average benefits provided and the average population anticipated to be covered, and is neither excessive nor deficient.

I, certify that the index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) are used to generate plan level rates.

I, certify that the geographic rating factors reflect only differences in the costs of delivery and do not include differences for population morbidity by geographic area.

I, certify non-Cascade plan AV Metal Values were developed with an alternate methodology as described in 45 CFR 156.135(b)(3) in accordance with generally accepted actuarial principles and methodologies. Certification is included in the “Unique Plan Design Supporting Documentation and Justification Non Cascade” file.

## **Limitations**

I have relied on the analyses performed by:

- The Washington State Office of the Insurance Commissioner for the Silver Loading adjustment factor
- The Centers of Medicare and Medicaid Services AV Calculator, to use as a basis for determining the AV & Cost Sharing adjustment by plan
- Wakely, Washington State Office of the Insurance Commissioner, and the Centers of Medicare and Medicaid Services to support our analysis of risk transfer payments
- Our PBM to support our analysis of the prescription drug trends
- Our third party administrators including Evolent, CMS and WAHBE on their processes related to claims payments, eligibility/membership and premium billing
- Our finance department for net operating expense and company financial projections
- The HCE actuarial team and network team for medical trends
- Wakely to certify AV for Cascade plans 49831WA1940005, 49831WA1940006, 49831WA1940007, and 49831WA1940009. Wakely’s certification is included in the “Standard Plan Unique Plan Design Supporting Documentation and Justification” file.

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While I have reviewed the information provided by the above sources for reasonableness and consistency, I performed no verification of and take no responsibility for the accuracy of the information. If the information is inaccurate or incomplete, the results of my analysis may likewise be inaccurate or incomplete.

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

- ASOP No. 5, *Incurred Health and Disability Claims*
- ASOP No. 8, *Regulatory Filings for Health 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*



05/14/2025

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Hiu-Wan Ko, FSA, MAAA  
VP of Actuarial Services  
Premera Blue Cross

Date

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**General Information**

<b>Company Legal Name</b>	Premera Blue Cross
<b>State</b>	Washington
<b>HIOS Issuer ID</b>	49831
<b>Market</b>	Individual (In Exchange)
<b>Effective Date</b>	January 1, 2026
<b>Company Contact</b>	Hiu-Wan Ko, FSA, MAAA VP of Actuarial Services 425-918-4917 <a href="mailto:Hiu-Wan.Ko@premera.com">Hiu-Wan.Ko@premera.com</a>

**1/1/2026 Plans in the Exchange**

Premera Blue Cross Preferred Gold	49831WA1940001
Premera Blue Cross Preferred Bronze	49831WA1940003
Premera Blue Cross Preferred Silver	49831WA1940004
Premera Blue Cross Cascade Complete Gold	49831WA1940005
Premera Blue Cross Cascade Silver	49831WA1940006
Premera Blue Cross Cascade Bronze	49831WA1940007
Premera Blue Cross Preferred Bronze HSA	49831WA1930008
Premera Blue Cross Cascade Vital Gold	49831WA1940009

**Scope and Purpose**

The purpose of this filing is to present the development of premium rates for Premera Blue Cross non-grandfathered individual plans offered inside the Exchange, and to demonstrate that the resulting amounts charged are reasonable in relation to the benefits provided. This filing is not intended to be used for other purposes. The rates presented herein will be effective January 1, 2026.

This filing assumes that CMS will not pay carriers cost share reduction payments.

**Rate Increase Summary**

**Proposed Rate Increase**

The average rate change for 1/1/2026 is 18.8%.

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The average experience increase is 19.7% with a benefit change of 0.0% and cost share change of -0.7%.

For this filing we are using the average rate increase calculated per OIC instructions to match the increase from the Uniform Product Modification Justification (UPMJ) form. This results in an average rate increase different from the average premium increase in CMS's Uniform Rate Review template. The difference between the two approaches is because they represent different averages. The UPMJ's calculation is the average rate increase weighted by member, while the URRT is the average premium increase.

With the OIC emergency rules on silver loading and the AV and Cost Sharing factor, the displayed increase in premium is not representative of the expected change in premium for Premera. The Washington Health Board Exchange will actively migrate members between plans, resulting in a lower premium impact than the state average member increase from the UPMJ would indicate.

### **Reason for Rate Increase(s)**

Below are the major factors for the rate increase:

- Unit cost inflation: 6.9%
- Increased utilization: 3.5%
- Cost share change: -0.7%
- Change in population: 0.0%
- Risk adjustment: -17.3%

The unit cost inflation continues to be high compared to historical levels. This is driven by hospital systems and health care providers demanding higher contracted reimbursement rates, but it is coming down compared to the prior year. Premera has already had to agree to significant rate increases. As more provider contracting information becomes available, Premera will update the unit cost trend projections. Many systems are asking for large increases for services (some requesting and receiving double-digit annual increases) and have shown a willingness to allow our contracts to expire. Because of the limited competition and regional monopolies some health care providers have achieved, there is reduced market pressure for these systems to innovate new, more efficient practices.

There are also other drivers including the difference between actual and projected base experience, changes in anticipated risk adjustment transfer dollars, service area, network providers, and taxes and fees between the experience period and projection period which would impact the final rate. For complete details around the drivers of the rate increase, see the appendices.

### **Experience Period Premium and Claims**

**Experience period** Incurred 1/1/2024 to 12/31/2024 and paid through 3/31/2025

<b>Member Months</b>	126,053
<b>Premiums</b>	\$112,880,957



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<b>Allowed claims</b>	\$157,828,149
<b>Incurred claims</b>	\$132,656,582
<b>Processed in system</b>	\$2,471,284
<b>Incurred but not paid</b>	\$130,185,298

The experience period represents the most recent data while allowing for three months of claims run-out to minimize the estimation for incurred but not paid claims. The incurred but not paid claims estimate was based on reserve triangles for this specific line of business. Monthly completion factors were developed after adjusting for outliers, seasonality, and number of working days. The incurred claims include the cost of provider incentives.

For the purpose of developing the projected rates, the above experience is used instead of the annual financial statement. The over/underestimate of medical trend for the prior years, the change in reserves, and the change in administrative costs are data points. Any gains/losses resulting from the over/underestimate of these assumptions will not directly impact the rate making, as rates are set based on expected costs, not to offset prior years' gains or losses.

#### **Actual vs Projected Experience**

WA Exhibit 2 shows the Actual vs Projected Experience. The projected values are from the 2024 Rate Filings URRT Worksheet 2 Section IV.

The variance in actual vs projected experience is mostly tied to a change in membership. Premera had lower membership than projected due to competition in the marketplace. The actual vs projected PMPMs are fairly close and are consistent with the lower membership. The profit margin was higher than expected, primarily due to an increase in risk adjustment transfer amounts.

#### **Commercial Reinsurance**

Premera Blue Cross has a commercial reinsurance agreement to cover 40% of claims above an attachment point of \$3.5 million per member per year. The expected 2024 reimbursement is \$0.00 PMPM and the charge was \$0.63 PMPM. The reimbursement amount is incorporated into the rate development though the Other Adjustment in worksheet 1 section II of the URRT. The projected 2026 charge is included in the administrative expense line of worksheet 2 section III of the URRT.

#### **Benefit Categories**

Service codes were used to identify whether a claim was related to inpatient hospital, outpatient hospital, professional, other medical, or prescription drug. Service codes are defined based on place of service, type of service, revenue code, procedure code, and diagnosis code. There were no capitation claims.

### **Market, Plan, and Calibrated Plan Adjusted Index Rate**

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**Projection Period Index Rate** - Represents projected allowed claims after application of trend, morbidity adjustments, network shift impact, and demographic shift. Appendix 1.1 shows the development of the projection period index rate, with the Projection Factor section providing explanations of the development. For this filing the projection period index rate was determined based on the manual rate. The projection period index rate is \$2,069.13 PMPM for all plans.

**Market Adjusted Index Rate** - Represents the average projected health care costs for essential health benefits. This is equal to the Projected Index Rate plus allowed basis risk adjustment, federal reinsurance programs, and exchange fee.

Appendix 1.1 shows the development of the Market Adjusted Index Rate. Federal reinsurance is not applicable for this year's rate filing. Risk adjustment development explanation in Risk Adjustment section below. The Market Adjusted Index Rate PMPM is \$1,480.33 PMPM for all plans.

**Plan Adjusted Index Rate** - Represents the average projected premium of a plan if all members purchased this plan. The Plan Adjusted Index Rate is equal to the Market Adjusted Index Rate, multiplied by the plan specific cost share adjustment, network utilization factor, benefits above EHB, administrative expense, taxes and fees, and the profit and risk load.

Appendix 1.2 shows the development of the Plan Adjusted Index Rate. Additional information on the above factors can be found in the Market to Plan Factors and Non-Benefit Expenses sections below. The Plan Adjusted Index Rate varies from plan to plan.

**Calibrated Plan Adjusted Index Rate** - Represents the plan premium for a member who is 21 years old, non-smoker, living in King County. It is equal to the plan adjusted index rate multiplied by the reciprocals of the age, tobacco-use, and geographic factors (Appendix 2.6).

## **Projection Factors**

The development of the Market Adjusted Index Rate is shown in Appendix 1.1, calibration factors are shown in Appendix 2.6, and Plan Adjusted Index Rates prior to application of geographic and age factors are shown in Appendix 2.5.

Per the URRT instructions, the following adjustments are applied to EHB allowed claims.

### **Trend Factors**

The development of the trend factor used in this filing is shown in Appendix 2.1. The trend is split into three components: increase in unit cost, increase in utilization, and increase due to deductible leveraging. The trend is applied to EHB claims only.

- **Unit Cost** – The unit cost is expected to increase 6.9% annually.  
The Unit cost increase represents the average change in cost for each unit (procedure/drug) of healthcare.

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- Medical unit cost trend is expected to be 6.6% based on the changes in the negotiated healthcare provider reimbursement contracts.
- Pharmacy unit cost trend is expected to be 7.6% based on our PBM's projections.
- Unit cost trend in the prior year filing was 6.9%.
  
- **Utilization** – The utilization increase is expected to be 3.5% annually  
The utilization increase represents the change in the number of medical services and prescriptions members seek.
  - Medical utilization trend is 4.0% based on the change in the number of medical services members per 1000 members per year.
  - Pharmacy utilization trend is 2.0%. based on the change in the number of prescriptions per 1000 members per year.
  - Utilization trend in the prior year filing was 6.9%.
  
- **Leveraging** - Leveraging is expected to be 0.4% annually.  
Leveraging represents the acceleration of trend due to fixed-dollar member cost shares (deductible, copays, and out-of-pocket maximums) not increasing at the same rate as claims, and therefore the insurer needs to cover a larger portion of the claims cost.
  - The leveraging trend in the prior year filing was 0.4%, as shown in Appendix 2.1.

The proposed rating trend for incurred claims including leveraging is 11.1% as shown in Appendix 2.1 and in WAC 284-43-6660.

Per URRT instruction, leveraging is excluded from the two years of trend in Worksheet 1. As such, it is applied separately to the paid to allow ratio.

### **Morbidity Adjustment**

No Morbidity Adjustment is applied in 2026 rate development. In last year's rate filing, no Morbidity Adjustment was applied.

### **Demographic Shift**

The demographic shift adjustment is made for the expected change in membership demographic between the experience period and the projection period.

The demographic shift adjustment shown is 1.091, and development is shown in more detail in Appendix 2.2. This includes the impact of expanding into Lincoln County. Last year's adjustment factor was 1.138.

To develop the factor, Premera split 2026 projected membership into four categories:

- a) 2023 member projected to persist into 2026 (retained members)
- b) New members as of March 2025 migrating from our affiliated company (projected to persist into 2026)
- c) New members as of March 2025 joining from other carriers with unknown experience (projected to persist into 2026)
- d) New 2026 members

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- For the members in category (a) and (b), the assumption is that they will be similar to their actual 2024 experience adjusted for aging.
- For new members in category (c), Premera assumed they will be similar to the members in (a) and (b) after adjusting for age, metal level mix, and applying a new members claims adjustment. The new members claims adjustment was determined by comparing several years of claims experience of renewal vs. newly enrolled membership.
- For new members in category (d), without any information about this population, Premera assumed this population would resemble the rest of the projected pool.

### **Plan Design Changes**

Premera assumed none of the changes in the plan design will affect EHB allowed claims.

### **Other Adjustments**

Premera is using an Other Adjustment factor of 1.237 for 2026.

This factor is a combination of 1) the projected paid to allowed vs AV & cost sharing adjustment and 2) the impact of the expiration of the enhanced advanced premium tax credits and the new rule on the silver CSR loading.

- 1) Due to the new Emergency rule from the OIC, the overall AV & Cost Sharing factor varies from the projected paid to allowed factor, and an adjustment factor is added. LifeWise calculated the actual projected paid to allowed ratio based on the experience period paid to allowed, adjusting for the projected change in benefits and cost sharing, then took the projected paid to allowed divided by the projected AV & Cost Share factor to determine the adjustment factor needed. The development of this adjustment of 1.180 is shown in Appendix 2.3a.
- 2) With the expiration of the enhanced advanced premium tax credits in 2026 and the new uniform silver loading rule, we expect deterioration of our experience as healthy people exit the market or purchase less expensive plans. To determine this adjustment, Premera projected the contribution margin before and after these changes by looking who would likely leave Premera or migrate to a different Premera plan. This change in contribution margin is then grossed up to an allowed basis and divided by the projected index rate to get the adjustment factor. The development of this adjustment of 1.049 is shown in Appendix 2.3b.

The Other adjustment in prior years filing was 1.000 as shown in Appendix 1.1.

### **Credibility Manual Rate Development**

No manual rates were used.

### **Credibility of Experience**

Due to the size of the bloc in the experience period, no credibility adjustments were used for developing the rates.

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## **Risk Adjustment Transfer (Appendix 2.4)**

Premera is expecting to receive \$3.7 million in risk transfer payments including recovery for high cost enrollees for its 2024 individual population.

To develop the projected risk adjustment transfer amount, Premera relied on Wakley 2024 December Risk Adjustment report, risk score data from internal data sources, and an external consultant's risk adjustment reports. Below are the adjustments and assumptions used to project the 2026 risk transfer.

Premera split the projected 2026 membership by metal level into 2024 membership that are expected to persist into 2026, new 2025 members that are expected to persist into 2026, and expected new 2026 members.

- The 2026 market average premium net of admin costs is expected to increase 14.5% over the 2024 market average premium net of admin costs.
- The 2026 state average non-plan liability risk score is assumed not to change from the 2025 state average non-plan liability risk score provided by our consultant.
- The 2026 state average plan liability risk score is estimated from the 2024 plan liability risk score, adjusted for the expected changes to the market average due to the new 2026 calibrated model factors.
- For 2024 members expected to persist into 2026, Premera used the cohort's 2024 risk adjustment factors, adjusted to proposed 2026 calibrated model factors, and applied the factors corresponding to the member's mapped 2026 metal level.
- For new 2025 members expected to persist into 2026, the members were split into (a) 2025 members that moved from an affiliated company and (b) all other new 2025 members.
  - a) Premera assumed the cohort's 2024 risk adjustment factors, adjusted to proposed 2026 calibrated model factors, and applied the factors corresponding to the member's mapped 2026 metal level as well as the new members claims factor.
  - b) Premera assumed the cohort's 2026 calibrated model factors would be similar to that of the "2024 members expected to persist into 2026" by metal level after adjusting for the difference in geography and age of the populations.
- For 2026 new members: Premera assumed the risk adjustment factors will be similar to the risk adjustment factors of the "2024 members expected to persist into 2026" and "New 2025 Members expected to persist into 2026" after adjusting for the difference in geography and age of the populations by metal level.

Premera took the product of these members' risk scores and averaged the resulting products divided by the state average risk scores (following the statutory formula used by CMS) to determine the risk adjustment transfer amount by categories and metallic levels. Based on the above assumptions, Premera estimated the 2026 risk adjustment transfer to be \$406.08 PMPM.

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The projected risk adjustment transfer does not account for the impact of Risk Adjustment Data Validation.

In last year's rate filing the projected 2025 risk adjustment transfer was \$279.76 PMPM.

The high-cost risk pool program reimbursement amount will be 60% of the claim amounts above \$1 million dollars for enrollees that surpass the \$1 million claims threshold. The projected 2026 reimbursement for this program is \$32.71 PMPM based on historical large claims experience. The administrative cost of this program is projected to be 0.4% of Premera's expected total premiums, or approximately \$4.13 PMPM.

In order to add the projected risk adjustment PMPM into the Market Adjusted Index Rate, projected risk adjustment transfer plus high-cost risk pool reimbursement less high-cost risk pool administrative cost was converted to an allowed amount by dividing the projected paid to allowed (as shown on Appendix 2.4). The result is an allowed PMPM estimate of \$595.76 (as shown in Appendix 1.1).

Appendix 3.3b shows projected vs. actual high cost risk pool reimbursement and assessment amounts. Historically there is variance between projected and actual. However, since both the assessment and reimbursement were generally greater than projected, the changes partially offset each other. The differences are due to the volatility of large claims, and we did not make additional adjustments for this.

## **Market to Plan Factors**

### **AV & Cost Sharing Adjustment (Appendix 2.5 & 2.5a)**

In 2026, the Washington Office of the Insurance Commissioner implemented WSR 25-07-021. Per the new rule, AV & Cost Sharing Adjustment must equal "AV Pricing" x "Induced Demand Factor" x "Silver Loading", with the AV pricing value to be  $\pm 2\%$  or  $\pm 3\%$  of the plan's designated AV metal value from the CMS AV calculator, the Induced Demand Factor to be  $(AV\ Pricing^2 - AV\ Pricing + 1.24)$ , and Silver Loading to be 1.435.

The AV and cost sharing design of plan adjustments (benefit relativities) were calculated using our current pricing methodology, which reflects induced utilization at different cost shares and paid to allow ratios. Then adjustments were made to the benefit relativities to comply with the tolerances of the AV & Cost Sharing requirements.

For Silver plans, the Silver CSR loading is 1.435 based on the above new rule. Historically, the silver CSR load adjustment was developed by calculating the cost share differential between the CSR plan and the base plan for each of its cost share reduction plan variations. Then the CSR adjustments were averaged based on the projected membership on each CSR variant. In 2024, the expected CSR payment if CSRs had been funded would have been \$1,929,775, which represented 3.6% of total silver claims. For 2026, the projected CSR payment is \$1,746,399 due to higher concentration of CSR 87% and CSR 94%.

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**Provider Network Adjustment**

Only one Provider Network is available, therefore no adjustment is made.

**Calibration Factors**

Appendix 2.6 shows the calculation of the age/geographic/tobacco calibration factor. This calculates the product of the age, geographic, and tobacco use factors for each projected member, and then averages this product. The product of the age, geographic, and tobacco use calibration factors is applied to develop the Calibrated Plan Adjusted Index Rate.

- **Age** – The Affordable Care Act (ACA) age factor was applied to the membership distribution limited to a maximum of three dependent children under the age of 21 per family. The average age of the projected members is 50. The average age of the projection period was determined as the closest age factor to the average age factor.
- **Geographic** – The Geographic factors remain the same as 2024. The geographic factors were updated in the 2024 filing, and there are no major changes in providers or service area for 2026.
- **Tobacco Use** – The tobacco use factor is removed for 2026. This was done to comply with the new rules issued by WAHBE to provide Cascade Care Subsidies to members enrolling on plans that have tobacco use factors. Prior filings had the tobacco use load at 7.5%.

**Non-Benefit Expense**

**Administrative Expense Load (Appendix 2.5b)**

Net operating expenses for the rating period is \$84.35 PMPM, compared with \$76.34 PMPM from the prior year filing.

Commissions of \$6.46 PMPM are projected for 2026. This is developed based on the current distribution of members purchasing insurance through a producer and the producer's commission from the compensation table. Commission was \$7.35 in the prior year filing.

Commercial reinsurance fee is \$0.69 PMPM. The fee was \$0.63 PMPM in the prior year filing.

An interest credit amount of -\$5.47 PMPM was calculated based on the yield rate.

**Contribution to Surplus & Risk Margin (C&R) (Appendix 2.5b)**

Premera Blue Cross is filing for -2.6% Contingency and Risk (C&R).

The C&R charge is intended to cover business risk, statistical variation, and other unknown, unpredictable risks. With the uncertainty of the inflationary pressure on provider contracted

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reimbursements, risk adjustment model changes and its impact on risk adjustment transfer amounts, as well as other uncertainty on claims, Premera determined that a C&R charge of 10-12.0% is needed.

Premera is proposing a one-time transitioning C&R charge of -2.6% to ease the impact on premium increase due to recent or expected rules changes. The negative C&R offsets the impact of the expected expiration of the enhanced advanced premium tax credit and the new rules around the development of the AV & Cost Sharing Adjustment. Premera is committed in the individual market and is willing to take a one-time hit to support the emergency rule, with the uncertainty of how membership will react to the changes.

Premera did not consider its capital and surplus in determining rates. The capital and surplus is mostly dedicated to furthering business development including system transformation.

**Taxes and Fees (Appendix 2.5b)**

Regulatory & Insurance Fraud Surcharge – The combined regulatory and insurance fraud surcharge is 0.1% of premium.

Federal Income Tax – Premera, as a not-for-profit organization, does not pay federal income tax. Therefore, the federal income tax is 0.00% of premium.

WSHIP assessment – The Washington State Health Insurance Pool is anticipating 9 million in total assessments for 2026. Based on our projected market share, we assumed the 2026 projected fee to be \$0.19 PMPM.

Premium tax – Washington state premium tax is 0.0%. This amount has not changed from prior year filing.

WAPAL Assessment Fee – The expected fee is \$0.06 PMPM determined by WAPAL Fund Advisory Committee.

Patient Centered Outcomes Research Fee – Expected 2026 fee is \$0.32 PMPM. According to IRS, the most recent PCORI fee was \$3.47 PMPY between Oct.2024 and Sep.2025. Therefore, Premera applied one year's worth of National Expenditures rate which is 5% to the most recent PCORI to predict 2026 expected PCORI fee PMPM.

Risk adjustment program administrative fee – The fee per 2026 Benefit and Payment Parameters is \$0.20 PMPM.

**Non-EHB Benefits (Appendix 2.5)**

Premera does not offer plans with non-EHB benefits. However, per URRT instructions, abortion services are included in worksheet 2, field 3.5 as non-EHB benefit.

**Exchange Fees (Appendix 2.5b)**



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The projected Exchange fee is \$5.11 PMPM.

Premera is only actively selling In Exchange plans and expects all members to purchase inside the Exchange.

In the Market Adjusted Index Rate the Exchange fee is 0.5%. This is the exchange fee represented as an allowed basis percentage. Therefore, the PMPM is divided by average paid to allow and the Market Adjusted Index Rate to arrive at the percentage.

## **Projected Loss Ratio**

The projected loss ratio is 94.6% (Appendix 1.2 Section IV). This was determined by dividing the projected incurred claims of \$1,509.63 (Appendix 1.2 Section IV) by the projected premium and risk adjustment transfer of \$1,595.96 (Appendix 1.2 Section IV).

The projected federal medical loss ratio for 2026 is 95.0% (Appendix 3.2), which exceeds the federal minimum loss ratio requirement of 80.0%.

## **AV Metal Values**

- The HSA qualified plans AV metal values were from the 2026 final AV calculator (AVC).
- Cascade Plans: AV metal values were provided by Wakely and the Washington Health Board Exchange to Premera Blue Cross using a permissible alternative method that complies with 45 CFR 156.135(b).
- All Other Plans: the AV metal values have a unique benefit design and were determined by using a permissible alternative method that complies with 45 CFR 156.135(b)(3). These plans have different cost sharing for outpatient office visits and all other outpatient mental health and substance use disorder services (MHSUD) and have \$1 copay for first 2 Primary Care office visits followed by standard Primary care copay.
  - As the AV calculator only has one input for outpatient MHSUD, the AVC is run with MH OP office visit copay cost shares input in Tier 1 and MH OP non-office visit cost shares input in Tier 2 each plan. The continuance tables of each metallic level from the AV model and each plan's claims maximum were used to calculate the weights between MH outpatient professional and facility that are entered into the Tier 1 Utilization field.
  - Additionally, the AV Calculator cannot handle Primary care cost shares being one copay for first x visits, then a different copay for third plus visits. As such the benefits were entered into the AV Calculator as first 2 visits at no cost sharing and the value of the \$1 copay for the first 2 Primary Care visits is subtracted from the AV calculator value. The continuance tables of each metallic level from the AV model and each plan's claims maximum were used to determine value. See Appendix 5 for calculations.

## **Membership Projections (Appendix 2.5)**

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The membership projection for Premera in 2026 is 113,913 member months.

Premera is projecting 7,675 member months on silver plans in 2026. Of these, 5,160 are on an 87% CSR, and 2,509 are on a 94% CSR plan.

The 2026 membership was projected from the March 2025 membership (9,460 members) with the following adjustments:

- 1) Assumes members on Silver (70%) or Silver CSR 73% will be migrated to a Gold plan.
- 2) Assumes that 8,542 members will choose to renew in 2026.
- 3) Assumes that Premera will gain 951 new members in 2026.

The projected period member months are based on assuming 12 months of membership for the projected 9,493 members.

## **Terminated Products**

No terminated plans for 2026.

## **Plan Type**

The plans included in this filing are EPO plans.

## **Washington State Required Appendixes**

Appendix 2.5b: Projected and Historical Administrative Cost Development  
Appendix 3.1: Experience Claims by Incurred & Paid Date  
Appendix 3.2: Federal Minimum Loss Ratio Calculation  
Appendix 3.3a: Risk Adjustment Experience by Plan  
Appendix 3.3b: HCRP Actual vs Projected  
Appendix 4.1: WAC 283-43-6660 vs Additional Data Statement Form  
Appendix 4.1a: Additional Data Statement screenshots  
Appendix 4.2: Months of Surplus  
Appendix 5: Actuarial Values for Non-Cascade plans  
Appendix 6: Rate/Rule Schedule tab of SERFF rate filing support/source

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## **Actuarial Certification**

I, Hiu-Wan Ko, am VP of Actuarial Services at Premera Blue Cross. I am a member of the American Academy of Actuaries and meet its qualification standards for rendering actuarial certification.

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

I, certify that the projected index rate is in compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1) and 147.102), is in compliance with the Actuarial Standards of Practice, is reasonable overall in relation to the average benefits provided and the average population anticipated to be covered, and is neither excessive nor deficient.

I, certify that the index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) are used to generate plan level rates.

I, certify that the geographic rating factors reflect only differences in the costs of delivery and do not include differences for population morbidity by geographic area.

I, certify non-Cascade plan AV Metal Values were developed with an alternate methodology as described in 45 CFR 156.135(b)(3) in accordance with generally accepted actuarial principles and methodologies. Certification is included in the “Unique Plan Design Supporting Documentation and Justification Non Cascade” file.

## **Limitations**

I have relied on the analyses performed by:

- The Washington State Office of the Insurance Commissioner for the Silver Loading adjustment factor
- The Centers of Medicare and Medicaid Services AV Calculator, to use as a basis for determining the AV & Cost Sharing adjustment by plan
- Wakely, Washington State Office of the Insurance Commissioner, and the Centers of Medicare and Medicaid Services to support our analysis of risk transfer payments
- Our PBM to support our analysis of the prescription drug trends
- Our third party administrators including Evolent, CMS and WAHBE on their processes related to claims payments, eligibility/membership and premium billing
- Our finance department for net operating expense and company financial projections
- The HCE actuarial team and network team for medical trends
- Wakely to certify AV for Cascade plans 49831WA1940005, 49831WA1940006, 49831WA1940007, and 49831WA1940009. Wakely’s certification is included in the “Standard Plan Unique Plan Design Supporting Documentation and Justification” file.

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While I have reviewed the information provided by the above sources for reasonableness and consistency, I performed no verification of and take no responsibility for the accuracy of the information. If the information is inaccurate or incomplete, the results of my analysis may likewise be inaccurate or incomplete.

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

- ASOP No. 5, *Incurred Health and Disability Claims*
- ASOP No. 8, *Regulatory Filings for Health 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*



05/14/2025

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Hiu-Wan Ko, FSA, MAAA  
VP of Actuarial Services  
Premera Blue Cross

Date

**Premera Blue Cross of Washington - HHS Form Part II**  
**Individual Metallic Products**

Premera Blue Cross (PBC) is renewing all seven existing metallic plans and adding one new plan. Plans will be sold in the WA Marketplace only.

**Scope and range of the rate increase:**

Premera Blue Cross currently has 9,460 members on metallic plans.

In 2026, Premera Blue Cross will continue to offer coverage in Clallam, Franklin, Grays Harbor, Jefferson, King, Kitsap, Mason, Pacific, Pierce, Spokane, and Yakima and expand into Lincoln County.

The 2026 average rate increase is 18.8%, but due to the emergency rating rules from the Washington OIC, cost shares changes, and administrative expenses changes between 2024 and 2026, the rate change by plan varies from -6.6% to 41.2%. The main drivers of the overall 2026 rate increase are the continued high provider reimbursement increases and the expected demographic shifts.

Other factors contributing to the rate increase include increased medical and pharmacy costs and utilization, benefit design changes, and change of the anticipated risk adjustment transfer dollars.

**Changes in Cost Sharing/benefits:**

Cost-sharing component (deductible, copays, coinsurance, out of pocket max, etc.) changes were made to renewing plans in order to meet the metallic actuarial value (AV) requirements and to ensure meeting mental health parity. These types of changes are needed as cost and utilization of health care continue to change every year. In 2026, Premera is proposing to increase the out of pocket maximum for all bronze and silver plans. For the Preferred plans, the non-preferred brand drug coinsurance is decreasing by 5%, the HSA generic tier drugs coinsurance is decreasing by 5%, and the silver specialist office visit copay is increasing \$5. For the Cascade plans, the gold deductible is increasing by \$400, the Cascade Silver and Bronze PCP and mental health office visit copay is decreasing \$10, and the bronze specialist will no longer be subject to deductible. Please see the public rate filing's Uniform Product Modification Justification form for additional information and plan-specific benefit and cost-sharing changes.

**Changes in Medical Service Costs:**

For Premera's individual metallic business, the cost of a medical and pharmacy services is increasing 6.9% annually, with an additional increase in utilization of services of 3.5% annually.

**Administrative costs and anticipated profits:**

Premera is committed to using its members' rate dollar responsibly and consistently pays out a high percentage of the members' rate dollar on medical claims. Premera expects to exceed the ACA's required Medical Loss Ratio (MLR) for this line of business in 2026.

ACA related taxes and fees, including fees paid toward Washington Healthplanfinder account for 2.6% of the rate dollar in 2026.

The other administrative cost (Administrative Expense Load) accounts for 7.4%, which is roughly the same as the prior year's 7.5%.

**Commercial reinsurance agreements:**

Premera Blue Cross has a commercial reinsurance agreement to cover 40% above an attachment point of \$3.5 million per member per year. The projected charge of such agreement is \$0.69 per member per month in 2026.

**Financial experience of the product:**

Premera uses restated data which differs from the reported annual statement. The following is the financial performance for 2022, 2023, and 2024 for this line of business.

	2024	2023	2022
Member Months	126,053	160,310	198,501
Earned Premium	\$112,880,957	\$124,765,741	\$140,841,995
Paid Claims	\$132,556,140	\$139,112,916	\$166,969,618
Beginning Claim Reserve	\$13,913,823	\$14,497,451	\$22,547,269
Ending Claim Reserve	\$14,014,265	\$13,913,823	\$14,497,451
Incurred Claims	\$132,656,582	\$138,529,288	\$158,919,801
Expenses	\$13,621,140	\$15,673,884	\$16,829,620
Commercial Reinsurance	\$ 0	\$ 0	\$ 0
Risk Adjustment	\$39,163,341	\$36,348,305	\$44,894,954
High Cost Risk Pool Reinsurance	\$2,764,454	\$1,619,457	\$1,429,522
High Cost Risk Pool Assessment	-\$401,344	-\$451,721	-\$520,815
Gain/Loss	\$8,129,686	\$8,078,609	\$10,896,236
MLR Rebates	\$ 0	\$ 0	\$ 0

Based on the rate increase in this filing, Premera expects to earn -2.6% operating income in 2026.

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Unified Rate Review v6.0

Company Legal Name:Premera Blue Cross

HIOS Issuer ID:49831

Effective Date of Rate Change(s):1/1/2026

State:WA

Market:Individual

Market Level Calculations (Same for all Plans)

Section I: Experience Period Data

Experience Period:1/1/2024to12/31/2024

	Total	PMPM
Allowed Claims	\$157,828,148.92	\$1,252.08
Reinsurance	\$0.00	\$0.00
Incurred Claims in Experience Period	\$132,656,581.78	\$1,052.39
Risk Adjustment	\$41,526,451.35	\$329.44
Experience Period Premium	\$112,880,956.53	\$895.50
Experience Period Member Months	126,053	

Section II: Projections

Benefit Category	Experience Period Index Rate PMPM	Year 1 Trend		Year 2 Trend		Trended EHB Allowed Claims PMPM
		Cost	Utilization	Cost	Utilization	
Inpatient Hospital	\$179.77	1.066	1.040	1.066	1.040	\$221.12
Outpatient Hospital	\$356.66	1.066	1.040	1.066	1.040	\$438.69
Professional	\$382.30	1.066	1.040	1.066	1.040	\$470.23
Other Medical	\$40.40	1.066	1.040	1.066	1.040	\$49.69
Capitation	\$0.00	1.066	1.040	1.066	1.040	\$0.00
Prescription Drug	\$292.95	1.076	1.020	1.076	1.020	\$352.87
Total	\$1,252.08					\$1,532.61

Morbidity Adjustment	1.000
Demographic Shift	1.091
Plan Design Changes	1.000
Other	1.237
Adjusted Trended EHB Allowed Claims PMPM for 1/1/2026	\$2,069.13

Manual EHB Allowed Claims PMPM	\$0.00
Applied Credibility %	100.00%

Projected Period Totals

Projected Index Rate for 1/1/2026	\$2,069.13	\$235,700,805.69
Reinsurance	\$0.00	\$0.00
Risk Adjustment Payment/Charge	\$595.75	\$67,864,234.33
Exchange User Fees	0.47%	\$792,556.90
Market Adjusted Index Rate	\$1,480.33	\$168,629,128.27

Projected Member Months	113,913
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Information Not Releasable to the Public Unless Authorized by Law: This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P.  
To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.  
To validate, select the Validate button or Ctrl + Shift + I.  
To finalize, select the Finalize button or Ctrl + Shift + F.

1 of 3

Product-Plan Data Collection

Company Legal Name: Premiera Blue Cross  
 HIOS Issuer ID: 49831 State: WA  
 Effective Date of Rate Change(s): 1/1/2026 Market: Individual

Product/Plan Level Calculations

Field # Section I: General Product and Plan Information

1.1 Product Name	Preferred HSA EPC	Preferred EPO								
1.2 Product ID	49831WA191	49831WA194								
1.3 Plan Name	Premiera Blue	Premiera Blue	Premiera Blue	Premiera Blue	Premiera Blue	Premiera Blue	Premiera Blue	Premiera Blue	Premiera Blue	Premiera Blue
1.4 Plan ID (Standard Component ID)	49831WA1930002	49831WA1940001	49831WA1940003	49831WA1940004	49831WA1940005	49831WA1940006	49831WA1940007	49831WA1940008	49831WA1940009	49831WA1940009
1.5 Metal	Bronze	Gold	Bronze	Silver	Gold	Silver	Bronze	Bronze	Gold	Gold
1.6 AV Metal Value	0.447	0.735	0.642	0.719	0.818	0.650	0.628	0.628	0.781	0.781
1.7 Plan Category	Terminated	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	New
1.8 Plan Type	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO
1.9 Exchange Plan?	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
1.10 Effective Date of Proposed Rates	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026
1.11 Cumulative Rate Change % (over 12 mos prior)	0.00%	-3.58%	15.50%	36.50%	-6.57%	41.24%	16.10%	15.97%	0.00%	0.00%
1.12 Product Rate Increase %										
1.13 Submission Level Rate Increase %										

To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P.

To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.

To validate, select the Validate button or Ctrl + Shift + I.

To finalize, select the Finalize button or Ctrl + Shift + F.

To remove a product, navigate to the corresponding Product Name/Product ID field and select the Remove Product button or Ctrl + Shift + Q.

To remove a plan, navigate to the corresponding Plan Name/Plan ID field and select the Remove Plan button or Ctrl + Shift + A.

Worksheet 1 Totals Section II: Experience Period and Current Plan Level Information

2.1 Plan ID (Standard Component ID)	Total	49831WA1930002	49831WA1940001	49831WA1940003	49831WA1940004	49831WA1940005	49831WA1940006	49831WA1940007	49831WA1940008	49831WA1940009
2.2 Allowed Claims	\$157,828,149	\$9,883,782	\$29,843,675	\$22,765,978	\$20,793,466	\$28,423,251	\$30,112,981	\$16,005,015	\$0	\$0
2.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.4 Member Cost Sharing	\$25,171,967	\$2,684,257	\$3,628,701	\$5,714,386	\$2,341,696	\$2,209,095	\$4,205,773	\$4,387,660	\$0	\$0
2.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.6 Incurred Claims	\$132,656,582	\$7,199,525	\$26,214,975	\$17,051,592	\$18,451,770	\$26,214,156	\$25,907,209	\$11,617,355	\$0	\$0
2.7 Risk Adjustment Transfer Amount	\$41,526,451	\$917,238	\$9,493,448	\$2,572,627	\$5,646,139	\$10,906,111	\$9,975,517	\$2,014,981	\$0	\$0
2.8 Premium	\$112,880,957	\$9,727,236	\$17,685,807	\$21,490,523	\$11,988,425	\$13,630,238	\$22,271,236	\$16,068,501	\$0	\$0
2.9 Experience Period Member Months	126,053	12,272	16,558	26,464	11,475	12,652	23,647	22,985	0	0
2.10 Current Enrollment	9,460	0	1,055	1,891	731	970	1,858	1,937	1,018	0
2.11 Current Premium PMPM	\$1,020.83	\$0.00	\$1,264.51	\$825.36	\$1,184.81	\$1,250.11	\$1,081.61	\$826.86	\$867.83	\$0.00
2.12 Loss Ratio	85.91%	67.64%	96.45%	70.86%	104.57%	106.80%	80.34%	64.24%	RDIV/OI	RDIV/OI
Per Member Per Month										
2.13 Allowed Claims	\$1,252.08	\$805.39	\$1,802.37	\$860.26	\$1,812.07	\$2,246.54	\$1,273.44	\$696.32	RDIV/OI	RDIV/OI
2.14 Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	RDIV/OI	RDIV/OI
2.15 Member Cost Sharing	\$199.69	\$218.73	\$219.15	\$215.93	\$204.07	\$174.60	\$177.86	\$190.89	RDIV/OI	RDIV/OI
2.16 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	RDIV/OI	RDIV/OI
2.17 Incurred Claims	\$1,052.39	\$586.66	\$1,583.22	\$644.33	\$1,608.00	\$2,071.94	\$1,095.58	\$505.43	RDIV/OI	RDIV/OI
2.18 Risk Adjustment Transfer Amount	\$329.44	\$573.35	\$97.21	\$492.06	\$862.02	\$421.85	\$87.67	RDIV/OI	RDIV/OI	RDIV/OI
2.19 Premium	\$895.50	\$792.64	\$1,068.11	\$812.07	\$1,045.61	\$1,078.03	\$941.82	\$699.09	RDIV/OI	RDIV/OI

Section III: Plan Adjustment Factors

3.1 Plan ID (Standard Component ID)		49831WA1930002	49831WA1940001	49831WA1940003	49831WA1940004	49831WA1940005	49831WA1940006	49831WA1940007	49831WA1940008	49831WA1940009
3.2 Market Adjusted Index Rate						\$1,480.31				
3.3 AV and Cost Sharing Design of Plan		0.0000	0.7896	0.6120	0.9888	0.8708	1.0953	0.6107	0.5914	0.8257
3.4 Provider Network Adjustment		0.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.5 Benefits in Addition to EHB		0.0000	1.0008	1.0010	1.0006	1.0007	1.0006	1.0010	1.0010	1.0008
Administrative Costs										
3.6 Administrative Expense		0.00%	6.88%	8.70%	5.57%	6.28%	5.34%	8.72%	8.97%	6.80%
3.7 Taxes and Fees		0.00%	2.14%	2.16%	2.13%	2.14%	2.13%	2.16%	2.16%	2.14%
3.8 Profit & Risk Load		0.00%	-2.56%	-2.56%	-2.56%	-2.56%	-2.56%	-2.56%	-2.56%	-2.56%
3.9 Catastrophic Adjustment		0.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.10 Plan Adjusted Index Rate		\$0.00	\$1,250.39	\$988.95	\$1,543.99	\$1,370.27	\$1,642.12	\$987.07	\$958.49	\$1,303.87

3.11 Age Calibration Factor	0.5700	0.5700								
3.12 Geographic Calibration Factor	0.9911	0.9911								
3.13 Tobacco Calibration Factor	1.0000	1.0000								
3.14 Calibrated Plan Adjusted Index Rate		\$0.00	\$706.49	\$558.69	\$872.24	\$774.10	\$927.68	\$557.62	\$541.47	\$736.59

Section IV: Projected Plan Level Information

4.1 Plan ID (Standard Component ID)	Total	49831WA1930002	49831WA1940001	49831WA1940003	49831WA1940004	49831WA1940005	49831WA1940006	49831WA1940007	49831WA1940008	49831WA1940009
4.2 Allowed Claims	\$199,790,876	\$0	\$22,556,960	\$36,329,391	\$13,611,690	\$22,168,417	\$15,223,786	\$37,236,390	\$19,420,663	\$43,243,632
4.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.4 Member Cost Sharing	\$27,824,235	\$0	\$1,902,482	\$7,499,691	\$524,538	\$1,103,271	\$1,749,696	\$7,731,769	\$4,387,378	\$2,925,410
4.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.6 Incurred Claims	\$171,966,641	\$0	\$30,654,483	\$28,829,700	\$13,087,152	\$21,065,146	\$13,474,020	\$29,504,611	\$15,033,286	\$40,318,202
4.7 Risk Adjustment Transfer Amount	\$49,513,553	\$0	\$5,946,949	\$8,300,801	\$888,869	\$6,065,189	\$3,879,520	\$8,495,128	\$4,328,464	\$11,608,632
4.8 Premium	\$132,287,465	\$0	\$15,797,505	\$22,492,738	\$2,328,340	\$16,008,912	\$10,126,943	\$23,034,378	\$11,763,504	\$30,745,195
4.9 Projected Member Months	113,913	0	12,632	22,744	1,308	11,883	6,167	23,326	12,273	23,580
4.10 Loss Ratio	94.59%	RDIV/OI	94.99%	93.62%	95.36%	95.43%	95.20%	93.61%	93.42%	95.19%
Per Member Per Month										
4.11 Allowed Claims	\$1,753.89	RDIV/OI	\$1,785.70	\$1,597.32	\$2,395.02	\$1,897.49	\$2,468.58	\$1,596.35	\$1,582.39	\$1,833.91
4.12 Reinsurance	\$0.00	RDIV/OI	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.13 Member Cost Sharing	\$246.26	RDIV/OI	\$190.61	\$329.74	\$147.84	\$94.41	\$283.72	\$331.47	\$197.48	\$124.06
4.14 Cost Sharing Reduction	\$0.00	RDIV/OI	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.15 Incurred Claims	\$1,509.63	RDIV/OI	\$1,635.09	\$1,267.57	\$2,047.18	\$1,803.06	\$2,184.86	\$1,264.88	\$1,224.91	\$1,709.85
4.16 Risk Adjustment Transfer Amount	\$434.66	RDIV/OI	\$470.78	\$364.97	\$589.44	\$519.15	\$629.08	\$364.19	\$352.68	\$492.31
4.17 Premium	\$1,161.30	RDIV/OI	\$1,250.39	\$988.95	\$1,543.99	\$1,370.27	\$1,642.12	\$987.07	\$958.49	\$1,303.87



## Rating Area Data Collection

Rating Area	Rating Factor
Rating Area 1	1.0000
Rating Area 2	1.0881
Rating Area 4	0.9462
Rating Area 5	1.0495
Rating Area 6	0.9698

<b>SERFF Tracking #:</b>	PBCC-134527954	<b>State Tracking #:</b>	484666	<b>Company Tracking #:</b>	2026 NONGRANDFATHERED INDIVIDUAL PBC
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<b>State:</b>	Washington	<b>Filing Company:</b>	Premera Blue Cross
<b>TOI/Sub-TOI:</b>	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
<b>Product Name:</b>	2026 Nongrandfathered Individual rate filing PBC		
<b>Project Name/Number:</b>	2026 nongrandfathered individual PBC/2026 nongrandfathered individual PBC		

## Supporting Document Schedules

<b>Satisfied - Item:</b>	Written Description Justifying the Rate Increase
<b>Comments:</b>	Part II is loaded on the URRT tab.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Part III Rate Filing Documentation and Actuarial Memorandum Appendix
<b>Comments:</b>	
<b>Attachment(s):</b>	PBCWA Ind 2026 Part III Appendix DUPLICATE.xlsx PBCWA Ind 2026 Part III Appendix.pdf PBCWA Ind 2026 WA Exhibits DUPLICATE.xlsx PBCWA Ind 2026 WA Exhibits.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Checklist
<b>Comments:</b>	
<b>Attachment(s):</b>	PBCWA Ind 2026 Checklist.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	WAC 284-43-6660
<b>Comments:</b>	
<b>Attachment(s):</b>	PBCWA Ind 2026 Summary of Pooled Experience with Adjustments.pdf PBCWA Ind 2026 WAC 284-43-6660 DUPLICATE.xlsx PBCWA Ind 2026 WAC 284-43-6660.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Uniform Product Modification Justification
<b>Comments:</b>	
<b>Attachment(s):</b>	PBCWA Ind 2026 Uniform Product Modification Justification DUPLICATE.xlsx PBCWA Ind 2026 Uniform Product Modification Justification.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>SERFF Tracking #:</b>	PBCC-134527954	<b>State Tracking #:</b>	484666	<b>Company Tracking #:</b>	2026 NONGRANDFATHERED INDIVIDUAL PBC
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<b>State:</b>	Washington	<b>Filing Company:</b>	Premera Blue Cross
<b>TOI/Sub-TOI:</b>	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
<b>Product Name:</b>	2026 Nongrandfathered Individual rate filing PBC		
<b>Project Name/Number:</b>	2026 nongrandfathered individual PBC/2026 nongrandfathered individual PBC		

<b>Satisfied - Item:</b>	Mental Health Parity Financial Requirements
<b>Comments:</b>	
<b>Attachment(s):</b>	PBCWA Ind 2026 MHSUD Parity Calculations DUPLICATE.xlsm PBCWA Ind 2026 MHSUD Parity Calculations.pdf PBCWA Ind 2026 Mental Health Parity Certification.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	AV Calculator Screenshots
<b>Comments:</b>	
<b>Attachment(s):</b>	2026 Unique Plan Design Supporting Documentation and Justification Cascade.pdf Cascade Actuarial Value Certification.pdf PBCWA Ind 2026 AV Calculator Screenshots Cascade.pdf PBCWA Ind 2026 AV Calculator Screenshots Non-Cascade.pdf 2026 Unique Plan Design Supporting Documentation and Justification Non-Cascade.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Benefit Components
<b>Comments:</b>	
<b>Attachment(s):</b>	PBCWA Ind 2026 Benefit Components.pdf PBCWA Ind 2026 Benefit Components DUPLICATE.xlsm
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Commission Information and Officer Certification
<b>Comments:</b>	
<b>Attachment(s):</b>	Premera Blue Cross Compensation Table 2026.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	1332 waiver reporting
<b>Comments:</b>	
<b>Attachment(s):</b>	PBCWA Ind 1332 Waiver Checklist.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Rating Documents for Extended ARPA Subsidies
<b>Comments:</b>	

State:

Washington

Filing Company:

Premera Blue Cross

TOI/Sub-TOI:

H16I Individual Health - Major Medical/H16I.005C Individual - Other

Product Name:

2026 Nongrandfathered Individual rate filing PBC

Project Name/Number:

2026 nongrandfathered individual PBC/2026 nongrandfathered individual PBC

Attachment(s):	PBCWA Ind 2026 Rate Schedule with ARPA extension DUPLICATE.xlsx PBCWA Ind 2026 Rate Schedule with ARPA extension.pdf PBCWA Ind 2026 Part I Unified Rate Review Template with ARPA extension DUPLICATE.xlsm PBCWA Ind 2026 Part I Unified Rate Review Template with ARPA extension.pdf Part III Rate Filing Documentation and Actuarial Memorandum with ARPA extension.pdf
Item Status:	
Status Date:	

**Premera Blue Cross**  
**Appendix 1.1**  
Development of URRT Wksh 1 - Market Experience

*Individual Filing - Effective 1/1/2026*

**Section I: Experience period data**

	2023 Rate filing	2024 Actual Experience	
	Projected 2024 PMPM	Total	PMPM
Allowed Claims	\$1,279.39	\$157,828,149	\$1,252.08
Reinsurance	\$0.00	\$0	\$0.00
Incurred Claims in Experience Period	\$1,050.84	\$132,656,582	\$1,052.39
Risk Adjustment	\$234.82	\$41,526,451	\$329.44
Experience Period Premium	\$944.77	\$112,880,957	\$895.50
Experience Period Member Months	168,972	126,053	

**Section II: Allowed Claims, PMPM basis**

Benefit Category	2025 Rate Filing								Trended EHB Allowed Claims PMPM
	Experience Period Index Rate PMPM	Year 1 Trend			Year 2 Trend				
		Cost	Utilization		Cost	Utilization			
Inpatient	\$134.54	1.062	1.039	1.062	1.039		\$163.99		
Outpatient	\$301.33	1.062	1.039	1.062	1.039		\$367.30		
Professional	\$332.33	1.062	1.039	1.062	1.039		\$405.09		
Other	\$32.53	1.062	1.039	1.062	1.039		\$39.65		
Capitation	\$0.00	1.062	1.039	1.062	1.039		\$0.00		
Prescription Drug	\$257.39	1.089	1.016	1.089	1.016		\$314.97		
Total	\$1,058.12						\$1,291.00		

Benefit Category	2026 Rate Filing							
	Experience Period Index Rate PMPM	Year 1 Trend		Year 2 Trend		Trended EHB Allowed Claims PMPM		
		Cost	Utilization	Cost	Utilization			
Inpatient	\$179.77	1.0664	1.0400	1.0664	1.0400	\$221.12		
Outpatient	\$356.66	1.0664	1.0400	1.0664	1.0400	\$438.69		
Professional	\$382.30	1.0664	1.0400	1.0664	1.0400	\$470.23		
Other	\$40.40	1.0664	1.0400	1.0664	1.0400	\$49.69		
Capitation	\$0.00	1.0664	1.0400	1.0664	1.0400	\$0.00		
Prescription Drug	\$292.95	1.0760	1.0200	1.0760	1.0200	\$352.87		
Total	\$1,252.08					\$1,532.61		

	2025 Rate Filing	2026 Rate Filing	
Morbidity Adjustment	1.000	1.000	
Demographic Shift	1.138	1.091	
Plan Design Changes	1.000	1.000	
Other	1.000	1.237	
Adjusted Trended EHB Allowed Claims PMPM	\$1,469.16	\$2,069.13	
Manual EHB Allowed Claims PMPM	\$0.00	\$0.00	
Applied Credibility %	100.00%	100.00%	
			<b>Projected Period Totals</b>
Projected Index Rate	\$1,469.16	\$2,069.13	\$235,700,805.69
Reinsurance	\$0.00	\$0.00	\$0.00
Risk Adjustment Payment/Charge	\$356.03	\$595.75	\$67,864,234.33
Exchange User Fees <sup>(1)</sup>	0.55%	0.47%	\$792,556.90
Market Adjusted Index Rate	\$1,119.28	\$1,480.33	\$168,629,128.27
Projected Member Months	131,706	113,913	

Note:

(1) Projected Exchange user fee % = Exchange user fee on an allowed basis / Projected Market Adjusted Index Rate

Exchange user fee on an allowed basis = \$5.11 / 0.7296 = \$7

Projected Exchange user fee % = \$7/(\$2069.13 - \$595.75 + \$7)

**Premiera Blue Cross**  
**Appendix 1.2**  
Development of URRT Wksh 2 - Market Experience

Individual Filing - Effective 1/1/2026

**Section I: General Product and Plan Information**

Product Name		Preferred HSA EPO								
Product ID:		49831WA1930002								
Plan Name		Premiera Blue Cross Preferred Bronze HSA EPO 6400								
Plan ID (Standard Component ID):		49831WA1930002	49831WA1940001	49831WA1940003	49831WA1940004	49831WA1940005	49831WA1940006	49831WA1940007	49831WA1940008	49831WA1940009
Metal:		Bronze	Gold	Bronze	Silver	Gold	Silver	Bronze	Bronze	Gold
AV Metal Value		64.74%	75.47%	64.15%	71.93%	81.81%	71.84%	64.97%	62.79%	78.06%
Plan Category		Terminated	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	New
Plan Type:		EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO
Exchange Plan?		No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Effective Date of Proposed Rates		1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026
Cumtve Rate Change % (over 12 mos prior)		0.00%	-3.58%	19.50%	36.90%	-6.57%	41.24%	16.10%	15.97%	0.00%
Product Rate Increase %										
Submission Level Rate Increase		0.00%				18.24%				

**Section II: Experience Period and Current Plan Level Information**

Plan ID (Standard Component ID):	Total	49831WA1930002	49831WA1940001	49831WA1940003	49831WA1940004	49831WA1940005	49831WA1940006	49831WA1940007	49831WA1940008	49831WA1940009
Allowed Claims	\$157,828,149	\$9,883,782	\$29,843,675	\$22,765,978	\$20,793,466	\$28,423,251	\$30,112,981	\$16,005,015	\$0	\$0
Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Member Cost Sharing	\$25,171,567	\$2,684,257	\$3,628,701	\$5,714,366	\$2,341,696	\$2,209,095	\$4,205,773	\$4,387,660	\$0	\$0
Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Incurred Claims	\$132,656,582	\$7,199,525	\$26,214,975	\$17,051,592	\$18,451,770	\$26,214,156	\$25,907,209	\$11,617,355	\$0	\$0
Risk Adjustment Transfer Amount	\$41,526,451	\$917,228	\$9,493,448	\$2,572,627	\$5,646,339	\$10,906,311	\$9,975,517	\$2,014,981	\$0	\$0
Premium	\$112,880,957	\$9,727,226	\$17,685,807	\$21,490,523	\$11,998,425	\$13,639,238	\$22,271,236	\$16,068,501	\$0	\$0
Member Months	126,053	12,272	16,558	26,464	11,475	12,652	23,847	22,985	0	0
Current Enrollment	9,460	0	1,055	1,891	731	970	1,858	1,337	1,018	0
Current Premium PMPM	\$1,020.85	\$0.00	\$1,264.51	\$925.36	\$1,184.81	\$1,250.11	\$1,081.61	\$826.80	\$867.83	\$0.00
Loss Ratio	85.91%	67.64%	96.45%	70.86%	104.57%	106.80%	80.34%	64.24%	0.00%	0.00%
<b>Per Member Per Month</b>										
Allowed Claims	\$1,252.08	\$805.39	\$1,802.37	\$860.26	\$1,812.07	\$2,246.54	\$1,273.44	\$696.32	\$0.00	\$0.00
Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Member Cost Sharing	\$199.69	\$218.73	\$219.15	\$215.93	\$204.07	\$174.60	\$177.86	\$190.89	\$0.00	\$0.00
Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Incurred Claims	\$1,052.39	\$586.66	\$1,583.22	\$644.33	\$1,608.00	\$2,071.94	\$1,095.58	\$505.43	\$0.00	\$0.00
Risk Adjustment Transfer Amount	\$329.44	\$74.74	\$673.35	\$97.21	\$492.06	\$862.02	\$421.85	\$87.67	\$0.00	\$0.00
Premium	\$895.50	\$792.64	\$1,068.11	\$812.07	\$1,045.61	\$1,078.03	\$941.82	\$699.09	\$0.00	\$0.00

**Section III: Plan Adjustment Factors**

Plan ID (Standard Component ID):		49831WA1930002	49831WA1940001	49831WA1940003	49831WA1940004	49831WA1940005	49831WA1940006	49831WA1940007	49831WA1940008	49831WA1940009
Market Adjusted Index Rate						\$1,480.33				
AV and Cost Sharing Design of Plan		0.0000	0.7896	0.6120	0.9888	0.8708	1.0553	0.6107	0.5914	0.8257
Provider Network Adjustment		0.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Benefits in Addition to EHB		0.0000	1.0008	1.0010	1.0006	1.0007	1.0006	1.0010	1.0010	1.0008
<b>Administrative Costs</b>										
Administrative Expense		0.00%	6.88%	8.70%	5.57%	6.28%	5.24%	8.72%	8.97%	6.80%
Taxes and Fees		0.00%	2.14%	2.18%	2.13%	2.14%	2.13%	2.16%	2.16%	2.14%
Profit & Risk Load		0.00%	-2.56%	-2.56%	-2.56%	-2.56%	-2.56%	-2.56%	-2.56%	-2.56%
Catastrophic Adjustment		0.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
<b>Plan Adjusted Index Rate</b>		\$0.00	\$1,250.59	\$988.95	\$1,543.99	\$1,370.27	\$1,642.12	\$987.07	\$958.49	\$1,303.87
<b>Calibration Factors</b>										
Age Calibration Factor						0.5700				
Geographic Calibration Factor						0.9911				
Tobacco Calibration Factor						1.0000				
<b>Calibrated Plan Adjusted Index Rate</b>		\$0.00	\$706.49	\$558.69	\$872.24	\$774.10	\$927.68	\$557.62	\$541.47	\$736.59

**Section IV: Projected Plan Level Information**

Plan ID (Standard Component ID):	Total	49831WA1930002	49831WA1940001	49831WA1940003	49831WA1940004	49831WA1940005	49831WA1940006	49831WA1940007	49831WA1940008	49831WA1940009
Allowed Claims	\$199,790,876	\$0	\$22,556,965	\$36,329,391	\$3,611,690	\$22,168,417	\$15,223,746	\$37,236,390	\$19,420,663	\$43,243,612
Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Member Cost Sharing	\$27,824,235	\$0	\$1,902,482	\$7,499,691	\$524,538	\$1,103,271	\$1,749,696	\$7,731,769	\$4,387,378	\$2,925,410
Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Incurred Claims	\$171,966,641	\$0	\$20,659,385	\$28,810,420	\$3,089,627	\$21,076,279	\$13,487,844	\$29,484,636	\$15,021,121	\$40,333,281
Risk Adjustment Transfer Amount	\$49,513,553	\$0	\$6,946,949	\$8,300,801	\$888,869	\$6,065,189	\$3,879,520	\$8,495,128	\$4,328,464	\$11,608,632
Premium	\$132,287,465	\$0	\$15,797,505	\$22,492,738	\$2,328,340	\$16,008,912	\$10,126,943	\$23,024,328	\$11,763,504	\$30,745,195
Projected Member Months	113,913	0	12,652	22,743	1,508	11,683	6,167	23,847	12,273	23,580
Loss Ratio	94.59%	0.00%	95.01%	93.56%	96.04%	95.48%	96.30%	93.54%	93.35%	95.23%
<b>Per Member Per Month</b>										
Allowed Claims	\$1,753.89	\$0.00	\$1,785.70	\$1,597.32	\$2,395.02	\$1,897.49	\$2,468.58	\$1,596.35	\$1,582.39	\$1,833.91
Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Member Cost Sharing	\$244.26	\$0.00	\$150.61	\$329.74	\$347.84	\$94.43	\$283.72	\$331.47	\$357.48	\$124.06
Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Incurred Claims	\$1,509.63	\$0.00	\$1,635.48	\$1,266.73	\$2,048.96	\$1,804.01	\$2,187.10	\$1,264.02	\$1,223.92	\$1,710.49
Risk Adjustment Transfer Amount	\$434.66	\$0.00	\$470.78	\$364.97	\$589.44	\$519.15	\$629.08	\$364.19	\$352.68	\$492.31
Premium	\$1,161.30	\$0.00	\$1,250.59	\$988.95	\$1,543.99	\$1,370.27	\$1,642.12	\$987.07	\$958.49	\$1,303.87

## Premera Blue Cross

### Appendix 1.3

Average Rate Change by Plan

Individual Filing - Effective 1/1/2026

2025 HIOS ID	2025 Plan Name	Plan Category	2026 HIOS	2026 Plan Name	Current Members	2025 Premium <sup>(1)</sup>	2026 Premium <sup>(2)</sup>	Rate Change due to			
								Experience	Benefit	Cost Sharing	Overall
49831WA1940001	Premera Blue Cross Preferred Gold EPO 1500	Renewal	49831WA1940001	Premera Blue Cross Preferred Gold	1,055	\$1,298.40	\$1,251.93	-3.60%	0.00%	0.02%	-3.58%
49831WA1940003	Premera Blue Cross Preferred Bronze EPO 6650	Renewal	49831WA1940003	Premera Blue Cross Preferred Bronze	1,891	\$828.47	\$990.01	19.88%	0.00%	-0.32%	19.50%
49831WA1940004	Premera Blue Cross Preferred Silver EPO 4500	Renewal	49831WA1940004	Premera Blue Cross Preferred Silver	731	\$1,129.00	\$1,545.64	38.13%	0.00%	-0.89%	36.90%
49831WA1940005	Premera Blue Cross Cascade Gold	Renewal	49831WA1940005	Premera Blue Cross Cascade Complete Gold	970	\$1,468.26	\$1,371.74	-5.07%	0.00%	-1.58%	-6.57%
49831WA1940006	Premera Blue Cross Cascade Silver	Renewal	49831WA1940006	Premera Blue Cross Cascade Silver	1,858	\$1,163.91	\$1,643.87	42.05%	0.00%	-0.57%	41.24%
49831WA1940007	Premera Blue Cross Cascade Bronze	Renewal	49831WA1940007	Premera Blue Cross Cascade Bronze	1,937	\$851.07	\$988.12	17.05%	0.00%	-0.81%	16.10%
49831WA1940008	Premera Blue Cross Preferred Bronze HSA EPO 6800	Renewal	49831WA1940008	Premera Blue Cross Preferred Bronze HSA	1,018	\$827.39	\$959.51	17.63%	0.00%	-1.41%	15.97%
Total					9,460			19.65%	0.00%	-0.72%	18.79%

Note

1) 2025 premium is calculated by 2025 Calibrated Plan Adjusted Index Rate multiplying the average 2025 age/geo/smoke factors for 202503 active members

2) 2026 premium is calculated by 2026 Calibrated Plan Adjusted Index Rate multiplying the average 2026 age/geo/smoke factors for 202603 active members

# Premera Blue Cross

## Appendix 2.1

### Trend Development

Individual Filing - Effective 1/1/2026

	2026 Rate Filing	2025 Rate Filing	2024 Rate Filing	2023 Rate Filing	2022 Rate Filing
Unit Cost <sup>(1)</sup>	6.86%	6.88%	5.70%	3.60%	4.20%
Utilization <sup>(2)</sup>	3.53%	3.36%	3.50%	4.20%	3.00%

#### For the WAC 284-43-6660

Leveraging <sup>(3)</sup>	0.40%	0.40%	0.40%	0.40%	0.50%
Total Trend with Leveraging	11.07%	10.91%	9.80%	8.40%	7.90%

#### Unit Cost and Utilization breakdown for 2026 Rate Filing

	Medical	Rx	Average Med + Rx
Unit Cost	6.64%	7.60%	6.86%
Utilization	4.00%	2.00%	3.53%
Leveraging	0.40%	0.40%	0.40%
% of Blending Claims	76.60%	23.40%	
Average Allowed Trend	10.91%	9.75%	10.64%
Proposed Annual Incurred Trend	11.35%	10.19%	11.08%

Type of Service	Annual Trend	% of claims
Hospital	11.35%	42.84%
Professional	11.35%	30.53%
Other Medical	11.35%	3.23%
Dental	N/A	0.00%
Prescription Drug	10.19%	23.40%
Total	11.08%	100.0%

#### Notes:

(1) Based on provider contract estimated by Premera's Health Care Economics department

(2) Based on expected differences in number of services per 1,000 members

(3) Based on fixed member cost shares



## Premera Blue Cross

### Appendix 2.2

#### Demographic Shift Adjustment Development

*Individual Filing - Effective 1/1/2026*

Experience Period	Experience of Retained Members	Experience of Termed Members	Total Experience Period (A)
2024 Member Months	89,414	36,639	126,053
2024 EHB Allowed Claims PMPM	\$1,337.96	\$1,042.48	\$1,252.08

Projection Period	2024 Retained Members	New 2025 Members with known experience <sup>1</sup>	New 2025 Members without known experience	New 2026 Members	Average Projected Experience (B)	Demographic Shift ( B / A )
Projected Member Months	87,555	627	14,324	11,407	113,913	
2024 Allowed Claims PMPM	\$1,365.81	\$840.59	\$1,390.71	\$1,370.25	\$1,366.49	1.091

Notes:

1 - Current Premera members with experience from an affiliated company

# Premera Blue Cross

## Appendix 2.3a

### Adjustment for AV & Cost Sharing to Paid/Allowed

*Individual Filing - Effective 1/1/2026*

Experience Paid to Allow	84.1% (a)
Change in Benefit and Cost Share	2.4% (b)
<hr/>	
Projected Paid to Allow	86.1% (c) = (a) (1+b)
Projected AV & Cost Share (Appendix 2.5)	73.0% (d)
<hr/>	
Adjustment Factor	1.180 = (c) / (d)

# Premera Blue Cross

## Appendix 2.3b

### Impact of Expiration of Enhanced Advanced Premium Tax Credits and Migration Due to Silver Loading

*Individual Filing - Effective 1/1/2026*

Projected Premium before ending of eAPTC and new Silver Loading

	2026 Projected
Contribution Margin before eAPTC and Silver Loading	\$121.73
Contribution Margin after eAPTC and Silver Loading	\$51.31
Change in Contribution Margin	-\$70.42
Projected AV & Cost Share (Appendix 2.5)	0.7296
Allowed Basis Impact	(\$96.52)
Claims Base (Projected Index Rate before adjustment)	\$1,972.61
Adjustment Factor	1.0489

# Premera Blue Cross

## Appendix 2.4

### Risk Adjustment Development

Individual Filing - Effective 1/1/2026

#### Market Level Risk Adjustment Factors Reduced by 14% Administrative costs

Metallic Level	Year	Market Average Premium	Plan Liability Risk Score	Allowable Rating Factor	Metal Level AV	Induced Demand Factor	Geographic Cost Factor	Plan Liability Component	Allowable Rating Component	Transfer Amount PMPM
Metallic <sup>(1)</sup>	2024	\$507.46	1.303	1.707	0.686	1.030	1.001	1.343	1.208	\$0.00
Metallic <sup>(2)</sup>	2025	\$553.13	1.254	1.707	0.686	1.030	1.001	1.293	1.208	\$0.00
Metallic <sup>(2)</sup>	2026	\$580.79	1.230	1.707	0.686	1.030	1.001	1.268	1.208	\$0.00

#### Experience Risk Adjustment

All Experience<sup>(1)</sup>

Metallic Level	Member Months	Billable Member Months	Plan Liability Risk Score	Allowable Rating Factor	Metal Level AV	Induced Demand Factor	Geographic Cost Factor	Plan Liability Component	Allowable Rating Component	Transfer Amount PMPM
Gold	29,210	29,580	3.140	1.615	0.800	1.080	0.999	3.388	1.394	\$694.15
Silver	35,122	35,695	2.314	1.720	0.700	1.030	0.998	2.380	1.238	\$379.06
Bronze	61,721	62,492	1.469	1.844	0.600	1.000	1.002	1.472	1.109	\$90.31
Total	126,053	127,766	2.120	1.780	0.683	1.041	1.014	2.198	1.227	\$310.69

Estimated 2024 Risk Adjustment Transfer PMPM	\$310.69	(a)
Expected 2024 High Cost Risk Pool Reimbursement PMPM	\$21.93	(b)
Expected 2024 High Cost Risk Pool Administrative Cost PMPM	-\$3.18	(c) <sup>(3)</sup>
Estimated 2024 Risk Adjustment PMPM	\$329.44	(d) = (a + b + c)

#### Projected Risk Adjustment

2024 members projected to persist into 2026

Metallic Level	Member Months	Billable Member Months	Plan Liability Risk Score	Allowable Rating Factor	Metal Level AV	Induced Demand Factor	Geographic Cost Factor	Plan Liability Component	Allowable Rating Component	Transfer Amount PMPM
Gold	36,928	37,344	2.723	1.698	0.800	1.080	0.999	2.937	1.465	\$640.28
Silver	5,562	5,639	3.648	1.742	0.700	1.030	0.999	3.754	1.255	\$1,115.38
Bronze	45,065	45,514	1.453	1.879	0.600	1.000	1.002	1.456	1.130	\$123.50
Total	87,555	88,497	2.128	1.794	0.691	1.036	1.000	2.251	1.293	\$404.47

New 2025 members projected to persist into 2026

Metallic Level	Member Months	Billable Member Months	Plan Liability Risk Score	Allowable Rating Factor	Metal Level AV	Induced Demand Factor	Geographic Cost Factor	Plan Liability Component	Allowable Rating Component	Transfer Amount PMPM
Gold	6,177	11,085	2.474	1.462	0.800	1.080	0.991	2.649	1.252	\$610.89
Silver	1,336	2,144	3.359	1.453	0.700	1.030	0.992	3.432	1.039	\$1,071.70
Bronze	7,438	13,407	1.297	1.589	0.600	1.000	0.990	1.283	0.943	\$134.08
Total	14,951	26,636	1.968	1.524	0.692	1.036	0.991	3.607	1.923	\$414.86

New members projected in 2026

Metallic Level	Member Months	Billable Member Months	Plan Liability Risk Score	Allowable Rating Factor	Metal Level AV	Induced Demand Factor	Geographic Cost Factor	Plan Liability Component	Allowable Rating Component	Transfer Amount PMPM
Gold	4,790	4,843	2.689	1.664	0.800	1.080	0.998	2.899	1.436	\$637.10
Silver	777	789	3.596	1.685	0.700	1.030	0.999	3.699	1.213	\$1,110.12
Bronze	5,840	5,898	1.430	1.838	0.600	1.000	1.002	1.433	1.105	\$124.64
Total	11,407	11,530	2.106	1.755	0.691	1.036	1.000	2.227	1.265	\$406.96

Total 2026 Projected Risk Adjustment

Metallic Level	Member Months	Billable Member Months	Plan Liability Risk Score	Allowable Rating Factor	Metal Level AV	Induced Demand Factor	Geographic Cost Factor	Plan Liability Component	Allowable Rating Component	Transfer Amount PMPM
Gold	47,895	53,272	2.688	1.664	0.800	1.080	0.998	2.896	1.435	\$636.17
Silver	7,675	8,572	3.593	1.686	0.700	1.030	0.998	3.692	1.213	\$1,107.24
Bronze	58,343	64,819	1.431	1.838	0.600	1.000	1.001	1.432	1.104	\$124.96
Total	113,913	126,663	2.105	1.755	0.691	1.036	0.999	2.447	1.390	\$406.08

	2026 Filing	Prior Filing
Expected Risk Adjustment Transfer PMPM	\$406.08	\$279.76 (a)
Expected High Cost Risk Pool Reimbursement PMPM	\$32.71	\$16.42 (b)
Expected High Cost Risk Pool Administrative Cost PMPM	-\$4.13	-\$3.77 (c) <sup>(3)</sup>
Expected Risk Adjustment PMPM	\$434.66	\$292.41 (d) = (a + b + c)
Projection Period Paid to Allowed (Appendix 2.5)	0.7296	0.8213 (e)
Estimated 2026 Allowed Risk Adjustment PMPM	\$595.75	\$356.03 (f) = (d / e)

Notes:

(1) Source: Wakely 2024 Dec End Risk Adjustment report

(2) Source: Wakely 2024 Dec End Risk Adjustment report

(3) The % of premium for high cost risk pool assessment administrative cost= 0.356%

2026 Expected High Cost Risk Pool Admin Cost PMPM = 0.356% \* \$1161.3= \$4.13

**Premera Blue Cross**

**Appendix 2.5**

Plan Adjustment Factors Development

*Individual Filing - Effective 1/1/2026*

HIOS	Plan	Projected Membership	Market Adj Index Rate	AV & Cost Sharing Dev				AV & Cost Sharing	Network Utilization <sup>(1)</sup>	Catastrophic Adjustment	Administrative Expense <sup>(2)</sup>			Taxes and Fees <sup>(3)</sup>			Profit & Risk Load <sup>(4)</sup>			Plan Adj Index Rate <sup>(5)</sup>	1,0000 Premium <sup>(6)</sup>	Calibrated Plan Adj Index Rate <sup>(7)</sup>	(X) - (Y) Difference	Benefits in addition to EHB			URRT AVA Cost	EHB Percentage
				P/A	IDF	Silver Load	AE Fixed				AE %Prem	AE %Total	TF Fixed	TF %Prem	TF %Total	PR Fixed	PR %Prem	PR %Total	NB Fixed					NB %Prem	NB Factor			
49831W/A1940001	Premera Blue Cross Preferred Gold	12,632	\$1,480.33	0.7747	1.0200	1.0000	0.7902	1.0000	1.0000	\$86.02	0.00%	6.88%	\$0.77	2.08%	2.14%	\$0.00	-2.56%	-2.56%	\$1,250.59	\$706.49	\$706.49	\$0.00	\$1.00	0.00%	1.0008	0.7896	99.92%	
49831W/A1940003	Premera Blue Cross Preferred Bronze	22,744	\$1,480.33	0.6347	0.9652	1.0000	0.6126	1.0000	1.0000	\$86.02	0.00%	6.70%	\$0.77	2.08%	2.18%	\$0.00	-2.56%	-2.56%	\$988.95	\$508.69	\$508.69	\$0.00	\$1.00	0.00%	1.0010	0.6120	99.80%	
49831W/A1940004	Premera Blue Cross Preferred Silver	1,508	\$1,480.33	0.6994	0.9859	1.4350	0.9894	1.0000	1.0000	\$86.02	0.00%	5.57%	\$0.77	2.08%	2.13%	\$0.00	-2.56%	-2.56%	\$1,543.99	\$872.24	\$872.24	\$0.00	\$1.00	0.00%	1.0006	0.9888	99.94%	
49831W/A1940005	Premera Blue Cross Cascade Complete Gold	11,683	\$1,480.33	0.6289	1.0513	1.0000	0.8714	1.0000	1.0000	\$86.02	0.00%	6.28%	\$0.77	2.08%	2.14%	\$0.00	-2.56%	-2.56%	\$1,370.27	\$774.10	\$774.10	\$0.00	\$1.00	0.00%	1.0007	0.8708	99.83%	
49831W/A1940006	Premera Blue Cross Cascade Silver	6,167	\$1,480.33	0.7353	1.0008	1.4350	1.0559	1.0000	1.0000	\$86.02	0.00%	5.24%	\$0.77	2.08%	2.13%	\$0.00	-2.56%	-2.56%	\$1,842.12	\$927.68	\$927.68	\$0.00	\$1.00	0.00%	1.0006	1.0553	99.84%	
49831W/A1940007	Premera Blue Cross Cascade Bronze	23,326	\$1,480.33	0.6336	0.9649	1.0000	0.6113	1.0000	1.0000	\$86.02	0.00%	6.72%	\$0.77	2.08%	2.18%	\$0.00	-2.56%	-2.56%	\$987.07	\$557.62	\$557.62	\$0.00	\$1.00	0.00%	1.0010	0.6107	99.80%	
49831W/A1940008	Premera Blue Cross Preferred Bronze HSA	12,273	\$1,480.33	0.6162	0.9607	1.0000	0.5920	1.0000	1.0000	\$86.02	0.00%	6.97%	\$0.77	2.08%	2.16%	\$0.00	-2.56%	-2.56%	\$958.49	\$541.47	\$541.47	\$0.00	\$1.00	0.00%	1.0010	0.5914	99.80%	
49831W/A1940009	Premera Blue Cross Cascade Vital Gold	23,585	\$1,480.33	0.7695	1.0336	1.0000	0.8264	1.0000	1.0000	\$86.02	0.00%	6.60%	\$0.77	2.08%	2.14%	\$0.00	-2.56%	-2.56%	\$1,353.87	\$736.59	\$736.59	\$0.00	\$1.00	0.00%	1.0008	0.8257	99.92%	
Total		113,913	\$1,480.33	0.7083	1.0000	1.0000	0.7296	1.0000				7.41%			2.18%			-2.56%		\$1,161.30								

2025 Vs 2026 Filing Factors vary by plans									
HIOS	Plan	AV & Cost Sharing		Benefits in addition to EHB Factor		Administrative Expense % of Total		Taxes & Fees % of Total	
		2025 Filing	2026 Filing	2025 Filing	2026 Filing	2025 Filing	2026 Filing	2025 Filing	2026 Filing
49831W/A1940001	Premera Blue Cross Preferred Gold EPO 1500	1.0344	0.7902	1.0008	1.0008	6.04%	6.88%	2.13%	2.14%
49831W/A1940003	Premera Blue Cross Preferred Bronze EPO 6850	0.6343	0.6126	1.0012	1.0010	9.46%	8.70%	2.16%	2.18%
49831W/A1940004	Premera Blue Cross Preferred Silver EPO 4500	0.8902	0.9894	1.0009	1.0009	6.94%	5.57%	2.14%	2.13%
49831W/A1940005	Premera Blue Cross Cascade Gold	1.1790	0.8714	1.0007	1.0007	5.34%	6.28%	2.13%	2.14%
49831W/A1940006	Premera Blue Cross Cascade Silver	0.9198	1.0559	1.0009	1.0006	6.74%	5.24%	2.14%	2.13%
49831W/A1940007	Premera Blue Cross Cascade Bronze	0.6535	0.6113	1.0012	1.0010	9.21%	8.72%	2.16%	2.18%
49831W/A1940008	Premera Blue Cross Preferred Bronze HSA EPO 6800	0.6334	0.5920	1.0012	1.0010	9.47%	8.97%	2.18%	2.16%

2025 Vs 2026 Filing Factors do not vary by plans			
Filing	Network Utilization	Catastrophic Adjustment	Profit & Risk Load
2025 Filing	1.0000	1.0000	3.50%
2026 Filing	1.0000	1.0000	-2.56%

Notes:

(1) Plans vary by Network Utilization

(2) Refer to the Administrative Expense Load on Appendix 2.5b

(3) Refer to the Taxes & Fees on Appendix 2.5b

(4) Refer to the Profit & Risk Load on Appendix 2.5b

(5) Market Adjusted Index Rate adjusted for ultimate plan level defined in the market rating rules 4S CFR 156.80(d)(2).

# Premera Blue Cross

## Appendix 2.5a

Induced Demand Factor Adjustment

*Individual Filing - Effective 1/1/2026*

HIOS	Plan	Projected Membership	AV & Cost Sharing Dev		Norm IDF
			P/A	IDF	
49831WA1940001	Premera Blue Cross Preferred Gold	12,632	0.7747	1.0655	1.0200
49831WA1940003	Premera Blue Cross Preferred Bronze	22,744	0.6347	1.0081	0.9652
49831WA1940004	Premera Blue Cross Preferred Silver	1,508	0.6994	1.0298	0.9859
49831WA1940005	Premera Blue Cross Cascade Complete Gold	11,683	0.8289	1.0982	1.0513
49831WA1940006	Premera Blue Cross Cascade Silver	6,167	0.7353	1.0454	1.0008
49831WA1940007	Premera Blue Cross Cascade Bronze	23,326	0.6336	1.0078	0.9649
49831WA1940008	Premera Blue Cross Preferred Bronze HSA	12,273	0.6162	1.0035	0.9607
49831WA1940009	Premera Blue Cross Cascade Vital Gold	23,580	0.7995	1.0797	1.0336
Total		113,913	0.7083	1.0445	1.0000

IDF Adjustment Factor

0.95736

**Premera Blue Cross**  
**Appendix 2.5b**  
Administrative Cost Development

*Individual Filing - Effective 1/1/2026*

Summary of Administrative Expenses Load: (Appendix 1.2)											
Expense Components	PMPM or % of Premium	2026 Rate Filing PMPM	2026 Rate Filing % of Premium	2025 Rate Filing PMPM	2025 Rate Filing % of Premium	2024 Rate Filing PMPM	2024 Rate Filing % of Premium	2023 Rate Filing PMPM	2023 Rate Filing % of Premium	2022 Rate Filing PMPM	2022 Rate Filing % of Premium
Net Operating Expense <sup>(3)</sup>	PMPM	\$84.35	7.26%	\$76.34	7.22%	\$67.81	7.18%	\$65.20	8.14%	\$67.12	9.21%
Commission	PMPM	\$6.46	0.56%	\$7.35	0.69%	\$8.82	0.93%	\$6.89	0.86%	\$6.21	0.85%
Reinsurance Fees <sup>(1)</sup>	PMPM	\$0.63	0.06%	\$0.63	0.06%	\$0.26	0.03%	\$0.24	0.03%	\$0.28	0.04%
Interest Credit	PMPM	-\$5.47	-0.47%	-\$5.19	-0.49%	-\$4.69	-0.50%	-\$0.78	-0.10%	-\$0.16	-0.02%
Subtotal		\$86.02		\$79.13		\$72.20		\$71.55		\$73.45	

Changes between 2025 and 2026 Filing	
PMPM	% of Premium
\$8.00	
(\$0.90)	
\$0.06	
(\$0.28)	
\$6.89	

Summary of Profit & Risk Load: (Appendix 1.2)											
Expense Components	PMPM or % of Premium	2026 Rate Filing PMPM	2026 Rate Filing % of Premium	2025 Rate Filing PMPM	2025 Rate Filing % of Premium	2024 Rate Filing PMPM	2024 Rate Filing % of Premium	2023 Rate Filing PMPM	2023 Rate Filing % of Premium	2022 Rate Filing PMPM	2022 Rate Filing % of Premium
Risk & Contingency	% of Premium	-\$29.78	-2.56%	\$37.02	3.50%	\$33.07	3.50%	\$33.07	3.50%	2801.65%	3.50%

PMPM	% of Premium
	-6.06%

Summary of Taxes & Fees: (Appendix 1.2)											
Expense Components	PMPM or % of Premium	2026 Rate Filing PMPM	2026 Rate Filing % of Premium	2025 Rate Filing PMPM	2025 Rate Filing % of Premium	2024 Rate Filing PMPM	2024 Rate Filing % of Premium	2023 Rate Filing PMPM	2023 Rate Filing % of Premium	2022 Rate Filing PMPM	2022 Rate Filing % of Premium
Regulatory & Insurance Fraud Surcharge	% of Premium	\$0.95	0.08%	\$0.88	0.08%	\$0.72	0.08%	\$0.66	0.08%	0.635801139	0.000872411
Federal Income Tax <sup>(4)</sup>	% of Premium	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%
WSHIP Assessment	PMPM	\$0.19	0.02%	\$0.13	0.01%	\$0.30	0.03%	\$0.38	0.05%	\$0.55	0.08%
Premium Tax	% of Premium	\$23.23	2.00%	\$21.15	2.00%	\$18.90	2.00%	\$16.01	2.00%	\$14.58	2.00%
WAPAL Assessment Fee	PMPM	\$0.06	0.01%	\$0.07	0.01%	\$0.06	0.01%				
Patient Centered Outcome Research Fee	PMPM	\$0.32	0.03%	\$0.30	0.03%	\$0.28	0.03%	\$0.26	0.03%	\$0.55	0.08%
Risk Adjustment Program Administration Fee	PMPM	\$0.20	0.02%	\$0.18	0.02%	\$0.21	0.02%	\$0.22	0.03%	\$0.25	0.03%
			2.15%		2.15%		2.17%		2.19%		2.27%

PMPM	% of Premium
	0.00%
\$0.06	0.00%
-\$0.01	
\$0.02	
\$0.02	

Summary of Exchange Fee: (Appendix 1.1)											
Expense Components	PMPM or % of Premium	2026 Rate Filing PMPM	2026 Rate Filing % of Premium	2025 Rate Filing PMPM	2025 Rate Filing % of Premium	2024 Rate Filing PMPM	2024 Rate Filing % of Premium	2023 Rate Filing PMPM	2023 Rate Filing % of Premium	2022 Rate Filing PMPM	2022 Rate Filing % of Premium
Exchange Fee <sup>(2)</sup>	PMPM	\$5.11	0.44%	\$5.10	0.48%	\$2.99	0.32%	\$2.99	0.37%	\$2.99	0.41%

PMPM	% of Premium
\$0.01	

Notes:

- (1) Commercially purchased reinsurance coverage (not the Federal Reinsurance program)  
(2) Assumes 100% of members buy through the Exchange as only selling on Exchange plans  
(3) Reliant on PBC Financial Department projection  
(4) PBC is a not-for-profit organization. Therefore, we do not pay federal income tax.

# Premera Blue Cross

## Appendix 2.5c

### Commission

*Individual Filing - Effective 1/1/2026*

Producer Tier	Comm PMPM	Projected Membership
Tier 1+	\$21	0.5%
Tier 1	\$20	27.0%
Tier 2	\$15	3.0%
Tier 3	\$10	5.0%
No Commission	\$0	64.5%
Total:		\$6.46



# Premera Blue Cross

## Appendix 2.5d

### WSHIP Assessment

*Individual Filing - Effective 1/1/2026*

	2026 Projection <sup>(2)</sup>
WSHIP Total Assessment	\$9,000,000
Total Insured Persons Reported <sup>(1)</sup>	46,927,276
WSHIP Assessement PMPM	\$0.19

Note:

(1) Total Insured Persons assumed to slightly grow based on 2025 insured persons

(2) Projection based on projected 2026 Assessment March 2025

# Premera Blue Cross

## Appendix 2.6

Calibration Factor Development

Individual Filing - Effective 1/1/2026

Age Band	Area Factor <sup>(1)</sup>	Projected Membership Distribution									Subtotal
	Age Factor <sup>(2)</sup>	1.0000	1.0881	N/A	0.9462	1.0495	0.9698	N/A	N/A	N/A	
Age Band	Age Factor <sup>(2)</sup>	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	
>3 Child under 21	0.000	0.23%	0.02%	0.00%	0.00%	0.04%	0.02%	0.00%	0.00%	0.00%	0.31%
0-14	0.765	8.90%	0.94%	0.00%	0.19%	0.18%	0.12%	0.00%	0.00%	0.00%	10.33%
15	0.833	0.90%	0.09%	0.00%	0.02%	0.02%	0.01%	0.00%	0.00%	0.00%	1.04%
16	0.859	0.96%	0.12%	0.00%	0.00%	0.02%	0.00%	0.00%	0.00%	0.00%	1.10%
17	0.885	0.95%	0.13%	0.00%	0.02%	0.01%	0.02%	0.00%	0.00%	0.00%	1.13%
18	0.913	0.82%	0.09%	0.00%	0.01%	0.04%	0.02%	0.00%	0.00%	0.00%	0.98%
19	0.941	1.10%	0.10%	0.00%	0.01%	0.02%	0.00%	0.00%	0.00%	0.00%	1.23%
20	0.970	0.79%	0.11%	0.00%	0.03%	0.03%	0.00%	0.00%	0.00%	0.00%	0.97%
21	1.000	0.92%	0.09%	0.00%	0.03%	0.04%	0.01%	0.00%	0.00%	0.00%	1.09%
22	1.000	1.00%	0.09%	0.00%	0.03%	0.01%	0.00%	0.00%	0.00%	0.00%	1.13%
23	1.000	0.93%	0.12%	0.00%	0.02%	0.01%	0.03%	0.00%	0.00%	0.00%	1.11%
24	1.000	0.82%	0.08%	0.00%	0.02%	0.00%	0.01%	0.00%	0.00%	0.00%	0.93%
25	1.004	0.68%	0.12%	0.00%	0.02%	0.00%	0.01%	0.00%	0.00%	0.00%	0.83%
26	1.024	0.77%	0.15%	0.00%	0.13%	0.04%	0.04%	0.00%	0.00%	0.00%	1.14%
27	1.048	0.81%	0.08%	0.00%	0.02%	0.02%	0.02%	0.00%	0.00%	0.00%	0.95%
28	1.087	0.94%	0.05%	0.00%	0.05%	0.02%	0.03%	0.00%	0.00%	0.00%	1.10%
29	1.119	0.91%	0.08%	0.00%	0.04%	0.01%	0.03%	0.00%	0.00%	0.00%	1.08%
30	1.135	0.82%	0.11%	0.00%	0.03%	0.01%	0.01%	0.00%	0.00%	0.00%	0.99%
31	1.159	0.92%	0.09%	0.00%	0.07%	0.01%	0.02%	0.00%	0.00%	0.00%	1.10%
32	1.183	1.05%	0.12%	0.00%	0.03%	0.03%	0.03%	0.00%	0.00%	0.00%	1.26%
33	1.198	1.23%	0.15%	0.00%	0.04%	0.02%	0.02%	0.00%	0.00%	0.00%	1.46%
34	1.214	1.09%	0.09%	0.00%	0.06%	0.06%	0.02%	0.00%	0.00%	0.00%	1.32%
35	1.222	1.36%	0.05%	0.00%	0.05%	0.02%	0.02%	0.00%	0.00%	0.00%	1.51%
36	1.230	1.16%	0.08%	0.00%	0.05%	0.06%	0.01%	0.00%	0.00%	0.00%	1.37%
37	1.238	1.18%	0.10%	0.00%	0.02%	0.01%	0.06%	0.00%	0.00%	0.00%	1.38%
38	1.246	1.15%	0.16%	0.00%	0.04%	0.05%	0.03%	0.00%	0.00%	0.00%	1.44%
39	1.262	1.16%	0.11%	0.00%	0.06%	0.05%	0.00%	0.00%	0.00%	0.00%	1.38%
40	1.278	1.21%	0.14%	0.00%	0.02%	0.03%	0.04%	0.00%	0.00%	0.00%	1.45%
41	1.302	1.31%	0.11%	0.00%	0.02%	0.02%	0.05%	0.00%	0.00%	0.00%	1.51%
42	1.325	1.41%	0.15%	0.00%	0.05%	0.01%	0.04%	0.00%	0.00%	0.00%	1.66%
43	1.357	1.43%	0.20%	0.00%	0.03%	0.02%	0.01%	0.00%	0.00%	0.00%	1.70%
44	1.397	1.38%	0.24%	0.00%	0.03%	0.04%	0.02%	0.00%	0.00%	0.00%	1.72%
45	1.444	1.42%	0.15%	0.00%	0.00%	0.04%	0.03%	0.00%	0.00%	0.00%	1.65%
46	1.500	1.48%	0.23%	0.00%	0.02%	0.04%	0.00%	0.00%	0.00%	0.00%	1.77%
47	1.563	1.40%	0.18%	0.00%	0.01%	0.04%	0.04%	0.00%	0.00%	0.00%	1.68%
48	1.635	1.45%	0.17%	0.00%	0.03%	0.03%	0.04%	0.00%	0.00%	0.00%	1.73%
49	1.706	1.05%	0.16%	0.00%	0.02%	0.04%	0.05%	0.00%	0.00%	0.00%	1.32%
50	1.786	1.24%	0.27%	0.00%	0.07%	0.03%	0.01%	0.00%	0.00%	0.00%	1.61%
51	1.865	1.33%	0.23%	0.00%	0.03%	0.03%	0.01%	0.00%	0.00%	0.00%	1.64%
52	1.952	1.63%	0.17%	0.00%	0.02%	0.02%	0.02%	0.00%	0.00%	0.00%	1.86%
53	2.040	1.87%	0.23%	0.00%	0.02%	0.01%	0.03%	0.00%	0.00%	0.00%	2.17%
54	2.135	2.19%	0.31%	0.00%	0.01%	0.06%	0.00%	0.00%	0.00%	0.00%	2.58%
55	2.230	2.15%	0.26%	0.00%	0.01%	0.04%	0.00%	0.00%	0.00%	0.00%	2.46%
56	2.333	2.13%	0.30%	0.00%	0.04%	0.01%	0.02%	0.00%	0.00%	0.00%	2.50%
57	2.437	2.00%	0.38%	0.00%	0.06%	0.03%	0.02%	0.00%	0.00%	0.00%	2.50%
58	2.548	2.47%	0.30%	0.00%	0.02%	0.02%	0.02%	0.00%	0.00%	0.00%	2.83%
59	2.603	2.46%	0.39%	0.00%	0.03%	0.02%	0.02%	0.00%	0.00%	0.00%	2.93%
60	2.714	2.85%	0.42%	0.00%	0.06%	0.03%	0.02%	0.00%	0.00%	0.00%	3.39%
61	2.810	2.96%	0.46%	0.00%	0.05%	0.05%	0.02%	0.00%	0.00%	0.00%	3.55%
62	2.873	2.97%	0.63%	0.00%	0.05%	0.02%	0.04%	0.00%	0.00%	0.00%	3.72%
63	2.952	3.62%	0.60%	0.00%	0.10%	0.06%	0.03%	0.00%	0.00%	0.00%	4.42%
64 and older	3.000	5.05%	0.76%	0.00%	0.07%	0.04%	0.04%	0.00%	0.00%	0.00%	5.97%
Subtotal:		84.04%	10.90%	0.00%	2.05%	1.72%	1.29%	0.00%	0.00%	0.00%	100.00%

	2026	2025	2024	2023
Inverse of Average Age Factor:	0.5700	0.5651	0.5525	0.5550
Inverse of Average Geographic Factor:	0.9911	0.9891	0.9863	0.9841
Inverse of Average Tobacco Factor:	1.0000	0.9981	0.9976	0.9973
Average Age:	50	50	50	50

### Notes:

(1) Included Counties by Area

Area 1: King

Area 2: Grays Harbor, Kitsap, Pacific

Area 3: N/A

Area 4: Lincoln, Spokane

Area 5: Pierce

Area 6: Franklin, Yakima

Area 7: N/A

Area 8: N/A

Area 9: N/A

(2) Per PHS Act Section 2701(a)(4) the rates of no more than the 3 oldest children under age 21 can be taken into account in computing the family premium.

# Premera Blue Cross

## Appendix 2.6a

### Geographic Area and Tobacco Use Factors

*Individual Filing - Effective 1/1/2026*

Rating Area	Area Factors			
	2026	2025	2024	2023
1	1.0000	1.0000	1.0000	1.0000
2	1.0881	1.0881	1.0881	1.0881
4	0.9462	0.9462	0.9462	N/A
5	1.0495	1.0495	1.0495	N/A
6	0.9698	0.9698	0.9698	0.9698

Max to min Area factor ratio 1.150

Ratio under 1.15 TRUE

Tobacco Users	Tobacco Use Factors			
	2026	2025	2024	2023
No	1.0000	1.0000	1.0000	1.0000
Yes	1.0000	1.0750	1.0750	1.0750

**Premera Blue Cross**  
**Appendix 3.1**  
Experience Claims by Incurred & Paid Date & EHB Category

Individual Filing - Effective 1/1/2026

**By Incurred Date**

Month	Allowed Claims		Incurred Claims		Premium	Paid to Allowed	
	Medical	Rx	Medical	Rx		Medical	Rx
202401	\$11,036,817	\$3,220,096	\$8,322,467	\$1,680,220	\$9,989,032	75.4%	52.2%
202402	\$9,042,697	\$2,524,344	\$7,019,714	\$1,755,476	\$9,816,169	77.6%	69.5%
202403	\$8,796,686	\$2,907,391	\$7,832,988	\$2,391,403	\$9,726,344	80.7%	62.2%
202404	\$10,711,568	\$3,088,023	\$9,045,600	\$2,693,381	\$9,622,137	84.4%	67.2%
202405	\$9,696,022	\$3,149,869	\$8,041,547	\$2,824,192	\$9,504,679	82.9%	69.7%
202406	\$9,463,841	\$2,856,120	\$8,029,444	\$2,547,127	\$9,422,815	84.8%	69.2%
202407	\$9,363,164	\$3,370,501	\$8,022,126	\$3,083,313	\$9,345,969	85.7%	91.5%
202408	\$11,295,948	\$2,909,006	\$9,968,646	\$2,595,686	\$9,256,104	86.3%	69.2%
202409	\$9,195,343	\$3,189,065	\$7,960,482	\$2,947,747	\$9,147,708	86.6%	92.4%
202410	\$10,757,955	\$3,370,411	\$9,210,787	\$3,113,330	\$9,100,971	85.6%	92.4%
202411	\$8,412,440	\$2,904,532	\$7,135,257	\$2,662,453	\$9,037,296	84.8%	91.7%
202412	\$9,533,326	\$3,264,170	\$8,291,611	\$3,010,304	\$8,909,628	87.0%	92.2%
IBNR	\$2,685,589	\$172,791	\$2,314,737	\$156,547		86.2%	90.6%
Total w/o Adjustment	\$120,901,290	\$36,926,859	\$101,195,405	\$31,461,177		83.7%	85.2%
Total	\$120,901,290	\$36,926,859	\$101,195,405	\$31,461,177	\$112,880,957	83.7%	85.2%

**By Incurred Date Total**

Month	Allowed & Paid Claims Total						Incurred & Paid Claims Total							
	IP	OP	PROF	OTHER	Capitation	Rx	Non EHB	IP	OP	PROF	OTHER	Capitation	Rx	Non EHB
202401	\$2,234,893	\$3,809,533	\$4,551,994	\$440,397	\$0	\$3,220,096	\$0	\$2,075,093	\$2,773,857	\$3,124,745	\$348,772	\$0	\$1,680,220	\$0
202402	\$1,510,202	\$3,227,950	\$3,924,101	\$380,444	\$0	\$2,524,344	\$0	\$1,416,364	\$2,447,215	\$2,833,338	\$322,796	\$0	\$1,755,476	\$0
202403	\$1,359,828	\$3,911,751	\$4,066,160	\$368,941	\$0	\$2,907,931	\$0	\$1,273,641	\$3,203,411	\$3,026,855	\$329,081	\$0	\$2,391,403	\$0
202404	\$2,327,213	\$4,028,770	\$4,946,605	\$396,997	\$0	\$3,088,023	\$0	\$2,295,060	\$3,373,296	\$3,019,363	\$357,891	\$0	\$2,693,381	\$0
202405	\$1,062,709	\$4,093,743	\$4,120,269	\$419,300	\$0	\$3,149,869	\$0	\$995,912	\$3,493,818	\$3,173,839	\$377,978	\$0	\$2,824,192	\$0
202406	\$1,660,195	\$3,670,098	\$3,737,822	\$395,726	\$0	\$2,856,120	\$0	\$1,601,516	\$3,149,723	\$2,916,779	\$361,427	\$0	\$2,547,127	\$0
202407	\$1,192,861	\$3,767,225	\$3,903,564	\$499,514	\$0	\$3,370,501	\$0	\$1,142,661	\$3,278,257	\$3,127,345	\$473,862	\$0	\$3,083,313	\$0
202408	\$3,544,769	\$3,700,796	\$3,657,035	\$393,318	\$0	\$2,909,006	\$0	\$3,500,299	\$3,172,405	\$2,940,138	\$356,803	\$0	\$2,595,686	\$0
202409	\$1,820,107	\$3,065,527	\$3,913,908	\$395,802	\$0	\$3,189,065	\$0	\$1,774,350	\$2,594,565	\$3,222,051	\$369,516	\$0	\$2,947,747	\$0
202410	\$2,724,409	\$3,319,627	\$4,245,088	\$468,831	\$0	\$3,370,411	\$0	\$2,517,788	\$2,795,928	\$3,460,629	\$436,441	\$0	\$3,113,330	\$0
202411	\$1,278,898	\$3,185,219	\$3,541,859	\$406,464	\$0	\$2,904,532	\$0	\$1,185,483	\$2,722,979	\$2,846,878	\$379,917	\$0	\$2,662,453	\$0
202412	\$1,253,507	\$4,156,869	\$3,695,053	\$427,896	\$0	\$3,264,170	\$0	\$1,134,105	\$3,724,854	\$3,025,191	\$397,460	\$0	\$3,010,304	\$0
IBNR	\$681,556	\$1,021,004	\$884,512	\$98,517	\$0	\$172,791	\$0	\$639,115	\$877,783	\$707,342	\$90,497	\$0	\$156,547	\$0
Total w/o Adjustment	\$22,661,167	\$44,958,023	\$48,189,969	\$5,092,131	\$0	\$36,926,859	\$0	\$21,551,388	\$37,618,092	\$37,424,483	\$4,601,442	\$0	\$31,461,177	\$0
Paid to Allowed Factor								95.1%	83.7%	77.7%	90.4%			85.2%
Total	\$22,661,167	\$44,958,023	\$48,189,969	\$5,092,131	\$0	\$36,926,859	\$0	\$21,551,388	\$37,618,092	\$37,424,483	\$4,601,442	\$0	\$31,461,177	\$0

**By Incurred Date PMPM**

Allowed & Paid Claims PMPM							Incurred & Paid Claims PMPM							
Month	IP	OP	PROF	OTHER	Capitation	Rx	Non EHB	IP	OP	PROF	OTHER	Capitation	Rx	Non EHB
202401	\$202.99	\$346.01	\$413.44	\$40.00	\$0.00	\$292.47	\$0.00	\$188.47	\$251.94	\$283.81	\$31.08	\$0.00	\$152.61	\$0.00
202402	\$138.63	\$296.31	\$360.21	\$34.92	\$0.00	\$231.72	\$0.00	\$130.01	\$224.64	\$260.08	\$29.63	\$0.00	\$161.14	\$0.00
202403	\$125.89	\$362.13	\$376.43	\$34.15	\$0.00	\$269.20	\$0.00	\$117.91	\$296.56	\$280.21	\$30.46	\$0.00	\$221.39	\$0.00
202404	\$218.08	\$375.32	\$368.44	\$37.94	\$0.00	\$298.14	\$0.00	\$214.15	\$371.67	\$281.73	\$33.39	\$0.00	\$251.32	\$0.00
202405	\$100.08	\$385.51	\$388.01	\$39.49	\$0.00	\$296.63	\$0.00	\$93.79	\$329.02	\$298.88	\$35.59	\$0.00	\$265.96	\$0.00
202406	\$157.51	\$348.21	\$354.63	\$37.55	\$0.00	\$270.98	\$0.00	\$151.95	\$298.84	\$276.73	\$34.29	\$0.00	\$241.66	\$0.00
202407	\$114.21	\$360.71	\$373.76	\$47.83	\$0.00	\$322.72	\$0.00	\$109.41	\$313.89	\$299.44	\$45.37	\$0.00	\$295.22	\$0.00
202408	\$342.39	\$357.45	\$353.23	\$37.59	\$0.00	\$280.98	\$0.00	\$338.10	\$302.42	\$283.92	\$34.37	\$0.00	\$250.72	\$0.00
202409	\$177.42	\$298.81	\$381.51	\$38.58	\$0.00	\$310.86	\$0.00	\$172.96	\$252.91	\$314.07	\$36.02	\$0.00	\$287.33	\$0.00
202410	\$266.55	\$324.78	\$415.33	\$45.87	\$0.00	\$329.75	\$0.00	\$246.33	\$273.55	\$338.58	\$42.70	\$0.00	\$304.60	\$0.00
202411	\$125.89	\$313.54	\$348.64	\$40.01	\$0.00	\$285.91	\$0.00	\$116.69	\$268.04	\$280.23	\$37.40	\$0.00	\$262.08	\$0.00
202412	\$124.51	\$414.24	\$368.22	\$42.64	\$0.00	\$325.28	\$0.00	\$113.01	\$372.18	\$301.46	\$39.61	\$0.00	\$299.98	\$0.00
IBNR	\$5.41	\$8.10	\$7.02	\$0.78	\$0.00	\$1.37	\$0.00	\$5.07	\$6.96	\$5.61	\$0.72	\$0.00	\$1.24	\$0.00
Total w/o Adjustment	\$179.77	\$356.66	\$382.30	\$40.40	\$0.00	\$292.95	\$0.00	\$170.97	\$298.43	\$296.89	\$36.50	\$0.00	\$249.59	\$0.00
Total	\$179.77	\$356.66	\$382.30	\$40.40	\$0.00	\$292.95	\$0.00	\$170.97	\$298.43	\$296.89	\$36.50	\$0.00	\$249.59	\$0.00

**By Paid Date**

Month	Allowed Claims		Incurred Claims		Paid to Allowed	
	Medical	Rx	Medical	Rx	Medical	Rx
Jan-24	\$1,949,476	\$1,010,260	\$1,185,217	\$1,090,952	60.8%	108.9%
Feb-24	\$10,442,275	\$4,608,641	\$7,733,513	\$2,751,759	74.1%	59.7%
Mar-24	\$8,264,018	\$2,582,779	\$6,350,732	\$1,960,511	76.8%	75.9%
Apr-24	\$10,441,243	\$2,738,874	\$8,577,552	\$2,321,356	82.2%	84.8%
May-24	\$9,688,296	\$4,594,857	\$7,948,420	\$4,106,464	82.0%	89.4%
Jun-24	\$9,923,258	\$2,621,980	\$8,536,547	\$2,336,603	86.0%	89.1%
Jul-24	\$8,714,261	\$2,933,343	\$7,353,391	\$2,673,261	84.4%	91.1%
Aug-24	\$9,447,979	\$2,832,355	\$7,966,290	\$2,536,373	84.3%	89.5%
Sep-24	\$8,966,366	\$2,751,241	\$7,839,390	\$2,496,273	87.4%	90.7%
Oct-24	\$8,995,808	\$4,871,495	\$7,664,812	\$4,527,111	85.2%	92.9%
Nov-24	\$8,956,489	\$2,915,488	\$7,749,150	\$2,696,648	86.5%	92.5%
Dec-24	\$11,698,990	\$2,835,512	\$9,829,571	\$2,599,921	84.9%	90.5%
Jan-25	\$7,679,785	\$1,475,966	\$7,151,471	\$1,396,785	93.1%	94.6%
Feb-25	\$1,673,568	\$2,612	\$1,665,529	\$2,338	99.5%	89.5%
Mar-25	\$1,353,537	\$795	\$1,308,363	\$822	96.7%	103.3%
IBNR	\$2,685,589	\$172,791	\$2,314,737	\$156,547	86.2%	90.6%
Total w/o Adjustment	\$120,880,572	\$36,926,859	\$101,174,687	\$31,461,177	83.7%	85.2%
Total	\$120,880,572	\$36,926,859	\$101,174,687	\$31,461,177	83.7%	85.2%

**By Paid Date Total**

Month	Allowed & Paid Claims Total						Incurred & Paid Claims Total							
	IP	OP	PROF	OTHER	Capitation	Rx	Non EHB	IP	OP	PROF	OTHER	Capitation	Rx	Non EHB
202401	\$95,839	\$240,262	\$1,557,258	\$56,117	\$0	\$1,010,260	\$0	\$87,383	\$133,063	\$934,945	\$29,827	\$0	\$1,099,952	\$0
202402	\$1,833,394	\$4,313,776	\$3,943,635	\$351,469	\$0	\$4,608,641	\$0	\$1,675,934	\$3,053,274	\$2,723,794	\$280,511	\$0	\$2,751,759	\$0
202403	\$1,277,826	\$3,246,629	\$3,406,412	\$333,151	\$0	\$2,582,779	\$0	\$1,156,635	\$2,503,186	\$2,412,893	\$278,018	\$0	\$1,960,511	\$0
202404	\$1,572,904	\$4,134,126	\$4,390,620	\$343,593	\$0	\$2,738,874	\$0	\$1,500,386	\$3,451,681	\$3,328,178	\$297,308	\$0	\$2,321,356	\$0
202405	\$1,167,214	\$3,808,595	\$4,275,268	\$437,219	\$0	\$4,594,857	\$0	\$1,107,561	\$3,144,290	\$3,305,914	\$390,655	\$0	\$4,106,464	\$0
202406	\$2,190,165	\$3,773,162	\$3,591,352	\$368,579	\$0	\$2,621,980	\$0	\$2,135,550	\$3,272,961	\$2,783,413	\$344,624	\$0	\$2,336,603	\$0
202407	\$1,102,169	\$3,581,230	\$3,574,890	\$455,713	\$0	\$2,933,343	\$0	\$1,086,698	\$3,058,755	\$2,780,356	\$427,582	\$0	\$2,673,261	\$0
202408	\$1,486,018	\$3,662,727	\$3,921,360	\$375,874	\$0	\$2,832,355	\$0	\$1,436,271	\$3,093,962	\$3,100,972	\$333,096	\$0	\$2,536,373	\$0
202409	\$2,065,636	\$3,121,346	\$3,452,996	\$326,388	\$0	\$2,751,241	\$0	\$2,001,693	\$2,686,883	\$2,852,837	\$297,977	\$0	\$2,496,273	\$0
202410	\$1,314,928	\$3,465,349	\$3,889,053	\$326,477	\$0	\$4,871,495	\$0	\$1,249,748	\$2,945,665	\$3,160,972	\$308,427	\$0	\$4,527,111	\$0
202411	\$1,527,402	\$3,048,081	\$3,832,218	\$548,768	\$0	\$2,915,488	\$0	\$1,460,610	\$2,635,268	\$3,138,377	\$514,896	\$0	\$2,696,648	\$0
202412	\$2,556,715	\$3,957,057	\$4,645,639	\$537,492	\$0	\$2,835,512	\$0	\$2,350,233	\$3,313,530	\$3,664,718	\$501,089	\$0	\$2,599,921	\$0
202501	\$2,947,023	\$2,592,913	\$1,778,419	\$361,343	\$0	\$1,475,966	\$0	\$2,879,680	\$2,406,414	\$1,523,014	\$342,363	\$0	\$1,396,785	\$0
202502	\$703,691	\$317,226	\$546,812	\$108,839	\$0	\$2,612	\$0	\$648,484	\$368,804	\$543,595	\$104,647	\$0	\$2,338	\$0
202503	\$134,686	\$677,540	\$499,525	\$41,785	\$0	\$795	\$0	\$133,407	\$672,583	\$463,166	\$39,207	\$0	\$822	\$0
IBNR	\$681,556	\$1,021,004	\$884,512	\$98,517	\$0	\$172,791	\$0	\$639,115	\$877,783	\$700,477	\$0	\$0	\$0	\$0
Total w/o Adjustment	\$22,661,167	\$44,958,023	\$48,189,969	\$5,071,412	\$0	\$36,926,859	\$0	\$21,551,388	\$37,618,092	\$37,424,483	\$4,580,724	\$0	\$31,461,777	\$0
Total	\$22,661,167	\$44,958,023	\$48,189,969	\$5,071,412	\$0	\$36,926,859	\$0	\$21,551,388	\$37,618,092	\$37,424,483	\$4,580,724	\$0	\$31,461,777	\$0

# Premera Blue Cross

## Appendix 3.2

### Federal Minimum Loss Ratio Calculation

*Individual Filing - Effective 1/1/2026*

<b><u>Adjusted Premium</u></b>	<b>Filing</b>
Premium PMPM	\$1,161.30
Regulatory & Insurance Fraud Surcharge	\$0.95
Federal Income Tax	\$0.00
WSHIP Assessment	\$0.19
Premium Tax	\$23.23
WAPAL Assessment Fee	\$0.06
Patient Centered Outcomes Research Fee	\$0.32
Risk Adjustment Program Administration Fee	\$0.20
Exchange Fees	\$5.11
Total	\$1,131.24
<b><u>Adjusted Claims</u></b>	
Projected Incurred Claims	\$1,509.63
Net Risk Adjustment	\$434.66
Total	\$1,074.97
Projected MLR	95.0%

Note:

Changes in MLR reporting for 2025 have been accounted for and do not change our calculations significantly from prior years due to most changes not being applicable to our business

## Premera Blue Cross

### Appendix 3.3a

Experience Period: Risk Adjustment Experience by Plan

*Individual Filing - Effective 1/1/2026*

Plan ID	Plan Name	Member Months	Risk Adjustment Transfer	High Cost Risk Pool Reimbursement	High Cost Risk Pool Assessments	Total
49831WA1940001	Premera Blue Cross Preferred Gold	16,558	\$9,374,679	\$181,649	-\$62,881	\$9,493,448
49831WA1940003	Premera Blue Cross Preferred Bronze	26,464	\$2,549,916	\$99,121	-\$76,409	\$2,572,627
49831WA1940004	Premera Blue Cross Preferred Silver	11,475	\$3,930,228	\$1,758,772	-\$42,660	\$5,646,339
49831WA1940005	Premera Blue Cross Cascade Complete Gold	12,652	\$10,901,574	\$53,231	-\$48,494	\$10,906,311
49831WA1940006	Premera Blue Cross Cascade Silver	23,647	\$9,383,020	\$671,681	-\$79,185	\$9,975,517
49831WA1940007	Premera Blue Cross Cascade Bronze	22,985	\$2,072,112	\$0	-\$57,131	\$2,014,981
49831WA1930002	Premera Blue Cross Preferred Bronze HSA EPO 6400	12,272	\$951,813	\$0	-\$34,585	\$917,228
Total		126,053	\$39,163,341	\$2,764,454	-\$401,344	\$41,526,451

# Premera Blue Cross

## Appendix 3.3b

HCRP Actual vs Projected

*Individual Filing - Effective 1/1/2026*

Year	High Cost Risk Pool Reimbursement		High Cost Risk Pool Assessment	
	Projected	Actual	Projected	Actual
2026	\$32.71		-\$4.13	
2025	\$16.42		-\$3.77	
2024	\$10.51	\$0.00	-\$3.40	\$0.00
2023	\$5.03	\$10.10	-\$2.48	-\$2.82
2022	\$7.78	\$7.20	-\$1.74	-\$2.62

# Premera Blue Cross

## Appendix 4.1

WAC 284-43-6660 vs Additional Data Statement Form

Individual Filing - Effective 1/1/2026

	Total	Grandfathered <sup>(7)</sup>	Metallic
<b>Total Revenues<sup>(1)</sup></b>			
<b>Total Revenues from Additional Data Statement</b>	<b>151,241,963</b>		
<b>Data Components used in Reporting Additional Data Statement</b>			
Net Premium Income	\$113,060,127	\$0	\$113,060,127
Commercial Reinsurance Premium	-\$79,894	\$0	-\$79,894
2023 MLR Rebates	\$0	\$0	\$0
2022 Restated MLR Rebates	\$2,462,770	\$0	\$2,462,770
2023 - High Cost Risk Pool	-\$424,240	\$0	-\$424,240
2023 - High Cost Risk Pool Assessment	\$229,631	\$0	\$229,631
2022 - High Cost Risk Pool	\$64,053	\$0	\$64,053
2022 - High Cost Risk Pool Assessment	\$36,634,518	\$0	\$36,634,518
2023 - Risk Adjustment	-\$705,001	\$0	-\$705,001
2022 - Risk Adjustment	\$0	\$0	\$0
2014-2016 - Risk Corridor	\$0	\$0	\$0
<b>Total</b>	<b>\$151,241,963</b>	<b>\$0</b>	<b>\$151,241,963</b>
	Individual Metallic Premium from Additional Data Statement		\$113,060,127
	Rate Filing Earned Premium <sup>(3)</sup>		\$112,880,957
	Variance Amount <sup>(2)</sup>		-\$179,170
	Variance %		-0.2%
<b>Total Hospital and Medical<sup>(1)</sup></b>			
<b>Total Claims from Additional Data Statement</b>	<b>\$131,826,225</b>		
<b>Data Components used in Reporting Additional Data Statement</b>			
WSHIP Assessment	-\$1,509	\$0	-\$1,509
IBNR Ceded	-\$9,300	\$0	-\$9,300
Claims Ceded	\$0	\$0	\$0
PY Restated Claims	-\$2,389,445	\$0	-\$2,389,445
Rx Rebate	-\$14,013,044	\$0	-\$14,013,044
Paid Claims	\$148,239,523	\$0	\$148,239,523
<b>Total</b>	<b>\$131,826,225</b>	<b>\$0</b>	<b>\$131,826,225</b>
	Individual Metallic Rx Rebate+Md Incurred from Additional Data Statement		\$131,837,034
	Rate Filing Incurred Claims <sup>(4)</sup>		\$132,656,582
	Variance Amount <sup>(2)</sup>		\$819,548
	Variance %		0.6%
<b>General Administrative &amp; Claims Adjustment Expenses<sup>(1)</sup></b>			
<b>Total Admin Expense from Additional Data Statement</b>	<b>\$13,542,755</b>		
<b>Data Components used in Reporting Additional Data Statement</b>			
Net Operating Expense	\$9,995,405	\$0	\$9,995,405
Commissions	\$844,792	\$0	\$844,792
ACA Fees	\$38,156	\$0	\$38,156
Premium Tax	\$2,260,963	\$0	\$2,260,963
RA Fee	\$26,593	\$0	\$26,593
Exchange Fee	\$376,845	\$0	\$376,845
<b>Total</b>	<b>\$13,542,755</b>	<b>\$0</b>	<b>\$13,542,755</b>
	Expense from Additional Data Statement		\$13,621,140
	Rate Filing Expenses <sup>(5)</sup>		\$13,621,140
	Variance Amount <sup>(2)</sup>		\$0
	Variance %		0.0%
<b>Total Members at the end of <sup>(1)</sup></b>			
<b>Average Membership</b>	<b>10,456</b>		
<b>Data Components used in Reporting Additional Data Statement</b>			
First Quarter	10,850	0	10,850
Second Quarter	10,571	0	10,571
Third Quarter	10,272	0	10,272
Fourth Quarter	10,129	0	10,129
<b>Average</b>	<b>10,456</b>	<b>0</b>	<b>10,456</b>
	Average Membership from Additional Data Statement		10,456
	Rate Filing Members <sup>(6)</sup>		10,504
	Variance Amount <sup>(2)</sup>		49
	Variance %		0.5%

Note:

- 1) From 2024 Additional Data Statement
- 2) The Additional Data Statement only shows the reported data while the rate filing applies the restated data
- 3) Premium in Appendix 1.1 does not include Risk Corridor, Risk Adjustment, Reinsurance, & Prior Year Premiums
- 4) Incurred Claims in Appendix 1.1 does not include WSHIP Assessment and Prior Year claims restatement.
- 5) Expenses in Appendix 4.1 Old includes Additional Data Statement Expenses, WSHIP Assessment, & Commercial Reinsurance Premium
- 6) Financial Statement assumes a percentage of membership will terminate every month.
- 7) The Grandfathered plans are the individual group conversion plans which were closed to sales before the ACA was signed and were required to have guaranteed renewability



# Premera Blue Cross

## Appendix 4.1a

Copy of Additional Data Statement Pages

Individual Filing - Effective 1/1/2026

### Additional Data Statement Form for the Year Ending December 31, 2024

Company: Premera Blue Cross

NAIC Company Code: 47570

#### II. Analysis of the Washington Comprehensive Line

	1 Total Comprehensive (Hospital & Medical)	2a Individual Contracts	2b Children's Health Insurance Program	3 Small Group Contracts	Large Group Contracts				5 Other	6 List the full legal name of each Pathway 1 Association Health Plan included in column 4c
					4a Public Employees Benefits Board	4b School Employees Benefits Board	4c Pathway 1 Association Health Plans	4d Large Group (what is not in columns 4a, 4b or 4c)		
1. Net Premium Income	2,278,129,272	151,421,963		369,535,020		461,777,093	506,324,618	789,070,578		1 Aerospace Industry Trust
7. Total Revenues (Lines 1 to 6)	2,277,949,272	151,341,963		369,535,020		461,777,093	506,324,618	789,070,578		2 Agriculture Industry Trust
15. Subtotal (Lines 8 to 14)	1,941,740,161	131,836,525		299,933,277		429,856,814	432,212,350	647,902,195		3 Association of Washington Business
16. Net Reinsurance Recoveries	800,700	9,300		54,900		186,900	267,010	281,390		4 Business Services Industry Trust
17. Total hospital and medical (Lines 15 minus 16)	1,940,939,461	131,826,225	0	299,878,377	0	429,668,714	431,945,340	647,620,805	0	5 Clean Tech Alliance Washington
19. Claims adjustment expenses	100,914,234	4,868,031		18,113,921		16,868,009	19,220,960	41,823,313		6 Community Service Organization Healthy Trust
20. General administrative expenses	165,705,815	8,654,724		40,974,838		25,130,509	28,636,012	62,309,732		7 Construction Industry Trust
21. Increase in reserves for accident and health contracts	0									8 End-Line Manufacturing Industry Trust
23. Total underwriting deductions (Lines 17 to 22)	2,207,559,510	145,368,960	0	368,967,136	0	471,667,232	479,802,312	751,753,850	0	9 Healthcare Industry Trust
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	70,389,762	5,872,963	0	10,567,884	0	(9,890,139)	26,522,306	37,316,728	0	10 Information Technology Industry Trust
										11 Leisure Care
										12 Life Science Washington
										13 Metal Screen Association of Top and Bottom Coales
										14 Media Industry Trust
										15 Millennium Advisory
										16 Northwest Financial Association
										17 Northwest Marine Trade Association
										18 Northwest Independent Plan Center Association
										19 Place Benefits Trust
										20 Retail Industry Trust
										21 Teachers Industry Trust
										22 Transportation Industry Trust
										23 Vigilant Manufacturers Trust
										24 Washington Automotive Industry Association
										25 Washington Farm Bureau

Form IC-13A-HC (Rev. 12/24) and Form IC-14-HMO (Rev. 12/24)

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### Additional Data Statement Form for the Year Ending December 31, 2024

Company: Premera Blue Cross

NAIC Company Code: 47570

#### III. Group Enrollment in Washington

	1 Total Comprehensive (Hospital & Medical)	2a Individual Contracts	2b Children's Health Insurance Program	3 Small Group Contracts	Large Group Contracts				5 Other	6 List the full legal name of each Pathway 1 Association Health Plan included in column 4c (continued)
					4a Public Employees Benefits Board	4b School Employees Benefits Board	4c Pathway 1 Association Health Plans	4d Large Group (what is not in columns 4a, 4b or 4c)		
Total Members at end of:										26 Wholesaling Industry Trust
1. Prior Year	311,777	12,910		53,862		66,423	68,555	110,037		27 Working Waterfront Coalition Health Trust
2. First Quarter	323,177	10,850		51,803		66,840	88,647	105,037		28
3. Second Quarter	320,899	10,571		51,248		66,972	88,195	103,913		29
4. Third Quarter	317,469	10,272		51,000		65,620	88,165	102,412		30
5. Current Year	315,935	10,129		51,304		66,577	84,588	103,337		31
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Form IC-13A-HC (Rev. 12/24) and Form IC-14-HMO (Rev. 12/24)

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# Premera Blue Cross

## Appendix 4.2

### Months of Surplus

*Individual Filing - Effective 1/1/2026*

Description	Actual Amounts <sup>(3)</sup>
2024 Total capital and surplus <sup>(1)</sup>	\$1,779,041,816
2024 Subtotal of hospital and medical claims <sup>(2)</sup>	\$4,134,901,914
2024 Months of Surplus	5.2

Note:

(1) 2024 Total capital and surplus is from 2024 Premera Annual Statement Liabilities, Capital and Surplus page 3, line 33

(2) 2024 Subtotal of hospital and medical claims is from 2024 Premera Annual Statement of Revenue and Expense page 4, line 18

(3) Issuer's capital and surplus is not used in the rate development

## Premera Blue Cross

### Appendix 5

Actuarial Values for Non-Cascade plans

Individual Filing - Effective 1/1/2026

HIOS ID_16 Digits	HIOS ID_14 Digits	Plan Name	A	Location <sup>(2)</sup>	B	C = A + B
			AV OV <sup>(1)</sup>		Value of PCP Copay @ \$1 <sup>(3)</sup>	Final AV
49831WA194000400 to 49831WA194000403	49831WA1940004	Premera Blue Cross Preferred Silver	0.7195	Page 1	-0.0001	0.7194
49831WA194000404	49831WA1940004	Premera Blue Cross Preferred Silver CSR1	0.7399	Page 2	-0.0001	0.7398
49831WA194000405	49831WA1940004	Premera Blue Cross Preferred Silver CSR2	0.8751	Page 3	-0.0001	0.8750
49831WA194000406	49831WA1940004	Premera Blue Cross Preferred Silver CSR3	0.9467	Page 4	-0.0001	0.9466
49831WA194000100 to 49831WA194000103	49831WA1940001	Premera Blue Cross Preferred Gold	0.7948	Page 5	-0.0001	0.7947
49831WA194000300 to 49831WA194000303	49831WA1940003	Premera Blue Cross Preferred Bronze	0.6415	Page 6	-0.0001	0.6414
49831WA194000800 to 49831WA194000803	49831WA1940008	Premera Blue Cross Preferred Bronze HSA	0.6279	Page 7	N/A	0.6279

Note:

(1) This represents the AV after mental health unique design and before value of first two Primary Care office visit copays at \$1 instead of no cost sharing

(2) The Avs in file AV Screenshots\_Non Cascade Plans. The page numbers are included in the Location column.

(3) This represents the value of first two Primary Care office visit copays at \$1 instead of no cost sharing (See Exhibits 5.1-5.6)

(4) This represents the final AV after combining AV Calculator value and value of copay

**Premera Blue Cross**  
**Appendix 5.1**  
Unique Benefit Design Adjustment Calculations

*Individual Filing - Effective 1/1/2026*

Plan Name	HIOS ID
Premera Blue Cross Preferred Silver	49831WA1940004-01

**Mental Heath Office Visit Percentage**

Service Category	Frequency <sup>(2)</sup>	MH OV%
Mental Health - OP Facility	0.028	
Mental Health - OP Prof.	1.692	98.39%

**Value of Primary Care Copay**

Service Category	Frequency <sup>(2)</sup>	Copay	Value of Copay
Primary Care >2 Visits	0.462	\$1.00	\$0.46
Primary Care All Visits	1.216	\$1.00	\$1.22
Differential			-\$0.75
AV Denominator for Silver		\$7,386.31	
AV Adjustment			-0.01%

Note:

(1) It is the Avg Cost per Enrollee(Max'd) column out of Silver Combined continuous table at \$4500 deductible level. (If Deductible is between two rows of continuance tables then linearly interpolated between the adjacent values)

(2) Claims Maximum is the claims amount where member expected to satisfy Out of Pocket Maximum. (If Claims Maximum is between two rows of continuance tables then linearly interpolated between the adjacent values)

(Claims Max [\$14833] = Deductible [\$4500]+( (Out of Pocket Maximum [\$7600] - Deductible [\$4500]) / (1 - Coinsurance [70%])

**Premera Blue Cross**  
**Appendix 5.2**  
Unique Benefit Design Adjustment Calculations

*Individual Filing - Effective 1/1/2026*

Plan Name	HIOS ID
Premera Blue Cross Preferred Silver	49831WA1940004-04

**Mental Heath Office Visit Percentage**

Service Category	Frequency <sup>(2)</sup>	MH OV%
Mental Health - OP Facility	0.023	
Mental Health - OP Prof.	1.591	98.59%

**Value of Primary Care Copay**

Service Category	Frequency <sup>(2)</sup>	Copay	Value of Copay
Primary Care >2 Visits	0.433	\$1.00	\$0.43
Primary Care All Visits	1.172	\$1.00	\$1.17
Differential			-\$0.74
AV Denominator for Silver		\$7,386.31	
AV Adjustment			-0.01%

Note:

(1) It is the Avg Cost per Enrollee(Max'd) column out of Silver Combined continuous table at \$4350 deductible level. (If Deductible is between two rows of continuance tables then linearly interpolated between the adjacent values)

(2) Claims Maximum is the claims amount where member expected to satisfy Out of Pocket Maximum. (If Claims Maximum is between two rows of continuance tables then linearly interpolated between the adjacent values)

(Claims Max [\$11517] = Deductible [\$4350]+( (Out of Pocket Maximum [\$6500] - Deductible [\$4350]) / (1 - Coinsurance [70%])

**Premera Blue Cross**  
**Appendix 5.3**  
Unique Benefit Design Adjustment Calculations

*Individual Filing - Effective 1/1/2026*

Plan Name	HIOS ID
Premera Blue Cross Preferred Silver	49831WA1940004-05

**Mental Heath Office Visit Percentage**

Service Category	Frequency <sup>(2)</sup>	MH OV%
Mental Health - OP Facility	0.017	
Mental Health - OP Prof.	1.566	98.94%

**Value of Primary Care Copay**

Service Category	Frequency <sup>(2)</sup>	Copay	Value of Copay
Primary Care >2 Visits	0.430	\$1.00	\$0.43
Primary Care All Visits	1.169	\$1.00	\$1.17
Differential			-\$0.74
AV Denominator for Gold		\$9,034.31	
AV Adjustment			-0.01%

Note:

- (1) It is the Avg Cost per Enrollee(Max'd) column out of Gold Combined continuous table at \$600 deductible level. (If Deductible is between two rows of continuance tables then linearly interpolated between the adjacent values)  
(2) Claims Maximum is the claims amount where member expected to satisfy Out of Pocket Maximum. (If Claims Maximum is between two rows of continuance tables then linearly interpolated between the adjacent values)  
(Claims Max [\$7933] = Deductible [\$600]+( (Out of Pocket Maximum [\$2800] - Deductible [\$600]) / (1 - Coinsurance [70%])

**Premera Blue Cross**  
**Appendix 5.4**  
Unique Benefit Design Adjustment Calculations

*Individual Filing - Effective 1/1/2026*

Plan Name	HIOS ID
Premera Blue Cross Preferred Silver	49831WA1940004-06

**Mental Heath Office Visit Percentage**

Service Category	Frequency <sup>(2)</sup>	MH OV%
Mental Health - OP Facility	0.003	
Mental Health - OP Prof.	0.599	99.45%

**Value of Primary Care Copay**

Service Category	Frequency <sup>(2)</sup>	Copay	Value of Copay
Primary Care >2 Visits	0.165	\$1.00	\$0.17
Primary Care All Visits	0.661	\$1.00	\$0.66
Differential			-\$0.50
AV Denominator for Platinum		\$9,230.19	
AV Adjustment			-0.01%

Note:

(1) It is the Avg Cost per Enrollee(Max'd) column out of Platinum Combined continuous table at \$300 deductible level. (If Deductible is between two rows of continuance tables then linearly interpolated between the adjacent values)

(2) Claims Maximum is the claims amount where member expected to satisfy Out of Pocket Maximum. (If Claims Maximum is between two rows of continuance tables then linearly interpolated between the adjacent values)

(Claims Max [\$1967] = Deductible [\$300]+( (Out of Pocket Maximum [\$800] - Deductible [\$300]) / (1 - Coinsurance [70%])

**Premera Blue Cross**  
**Appendix 5.5**  
Unique Benefit Design Adjustment Calculations

*Individual Filing - Effective 1/1/2026*

Plan Name	HIOS ID
Premera Blue Cross Preferred Gold	49831WA1940001

**Mental Heath Office Visit Percentage**

Service Category	Frequency <sup>(2)</sup>	MH OV%
Mental Health - OP Facility	0.037	
Mental Health - OP Prof.	2.104	98.27%

**Value of Primary Care Copay**

Service Category	Frequency <sup>(2)</sup>	Copay	Value of Copay
Primary Care >2 Visits	0.560	\$1.00	\$0.56
Primary Care All Visits	1.366	\$1.00	\$1.37
Differential			-\$0.81
AV Denominator for Gold		\$9,034.31	
AV Adjustment			-0.01%

Note:

(1) It is the Avg Cost per Enrollee(Max'd) column out of Gold Combined continuous table at \$1500 deductible level. (If Deductible is between two rows of continuance tables then linearly interpolated between the adjacent values)

(2) Claims Maximum is the claims amount where member expected to satisfy Out of Pocket Maximum. (If Claims Maximum is between two rows of continuance tables then linearly interpolated between the adjacent values)

(Claims Max [\$19167] = Deductible [\$1500]+( (Out of Pocket Maximum [\$6800] - Deductible [\$1500]) / (1 - Coinsurance [70%])



**Premera Blue Cross**  
**Appendix 5.6**  
Unique Benefit Design Adjustment Calculations

*Individual Filing - Effective 1/1/2026*

Plan Name	HIOS ID
Premera Blue Cross Preferred Bronze	49831WA1940003

**Mental Heath Office Visit Percentage**

Service Category	Frequency <sup>(2)</sup>	MH OV%
Mental Health - OP Facility	0.018	
Mental Health - OP Prof.	1.047	98.35%

**Value of Primary Care Copay**

Service Category	Frequency <sup>(2)</sup>	Copay	Value of Copay
Primary Care >2 Visits	0.335	\$1.00	\$0.33
Primary Care All Visits	0.961	\$1.00	<u>\$0.96</u>
Differential			-\$0.63
AV Denominator for Bronze		\$5,190.48	
AV Adjustment			-0.01%

Note:

(1) It is the Avg Cost per Enrollee(Max'd) column out of Bronze Combined continuous table at \$6650 deductible level. (If Deductible is between two rows of continuance tables then linearly interpolated between the adjacent values)

(2) Claims Maximum is the claims amount where member expected to satisfy Out of Pocket Maximum. (If Claims Maximum is between two rows of continuance tables then linearly interpolated between the adjacent values)

(Claims Max [\$12025] = Deductible [\$6650]+( (Out of Pocket Maximum [\$8800] - Deductible [\$6650]) / (1 - Coinsurance [60%])

**Premera Blue Cross**  
**Appendix 6**  
SERFF Rate/Rule Schedule Support

*Individual Filing - Effective 1/1/2026*

**COMPANY RATE INFORMATION**

Company Rate Change	Increase
Overall % Indicated Change	18.79%
Overall % Rate Impact	18.79%
Written Premium Change	\$20,925,006
Policy Holders as of March 2025	6,051
Written Premium	\$111,362,459
Maximum % Change	41.24%
Minimum % Change	-6.57%

**RATE REVIEW DETAIL**

Annual Trend	11.1%
Covered Lives as of March 2025	9,460
49831WA194	9,460

**Requested Rate Change Information**

Change Period	Annual
Experience Period Member Months:	126,053
Benefit Change	Neutral

Percent Rate Change Requested

Min	-6.57%
Max	41.24%
Weighted Avg	18.79%

**Prior Rate:**

Total Earned Premium	\$111,362,459
Total Incurred Claims	\$110,248,571

Annualized PMPM

Min	\$337.30
Max	\$2,901.78
Weighted Avg	\$977.61

**Requested Rate:**

Total Earned Premium	\$132,287,465
Total Incurred Claims	\$122,453,088

Annualized PMPM

Min	\$391.94
Max	\$3,028.22
Weighted Avg	\$1,161.30

Notes:

- (1) Values in SERFF are based on the original submission with allowed correction and updates to the service area.
- (2) Values in this Exhibit are based on the updated rates.
- (3) Min and Max Prior Rates from last filing.

WA Exhibit 1: Experience Data

Carrier Name:	Premera Blue Cross
Market:	Individual
Rate Filing Plan Year:	2026
Experience Period Year:	2024

2024 CLAIMS BUILD-UP, TOTAL								2024 ULTIMATE ALLOWED CLAIMS, TOTAL											
Incurred Month yyymm	Member Months	Incurred & Paid Claims	IBNP for Incurred Claims	Ultimate Incurred Claims	Allowed Claims (without IBNP)	IBNP for Allowed Claims	Ultimate Allowed Claims	Inpatient Hospital	Outpatient Hospital	Professional	Other Medical	Capitation	Prescription Drug before Drug Rebates	Prescription Drug Rebates (Negative \$)	Non- EHBs	Total EHB Allowed	Total Allowed (EHB + non-EHB)	Check Total Allowed (should be \$0)	
202401	11,010	\$10,002,687	\$3,453	\$10,006,140	\$14,256,913	\$4,647	\$14,261,560	\$2,235,172	\$3,810,002	\$4,552,560	\$443,473	\$0	\$4,454,378	(\$1,234,025)	\$0	\$14,261,560	\$14,261,560	\$0	
202402	10,894	\$8,775,190	\$27,138	\$8,802,327	\$11,567,040	\$34,870	\$11,601,910	\$1,515,547	\$3,239,360	\$3,937,973	\$382,682	\$0	\$3,745,482	(\$1,219,133)	\$0	\$11,601,910	\$11,601,910	\$0	
202403	10,802	\$10,224,391	\$40,038	\$10,264,430	\$12,614,611	\$49,165	\$12,663,776	\$1,366,481	\$3,930,882	\$4,086,033	\$369,833	\$0	\$4,112,436	(\$1,201,888)	\$0	\$12,663,776	\$12,663,776	\$0	
202404	10,717	\$11,738,981	\$56,759	\$11,795,740	\$13,799,591	\$66,893	\$13,866,483	\$2,360,723	\$4,052,101	\$3,963,899	\$398,591	\$0	\$4,283,950	(\$1,192,781)	\$0	\$13,866,483	\$13,866,483	\$0	
202405	10,619	\$10,865,739	\$60,824	\$10,926,564	\$12,845,891	\$72,610	\$12,918,501	\$1,079,326	\$4,122,622	\$4,138,923	\$420,714	\$0	\$4,339,196	(\$1,182,280)	\$0	\$12,918,501	\$12,918,501	\$0	
202406	10,540	\$10,576,571	\$100,149	\$10,676,721	\$12,319,961	\$117,157	\$12,437,119	\$1,696,503	\$3,710,213	\$3,767,631	\$398,417	\$0	\$4,038,169	(\$1,173,815)	\$0	\$12,437,119	\$12,437,119	\$0	
202407	10,444	\$11,105,439	\$134,621	\$11,240,060	\$12,733,665	\$155,815	\$12,889,480	\$1,225,030	\$3,824,516	\$3,950,489	\$505,190	\$0	\$4,547,783	(\$1,163,528)	\$0	\$12,889,480	\$12,889,480	\$0	
202408	10,353	\$12,564,331	\$241,265	\$12,805,596	\$14,204,854	\$272,438	\$14,477,292	\$3,664,778	\$3,776,321	\$3,716,897	\$401,253	\$0	\$4,071,820	(\$1,153,777)	\$0	\$14,477,292	\$14,477,292	\$0	
202409	10,259	\$10,908,228	\$229,568	\$11,137,797	\$12,384,408	\$263,298	\$12,647,705	\$1,892,517	\$3,145,953	\$4,000,984	\$403,783	\$0	\$4,345,711	(\$1,141,242)	\$0	\$12,647,705	\$12,647,705	\$0	
202410	10,221	\$12,324,117	\$380,119	\$12,704,236	\$14,128,366	\$440,424	\$14,568,790	\$2,863,447	\$3,447,225	\$4,381,474	\$484,484	\$0	\$4,529,331	(\$1,137,171)	\$0	\$14,568,790	\$14,568,790	\$0	
202411	10,159	\$9,797,709	\$502,953	\$10,300,662	\$11,316,972	\$587,547	\$11,904,519	\$1,387,381	\$3,402,549	\$3,742,853	\$427,687	\$0	\$4,072,114	(\$1,128,065)	\$0	\$11,904,519	\$11,904,519	\$0	
202412	10,035	\$11,301,914	\$694,395	\$11,996,310	\$12,797,495	\$793,518	\$13,591,013	\$1,374,262	\$4,496,281	\$3,950,254	\$456,024	\$0	\$4,426,509	(\$1,112,316)	\$0	\$13,591,013	\$13,591,013	\$0	
CY2024	126,053	\$130,185,298	\$2,471,284	\$132,656,582	\$154,969,768	\$2,858,381	\$157,828,149	\$22,661,167	\$44,958,023	\$48,189,969	\$5,092,131	\$0	\$50,966,879	(\$14,040,020)	\$0	\$157,828,149	\$157,828,149	\$0	

2024 CLAIMS BUILD-UP, PMPM								2024 ULTIMATE ALLOWED CLAIMS, PMPM											
Incurred Month yyymm	Member Months	Incurred & Paid Claims	IBNP for Incurred Claims	Ultimate Incurred Claims	Allowed Claims (without IBNP)	IBNP for Allowed Claims	Ultimate Allowed Claims	Inpatient Hospital	Outpatient Hospital	Professional	Other Medical	Capitation	Prescription Drug before Drug Rebates	Prescription Drug Rebates (Negative \$)	Non- EHBs	Total EHB Allowed	Total Allowed (EHB + non-EHB)	Check Total Allowed (should be \$0)	
202401		\$908.51	\$0.31	\$908.82	\$1,294.91	\$0.42	\$1,295.33	\$203.01	\$346.05	\$413.49	\$40.28	\$0.00	\$404.58	(\$112.08)	\$0.00	\$1,295.33	\$1,295.33	\$0.00	
202402		\$805.51	\$2.49	\$808.00	\$1,061.78	\$3.20	\$1,064.98	\$139.12	\$297.35	\$361.48	\$35.13	\$0.00	\$343.81	(\$111.91)	\$0.00	\$1,064.98	\$1,064.98	\$0.00	
202403		\$946.53	\$3.71	\$950.23	\$1,167.80	\$4.55	\$1,172.35	\$126.50	\$363.90	\$378.27	\$34.24	\$0.00	\$380.71	(\$111.27)	\$0.00	\$1,172.35	\$1,172.35	\$0.00	
202404		\$1,095.36	\$5.30	\$1,100.66	\$1,287.64	\$6.24	\$1,293.88	\$220.28	\$378.10	\$369.87	\$37.19	\$0.00	\$399.73	(\$111.30)	\$0.00	\$1,293.88	\$1,293.88	\$0.00	
202405		\$1,023.24	\$5.73	\$1,028.96	\$1,209.71	\$6.84	\$1,216.55	\$101.64	\$388.23	\$389.77	\$39.62	\$0.00	\$408.63	(\$111.34)	\$0.00	\$1,216.55	\$1,216.55	\$0.00	
202406		\$1,003.47	\$9.50	\$1,012.97	\$1,168.88	\$11.12	\$1,179.99	\$160.96	\$352.01	\$357.46	\$37.80	\$0.00	\$383.13	(\$111.37)	\$0.00	\$1,179.99	\$1,179.99	\$0.00	
202407		\$1,063.33	\$12.89	\$1,076.22	\$1,219.23	\$14.92	\$1,234.15	\$117.30	\$366.19	\$378.25	\$48.37	\$0.00	\$435.44	(\$111.41)	\$0.00	\$1,234.15	\$1,234.15	\$0.00	
202408		\$1,213.59	\$23.30	\$1,236.90	\$1,372.05	\$26.31	\$1,398.37	\$353.98	\$364.76	\$359.02	\$38.76	\$0.00	\$393.30	(\$111.44)	\$0.00	\$1,398.37	\$1,398.37	\$0.00	
202409		\$1,063.28	\$22.38	\$1,085.66	\$1,207.17	\$25.67	\$1,232.84	\$184.47	\$306.65	\$390.00	\$39.36	\$0.00	\$423.60	(\$111.24)	\$0.00	\$1,232.84	\$1,232.84	\$0.00	
202410		\$1,205.76	\$37.19	\$1,242.95	\$1,382.29	\$43.09	\$1,425.38	\$280.15	\$337.27	\$428.67	\$47.40	\$0.00	\$443.14	(\$111.26)	\$0.00	\$1,425.38	\$1,425.38	\$0.00	
202411		\$964.44	\$49.51	\$1,013.94	\$1,113.98	\$57.84	\$1,171.82	\$136.57	\$334.93	\$368.43	\$42.10	\$0.00	\$400.84	(\$111.04)	\$0.00	\$1,171.82	\$1,171.82	\$0.00	
202412		\$1,126.25	\$69.20	\$1,195.45	\$1,275.29	\$79.08	\$1,354.36	\$136.95	\$448.06	\$393.65	\$45.44	\$0.00	\$441.11	(\$110.84)	\$0.00	\$1,354.36	\$1,354.36	\$0.00	
CY2024		\$1,032.78	\$19.61	\$1,052.39	\$1,229.40	\$22.68	\$1,252.08	\$179.77	\$356.66	\$382.30	\$40.40	\$0.00	\$404.33	(\$111.38)	\$0.00	\$1,252.08	\$1,252.08	\$0.00	

Comments

WA Exhibit 2: Overall Actual to Expected Experience Reporting and Analysis

Carrier Name:	Premera Blue Cross
Market:	Individual
Rate Filing Plan Year:	2026
Experience Period Year:	2024

Actual-to-Expected Experience

Line Item	Description	2024, TOTAL				2024, PMPM			2024, % of PREMIUM		
		ACTUAL EXPERIENCE (A)	PROJECTED (i.e., Expected; E)	A:E - 1	A - E	ACTUAL EXPERIENCE (A)	PROJECTED (i.e., Expected; E)	A:E - 1	ACTUAL EXPERIENCE (A)	PROJECTED (i.e., Expected; E)	A - E
a	Member Months (MM)	126,053	168,972	-25.4%							
b	Premium	\$112,880,957	\$159,639,767	-29.3%		\$895.50	\$944.77	-5.2%			
c	Allowed Claims	\$157,828,149	\$216,181,087	-27.0%		\$1,252.08	\$1,279.39	-2.1%	139.8%	135.4%	4.4%
d	Incurred Claims	\$132,656,582	\$177,561,853	-25.3%		\$1,052.39	\$1,050.84	0.1%	117.5%	111.2%	6.3%
e	Cost Sharing Reduction (CSR) Amounts	\$1,929,775	\$2,513,205	-23.2%		\$15.31	\$14.87	2.9%	1.7%	1.6%	0.1%
f	Risk Adjustment Transfer Amounts	\$41,526,451	\$39,677,175	4.7%		\$329.44	\$234.82	40.3%	36.8%	24.9%	11.9%
g	Administrative Expense	\$10,919,971	\$12,199,796	-10.5%		\$86.63	\$72.20	20.0%	9.7%	7.6%	2.0%
h	Taxes and Fees	\$2,701,316	\$3,964,564	-31.9%		\$21.43	\$23.46	-8.7%	2.4%	2.5%	-0.1%
i	Profit Margin (a.k.a. Profit & Risk Load)	\$8,129,539	\$5,590,730	45.4%		\$64.49	\$33.09	94.9%	7.2%	3.5%	3.7%
j	Paid-to-Allowed Ratios	84.1%	82.1%	2.3%	1.9%						

Profit Reconciliation

Calculate profit using PMPMs from the table above  
Difference (should be close to \$0)

\$64.49	\$33.09
(\$0.00)	\$0.00

Loss Ratios

Simple Loss Ratio (=Incurred Claims / Premium)  
Indicated Rate Change Required, if only based on A:E simple loss ratio

117.5%	111.2%	6.3%
5.7%		

Risk Adjusted Loss Ratio (=Incurred Claims / (Premium + Risk Adjustment Transfer))  
Indicated Rate Change Required, if only based on A:E risk adjusted loss ratio

85.9%	89.1%	-3.2%
-3.6%		

Comments

Line Item	Comments
a	The actual membership was lower than projected. This is due to competition in the marketplace.
b-e	Actual vs projected experience PMPM's are fairly close, with the overall totals being different mainly from the difference in membership.
f	The Risk Adjustment Transfer Amounts PMPMs were significantly higher than projected due to a riskier membership population.
g	The administrative expenses PMPM were higher than projected. This is due to a mix of fixed and variable admin expenses.
h	Taxes and fees were lower than projected, mainly driven by lower premiums.
i	The profit margin was higher than projected, primarily due to the increase in risk adjustment transfer amounts.
j	The actual vs projected paid-to-allowed ratios are similar. The variance is due to the above observations.
	 The variance in actual vs projected experience is mostly tied to the change in membership. The actual and projected results are more similar on a PMPM basis. Our model is based on PMPMs and already includes our most up to date assumptions on membership. We have not made further adjustments.

### WA Exhibit 3: Essential Health Benefit (EHB) Trend Reporting and Analysis by Benefit Category, Frequency and Unit Cost

Carrier Name:	Premera Blue Cross
Market:	Individual
Rate Filing Plan Year:	2026
Experience Period Year:	2024

#### DATA -- EHB Allowed Claims

##### EXPERIENCE -- 2022

URRT w1 Benefit Category	Frequency Units	Units per 1,000	Unit Cost	EHB Cost PMPM
Inpatient Hospital	Days	258.20	\$5,620.32	\$120.93
Outpatient Hospital	Services	1,585.75	\$2,218.62	\$293.18
Professional	Services	27,559.96	\$127.90	\$293.75
Prescription Drug	Days Filled	2,823.89	\$158.77	\$37.36
Total				\$745.22

##### EXPERIENCE -- 2023

URRT w1 Benefit Category	Frequency Units	Units per 1,000	Unit Cost	EHB Cost PMPM
Inpatient Hospital	Days	230.44	\$6,864.07	\$131.81
Outpatient Hospital	Services	1,584.18	\$2,233.95	\$294.91
Professional	Services	27,515.39	\$142.60	\$326.97
Prescription Drug	Days Filled	16,910.93	\$181.47	\$255.73
Total				\$1,009.43

##### EXPERIENCE -- 2024

URRT w1 Benefit Category	Frequency Units	Units per 1,000	Unit Cost	EHB Cost PMPM
Inpatient Hospital	Days	294.47	\$7,325.98	\$179.77
Outpatient Hospital	Services	1,741.42	\$2,457.72	\$356.66
Professional	Services	30,266.64	\$151.57	\$382.30
Prescription Drug	Days Filled	17,587.10	\$199.88	\$292.95
Total				\$1,211.68

##### PROJECTED (i.e., EXPECTED) -- 2026

URRT w1 Benefit Category	Frequency Units	Units per 1,000	Unit Cost	EHB Cost PMPM
Inpatient Hospital	Days	318.50	\$8,331.17	\$221.12
Outpatient Hospital	Services	1,883.52	\$2,794.94	\$438.69
Professional	Services	32,736.40	\$172.37	\$470.23
Prescription Drug	Days Filled	18,297.62	\$231.42	\$352.87
Total				\$1,482.92

#### TRENDS -- EHB Allowed Claims

##### EXPERIENCE TREND -- 2022 to 2023

Service	Total EHB Cost	Utilization	Unit Cost	Unit Cost Components			
				Service Mix / Intensity	Reimbursement	Unit Cost	Check
Inpatient Hospital	9.00%	-10.75%	22.13%	17.51%	3.93%	22.13%	TRUE
Outpatient Hospital	0.59%	-0.10%	0.69%	-2.89%	3.69%	0.69%	TRUE
Professional	11.31%	-0.16%	11.49%	8.91%	2.36%	11.49%	TRUE
Prescription Drug	584.49%	498.85%	14.30%	2.51%	11.50%	14.30%	TRUE
Total	35.454%						

##### EXPERIENCE TREND -- 2023 to 2024

Service	Total EHB Cost	Utilization	Unit Cost	Unit Cost Components			
				Service Mix / Intensity	Reimbursement	Unit Cost	Check
Inpatient Hospital	36.39%	27.79%	6.73%	1.41%	5.24%	6.73%	TRUE
Outpatient Hospital	20.94%	9.93%	10.02%	4.83%	4.94%	10.02%	TRUE
Professional	16.92%	10.00%	6.29%	3.33%	2.87%	6.29%	TRUE
Prescription Drug	14.55%	4.00%	10.15%	2.37%	7.60%	10.15%	TRUE
Total	20.036%						

##### ANNUALIZED PROJECTED TREND -- 2024 to 2026

Service	Total EHB Cost	Utilization	Unit Cost	Unit Cost Components			
				Service Mix / Intensity	Reimbursement	Unit Cost	Check
Inpatient Hospital	10.91%	4.00%	6.64%	0.00%	6.64%	6.64%	TRUE
Outpatient Hospital	10.91%	4.00%	6.64%	0.00%	6.64%	6.64%	TRUE
Professional	10.91%	4.00%	6.64%	0.00%	6.64%	6.64%	TRUE
Prescription Drug	9.75%	2.00%	7.60%	0.00%	7.60%	7.60%	TRUE
Total	10.628%						

#### Comments

Experience utilization and trends are from our actual experience.

The projected Utilization trends are based on expected differences in number of services per 1,000 members.

The projected Unit Cost trends are based on provider contract changes estimated by Premera's Health Care Economics department.

When determining the projected trend we did not break out Service Mix / Intensity from Reimbursement and assumed 100% of unit cost is from Reimbursement. We will revisit this assumption in future years.

WA Exhibit 4: Normalized Allowed Claims Analysis

Carrier Name:	Premiera Blue Cross
Market:	Individual
Rate Filing Plan Year:	2026
Experience Period Year:	2024

Table 3.1

Incurred Date (YYYYMM)	Member Months	Allowed Claims (as of 3/31/2025)	Allowed Claims Completion factor (based on IBNP estimates)	Ultimate Allowed Claims	One-Time Adjustment for High Claims (Non-Predictive Claims)	One-Time Adjustment for HCRP Receipts	Non-EHB Allowed Claims	Predictive Ultimate Allowed EHB Claims	Predictive Ultimate Allowed EHB Claims PMPM	Allowable Rating Adjustments					Accumulated Adjustments	Allowable Rating Adjustment Normalization Factor	Normalized Allowed claims PMPM (to Experience Period)	Unadjusted 12-Month Rolling Allowed Claims Trend	Normalized 12-Month Rolling Allowed Claims Trend
										Morbidity Adjustment	Demographic Shift	Plan Design Changes	Other Adjustments	Combined Adjustment					
202201	17,895	\$15,914,593	1.0000	\$15,914,593	-	\$104,096	-	\$15,810,497	\$883.51	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.1607	\$1,025.48		
202202	17,489	\$14,786,750	1.0000	\$14,786,750	-	\$42,012	-	\$14,744,738	\$943.99	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.1607	\$978.56		
202203	17,276	\$18,428,308	1.0000	\$18,428,308	-	\$142,836	-	\$18,285,472	\$1,058.43	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.1607	\$1,228.51		
202204	17,048	\$17,554,831	1.0000	\$17,554,831	-	\$140,118	-	\$17,414,713	\$1,021.51	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.1607	\$1,185.65		
202205	16,844	\$15,745,133	1.0000	\$15,745,147	-	\$168,532	-	\$15,576,615	\$924.76	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.1607	\$1,073.35		
202206	16,621	\$15,999,704	1.0000	\$15,999,719	-	\$158,110	-	\$15,841,609	\$953.11	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.1607	\$1,106.26		
202207	16,426	\$15,452,387	1.0000	\$15,452,401	-	\$83,356	-	\$15,369,045	\$935.65	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.1607	\$1,086.00		
202208	16,256	\$14,962,985	1.0000	\$14,962,998	-	\$61,709	-	\$14,901,288	\$916.66	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.1607	\$1,063.96		
202209	16,060	\$15,729,766	1.0000	\$15,729,780	-	\$117,367	-	\$15,612,413	\$972.13	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.1607	\$1,128.34		
202210	15,891	\$15,761,516	1.0000	\$15,761,531	-	\$126,694	-	\$15,634,837	\$983.88	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.1607	\$1,141.97		
202211	15,544	\$16,217,488	1.0000	\$16,217,503	-	\$132,460	-	\$16,085,043	\$1,034.81	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.1607	\$1,201.08		
202212	15,151	\$14,821,965	1.0000	\$14,821,979	-	\$152,209	-	\$14,669,769	\$968.24	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.1607	\$1,123.82		
202301	13,837	\$14,949,642	1.0000	\$14,949,657	-	\$179,329	-	\$14,770,328	\$1,067.45	1.0000	1.0710	1.0000	1.0000	1.0710	1.0710	1.0837	\$1,156.84		
202302	13,819	\$11,186,608	1.0000	\$11,186,705	-	\$24,673	-	\$11,162,032	\$807.73	1.0000	1.0710	1.0000	1.0000	1.0710	1.0710	1.0837	\$875.37		
202303	13,639	\$15,460,100	1.0000	\$15,460,230	-	\$233,505	-	\$15,226,724	\$1,116.41	1.0000	1.0710	1.0000	1.0000	1.0710	1.0710	1.0837	\$1,209.90		
202304	13,490	\$12,757,380	1.0000	\$12,757,658	-	\$124,662	-	\$12,632,996	\$936.47	1.0000	1.0710	1.0000	1.0000	1.0710	1.0710	1.0837	\$1,014.89		
202305	13,419	\$13,825,231	1.0000	\$13,825,699	-	\$138,185	-	\$13,687,514	\$1,020.01	1.0000	1.0710	1.0000	1.0000	1.0710	1.0710	1.0837	\$1,105.42		
202306	13,365	\$13,921,492	0.9999	\$13,922,393	-	\$149,769	-	\$13,772,624	\$1,030.50	1.0000	1.0710	1.0000	1.0000	1.0710	1.0710	1.0837	\$1,116.79		
202307	13,281	\$12,944,794	0.9999	\$12,945,594	-	\$85,802	-	\$12,859,793	\$968.28	1.0000	1.0710	1.0000	1.0000	1.0710	1.0710	1.0837	\$1,049.37		
202308	13,301	\$14,177,388	0.9999	\$14,178,267	-	\$172,373	-	\$14,005,894	\$1,053.00	1.0000	1.0710	1.0000	1.0000	1.0710	1.0710	1.0837	\$1,141.17		
202309	13,241	\$12,957,407	0.9997	\$12,961,584	-	\$113,376	-	\$12,850,207	\$970.49	1.0000	1.0710	1.0000	1.0000	1.0710	1.0710	1.0837	\$1,051.75		
202310	13,123	\$16,352,271	0.9997	\$16,357,495	-	\$152,580	-	\$16,204,915	\$1,234.85	1.0000	1.0710	1.0000	1.0000	1.0710	1.0710	1.0837	\$1,338.25		
202311	13,037	\$14,763,240	0.9997	\$14,768,020	-	\$75,513	-	\$14,692,507	\$1,126.99	1.0000	1.0710	1.0000	1.0000	1.0710	1.0710	1.0837	\$1,221.36		
202312	12,758	\$13,590,361	0.9997	\$13,594,578	-	\$191,094	-	\$13,403,484	\$1,050.59	1.0000	1.0710	1.0000	1.0000	1.0710	1.0710	1.0837	\$1,138.57	7.74%	0.59%
202401	11,010	\$14,256,913	0.9997	\$14,261,560	-	\$128,423	-	\$14,133,137	\$1,283.66	1.0000	1.0870	1.0000	0.9970	1.0837	1.1607	1.0000	\$1,283.66	7.60%	0.32%
202402	10,894	\$11,567,040	0.9970	\$11,601,910	-	\$92,284	-	\$11,509,626	\$1,056.51	1.0000	1.0870	1.0000	0.9970	1.0837	1.1607	1.0000	\$1,056.51	9.88%	2.31%
202403	10,802	\$12,614,611	0.9961	\$12,663,776	-	\$214,971	-	\$12,448,805	\$1,152.45	1.0000	1.0870	1.0000	0.9970	1.0837	1.1607	1.0000	\$1,152.45	9.77%	2.16%
202404	10,717	\$13,799,591	0.9952	\$13,866,483	-	\$237,185	-	\$13,629,298	\$1,271.75	1.0000	1.0870	1.0000	0.9970	1.0837	1.1607	1.0000	\$1,271.75	13.33%	5.34%
202405	10,619	\$12,845,891	0.9944	\$12,918,501	-	\$224,689	-	\$12,693,812	\$1,195.39	1.0000	1.0870	1.0000	0.9970	1.0837	1.1607	1.0000	\$1,195.39	13.87%	5.75%
202406	10,540	\$12,319,961	0.9906	\$12,437,119	-	\$253,972	-	\$12,183,147	\$1,155.90	1.0000	1.0870	1.0000	0.9970	1.0837	1.1607	1.0000	\$1,155.90	14.24%	6.03%
202407	10,444	\$12,733,665	0.9879	\$12,889,480	-	\$170,479	-	\$12,719,001	\$1,217.83	1.0000	1.0870	1.0000	0.9970	1.0837	1.1607	1.0000	\$1,217.83	16.06%	7.63%
202408	10,353	\$14,204,854	0.9812	\$14,477,292	-	\$698,345	-	\$13,778,947	\$1,330.91	1.0000	1.0870	1.0000	0.9970	1.0837	1.1607	1.0000	\$1,330.91	16.97%	8.36%
202409	10,259	\$12,384,408	0.9792	\$12,647,705	-	\$137,316	-	\$12,510,390	\$1,219.46	1.0000	1.0870	1.0000	0.9970	1.0837	1.1607	1.0000	\$1,219.46	19.28%	10.44%
202410	10,221	\$14,128,366	0.9698	\$14,568,790	-	\$321,851	-	\$14,246,939	\$1,393.89	1.0000	1.0870	1.0000	0.9970	1.0837	1.1607	1.0000	\$1,393.89	18.02%	9.11%
202411	10,159	\$11,316,972	0.9506	\$11,904,519	-	\$141,097	-	\$11,763,422	\$1,157.93	1.0000	1.0870	1.0000	0.9970	1.0837	1.1607	1.0000	\$1,157.93	17.61%	8.63%
202412	10,035	\$12,797,495	0.9416	\$13,591,013	-	\$143,844	-	\$13,447,170	\$1,340.03	1.0000	1.0870	1.0000	0.9970	1.0837	1.1607	1.0000	\$1,340.03	19.32%	10.10%

Table 3.2

Plan Year	Total Member Months	Total Allowed Claims (as of 3/31/2025)	Total Ultimate Allowed Claims	Total One-Time Adjustment for High Claims (Non-Predictive Claims)	Total One-Time Adjustment for HCRP Receipts	Total Non-EHB Allowed Claims	Total Predictive Ultimate Allowed EHB Claims	Total Predictive Ultimate Allowed EHB Claims PMPM
2022	198,501	\$191,375,426	\$191,375,538	-	\$1,429,500	-	\$189,946,039	\$956.90
2023	160,310	\$166,885,913	\$166,907,879	-	\$1,638,861	-	\$165,269,018	\$1,030.93
2024	126,053	\$154,969,768	\$157,828,149	-	\$2,764,454	-	\$155,063,695	\$1,230.15

Comments

Our observed allowed claims trend has grown to percentages in the high teens. Much of this is due to demographic shift and other adjustments, and the normalized allowed claims trends are lower as expected. The remaining trend is a mix of increased provider reimbursements and changes in utilization. Morbidity Adjustment, Demographic Shift, Plan Design Change, and Other Adjustments are the filing values from the corresponding year's rate filings.

## WA Exhibit 5: URRT Worksheet 1 (w1) EHB Pool-Level Adjustment Factors

Carrier Name:

Premiera Blue Cross

Market:

Individual

Rate Filing Plan Year:

2026

Experience Period Year:

2024

Table 1

Component	ACTUAL EXPERIENCE (A)		PROJECTED (i.e., EXPECTED; E)				A:E	
	2021 to 2023	2022 to 2024	2021 to 2023	2022 to 2024	2023 to 2025	2024 to 2026	2021 to 2023	2022 to 2024
	(2)	(3)	(4)	(5)	(6)	(7)	(8) (2) vs. (4)	(9) (3) vs. (5)
<b>URRT Worksheet 1</b>								
Annualized Cost Trend Factor	0.062	0.123	0.036	0.057	0.069	0.069	1.719	2.162
Annualized Utilization Trend Factor	0.011	0.015	0.042	0.035	0.034	0.035	0.259	0.417
Morbidity Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Demographic Shift	0.994	0.974	1.071	1.087	1.138	1.091	0.929	0.896
Plan Design Changes	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Other	1.000	1.000	1.000	0.997	1.000	1.237	1.000	1.003

<sup>1</sup> Ratios for factors. Subtraction for percents.

### Comments

The actual cost trends were significantly higher than projected. Some providers were on multi-year contracts before COVID-19, and when these contracts were renegotiated in 2022-2024 they asked for (and received) large double-digit increases.

Utilization trends were lower than expected. We had projected larger increase in utilization trends due to pent up demand, but these did not materialize.

WA Exhibit 6: URRT Worksheet 2 (w2) Actuarial Values by Plan

Carrier Name:	Premera Blue Cross
Market:	Individual
Rate Filing Plan Year:	2026
Experience Period Year:	2024

Table 8.1

					Projections			Difference of Pricing Value and Metal Value		
HIOS Plan ID	Metal Level	AV Metal Value 2024	AV Metal Value 2025	AV Metal Value 2026	AV Pricing Value 2024	AV Pricing Value 2025	AV Pricing Value 2026	2024	2025	2026
49831WA1940001	Gold	0.7899	0.7839	0.7947	0.8551	0.8556	0.7747	0.0652	0.0717	-0.0200
49831WA1940003	Bronze	0.6499	0.6310	0.6415	0.7786	0.7786	0.6347	0.1287	0.1476	-0.0068
49831WA1940004	Silver	0.7183	0.7078	0.7193	0.8181	0.8189	0.6994	0.0998	0.1111	-0.0199
49831WA1940005	Gold	0.8189	0.8139	0.8181	0.9084	0.9018	0.8289	0.0895	0.0879	0.0108
49831WA1940006	Silver	0.7179	0.7075	0.7184	0.8247	0.8259	0.7353	0.1068	0.1184	0.0169
49831WA1940007	Bronze	0.6455	0.6364	0.6497	0.7801	0.7823	0.6336	0.1346	0.1459	-0.0161
49831WA1940008	Bronze	N/A	0.6228	0.6279	n/a	0.7674	0.6162	#VALUE!	0.1446	-0.0117
49831WA1940009	Gold	N/A	N/A	0.7806	n/a	n/a	0.7995	#VALUE!	#VALUE!	0.0189

Overall AV Metal Value			Overall AV Pricing Value			Difference of Pricing Value and Metal Value		
2024	2025	2026	2024	2025	2026	2024	2025	2026
0.7040	0.6907	0.7108	0.8134	0.8130	0.7083	0.1094	0.1224	-0.0025

Comments

Historically the AV Pricing Values are higher than the AV Metal Values. The AV Pricing Values were calculated using our current pricing methodology, which reflects induced utilization. For 2026, the AV Metal Values and AV Pricing Values are close because the new rule WSR 25-07-021 requires the Pricing Value to be within 2% or 3% of the designated Metal Value from the CMS AV calculator.



## WA Exhibit 7: URRT Worksheet 2 (w2) Plan Adjustment Factors, in Aggregate

Carrier Name:	Premera Blue Cross
Market:	Individual
Rate Filing Plan Year:	2026
Experience Period Year:	2024

Table Component	ACTUAL EXPERIENCE (A)			PROJECTED (i.e., EXPECTED; E)					YEAR-TO-YEAR CHANGE in PROJECTED AMOUNTS				2024 EXPERIENCE to 2026 PROJECTED	A:E		
	2022	2023	2024	2022	2023	2024	2025	2026	2022 to 2023	2023 to 2024	2024 to 2025	2025 to 2026		2022	2023	2024
Paid-to-Allowed Ratio (All, Unadjusted)	0.8406	0.8429	0.8534	0.8216	0.8018	0.8134	0.8130	0.7083	0.976	1.014	1.000	0.871	0.830	1.023	1.051	1.049
Paid-to-Allowed Ratio (Catastrophic, Unadjusted)	1.0000	1.0000	1.0000	n/a	n/a	n/a	n/a	n/a	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
Paid-to-Allowed Ratio (Bronze, Unadjusted)	0.7522	0.7563	0.7693	0.7553	0.7645	0.7785	0.7778	0.6304	1.012	1.018	0.999	0.810	0.819	0.996	0.989	0.988
Paid-to-Allowed Ratio (Silver, Unadjusted)	0.8757	0.8676	0.8807	0.8536	0.8133	0.8214	0.8236	0.7282	0.953	1.010	1.003	0.884	0.827	1.026	1.067	1.072
Paid-to-Allowed Ratio (Gold, Unadjusted)	0.8849	0.8933	0.9051	0.9272	0.8651	0.8752	0.8757	0.8001	0.933	1.012	1.001	0.914	0.884	0.954	1.033	1.034
Paid-to-Allowed Ratio (Platinum, Unadjusted)	1.0000	1.0000	1.0000	n/a	n/a	n/a	n/a	n/a	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
<b>AV and Cost Sharing Design of Plan Development Components</b>																
AV Pricing Value	0.8406	0.8429	0.8534	0.8216	0.8018	0.8134	0.8130	0.7083	0.976	1.014	1.000	0.871	0.830	1.023	1.051	1.049
Induced Demand Factor (IDF)	1.0000	1.0000	1.0000	1.0014	1.0010	1.0008	1.0006	1.0007	1.000	1.000	1.000	1.000	1.001	0.999	0.999	0.999
CSR Silver Load	1.0097	1.0105	1.0099	1.0134	1.0124	1.0090	1.0091	1.0293	0.999	0.997	1.000	1.020	1.019	0.996	0.998	1.001
Factor for cost of abortion services for which public funding is prohibited	1.0000	1.0000	1.0000	0.9986	0.9987	0.9989	0.9990	0.9991	1.000	1.000	1.000	1.000	0.999	1.001	1.001	1.001
AV and Cost Sharing Design of Plan	0.8487	0.8517	0.8619	0.8325	0.8115	0.8205	0.8201	0.7290	0.975	1.011	0.999	0.889	0.846	1.019	1.050	1.050
Benefits in Addition to EHB	1.0000	1.0000	1.0000	1.0014	1.0013	1.0011	1.0010	1.0009	1.000	1.000	1.000	1.000	1.001	0.999	0.999	0.999
Catastrophic Adjustment	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000

### Comments

IDF was set to 1.0 for Actual Experience due to the complex nature of determining this amount. We will revisit this in future years.

The "Actual Experience CSR Silver Loading" is an estimation based on actual claims multiplied by the expected additional Paid to Allow ratio of the CSR variants versus the Base Silver Paid to Allow ratio.

WA Exhibit 8: CSR Related Experience

Carrier Name:	Premera Blue Cross
Market:	Individual
Rate Filing Plan Year:	2026
Experience Period Year:	2024

Table

					Plan Year 2024 Actual Experience							
HIOS Plan ID	Metal Level	CSR Plan Variant	2026 Plan Category (New, Renewing, Terminated)	CSR Silver Load (Projected)	Member Months	Allowed Claims	Paid Claims	Paid-to-Allowed Ratio	CSR Paid Claims	CSR-Adjusted Paid-to-Allowed Ratio	APTC Payments	Net CSR Funds
49831WA1930002	Bronze	Base	Terminated	1.0000	12,162	\$9,699,591	\$7,021,108	0.723856136	\$0	0.723856136	\$1,232,778	
49831WA1930002	Bronze	AI/AN	Terminated	1.0000	110	\$184,191	\$178,417	0.968650074	\$55,618	0.666690624	\$50,092	-\$5,526
49831WA1940001	Gold	Base	Renewing	1.0000	16,540	\$29,839,378	\$26,214,254	0.878512089	\$0	0.878512089	\$1,001,128	
49831WA1940001	Gold	AI/AN	Renewing	1.0000	18	\$4,298	\$721	0.167695979	\$0	0.167695979	\$0	
49831WA1940003	Bronze	Base	Renewing	1.0000	26,422	\$22,618,613	\$16,933,416	0.748649615	\$0	0.748649615	\$3,358,748	
49831WA1940003	Bronze	AI/AN	Renewing	1.0000	42	\$147,366	\$118,176	0.801927086	\$0	0.801927086	\$6,484	
49831WA1940004	Silver	Base	Renewing	1.0000	9,101	\$15,849,739	\$13,763,028	0.868344145	\$0	0.868344145	\$548,152	
49831WA1940004	Silver	AI/AN	Renewing	1.0000	14	\$18,825	\$9,791	0.520090957	\$0	0.520090957	\$0	
49831WA1940004	Silver	CSR1	Renewing	1.0094	301	\$544,583	\$482,120	0.885301436	\$8,587	0.869532583	\$154,554	\$145,966
49831WA1940004	Silver	CSR2	Renewing	1.1003	904	\$1,078,335	\$962,020	0.89213494	\$96,272	0.80285631	\$554,970	\$458,698
49831WA1940004	Silver	CSR3	Renewing	1.1527	1,155	\$3,301,985	\$3,234,812	0.979656726	\$473,646	0.836213895	\$694,425	\$220,779
49831WA1940005	Gold	Base	Renewing	1.0000	12,579	\$28,106,997	\$25,917,717	0.922109095	\$0	0.922109095	\$1,156,567	
49831WA1940005	Gold	AI/AN	Renewing	1.0000	73	\$316,254	\$296,438	0.93734254	\$0	0.93734254	\$440	
49831WA1940006	Silver	Base	Renewing	1.0000	14,789	\$14,051,404	\$11,080,848	0.788593658	\$0	0.788593658	\$1,157,740	
49831WA1940006	Silver	AI/AN	Renewing	1.0000	27	\$2,184,649	\$2,174,611	0.99540518	\$0	0.99540518	\$0	
49831WA1940006	Silver	CSR1	Renewing	1.0094	2,680	\$2,964,427	\$2,382,487	0.803692186	\$32,154	0.792845522	\$1,202,632	\$1,170,478
49831WA1940006	Silver	CSR2	Renewing	1.1003	4,661	\$8,202,128	\$7,635,222	0.930883066	\$658,695	0.850575259	\$2,340,424	\$1,681,729
49831WA1940006	Silver	CSR3	Renewing	1.1527	1,490	\$2,710,373	\$2,634,041	0.971836896	\$332,994	0.848977734	\$847,077	\$514,083
49831WA1940007	Bronze	Base	Renewing	1.0000	22,685	\$14,870,938	\$10,536,571	0.708534392	\$0	0.708534392	\$2,903,972	
49831WA1940007	Bronze	AI/AN	Renewing	1.0000	300	\$1,134,077	\$1,080,784	0.953007481	\$271,808	0.713334431	\$102,209	-\$169,599

Comments

CSR Paid Claims are the estimated amount that the federal government would be responsible if CSRs were funded. They are calculated as (experience EHB Incurred) \* (1 - (Pricing P/A for the base variant) / (Pricing P/A for the CSR variant)).

WA Exhibit 9: URRT Worksheet 2 (w2) AV and Cost Sharing Design Factors

Carrier Name:	Premera Blue Cross
Market:	Individual
Rate Filing Plan Year:	2026
Experience Period Year:	2024

HIOS Plan ID	Metal Level	2026 Plan Category (New, Renewing, Terminated)	Exchange Plan?	Requesting Expanded AV Pricing Value Range	AV Metal Value	AV Pricing Value	Induced Demand Factor (IDF)	CSR Silver Load	Check AV Pricing Value within 2% (or 3%) of AV Metal Value	Check Expected Risk Adjustment IDF	Check CSR Silver Load
49831WA1940001	Gold	Renewing	Yes	No	0.7947	0.7747	1.0655	1.0000	-2.00%	1.0655	
49831WA1940003	Bronze	Renewing	Yes	No	0.6415	0.6347	1.0081	1.0000	-0.68%	1.0081	
49831WA1940004	Silver	Renewing	Yes	No	0.7193	0.6994	1.0298	1.4350	-1.99%	1.0298	1.435
49831WA1940005	Gold	Renewing	Yes	No	0.8181	0.8289	1.0982	1.0000	1.08%	1.0982	
49831WA1940006	Silver	Renewing	Yes	No	0.7184	0.7353	1.0454	1.4350	1.69%	1.0454	1.435
49831WA1940007	Bronze	Renewing	Yes	No	0.6497	0.6336	1.0078	1.0000	-1.61%	1.0078	
49831WA1940008	Bronze	Renewing	Yes	No	0.6279	0.6162	1.0035	1.0000	-1.17%	1.0035	
49831WA1940009	Gold	New	Yes	No	0.7806	0.7995	1.0797	1.0000	1.89%	1.0797	

Comments

Carrier Name:	Premera Blue Cross
Market:	individual
Rate Filing Plan Year:	2026
Experience Period Year:	2024

[illegible]

PROJECTED (i.e., EXPECTED) 2024										ACTUAL EXPERIENCE, 2024 versus PROJECTED (i.e., EXPECTED) 2024									
Statewide Metal Plans		Total for Metal +	Total for Metal Plans	Carrier			Statewide Catastrophic Plans		Carrier Catastrophic	Statewide Metal Plans		Total for Metal +	Total for Metal Plans	Carrier			Statewide Catastrophic Plans		Carrier Catastrophic
Description				Platinum	Gold	Silver	Bronze												
Billable Member Months (MM)																			
Accrual Value (AV)		168.972	168.472	0.920	40.081	47.778	81.615	0.998	0.000	1.000	1.000	0.746	0.746	0.729	0.729	0.743	0.756		
Plan Liability Risk Score (PLRS)		0.675	0.675	0.000	0.675	0.675	0.675	0.000	0.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000		
Allowable Rating Factor (ARF)		1.205	1.719	0.000	2.645	1.962	1.123	0.000	0.000	0.000	0.000	1.217	1.217	1.187	1.180	1.308			
Induced Demand Factor (IDF)		1.775	1.809	0.000	1.660	1.803	1.887	0.000	0.000	0.000	0.000	0.961	0.971	0.973	0.954	0.977			
Geographic Cost Factor (GCF)		1.001	1.007	0.000	1.000	1.000	1.000	0.000	0.000	0.000	0.000	1.000	1.007	1.000	1.000	1.000			
Statewide Average Premium (SWAP) PMPM					0.982	0.996	0.998	0.000	0.000	0.000	0.000	1.000	1.007	1.017	1.003	1.004			
Starting SWAP PMPM		\$537.44																	
Trend from 2022 to 2023		7.15%																	
Trend from 2023 to 2024		9.11%																	
Final SWAP PMPM (before 80% adjustment is applied)		\$628.31																	
Plan Liability Component approximation + PLRS * IDF * GCF		1.238	1.755	0.000	2.806	2.012	1.121	0.000	0.000	0.000	1.085	1.224	1.207	1.183	1.313				
Normalized PLRS * IDF * GCF (N1)		1.217	1.417	0.000	2.266	1.625	0.905	0.000	0.000	TBD	1.129	1.129	1.113	1.095	1.210				
Allowable Rating Component approximation + AV * ARF * IDF * GCF		1.212	1.407	0.000	1.407	1.130	0.917	0.000	0.000	0.980	0.980	0.980	0.987	0.987	0.981				
Normalized AV * PLRS * IDF * GCF (N2)			1.013	0.000	1.143	0.950	0.917	0.000	0.000	TBD		0.996	1.010	0.976	1.001				
Approximate Transfer PMPM (P * (N1 - N2) * 0.86)			\$218.55	\$0.00	\$606.75	\$10.51	(\$6.29)					1.375	1.144	1.222	1.14 (35.33)				
Approximate Aggregate Transfer (Transfer PMPM * MM)			\$36,299,487	\$0	\$24,318,950	\$14,670,867	(\$533,503)					1,026	0.824	0.967	1.01 (55.51)				
Appropriate Projected (Rate Development) RA Transfer PMPM		227,706,389	\$227.71	\$0.00	\$606.75	\$10.51	(\$6.29)					1.164	1.364	1.144	1.222	1.14 (35.33)			
Transfer PMPM Difference			\$9.15	\$0.00	\$0.00	\$330.31	\$0.00			TBD		1.090	0.000	0.000	0.000				
HCRP assessment PMPM (amounts should be negative)			-\$1.40	-\$1.40	\$0.00	-\$1.40	-\$1.40	-\$1.40	\$0.00			0.935	0.935	0.935	0.935				
HCRP receipts PMPM (amounts should be positive)			\$10.51	\$10.51	\$0.00	\$10.51	\$10.51	\$10.51	\$0.00			2.087	2.087	0.765	6.584	0.153			
BASIC adjustment PMPM, if applicable			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00										
Final Risk Adjustment PMPM			\$234.81	\$234.81	\$0.00	\$613.86	\$317.42	\$0.82	\$0.00			1.403	1.403	1.139	1.402	1.08 (39.89)			

Because billable member months are not the same as member months and premiums are set based on member months, we have adjusted all factors to be on a member month basis. The formulas in P65, P66, P68, and P70 were using empty cells instead of MM to calculate the weighted average. We corrected this.

WA Exhibit 11: Retention / Administrative Costs

Carrier Name:	Premiera Blue Cross
Market:	Individual
Rate Filing Plan Year:	2026
Experience Period Year:	2024

Description	ACTUAL EXPERIENCE (A)						PROJECTED (I.e., EXPECTED; E)										YEAR-TO-YEAR SHIFTS In PROJECTED AMOUNTS										2024 EXPERIENCE to		A/E					
	2022		2023		2024		2022		2023		2024		2025		2026		2022 to 2023		2023 to 2024		2024 to 2025		2025 to 2026		2026 PROJECTED		2022		2023		2024			
	% of	PMPM	% of	PMPM	% of	PMPM	% of	PMPM	% of	PMPM	% of	PMPM	% of	PMPM	% of	PMPM	% of	PMPM	% of	PMPM	% of	PMPM	% of	PMPM	% of	PMPM	% of	PMPM	% of	PMPM	% of	PMPM		
	Premium		Premium		Premium		Premium		Premium		Premium		Premium		Premium		Premium		Premium		Premium		Premium		Premium		Premium		Premium		Premium			
Administrative Expenses																																		
Commissions	0.93%	\$6.62	0.85%	\$6.64	0.75%	\$6.70	0.85%	\$6.21	0.86%	\$6.89	0.93%	\$8.82	0.69%	\$7.35	0.56%	\$6.46	0.01%	10.95%	0.07%	28.02%	-0.24%	-16.67%	-0.14%	-12.18%	-0.19%	-3.66%	-0.08%	-6.19%	0.01%	3.77%	0.19%	31.65%		
Quality improvement	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	TBD	0.00%	TBD	0.00%	TBD	0.00%	TBD	0.00%	TBD	0.00%	TBD	0.00%	TBD	0.00%	TBD		
Investment income credit (enter as a negative number)	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	-0.02%	(\$0.16)	-0.10%	(\$0.78)	-0.50%	(\$4.69)	-0.49%	(\$5.19)	-0.47%	(\$5.47)	-0.08%	387.50%	-0.40%	501.28%	0.01%	10.66%	0.02%	5.39%	-0.47%	TBD	-0.02%	TBD	-0.10%	TBD	-0.50%	TBD		
Commercial reinsurance premium	0.01%	\$0.07	0.03%	\$0.26	0.07%	\$0.63	0.04%	\$0.28	0.03%	\$0.24	0.03%	\$0.26	0.06%	\$0.63	0.06%	\$0.69	-0.01%	-14.29%	0.00%	8.33%	0.03%	142.31%	0.00%	9.52%	-0.01%	9.52%	0.03%	300.00%	0.00%	-7.69%	-0.04%	-58.73%		
Other administrative expenses	8.42%	\$59.76	9.17%	\$71.40	8.86%	\$79.30	9.21%	\$67.12	8.14%	\$65.20	7.18%	\$67.81	7.22%	\$76.34	7.26%	\$84.35	-1.06%	-2.86%	-0.97%	4.01%	0.04%	12.59%	0.04%	10.48%	-1.59%	6.36%	0.79%	12.31%	-1.03%	-8.69%	-1.68%	-14.49%		
Total administrative expenses	9.37%	\$66.45	10.06%	\$78.30	9.67%	\$86.63	10.08%	\$73.45	8.94%	\$71.55	7.64%	\$72.20	7.48%	\$79.13	7.41%	\$86.02	-1.14%	-2.59%	-1.30%	0.91%	-0.16%	9.60%	-0.08%	8.70%	-2.27%	-0.70%	0.71%	10.53%	-1.12%	-8.62%	-2.03%	-16.66%		
Taxes and Fees																																		
Premium tax	2.00%	\$14.19	2.00%	\$15.57	2.00%	\$17.91	2.00%	\$14.58	2.00%	\$16.01	2.00%	\$18.90	2.00%	\$21.15	2.00%	\$23.23	0.00%	9.84%	0.00%	18.03%	0.00%	11.94%	0.00%	9.80%	0.00%	29.68%	0.00%	2.71%	0.00%	2.85%	0.00%	5.50%		
Federal income tax	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	TBD	0.00%	TBD	0.00%	TBD	0.00%	TBD	0.00%	TBD	0.00%	TBD	0.00%	TBD	0.00%	TBD		
WA OIC regulatory surcharge	0.0820%	\$0.58	0.0772%	\$0.60	0.0723%	\$0.65	0.0820%	\$0.60	0.0772%	\$0.62	0.0723%	\$0.68	0.0784%	\$0.83	0.0778%	\$0.90	0.00%	3.35%	0.00%	10.49%	0.01%	21.52%	0.00%	8.85%	0.01%	39.55%	0.00%	2.71%	0.00%	2.85%	0.00%	5.50%		
WA OIC fraud surcharge	0.0052%	\$0.04	0.0048%	\$0.04	0.0043%	\$0.04	0.0052%	\$0.04	0.0048%	\$0.04	0.0043%	\$0.04	0.0047%	\$0.05	0.0042%	\$0.05	0.00%	1.47%	0.00%	4.95%	0.00%	22.99%	0.00%	-1.75%	0.00%	27.49%	0.00%	2.71%	0.00%	2.85%	0.00%	5.50%		
Risk adjustment user fee	0.04%	\$0.25	0.03%	\$0.22	0.02%	\$0.21	0.03%	\$0.25	0.02%	\$0.22	0.02%	\$0.21	0.02%	\$0.18	0.02%	\$0.20	-0.01%	-12.00%	-0.01%	-4.55%	-0.01%	-14.29%	0.00%	11.11%	-0.01%	-4.76%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%		
PCORI fee	0.08%	\$0.55	0.03%	\$0.26	0.03%	\$0.28	0.08%	\$0.55	0.03%	\$0.28	0.03%	\$0.30	0.03%	\$0.32	0.03%	\$0.34	-0.04%	-52.93%	0.00%	7.69%	0.00%	7.14%	0.00%	6.67%	0.00%	14.29%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%		
Mitigating inequity fee	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	TBD	0.00%	TBD	0.00%	TBD	0.00%	TBD	0.00%	TBD	0.00%	TBD	0.00%	TBD	0.00%	TBD		
WSHIP assessment	0.04%	\$0.27	0.03%	\$0.27	0.00%	(\$0.01)	0.08%	\$0.55	0.05%	\$0.38	0.03%	\$0.30	0.01%	\$0.13	0.02%	\$0.19	-0.03%	-31.92%	-0.01%	-19.07%	-0.02%	-58.19%	0.00%	50.72%	0.02%	-2017.86%	0.04%	104.59%	0.01%	39.29%	0.03%	-3143.43%		
WAPAL assessment	0.00%	\$0.00	0.00%	\$0.00	0.01%	\$0.06	0.00%	\$0.00	0.00%	\$0.00	0.00%	0.01%	\$0.06	0.01%	\$0.07	0.01%	\$0.06	0.00%	TBD	0.01%	TBD	0.00%	16.67%	0.00%	-14.29%	0.00%	0.00%	0.00%	TBD	0.00%	TBD	0.00%	0.00%	
Total administrative expenses	2.24%	\$15.88	2.18%	\$16.95	2.14%	\$19.14	2.27%	\$16.57	2.19%	\$17.52	2.17%	\$20.47	2.15%	\$22.71	2.15%	\$24.95	-0.08%	5.77%	-0.02%	16.84%	-0.02%	10.92%	0.00%	9.87%	0.01%	30.38%	0.03%	4.31%	0.01%	3.35%	0.03%	6.99%		
Profit & Risk Load	7.74%	\$54.89	6.48%	\$50.39	7.20%	\$64.49	3.50%	\$25.51	3.50%	\$28.02	3.50%	\$33.07	3.50%	\$37.02	2.56%	(\$29.78)	0.00%	9.84%	0.00%	18.03%	0.00%	11.94%	-6.06%	-180.45%	-9.77%	-146.17%	-4.24%	-53.53%	-2.98%	-44.40%	-3.70%	-48.73%		
Total Retention (excluding Exchange Fee)	19.34%	\$137.22	18.71%	\$145.65	19.01%	\$170.26	15.85%	\$115.52	14.63%	\$117.09	13.31%	\$125.74	13.13%	\$138.86	6.99%	\$81.19	-1.22%	1.36%	-1.32%	7.39%	-0.18%	10.43%	-6.14%	-41.53%	-12.02%	-52.31%	-3.49%	-15.82%	-4.09%	-19.61%	-5.70%	-26.15%		
Exchange User Fee *	0.43%	\$3.06	0.38%	\$2.98	0.33%	\$2.99	0.41%	\$2.99	0.37%	\$2.99	0.32%	\$2.99	0.48%	\$5.10	0.44%	\$5.11	-0.04%	0.00%	-0.06%	0.00%	0.17%	70.57%	-0.04%	0.20%	0.11%	70.90%	-0.02%	-2.29%	-0.01%	0.34%	-0.02%	0.00%		
Total Retention (including Exchange Fee)	19.77%	\$140.28	19.10%	\$148.63	19.35%	\$173.25	16.26%	\$118.51	15.00%	\$120.08	13.63%	\$128.73	13.61%	\$143.96	7.43%	\$86.30	-1.26%	1.32%	-1.38%	7.21%	-0.01%	11.83%	-6.18%	-40.05%	-11.92%	-50.19%	-3.51%	-15.52%	-4.10%	-19.21%	-5.72%	-25.70%		
Projected Required Premium PMPM		\$709.53		\$778.28		\$895.50		\$728.79		\$800.47		\$944.77		\$1,057.62		\$1,161.30		9.84%		18.03%		11.94%		9.80%		29.68%		2.71%		2.85%		5.50%		

\* Exchange User Fee on incurred claim basis (not on allowed claim basis like what is on URRF worksheet 1)

Comments

Actual fees are calculated from our financial statements which can include restatement of prior year fees.

WA Exhibit 12: URRT Worksheet 2 (w2) Projections, Reconciliation

Carrier Name:	Premera Blue Cross
Market:	Individual
Rate Filing Plan Year:	2026
Experience Period Year:	2024

Description	PROJECTED (i.e., EXPECTED), 2026	
	% of Premium	PMPM
Aggregate Projected Administrative Costs		
3.6 Administrative Expense	7.41%	\$86.02
3.7 Taxes and Fees	2.15%	\$24.95
3.8 Profit & Risk Load	-2.56%	(\$29.78)
Total Retention (excluding Exchange Fee)	6.99%	\$81.19
Aggregate Projected Amounts PMPM		
Exchange user fee		\$5.11
4.15 Incurred Claims		\$1,509.63
4.16 Risk Adjustment Transfer Amount		\$434.66
4.17 Premium		\$1,161.30
A. (Premium) + (Risk Adjustment Transfer Amount)		\$1,595.97
B. (Incurred Claims) + (Admin, Taxes & Fees) + (Profit & Risk Load) + (Exchange User Fee)		\$1,595.93
C. Difference = A - B (should be \$0)		\$0.03

Comments

The difference is not \$0.00 due to rounding.

# 2026 Plan Year (PY)

## Individual Nongrandfathered Health Plan (Pool)

### Rate Filing Checklist

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#### Instructions:

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For each item in Section I, provide the response in this document. For each item in Section II, provide the rate filing document name as well as relevant section, page, and/or exhibit numbers.

Any Excel workbook must be submitted with a corresponding PDF that includes all information from the workbook.

- All content in the Excel file and PDF must be visible; hidden cells, hidden worksheets, and non-visible font colors are not allowed, except for functionality that was already included in official templates from the WA OIC or CMS.
- The file names must match except that the Excel workbook name should end with "duplicate."
- For ease of reference, please add numbering to each spreadsheet tab and to a title line in the exhibits.
- **IMPORTANT: Storing amounts as values rather than linking to the source calculations results in several objections every year.**
- Retain all internal links and formulas but break all links to external files. Ensure your rate development exhibits, for example, show how inputs and assumptions flow through the rating methodology to the final projected premium base rates; this is important for review purposes and to ensure appropriate rate development.
- Be aware that the PDF documents are relied upon as public records. As such, prior to submitting a PDF, please review each PDF for completeness and readability. Note: the PDF version of the actuarial memorandum exhibits can be submitted on the URRT tab rather than the Supporting Documentation tab in SERFF so that it will be uploaded to CMS. The URRT is the only Excel file that should be submitted on the URRT tab in SERFF; all other Excel files must be submitted on the Supporting Documentation tab.
- Please be aware that for plan year 2026, the OIC launched an Excel template for certain Washington State exhibits. Specific exhibits are referenced throughout this checklist. Please complete and submit the Excel file of WA Exhibits ("[Format – Rates – 2026 Individual and Small Group NonGF Health Exhibits](#)") as well as the corresponding PDF file version. Provide supporting technical details, as needed, in issuer-created actuarial exhibits submitted separately from the exhibit template file.

## Section I – General Information:

**Carrier: Premera Blue Cross**

A. **Market:** Medical – Individual

B. **Exchange Intentions:** Check only one box.

☒ Exchange Only      ☐ Outside Market Only      ☐ Exchange and Outside Market

Note: The Exchange Intentions field on the General Information tab in SERFF should match the wording for the item selected above (see the Additional Information section for the Sub-TOI by searching by TOI under Filing Rules/Submission Requirements in SERFF).

C. **We will offer the following:** Check all boxes that apply.

☐ Catastrophic plan offered only through the Exchange. See RCW 48.43.700(3).

☒ At least one qualified health plan (QHP) silver plan and at least one QHP gold plan in each service area in which we offer coverage through the Exchange. See 45 CFR §156.200(c)(1).

☒ At least one standardized gold plan on the Exchange and at least one standardized silver plan on the Exchange so that we can offer coverage through the Exchange. Additionally, if bronze plans are offered through the Exchange, at least one standardized bronze plan is offered on the Exchange. See RCW 43.71.095(2)(a).

☒ In each county where we offer a qualified health plan:

a standardized health plan under RCW 43.71.095 **and** at most two non-standardized gold plans, two non-standardized bronze plans, one non-standardized silver plan, one non-standardized platinum plan, and one non-standardized catastrophic plan. See RCW 43.71.095(2)(b)(i).

☒ Each non-standardized silver health plan offered on the Exchange has an AV Metal Value that is not less than the AV Metal Value of the standardized silver health plan with the lowest AV Metal Value. See RCW 43.71.095(2)(b)(iii).

☐ At least one silver plan and one gold plan throughout each service area outside the Exchange whenever we offer a bronze plan outside the Exchange. See RCW 48.43.700.

☒ One or more plans with a unique benefit design. See Section II #9 below.

☐ Pediatric dental embedded.

☐ Non-essential health benefits (Non-EHBs). See Section II #13 below.

☒ New plans have been added, and we confirm that no previously retired Plan IDs have been reused in this rate filing. We are aware that the reuse of retired Plan IDs can cause risk adjustment reconciliation complications.



**Standard Plans Offered (excluding the subsidized benefit plan variations)**

<b>HIOS Plan ID</b>	<b>Standard Plan Name</b>	<b>Public Option Plan</b> (Yes, Cascade Select/ No, Cascade)	<b>Metal Level</b>	<b>AV Metal Value</b>
49831WA1940005	Premera Blue Cross Cascade Complete Gold	No	Gold	81.81%
49831WA1940009	Premera Blue Cross Cascade Vital Gold	No	Gold	78.06%
49831WA1940006	Premera Blue Cross Cascade Silver	No	Silver	71.84%
49831WA1940007	Premera Blue Cross Cascade Bronze	No	Bronze	64.97%

**All Plans Offered (excluding the subsidized benefit plan variations)**

<b>HIOS Plan ID</b>	<b>Plan Name</b>	<b>Unique Benefit Design (UBD)</b>		<b>Pediatric Dental Embedded</b> (Yes/No)	<b>Description of Non-Essential Health Benefits (Non-EHBs)</b>
		<b>(Yes/No)</b>	<b>If yes, briefly explain why. If no, "N/A."</b>		
49831WA1940001	Premera Blue Cross Preferred Gold	Yes	Different cost sharing for Mental Health outpatient office visit and all other outpatient Mental Health and Substance use disorder services (MHSUD).	No	
49831WA1940004	Premera Blue Cross Preferred Silver	Yes	Different cost sharing for Mental Health outpatient office visit and all other outpatient Mental Health and Substance use disorder services (MHSUD).	No	
49831WA1940003	Premera Blue Cross Preferred Bronze	Yes	Different cost sharing for Mental Health outpatient office visit and all other outpatient Mental Health and Substance use disorder services (MHSUD).	No	
49831WA1940008	Premera Blue Cross Preferred Bronze HSA	No	N/A	No	
49831WA1940005	Premera Blue Cross Cascade Complete Gold	No	N/A	No	

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HIOS Plan ID	Plan Name	Unique Benefit Design (UBD)		Pediatric Dental Embedded (Yes/No)	Description of Non-Essential Health Benefits (Non-EHBs)
		(Yes/No)	If yes, briefly explain why. If no, "N/A."		
49831WA1940009	Premera Blue Cross Cascade Vital Gold	No	N/A	No	
49831WA1940006	Premera Blue Cross Cascade Silver	Yes	\$1 copay for the first 2 eligible office visits and \$30 copay afterwards.	No	
49831WA1940007	Premera Blue Cross Cascade Bronze	Yes	\$1 copay for the first 2 eligible office visits and \$50 copay afterwards	No	

**D. Do you have any expanded bronze plans as described under 45 CFR §156.140(c) in which the variation in AV Metal Value is between +2% and +5% (i.e., the AV is between 62% and 65%)?**

☐ No

☒ Yes, and they are listed in the table below. We confirm each of the following:

(a) That the plans' member cost-shares are equivalent to less than 50% coinsurance and

(b) That each plan is either

(1) A High Deductible Health Plan <sup>1</sup> or

(2) Has at least one major service <sup>2</sup>, other than preventive services, covered prior to the deductible.

Note: Only one major service needs to be listed in the table even if multiple major services are covered prior to the deductible.

HIOS Plan ID	Plan Name	High Deductible Health Plan (Yes/No) <sup>1</sup>	Major Service covered prior to the deductible <sup>2</sup>	
			Yes/No	Service
49831WA1940003	Premera Blue Cross Preferred Bronze	No	Yes	PCP visits
49831WA1940008	Premera Blue Cross Preferred Bronze HSA	Yes	No	N/A
49831WA1940007	Premera Blue Cross Cascade Bronze	No	Yes	PCP visits

<sup>1</sup> The plan meets the requirements to be a high deductible health plan within the meaning of 26 U.S.C.233(c)(2) as established at 45 CFR §156.140(c).

<sup>2</sup> The following are considered major services. The major service covered before the deductible must apply a reasonable cost-sharing rate to the service to ensure that the service is affordably covered (HHS Notice of Benefit and Payment Parameters (NBPP) for 2018).

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- (i) At least three primary care visits.
- (ii) Specialist office visits.
- (iii) Inpatient hospital services.
- (iv) Emergency room services.
- (v) Generic drugs.
- (vi) Preferred brand drugs.
- (vii) Specialty drugs.

**E. Is your service area changing from Plan Year 2025?**

☐ No

☒ Yes. We are making the following changes:

Geographic Rating Area	Additional Counties Covered	Terminated Counties (a.k.a. Exited or No Longer Covered)
1		
2		
3		
4	Lincoln	
5		
6		
7		
8		
9		

**F. Network Information:**

Network Name	Type (EPO, HMO, POS, or PPO)	Tiered or Single	Date Filed
Individual Signature	EPO	Single	5/13/2025

**G. Rate filing file names for Parts I, II, and III of HHS Forms:** (Requirements per RCW 48.02.120(5) and 45 CFR §154.215.)

☐ Name the Parts I, II, and III according to the instructions provided in Washington State SERFF Life, Health and Disability Rate Filing General Instructions.

## Section II – Experience Data and Projections

For each item, provide the rate filing document name and section number, page number, and/or exhibit number that addresses the item.

For example: (1) "Part III Rate Filing Documentation and Actuarial Memorandum," Section III or (2) "Supporting Documentation File," Exhibit 5.

For items that require justification, please indicate where to find both narrative and technical details.

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
EXPERIENCE PERIOD DATA			
1	<p><b>Complete Experience:</b></p> <p>Include the complete experience for all 2024 individual non-grandfathered plans which includes subsidized populations defined under the Cost Sharing Reduction (CSR) programs.</p> <ul style="list-style-type: none"><li>Per CCIO, include experience data for the American Indian/Alaska Native (AIAN) population (see <a href="https://www.healthcare.gov/american-indians-alaska-natives/coverage/">https://www.healthcare.gov/american-indians-alaska-natives/coverage/</a>).</li><li>Include experience for membership covered by plans with benefits and subsidy levels (73%, 87%, and 94% AV levels, as well as any zero cost-share subsidies for the AIAN population) sold in the market.</li></ul> <p>Note: per CCIO, the AIAN population is not restricted to silver level plans, however, eligible individuals must select a metal level plan (i.e., they are not eligible for AIAN-related subsidies with a catastrophic plan).</p> <ul style="list-style-type: none"><li>Net of Rx rebates: Any prescription drug claims should be net of rebates received from drug manufacturers; please document in the Part III Actuarial Memorandum where and how this is addressed.</li><li>Note: if financial data paid through March 2025 is not directly used as the foundation for this rate filing, discuss why the March 2025 data was not available. Discuss what data was used instead and how it was or was not adjusted to mimic data paid through March 2025.</li></ul>		
a	<p><b>Financial data consistency:</b></p> <p>Demonstrate that the financial data, including the member months, in (i) URRT Worksheet 1, Section I General Product and Plan Information, (ii) URRT Worksheet 2, Section II Experience Period and Current Plan Level Information, (iii) the WAC 284-43-6660 summary, and (iv) the actuarial memorandum exhibits are consistent as of March 2025. If not consistent, explain why the discrepancy is appropriate.</p>	All consistent	

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Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
<b>b</b>	<p>Support for URRT Worksheet 1, Section I experience period data for 2024: Provide separately for medical and prescription drugs (Rx), as appropriate:</p> <ul style="list-style-type: none"> <li>By incurred month and paid month, for claims paid through March 2025: allowed claims and incurred claims (Note that any embedded pediatric dental claims experience should also be included and will be considered part of EHB experience; see URR Instructions' section 1.4 for additional information.)</li> <li>Any annual estimated payable and/or receivable amounts (e.g., reserves, reinsurance, overpayments, rebates, and other) as of March 2025, including justification of such amounts</li> <li>Any annual risk adjustment transfer amounts, including justification of such amounts</li> <li>Monthly premium amounts</li> <li>Monthly membership</li> </ul>	<b>Part III Rate Filing Documentation and Actuarial Memorandum Appendix</b>	<b>Appx 3.1 Appx 2.4</b>
<b>c</b>	<p>Consistent with #1.b above, provide the following to support benefit category experience data in URRT Worksheet 1, Section II, and the WAC 284-43-6660 summary:</p> <p>(i) Provide the following separately for 2024 allowed claims and incurred claims as well as by incurred month and benefit category (i.e., categories as defined for URRT Worksheet 1, Section II, plus separate categories for each non-EHB):</p> <ul style="list-style-type: none"> <li>Change in reserves between the beginning (i.e., previous year's 3/31) claim reserves and ending (i.e., current year's 3/31) claim reserves.</li> <li>Total claims.</li> <li>PMPM (i.e., use monthly membership from #1.b above to calculate claims per member per month (PMPM)).</li> <li>Paid-to-allowed ratios of paid (incurred) claims to allowed claims.</li> </ul> <p>(ii) Explain if EHB allowed claims were obtained from claims records or imputed from paid claims. If amounts were imputed, please elaborate about how they were imputed.</p> <p>(iii) Demonstrate how URRT Worksheet 1, Section II, categories map to WAC 284-43-6660 summary categories. Reconcile data between the two summaries.</p> <p>(iv) Additionally, provide related monthly information in WA Exhibit 1.</p>	<b>Part III Rate Filing Documentation and Actuarial Memorandum Appendix</b>	<p>i) <b>The allowed and incurred claims show the actual experience. No beginning reserves are counted.</b> <b>Appx 3.1</b></p> <p>ii) <b>EHB allowed claims were obtained from claims records.</b></p> <p>iii) <b>Map directly</b></p> <p>iv) <b>Provided</b></p>

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Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
d	2024 actual and projected: Provide analysis of actual experience versus amounts projected in the plan year 2024 rate filing [45 CFR §154.301(a)(3)(ii)] in WA Exhibit 2.  Identify material differences in actual and expected experience, the primary source(s) of deviations, and any action taken in your 2026 projections to address deviations. Additionally, address how the business is or is not impacted by federal income tax.	WA Exhibits	Exhibit 2
	e Split up experience if you are terminating any counties in 2025 and/or 2026: If you are terminating any counties for plan year 2025 and/or 2026, include a table splitting URRT Worksheet 1, Section I experience between continuing and terminated counties.  If you are not terminating any counties, respond "N/A."	N/A	
2	<b>Manual EHB Allowed Claims:</b> If credibility is 100%, respond "N/A" for each item. <ul style="list-style-type: none"> <li>If you use a credibility-blended estimate, explain the processes in detail (i) per guidance in URR Instructions 4.4.3.3, to establish the Manual EHB Allowed Claims PMPM for WA and (ii) per 4.4.3.4 to establish the credibility percentage for URRT Worksheet 1, Section II.</li> <li>Note: if the 2024 experience is 0.00% credible, then the trend, morbidity, demographic, plan design, and other factors in URRT Worksheet 1, Section II can be listed as 1.000. In that case, only analyses of the manual trend and adjustment factors are required.</li> </ul>		
a	Manual data relevance: Explain the relevance of the data used to determine the Manual EHB Allowed Claims PMPM.	N/A	
	b Manual EHB allowed claims PMPM: <ul style="list-style-type: none"> <li>Show the detailed calculation of the Manual EHB Allowed Claims PMPM entered in URRT Worksheet 1, Section II.</li> <li>Justify any adjustments made to the data, such as adjustments for trend, morbidity, demographics, plan design, and geographic areas. Your response should clearly identify how your estimate considers</li> </ul>	N/A	

## Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<p>the cost and utilization characteristics of your individual health plan market service area in the State of Washington.</p> <ul style="list-style-type: none"> <li>Note: the manual rate must be developed in a manner consistent with 100% credibility. See #2.c below.</li> </ul>		
	<p><b>c</b> Credibility of experience data: Describe the credibility methodology and assumptions used, per Actuarial Standard of Practice (ASOP) No. 25.</p> <ul style="list-style-type: none"> <li>Identify the actuarially sound and appropriate credibility procedure used to develop your credibility estimate.</li> <li>At what level is experience determined to be more than 0% credible?</li> <li>How is partial credibility determined?</li> <li>At what level is experience determined to be 100% credible?</li> </ul>	N/A	
	<p><b>d</b> Show how you estimated credibility of the 2024 allowed claims and member months used in rate development. Use your credibility procedure.</p>	N/A	
<b>3</b>	<b>Experience in WAC 284-43-6660 Summary, and Summary of Pooled Experience with Adjustments:</b>		
	<p><b>a</b> WAC 284-43-6660 summary, experience: Complete the WAC 284-43-6660 summary for Individual and Small Group Contract filings.</p> <ul style="list-style-type: none"> <li>Provide data to support WAC 284-43-6660 without adjustments for Risk Adjustment and High-Cost Risk Pool (HCRP) receipts and assessments.</li> <li>Data should be based on the incurred years 2024, 2023, and 2022.</li> </ul>	WAC 284-43-6660	
	<p><b>b</b> Summary of Pooled Experience with Adjustments:</p> <ul style="list-style-type: none"> <li>Create a document or exhibit called "Summary of Pooled Experience with Adjustments" for calendar years 2024, 2023, and 2022.</li> </ul>	Summary of Pooled Experience with Adjustments	

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Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<p>Start with the "Summary of Pooled Experience" table from the WAC 284-43-6660 summary and add the following rows:</p> <ul style="list-style-type: none"> <li>○ Risk Adjustment transfer amounts</li> <li>○ HCRP receipts</li> <li>○ HCRP assessments</li> <li>○ HHS-RADV adjustments: Indicate the source of each RADV amount and specify each applicable Benefit Year (BY) and HHS report date. List amounts from different reports on separate lines.</li> <li>○ Commercial reinsurance reimbursements received and expected</li> <li>○ Adjusted Gain/Loss, excluding anticipated Medical Loss Ratio (MLR) rebates, as a dollar amount</li> <li>○ Adjusted Gain/Loss, excluding anticipated MLR rebates, as a percent of premium</li> <li>○ Anticipated MLR rebates</li> <li>○ Subsequent adjustments: If necessary, also list any subsequent adjustments for prior years according to when payments were received. Document the amount and incurred year for each adjustment. For example, if a Risk Adjustment transfer amount was received or paid in 2024 for a period prior to 2024 at an amount other than the Risk Adjustment transfer amounts above (i.e., at the top of this list), list the difference as a below-the-line adjustment to 2024 experience.</li> </ul> <ul style="list-style-type: none"> <li>• Add a copy of this table to the Part II Written Description.</li> <li>• Document and justify every estimated amount.</li> <li>• For each federal Risk Adjustment transfer amount, identify either (1) the final federal Risk Adjustment Payments Report used or (2) the interim risk adjustment report used. Note: only use an interim report for periods when a final report is not yet available.</li> <li>• Note: Since the federal Reinsurance and Risk Corridor programs ended in 2016, they should not be included in the summary.</li> </ul>		



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Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
c	<p>Changes to prior period experience:</p> <p>If applicable, justify and show line-item differences in 2023 and 2022 experience in this rate filing's summary versus the final version of the "Summary of Pooled Experience with Adjustments" in last year's filing. Also, describe any such changes in the WAC 284-43-6660 summary under General Information #5.</p>	Summary of Pooled Experience with Adjustments	
4	<p><b>Plan Level Experience and Current Data:</b></p> <p>Document and justify URRT Worksheet 2, Section II Experience Period and Current Plan Level Information.</p> <ul style="list-style-type: none"> <li>Explain whether amounts are based on each plan's experience or allocated to plans. If amounts are allocated, demonstrate and justify the allocation method.</li> <li>Explain any differences between totals in URRT Worksheet 2, Section II and URRT Worksheet 1, Section I.</li> </ul>	The amounts are actual experience by plan	
<b>TREND FACTORS</b>			
5	<p><b>Allowed Claims Trends:</b></p> <p>Trend assumptions should reflect your best estimates by URRT Worksheet 1 benefit category and one or more categories of non-EHBs, as applicable.</p> <p>Rely on market-specific information for Washington State to the extent possible. Justify use of any alternative data.</p> <p>As indicated in URR Instructions, describe the trend development in the Part III actuarial memorandum.</p>		
a	<p>Allowed claims EHB trend analysis:</p> <ul style="list-style-type: none"> <li>In WA Exhibit 3, provide annual EHB trends by benefit category. See instructions in the exhibit template. Provide supporting technical details, as needed, in issuer-created actuarial exhibits submitted separately from the exhibit template file.</li> <li>In WA Exhibit 4, provide your retrospective analysis of normalized EHB allowed claim trends. See instructions in the exhibit template. Provide supporting technical details, as needed, in issuer-created actuarial exhibits submitted separately from the exhibit template file.</li> <li>In WA Exhibit 5, provide aggregate actual experience (A) EHB trends, projected (i.e., expected; E) EHB trends, and actual-to-expected (a.k.a. A:E) EHB trend analysis. See instructions in the exhibit</li> </ul>	WA Exhibits	Exhibit 4

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Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	template. Provide supporting technical details, as needed, in issuer-created actuarial exhibits submitted separately from the exhibit template file.		
<b>b</b>	Allowed claims non-EHB trend analysis: If applicable, include an exhibit that develops the non-EHB allowed claims trend.	N/A	
<b>c</b>	<p>Projected allowed claims trend development (EHB &amp; non-EHB):</p> <ul style="list-style-type: none"> <li>As outlined in URR Instructions 4.4.3.1, describe how you arrived at your allowed claims trend assumptions, including the data used, credibility of the data used, and any adjustments made to the data.</li> <li>Provide an overall allowed claims trend estimate as well as EHB breakdowns into URRT worksheet 1 benefit categories (or at least medical and prescription drug categories). <ul style="list-style-type: none"> <li>Further break the EHB trends down into utilization, unit cost, and service mix/intensity components.</li> <li>Upload relevant EHB details to <b>WA Exhibit 3</b>; see instructions in the exhibit template. Provide supporting technical details, as needed, in issuer-created actuarial exhibits submitted separately from the exhibit template file.</li> </ul> </li> <li>If your overall trend, indicated in URRT Worksheet 1, Section II, differs materially from the retrospective trend indicated in WA Exhibit 4, provide detailed actuarial support for the difference. Address the following: <ul style="list-style-type: none"> <li>Actuarial support must provide both qualitative and quantitative bases for the difference. Refer to other WA Exhibits and/or separate issuer-developed actuarial exhibits for support, where appropriate.</li> <li>Prospective trend adjustments should identify all data, assumptions, methods, and models. Note that prospective trend adjustments are NOT exempt from actuarial support requirements. Reliance statements do not exempt carriers from actuarial support requirements.</li> </ul> </li> <li>Address how your estimates reflect trends specific to the State of Washington. Note that nationwide trend analysis is not sufficient support for Washington State unit cost trend projections. <ul style="list-style-type: none"> <li>Address whether and how unit cost projections reflect projected network and provider contract changes for the projection period. Comment about how much of the provider</li> </ul> </li> </ul>	<b>Part III Rate Filing Documentation and Actuarial Memorandum</b>	<b>Projection Factors: Trend Factors</b>

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Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	contracting is already complete for plan year 2026 and how much of the projected reimbursement trend is already locked in for plan year 2026.		
d	<p>Independence of various utilization changes:</p> <ul style="list-style-type: none"> <li>Explain how you separated expected utilization changes due to (i) changes in average health status of the population (a.k.a. morbidity) versus (ii) other projected utilization changes (e.g., change in mix of services).</li> <li>Clarify how the various utilization and morbidity adjustments in the rate filing are independent (i.e., do not overlap nor depend on one another).</li> </ul>	N/A	Morbidity adjustment is not applied
6	<p><b>Incurred Claims Trends:</b></p> <ul style="list-style-type: none"> <li>Trend assumptions should reflect your best estimates by URRT Worksheet 1 benefit category and one or more separate non-EHB categories, as applicable. They should also be available for each type of service in the WAC 284-43-6660 trend factor summary.</li> <li>Incurred claims trends differ from allowed claims trends in that they reflect leveraging of fixed cost-shares.</li> <li>Rely on market-specific information for Washington State to the extent possible. Justify use of any alternative data.</li> <li>Describe the trend development in the Part III actuarial memorandum.</li> </ul>		
a	<p>Incurred claims projected trend (EHB &amp; non-EHB): (see also #32.c of this checklist)</p> <ul style="list-style-type: none"> <li>Include an exhibit that develops the incurred claims trend percentages entered in the WAC 284-43-6660 summary. Justify the projected incurred claims trend percentages.</li> <li>Show how to calculate the Portion of Claim Dollars for trends in the WAC 284-43-6660 summary. Note: the percentages should be based on the 2024 incurred claims dollars by trend category. The total incurred claims used in the calculation should be consistent with the incurred claims PMPM in URRT Worksheet 2, Section II Experience Period and Current Plan Level Information, Field 2.17.</li> <li>Demonstrate that the overall incurred claims annual trend (EHB and non-EHB) matches (1) the annualized trend from URRT Worksheet 1, Section I General Product and Plan Information to URRT</li> </ul>	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Appx 2.1

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	Worksheet 2, Section IV Projected Plan Level Information, Field 4.15 as well as (2) the incurred claims trend listed in Rate Review Details (see also #23.b of this checklist).		
<b>URRT WORKSHEET 1, SECTION II EXPERIENCE PERIOD and CURRENT PLAN LEVEL INFORMATION, NON-TREND EHB ADJUSTMENT FACTORS</b>			
7	<p><b>URRT Worksheet 1, Section II Non-Trend EHB Factors:</b></p> <p>Explain and show the detailed calculations for actuarial assumptions underlying each non-trend EHB factor used in URRT Worksheet 1, Section II Experience Period and Current Plan Level Information. Provide actual experience, projections, and actual-to-expected information in WA Exhibit 5; see instructions in the exhibit template.</p> <ul style="list-style-type: none"> <li>• Morbidity Adjustment</li> <li>• Demographic Shift</li> <li>• Plan Design Changes</li> <li>• Other</li> </ul> <p>If applicable, provide a detailed breakdown of any adjustments made under the “Other” category such as significant provider network or pharmacy rebate changes from the experience period.</p>	<p><b>Part III Rate Filing Documentation and Actuarial Memorandum Appendix</b></p> <p><b>Part III Rate Filing Documentation and Actuarial Memorandum</b></p>	<p><b>Appx 2.2</b> <b>Appx 2.3a</b> <b>Appx 2.3b</b></p> <p><b>Projection Factors: Demographic Shift</b></p> <p><b>Morbidity Adjustments and Plan Design Changes are not applied</b></p>
<b>URRT WORKSHEET 2, SECTION I GENERAL PRODUCT and PLAN INFORMATION, AV METAL VALUES</b>			
8	<p><b>AVC Screenshots:</b></p> <p>(see also #9 below)</p> <ul style="list-style-type: none"> <li>• Provide the Actuarial Value Calculator (AVC) screenshots in PDF format showing “Calculation Successful.” State the corresponding HIOS Plan ID on each AVC Screenshot. For the 2026 AV Calculator and Methodology, see link: <a href="https://www.cms.gov/ccio/resources/regulations-and-guidance/index.html">https://www.cms.gov/ccio/resources/regulations-and-guidance/index.html</a></li> </ul> <p>Please do not submit AVC screenshots for every CSR plan variation (i.e., 73%, 87%, and 94%), however, be mindful of the de minimis variation limit of 0/+1 percentage points.</p> <p>NOTE: if you rely on AV Metal Values calculated by the Exchange’s actuaries, do not submit your own AVC screenshot copies for standardized plans. Instead, document such reliance in your Part III actuarial memorandum and include in SERFF Supporting Documentation a copy of the Exchange’s actuarial certification of AV Metal Values for standardized plans.</p>	<p><b>AV Screenshots Cascade Plans</b></p> <p><b>AV Screenshots Cascade Plans</b></p>	

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Line	Task	Issuer Response:	
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	<ul style="list-style-type: none"> <li>MHSUD cost-share: You may list the MHSUD office visit cost-share in the AVC if you include justification in the actuarial memorandum that blending the cost-share with the MHSUD other outpatient cost-share has a negligible impact on the final AV Metal Value.</li> <li>Please reformat the "Coinsurance, if different" cells to display the same 4-decimal place accuracy as the default coinsurance for tiers 1 &amp; 2. Also, reformat the tiered utilization percentages to more accurately indicate the weights used in the calculation.</li> <li>The AV Metal Value of non-standardized silver health plans offered on the Exchange may not be less than the AV Metal Value of the standardized silver health plan with the lowest AV Metal Value. [RCW 43.71.095(2)(b)(iii)] Standardized plan information is available on Exchange's website.</li> <li><u>Metal Levels</u>  Platinum – 90%, range -2/+2%  Gold – 80%, range -2/+2%  Silver – 70%, range -2/+2% for non-QHPs and 0/+2% for QHPs  Bronze – 60%, range -2/+2% or Expanded Bronze +2/+5%  Catastrophic – The AV requirements are not specified by law</li> </ul>		
9	<p><b>Unique Benefit Design for AVC (Actuarial Value Calculator):</b></p> <p>Note: Address this item in conjunction with #8 above.</p> <ul style="list-style-type: none"> <li>The actuary would be prudent to attempt to use data and assumptions that are consistent with the calculators as much as possible when adjusting for unique plan designs (<a href="https://www.actuary.org/sites/default/files/files/MVPN_042314.pdf">https://www.actuary.org/sites/default/files/files/MVPN_042314.pdf</a>). The continuance tables in the AVC should be used, if possible, so that the adjustments are consistent with the AVC calculations.</li> <li>Do any plans have a unique benefit design? If yes, for each such plan, you must: <ul style="list-style-type: none"> <li>Use one of the two methods, 45 CFR §156.135(b)(2) <b>or</b> 45 CFR §156.135(b)(3), to certify the Metal Value and provide the exact AV Metal Value for the plan.</li> <li>You must also provide detailed support for your unique plan design AVs.</li> </ul> </li> <li>Please provide supporting unique AV calculations in your rate filing memorandum and exhibits. <ul style="list-style-type: none"> <li>Include enough detail for the reviewer to determine whether the methods, assumptions, and results are appropriate and reasonable.</li> </ul> </li> </ul>		

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Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<ul style="list-style-type: none"> <li>○ You must provide justification for AVs when actual plan designs deviate from the AVC's functionality, even if your actuary assumes the impact is immaterial.</li> <li>• <b>Notes About Plan Designs in the AVC:</b> <ul style="list-style-type: none"> <li>○ To be consistent with the requirements in the AVC User Guide (see FAQ Q2 &amp; Q3), all plans with a \$0 Rx or a \$0 medical deductible should indicate an integrated medical and drug deductible when possible. For illustrative purposes, consider a plan with a non-zero medical deductible and a \$0 drug deductible, which is equivalent to saying that none of the drug tiers (i.e., benefits) is subject to any kind of deductible: <ul style="list-style-type: none"> <li>▪ Case 1: One or more of the drug tiers are subject to coinsurance (which, from our earlier assumption, apply before any deductible).</li> <li>▪ Case 2: Each drug tier is either fully covered or subject to a copay.</li> <li>▪ For Case 1, using a combined deductible would force the drug coinsurance(s) to apply after the medical deductible (given the limitations of the AVC with regards to entering coinsurance before the deductible). For Case 2, an integrated deductible should be used.</li> </ul> </li> <li>○ The reverse situation with \$0 medical and non-zero Rx deductibles is similar, however, only coinsurance for the medical benefits listed in the AVC are considered. If, for example, a coinsurance is only applied to the ambulance benefit, which is not part of the AVC, a combined deductible should be applied.</li> <li>○ <i>Plans that include Coinsurance During the Deductible Phase or can otherwise be described as having "Services not Subject to Deductible and without a copay":</i> Excel row 72 on the User Guide sheet of the AVC states, "Services not subject to deductible and without a copay are treated as covered at 100 percent by the plan until the deductible is met through enrollee payments for other services." When this occurs, the AVC output is higher than that of the actual plan design; the difference depends on the size of the deductible and impact of the corresponding benefit on the actuarial value. The exact difference, however, is unknown without using an effective copay, which requires a unique benefit design, to approximate the coinsurance in the deductible range. If your plans include this type of cost-sharing design, you are required to show that their AVs are within the acceptable metal level range using unique benefit designs. See the AVC User Guide sheet FAQ Q16 for additional information.</li> </ul> </li> </ul>		

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	<ul style="list-style-type: none"> <li>Plans that include "Services not Subject to Deductible and with a copay": Copays paid during the deductible range do not accumulate toward the deductible, regardless of whether the benefit is subject to deductible.</li> <li>Plans that partition benefit categories into subcategories with different cost-share designs: If the plan has different cost-sharing for subcategories of benefits included in the AVC but the AVC only accepts one cost-sharing structure, you must (1) enter the cost-share variations in the Benefit Components document and (2) account for the differences between the plan design and the AVC functionality in your AV Metal Value calculations.  For example, the AVC only accepts one MHSUD (mental health/substance use disorder) outpatient cost-share structure, so if a plan design includes different cost-shares for MHSUD outpatient professional (office) visits versus MHSUD outpatient other-than-professional-visits, the plan design does not align with standard use of the AVC.</li> </ul>		
	<b>a</b> If using the unique benefit design certification method in 45 CFR §156.135(b)(2): <ul style="list-style-type: none"> <li>Provide the required actuarial certification language as well as justification and <u>detailed calculations</u> of how you estimated a fit of the plan design into the parameters of the AVC.</li> <li>Submit one AVC screenshot for each plan to show that the benefit design after the fit is a legal metal plan.</li> </ul>	N/A	
	<b>b</b> If using the unique benefit design certification method in 45 CFR §156.135(b)(3): <ul style="list-style-type: none"> <li>Provide the required actuarial certification language as well as justification and <u>detailed calculations</u> of (i) how the AVC was used to determine the AV Metal Value for the plan provisions that fit within the calculator parameters while (ii) appropriate adjustments were made to the AVC output(s) for plan design features that deviate substantially from AVC parameters.</li> <li>Submit two or more AVC screenshots including at least one extreme high AV Metal Value and one extreme low AV Metal Value based on features like those of the plan.</li> <li>Using the filed AVC screenshot results, explain how adjustments are made to generate each plan's EXACT final AV Metal Value used in the URRT.</li> </ul>	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Appx 5

## Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
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c	Unique Plan Design Supporting Documentation and Justification: Include a completed Unique Plan Design Supporting Documentation and Justification form (a blank form can be found on the CMS website). Note: You may submit your own version of the official form, to accommodate your complete responses and improve readability.	Unique Plan Design Supporting Documentation and Justification Cascade	
		Unique Plan Design Supporting Documentation and Justification Non-Cascade	
d	Pharmacy tiers: If your prescription drug tiers do not exactly match those in the AVC and you do not identify the plans as having unique benefits, please add a discussion to the Part III actuarial memorandum. Consider guidance in relevant documents such as the PY2025 QHP Issuer Application Instructions (e.g., 5.8 Suggested Coordination of Drug Data between Templates) and AVC supporting documentation.	N/A	
10	<b>AV Metal Values:</b> (URRT Worksheet 2, Section I General Product and Plan Information, Field 1.6) Load the final PY2026 AV Metal Values into URRT Worksheet 2 and WA Exhibit 6. Additionally, load prior AV Metal Values into WA Exhibit 6; see instructions in the exhibit template.	WA Exhibits	Exhibit 6
<b>URRT WORKSHEET 2, SECTION III PLAN ADJUSTMENT FACTORS</b>			



11	<p><b>AV and Cost Sharing Design of Plan Factors:</b> (URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.3) Document and justify the factors including #11.a through #11.d below.</p> <p>Then, address items #11.e through #11.h below. Include aggregate actual experience, projections, and actual-to-expected analysis in WA Exhibit 7; see the instructions in the exhibit template.</p> <p>URR Instructions Section 2.2.3 and URRT Worksheet 2, Section III include four adjustments directly related to plan-level incurred claims rate development.</p> <ul style="list-style-type: none"> <li>• These adjustments are the “AV and Cost Sharing Design of Plan”, “Provider Network Adjustment” (see checklist #12), “Benefits in Addition to EHB” (see checklist #13), and “Catastrophic Adjustment” (see checklist #14).</li> <li>• Do not include morbidity of the population expected to enroll in the plan (i.e., differences due to health status) per URR Instructions Section 4.4.4.</li> <li>• Each of these adjustments should be normalized to not double count the impact of the other factors.</li> </ul> <p><b>To derive the “AV and Cost Sharing Design of Plan”:</b></p> <ul style="list-style-type: none"> <li>• There are four subcomponents of the adjustment defined in WAC 284-43-6810(1); they are: <ul style="list-style-type: none"> <li>○ AV pricing value,</li> <li>○ Induced demand factor (IDF),</li> <li>○ Cost-sharing reduction (CSR) silver load (if applicable), and</li> <li>○ Exclusion of funds for abortion services per 45 CFR §156.280(e) (if applicable).</li> </ul> </li> <li>• Definitions of these terms and related terms can be found in WAC 284-43-6800.</li> <li>• Detailed guidance related to each subcomponent of the “AV and Cost Sharing Design of Plan” is provided in this checklist in sections 11 (a)-(h).</li> <li>• The formula combining the subcomponents of the “AV and Cost Sharing Design of Plan” is expected to be the following: (AV and Cost Sharing Design of Plan) = (AV Pricing Value) x (Induced Demand Factor, IDF) x (CSR Silver Load and/or AIAN adjustment, as applicable) x (Factor to exclude the cost of abortion services for which public funding is prohibited); where the AV Pricing Value and IDF are on an appropriate relativity basis.</li> </ul> <p>Note the following:</p> <ul style="list-style-type: none"> <li>• For benefit differences relate to EHB-only cost sharing. See #11.a below.</li> </ul>	
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Line	Task	Issuer Response:	
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	<ul style="list-style-type: none"> <li>For expected utilization adjustments due to differences in cost-sharing (i.e., induced demand). See #11.b below.</li> <li>For CSR silver load and exclusion of funds for abortion services per 45 CFR §156.280(e): <ul style="list-style-type: none"> <li>If CSR payments are not funded, a CSR silver load factor should be included for the on-Exchange silver plans; this is an additional step not covered in the URR Instructions. See #11.c below.</li> <li>For all plans offered on the Exchange, include an adjustment to remove the impact of coverage of abortion services for which public funding is prohibited. See #11.d below.</li> </ul> </li> <li>To determine aggregate weighted averages for items covered by this #11, unless otherwise specified, apply each plan's projected membership as weights.</li> </ul>		
a	<p><b>AV Pricing Value (a.k.a. EHB paid-to-allowed factors) by plan:</b></p> <ul style="list-style-type: none"> <li>Provide the factor for each plan that shows the impact of benefit differences for EHB-only cost sharing.</li> <li>See WAC 284-43-6800(3) for the definition of AV pricing value and WAC 284-43-6800(1) for the definition of AV metal value.</li> <li>Per WAC 284-43-6810(3): <ul style="list-style-type: none"> <li>Rate development exhibits should demonstrate compliance with the following: <ul style="list-style-type: none"> <li>"The AV pricing value must be within <math>\pm 2\%</math> of a plan's designated AV metal value."</li> <li>"The allowable range of AV pricing value may be increased or decreased by 1% and must not result in a total adjustment exceeding <math>\pm 3\%</math>, if the plan has significant features that are not considered in the AV metal value calculation. Applicable plan features may include, but are not limited to, an embedded pediatric dental benefit, aggregate family deductible, or significant out-of-network utilization."</li> <li>If you are requesting the expanded AV Pricing Value range of <math>\pm 3\%</math>, identify this in WA Exhibit 9 and provide supporting documentation for the request. Documentation for this request must show significant plan features impact EHBs, those plan features are excluded from consideration in the federal AV calculator and AV metal value, and those plan features have a material pricing impact supported by actuarial analysis.</li> </ul> </li> </ul> </li> </ul>	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Appx 2.5

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Line	Task	Issuer Response:	
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	<ul style="list-style-type: none"> <li>▪ Note that AV pricing value must be actuarially sound, and the ranges referenced above should not be used as an adjustment (i.e., ceiling or floor) to AV pricing values.</li> <li>▪ AV pricing values should be normalized for impacts of all other allowable plan-level rating adjustments (including subcomponents of the “AV and Cost Sharing Design of Plan”) and for use in the calculations of the “AV and Cost Sharing Design of Plan” factors.</li> <li>○ The Part III actuarial memorandum in the rate filing must include the following information related to AV metal value and AV pricing value: <ul style="list-style-type: none"> <li>▪ Each plan's AV metal value, AV pricing value, and the method used to develop AV pricing values.</li> <li>▪ The methodology that was used to develop the AV pricing value including that it is based on a standardized population. The carrier must identify all material changes in the AV pricing value development and their impacts.</li> <li>▪ Note that if you have a commercial or other (e.g., internal) reinsurance/pooling agreement, consider projected recoverable amounts in the overall AV Pricing Value.</li> </ul> </li> </ul>		
<b>b</b>	<p><b>Induced demand factors (IDFs) by plan:</b></p> <ul style="list-style-type: none"> <li>• Each plan's IDF can vary by plan design but must be consistent with the federal risk adjustment transfer formula per WAC 284-43-6810(2). Therefore, plan IDFs should be determined by the formula <math>(AV \text{ pricing value})^2 - (AV \text{ pricing value}) + 1.24</math>.</li> <li>• Note the following: <ul style="list-style-type: none"> <li>○ The MAIR reflects average induced demand for the pool.</li> <li>○ IDFs adjust average pool-level projected allowed claims to plan-level amounts. IDFs reflect the impact of plan design on plan-level utilization (i.e., induced demand or anti-selection) relative to the average induced demand in the pool. IDFs should not change the overall expected allowed claims nor the paid-to-allowed claims ratio.</li> <li>○ Calculate the aggregate impact of your pool's projected induced demand factors. If it is not 1.000, apply an adjustment in URRT worksheet 1's “Other” adjustment. Such an adjustment should equal <math>1 / (\text{aggregate impact of your pool's projected induced demand factors})</math>. The net impact should be 1.000.</li> </ul> </li> </ul>	<b>Part III Rate Filing Documentation and Actuarial Memorandum Appendix</b>	<b>Appx 2.5a</b>

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Line	Task	Issuer Response:	
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c	<b>Cost-sharing reduction (CSR) silver load factors by plan:</b> <ul style="list-style-type: none"> <li>Note: In this case, references to “CSR” subsidies include subsidies for the AIAN population. Include actual experience and the projected CSR silver load factor in WA Exhibit 8; see the instructions in the exhibit template.</li> <li>Consult WAC 284-43-6820 for guidance on the uniform CSR silver load adjustment factor for plan year 2026.</li> </ul>	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Appx 2.5
d	<b>Exchange plan adjustment for cost of covering certain abortion services:</b> (see also #13 & #27 of this checklist) For Exchange plans only, include an adjustment factor to remove the impact of coverage of abortion services for which public funding is prohibited. Per 45 CFR §156.280(e)(4)(iii), you may not estimate such a cost at less than one dollar per enrollee, per month (i.e., \$1.00 premium PMPM, see <a href="https://www.cms.gov/files/document/qhp-abortion-faq.pdf">https://www.cms.gov/files/document/qhp-abortion-faq.pdf</a> Q3). <ul style="list-style-type: none"> <li>Note that you must include abortion services in URRT Worksheet 1, Section II because Washington considers abortion services to be EHBs.</li> <li>The impact of coverage of abortion services for which public funding is prohibited should be addressed in URRT Worksheet 2, Section II Experience Period and Current Plan Level Information. In other words, related costs should flow through with other claim experience.</li> <li>For Exchange plans:               <ul style="list-style-type: none"> <li>Include the impact as part of URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.5 Benefits in Addition to EHB.</li> <li>Remove the impact from URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.3 AV and Cost Sharing Design of Plan. The abortion adjustment applied to Field 3.3 is the reciprocal of the abortion adjustment applied to Field 3.5. (URR Instructions Section 2.2.3). This load should be explicitly listed as a separate column in your development exhibit for the AV and Cost Sharing Design of Plan factors.</li> <li>Explain in the Part III actuarial memorandum that per URR instructions, coverage of abortion services for which public funding is prohibited are included in the URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.5 as a non-EHB.</li> </ul> </li> </ul>	Part III Rate Filing Documentation and Actuarial Memorandum Appendix  Part III Rate Filing Documentation and Actuarial Memorandum	Appx 2.5  Non-Benefit Expense: Non-EHB Benefits

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Line	Task	Issuer Response:	
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e	<b>AV and Cost Sharing Design of Plan factors:</b> (URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.3) Discuss and demonstrate the calculation of the final plan adjustment factors used in URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.3, AV and Cost Sharing Design of Plan. See the introduction to this checklist #11 for the AV and Cost Sharing Design of Plan formula using the four subcomponents addressed in WAC 284-43-6810(1).	<b>Part III Rate Filing Documentation and Actuarial Memorandum Appendix</b>  <b>Part III Rate Filing Documentation and Actuarial Memorandum</b>	<b>Appx 2.5</b>  <b>Market to Plan Factors: AV &amp; Cost Sharing of Plan Adjustment</b>
f	<b>Compare the AV Metal Value and the AV Pricing Value:</b> Provide the comparison of the AV Metal Values and AV Pricing Values in WA Exhibits 6 and 9.	WA Exhibits	Exhibit 6, 9
g	<b>Base premium rates versus CPAIR:</b> Calculate the difference between the 1.0000 premium rates (i.e., age factor 1.0000 such as for age 21; area factor 1.0000; tobacco factor 1.0000 for non-smoker) for each plan in the Rate Schedule and the Calibrated Plan Adjusted Index Rate (CPAIR) amounts in URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.14. The differences should be within a few cents at most. (see also #36 of this checklist)	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Appx 2.5
h	<b>Experience period incurred claims, allowed claims, and paid-to-allowed ratios:</b> Include a table that shows by metal level the 2024 paid (incurred) claims and allowed claims experience and calculates the paid-to-allowed ratios. See also #1.c and #1.d of this checklist.	WA Exhibits	Exhibit 8
12	<b>Provider Network Adjustment Factors:</b> (URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.4) Demonstrate the build-up of the provider network factors. If you only have one network, please respond "N/A," and use a factor of 1.0000. The network factors should be normalized so that there is no change to the overall weighted average of the claim costs after the Provider Network Adjustment factors are applied. Include an exhibit demonstrating the normalization (i.e., normalize the network factors such that the following amounts match):	N/A	

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Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<ul style="list-style-type: none"> <li>Average incurred claims with risk adjustment and Exchange user fee: Sum product of the projected membership x MAIR x (AV and Cost Sharing Design of Plan) x (Benefits in Addition to EHB) x (Catastrophic Adjustment) divided by the total projected membership.</li> <li>Average incurred claims with risk adjustment and Exchange fee as well as provider network adjustment factors: Sum product as described above with Provider Network Adjustment factors also incorporated.</li> </ul> <p>If applicable, include a discussion of the network for the public option plans (i.e., Cascade Select plans).</p>		
13	<p><b>Benefits in Addition to EHB Factors:</b> (URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.5) Document and justify these factors. Note that they should be developed as loads on EHB incurred claims. See URR Instructions and 45 CFR §156.115(d) for additional information. Include aggregate actual experience, projections, and actual-to-expected analysis in WA Exhibit 7; see the instructions in the exhibit template.</p> <p>If plans do not include non-EHBs (non-essential health benefits) and all plans are outside the Exchange, please respond "N/A."</p> <p>Notes about abortion services for URRT purposes (see also #11.d &amp; #27 of this checklist):</p> <ul style="list-style-type: none"> <li>Exchange plans that include coverage of abortion services for which public funding is prohibited must calculate such abortion services as non-EHBs.</li> <li>For plans offered Outside Market Only, such abortion services must be calculated as EHBs. Then, only non-EHBs, if applicable, should be addressed as part of Benefits in Addition to EHB.</li> </ul>	<p><b>Part III Rate Filing Documentation and Actuarial Memorandum Appendix</b></p> <p><b>Part III Rate Filing Documentation and Actuarial Memorandum</b></p>	<p><b>Appx 2.5</b></p> <p><b>Non-Benefit Expense: Non-EHB Benefits</b></p>
14	<p><b>Catastrophic Adjustment Factors:</b> (URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.9) Document and justify any such factor(s). Include aggregate actual experience, projections, and actual-to-expected analysis in WA Exhibit 7; see the instructions in the exhibit template.</p>	N/A	

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Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
<b>URRT WORKSHEET 2, SECTION III PLAN ADJUSTMENT FACTORS, CALIBRATION FACTORS</b>			
<b>15</b>	<b>Age Factors and Age Calibration Factors:</b>		
<b>a</b>	Age calibration factor development: Provide the 2026 age factors and the calculation of the age calibration factor used in URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.11.  Note: each calibration factor (age, geographic, and tobacco) must be calculated independently.	<b>Part III Rate Filing Documentation and Actuarial Memorandum Appendix</b>	<b>Appx 2.6</b>
<b>b</b>	Age calibration factors, projected versus prior: Compare the 2026 age calibration factor to the 2023, 2024, and 2025 factors.	<b>Part III Rate Filing Documentation and Actuarial Memorandum Appendix</b>	<b>Appx 2.6</b>
<b>c</b>	Average age: Show the average age and provide actuarial justification for the methodology employed to calculate the average age.	<b>Part III Rate Filing Documentation and Actuarial Memorandum</b>	<b>Market to Plan Factors – Calibration Factors: Age</b>
<b>16</b>	<b>Area Factors and Geographic Calibration Factors:</b> See WAC 284-43-6701 for geographic rating areas effective on or after January 1, 2019.  Note, if Area 1 (King County) is in your service area, its factor must be set at 1.0000. If Area 1 (King County) is <b>not</b> in your service area, the geographic rating area of the county with the largest enrollment in your service area must be set at 1.0000. If you are an insurer new to the Washington state market, the geographic area with the greatest number of counties must be set at 1.0000.		
<b>a</b>	Area factor development: Note: if your service area is limited to a single area, please respond "N/A," since the area factor is 1.0000. Demonstrate the build-up of the geographic rating area factors. Document and justify the 2026 factors with details including, but not limited to, the following: <ul style="list-style-type: none"> <li>• Certify that the following items were not used to establish any geographic rating area factor:</li> </ul>	<b>Part III Rate Filing Documentation and Actuarial Memorandum Appendix</b>	<b>Appx 2.6</b>

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Line	Task	Issuer Response:	
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	<ul style="list-style-type: none"> <li>Health status of enrollees or the population in an area.</li> <li>Medical condition of enrollees or the population in an area including physical, mental, and behavioral health illnesses.</li> <li>Claims experience.</li> <li>Health services utilization in the area.</li> <li>Medical history of enrollees or the population in an area.</li> <li>Genetic information of enrollees or the population in an area.</li> <li>Disability status of enrollees or the population in an area.</li> <li>Other evidence of insurability applicable in the area.</li> <li>Clarify how projected unit cost changes were considered for each area. Also, clarify how credibility was considered. Like trends, you should not solely rely on historical information, especially if it is not considered to be 100% credible or if significant changes are projected in the future.</li> </ul>		
<b>b</b>	<p>Area factors, highest versus lowest:</p> <p>Demonstrate that your geographic rating area factors comply with WAC 284-43-6681 highest to lowest cost ratio requirements of</p> <ul style="list-style-type: none"> <li>1.40 if offering an Exchange QHP in every county,</li> <li>1.22 if offering an Exchange QHP in every county in six or more rating areas, or</li> <li>1.15 in all other cases.</li> </ul>	<b>Part III Rate Filing Documentation and Actuarial Memorandum Appendix</b>	<b>Appx 2.6a</b>
<b>c</b>	<p>Area factors, projected versus prior:</p> <p>Compare the 2026 area factors and calibration factor to the 2023, 2024, and 2025 factors. If the 2026 factors did not change from those in the prior filing, indicate why the factors did not change; indicate when the factors were last evaluated and what data was used in that evaluation.</p> <p>Note: Our opinion is that the geographic area factors should be regularly evaluated.</p>	<b>Part III Rate Filing Documentation and Actuarial Memorandum Appendix</b>	<b>Appx 2.6a</b>
<b>d</b>	<p>URRT geographic calibration factor:</p> <p>Provide the calculation of the geographic calibration factor used in URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.12.</p> <p>Note: each calibration factor (age, geographic, and tobacco) must be calculated independently.</p>	<b>Part III Rate Filing Documentation and Actuarial Memorandum Appendix</b>	<b>Appx 2.6</b>



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		Document Name	Section / Page / Exhibit Number
e	Load area factors into URRT: Provide the geographic rating areas and rating factors in URRT Worksheet 3.	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Appx 2.6
17	<b>Tobacco Use Factor and Tobacco Calibration Factor:</b>		
a	Tobacco use factor development: Document and justify the 2026 Tobacco Use factor. <ul style="list-style-type: none"> <li>The maximum factor is 1.500 (see 45 CFR §147.102(a)(1)(iv)).</li> <li>If the factor did not change from the prior filing, indicate when the factor was last evaluated and what data was used in that evaluation. Note: Our opinion is that the factor should be re-evaluated periodically.</li> </ul>	N/A	Removed the Tobacco Use factor for 2026.
b	URRT tobacco calibration factor: Provide the calculation of the tobacco calibration factor used in URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.13. Note: each calibration factor (age, geographic, and tobacco) must be calculated independently.	N/A	
c	Tobacco factors, projected versus prior: Compare the 2026 tobacco use factor and calibration factor to amounts for 2023, 2024, and 2025.	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Appx 2.6a
<b>RISK ADJUSTMENT AND HIGH-COST RISK POOL (HCRP)</b>			
18	<b>Experience Period Risk Adjustment &amp; HCRP:</b>		
a	Experience period risk adjustment formula details:	WA Exhibits	Exhibit 10

## Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
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	<p>Provide the actual 2024 risk adjustment experience and projections in WA Exhibit 10; see the instructions in the exhibit template. Provide supporting technical details, as needed, in issuer-created actuarial exhibits submitted separately from the exhibit template file.</p> <p>REMINDER: Do <b>NOT</b> revise the sign (receivables positive; payables negative) of the actual or projected risk adjustment transfer and HCRP amounts in any exhibit unless specifically instructed to do so. Clearly document the instances when the instructions specify a change in sign.</p>		
<b>b</b>	<p>Experience period risk adjustment &amp; HCRP by plan: (URRT Worksheet 2, Section II Experience Period and Current Plan Level Information, Field 2.7)</p> <p>Using formulae, please address 2024 risk adjustment transfer amounts, HCRP assessments, and HCRP receipts.</p>	<b>Part III Rate Filing Documentation and Actuarial Memorandum Appendix</b>	<b>Appx 3.3a</b>
<b>19</b>	<b>Projection Period Risk Adjustment &amp; HCRP:</b>		
<b>a</b>	<p>Projection period incurred risk adjustment &amp; HCRP development: (URRT Worksheet 2, Section IV Projected Plan Level Information, Fields 4.7 and 4.16)</p> <p>Provide the projected plan year 2026 risk adjustment information in WA Exhibit 10; see the instructions in the exhibit template. Provide supporting technical details, as needed, in issuer-created actuarial exhibits submitted separately from the exhibit template file.</p>	<b>WA Exhibits</b>	<b>Exhibit 10</b>
<b>b</b>	<p>Projection period risk adjustment &amp; HCRP for URRT Worksheet 2 (on incurred claims basis), Development and justification: (URRT Worksheet 2, Section IV Projected Plan Level Information, Fields 4.7 and 4.16)</p> <ul style="list-style-type: none"> <li>Explain in detail in the Part III actuarial memorandum how you estimated the 2026 risk adjustment factors (e.g., PLRS, IDF, GCF, AV, and ARF), including the four membership groupings in (a), as applicable. (See URR Instructions regarding the requirements to provide detailed information and justification for risk adjustment.)</li> <li>Provide detailed support and rationale for each assumption, including persisting membership, stating the most current data used, its "as of" date, and its source (e.g., internal, CMS, etc.).</li> <li>Describe how your projections considered the 2026 risk adjustment model changes.</li> </ul>	<b>Part III Rate Filing Documentation and Actuarial Memorandum Appendix</b>	<b>Appx 2.4</b>

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Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<ul style="list-style-type: none"> <li>Explain 2026 HCRP estimated assessments and receipts.</li> <li>We expect the following: <ul style="list-style-type: none"> <li>Since the URRT applies total pool-level projected risk adjustment in Worksheet 1, Section II, the projected risk adjustment loaded into Worksheet 2, Section IV can use total pool-level projections rather than metal/catastrophic or plan projections.</li> <li>Applicable risk adjustment transfer amount parameters projected for your own risk pool will be consistent with assumptions in the rate development (e.g., population and other factors in URRT, age and geographic calibration factors, etc.). Please explain any deviations.</li> </ul> </li> </ul>		
<b>c</b>	<p>Projection period risk adjustment &amp; HCRP for URRT Worksheet 1 (on allowed claims basis): (URRT Worksheet 1, Section II Projections)</p> <p>Provide the calculation of the projected Risk Adjustment Payment/Charge, on an allowed claim dollar basis, as entered in URRT Worksheet 1, Section II. For additional details, see #28 of this checklist.</p>	<b>Part III Rate Filing Documentation and Actuarial Memorandum Appendix</b>	<b>Appx 2.4</b>
<b>d</b>	<p>Projected 2026 RADV impacts:</p> <p>Explain in the Part III actuarial memorandum any impacts due to Risk Adjustment Data Validation (RADV) audits. For example, explain any impact to the company or statewide 2026 PLRS projections due to the 2022 RADV audit report.</p>	<b>Part III Rate Filing Documentation and Actuarial Memorandum Appendix</b>	<b>Risk Adjustment Transfer</b>
<b>e</b>	<p>HCRP, projected versus prior:</p> <p>Compare (i) actual HCRP receipts and assessments for 2022, 2023, and 2024 versus (ii) projected HCRP receipts and assessments for 2022, 2023, 2024, 2025, and 2026. Explain differences.</p>	<p><b>Part III Rate Filing Documentation and Actuarial Memorandum Appendix</b></p> <p><b>Part III Rate Filing Documentation and Actuarial Memorandum</b></p>	<p><b>Appx 3.3b</b></p> <p><b>Risk Adjustment Transfer</b></p>

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
f	Projection period risk adjustment transfers & HCRP by plan: Using formulae, please address 2026 projected risk adjustment transfer amounts, HCRP assessments, and HCRP receipts on an incurred basis.	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Appx 1.2

Line	Task	Issuer Response:		
		Document Name	Section / Page / Exhibit Number	
<b>RETENTION LOADS</b>				
<b>URRT WORKSHEET 2, SECTION III PLAN ADJUSTMENT FACTORS, ADMINISTRATIVE COSTS</b>				
<b>20</b>	<p><b>Administrative Expense:</b> (URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.6) Provide the requested information in WA Exhibit 11; see instructions in the exhibit template. Provide supporting technical details, as needed, in issuer-created actuarial exhibits submitted separately from the exhibit template file.</p> <p>Projection period administrative expense development:</p> <ul style="list-style-type: none"> <li>In the Part III actuarial memorandum and supporting exhibits, justify the 2026 PMPM and/or percent of premium load for each item, and comment why various amounts do or do not vary by plan.</li> <li>In the Part III actuarial memorandum, justify any item with a \$0.00 load. For example, if no offset is projected for investment income, please explain why. Note: it is insufficient to simply state that an amount is considered immaterial.</li> <li>In the Part III actuarial memorandum, describe planned quality improvement initiatives.</li> <li>At a minimum, include detailed calculations of the following projected amounts: <ul style="list-style-type: none"> <li>Quality improvement (QI) expenses</li> <li>Commissions</li> <li>Commercial reinsurance premium (if applicable)</li> <li>Offset for anticipated investment income (if applicable)</li> <li>General administrative expenses</li> </ul> </li> <li>Note that the commissions load should be consistent with the submitted commission certification (see also #35 of this checklist). The load may include adjustments for bonuses which are not specific to the individual line of business and, therefore, not covered in the certification. Any such bonuses should be explained in the Part III actuarial memorandum and exhibits.</li> </ul> <p>Combine these amounts with actual taxes and fees to reconcile to Expenses shown in the WAC 284-43-6660 summary (see also #21 of this checklist).</p>			

## Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
21	<p><b>Taxes and Fees:</b> (URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.7) Provide the requested information in WA Exhibit 11; see instructions in the exhibit template. Provide supporting technical details, as needed, in issuer-created actuarial exhibits submitted separately from the exhibit template file.</p> <p>Projection period taxes and fees' development:</p> <ul style="list-style-type: none"> <li>In the Part III actuarial memorandum and supporting exhibits, justify the 2026 PMPM and/or percent of premium load for each item, and explain why various amounts do or do not vary by plan.</li> <li>In the Part III actuarial memorandum, justify any item with a \$0.00 load. Note: it is insufficient to simply state that an amount is considered immaterial.</li> <li>At a minimum, include detailed calculations of the following projected amounts: <ul style="list-style-type: none"> <li>Premium Tax [RCW 48.14.020 or 0201]</li> <li>Federal Income Tax</li> <li>Regulatory Surcharge [RCW 48.02.190] Include a discussion of the current information available at <a href="https://www.insurance.wa.gov/regulatory-surcharge-calculation">https://www.insurance.wa.gov/regulatory-surcharge-calculation</a>.</li> <li>Insurance Fraud Surcharge [RCW 48.02.190] Include a discussion of the current information available at <a href="https://www.insurance.wa.gov/fraud-surcharge-calculation">https://www.insurance.wa.gov/fraud-surcharge-calculation</a>.</li> <li>Risk Adjustment user fee The 2026 per capita risk adjustment user fee is set at \$0.20 PMPM.</li> <li>PCORI Patient-Centered Outcomes Research Institute (PCORI) Fee (Internal Revenue Code sections 4375 and 4376). Include a discussion of the latest information on the IRS website and the National Health Expenditure (NHE) trend projections. Note that the fee changes annually by policy end date; for this Individual market rate filing, assume all plans end 12/31/2026.</li> <li>Mitigating Inequity Fee [WAC 284-43-6590], if applicable (see also #38 of this checklist).</li> </ul> </li> </ul>		

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<ul style="list-style-type: none"> <li>WSHIP assessment [RCW 48.41.090] Include a discussion of the current and projected assessment information in annual or other reports available at <a href="https://www.wship.org/">https://www.wship.org/</a> as well as the WSHIP information separately sent to you as a member plan. Note: WSHIP = Washington State Health Insurance Pool.</li> <li>Washington Partnership Access Line (WAPAL) assessment [WAC 182-110-0500] Include a discussion of the historical assessments paid and the current information available at <a href="https://wapalfund.org">https://wapalfund.org</a>.</li> </ul> <p>Combine these amounts with actual administrative expenses to reconcile to Expenses shown in the WAC 284-43-6660 summary. (see also #20 of this checklist)</p>		
22	<p><b>Profit &amp; Risk Load:</b> (URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.8) Provide the information in WA Exhibit 11; see instructions in the exhibit template. Provide supporting technical details, as needed, in issuer-created actuarial exhibits submitted separately from the exhibit template file.</p> <ul style="list-style-type: none"> <li>Profit &amp; Risk load is the portion of the projected earned premium that is not directly associated with claims or expenses.</li> <li>The amount must be the same across all plans.</li> </ul> <p>Projection period profit &amp; risk load development: Justify that your Profit &amp; Risk load is reasonable [RCW 48.43.734] in relation to your company's surplus, capital, and profit levels.</p> <ul style="list-style-type: none"> <li>Discuss in detail how you established your 2026 plan year load.</li> <li>Clarify whether your experience unpaid claims liability estimate also includes any margin or if the estimate reflects your best estimate.</li> <li>Explain whether other plan year 2026 rating assumptions include their own margin provisions.</li> </ul>		
<b>DOCUMENTATION AND EXHIBITS</b>			

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
<b>23</b>	<b>Company Rate Information and Rate Review Detail:</b> For the “Company Rate Information” and “View Rate Review Detail” on the Rate/Rule Schedule tab of the SERFF rate filing, provide an exhibit with the following information. <ul style="list-style-type: none"> <li>The information should represent your <b>initial requested rate change</b>.</li> <li>Note: If post submission updates are necessary to correct any information, update the exhibit to indicate what was updated and the reason for the update(s).</li> <li>Issuers with renewal plans must address the items below. For more information related to “Company Rate Information” and “View Rate Review Detail,” see SERFF and Rate Filing Instructions.</li> </ul>		
	<b>a</b> SERFF Company Rate Information: Provide the calculation, explanation, and/or source of the information.  Note the following: <ul style="list-style-type: none"> <li>Number of policy holders affected for this program: The number of subscribers as of March 2025.</li> <li>Minimum and Maximum % changes: From the initial Uniform Product Modification Justification (UPMJ) Q5 rate changes by plan.</li> <li>Overall % rate impact: The calculated overall average rate change in UPMJ Q5.</li> <li>Written Premium for this Program and Written Premium Change for this Program: Annual amounts; see Written Premium in the NAIC glossary.</li> </ul>	<b>Part III Rate Filing Documentation and Actuarial Memorandum Appendix</b>	<b>Appx 6</b>
	<b>b</b> SERFF Rate Review Detail (RRD): Provide the calculation, explanation, and/or source of the information. <ul style="list-style-type: none"> <li>(i) Products, Number of Covered Lives:                The number of covered lives (members) as of March 2025. If applicable, differentiate renewing products which list current lives versus new products which list projected lives (see instructions in the RRD in SERFF).</li> <li>(ii) Trend Factors:                Annual incurred claims trend factor, including leveraging, which matches the weighted average of the trends by category in the initial 2026 WAC 284-43-6660 summary. (see also #6.b of this checklist)</li> </ul>	<b>Part III Rate Filing Documentation and Actuarial Memorandum Appendix</b>	<b>Appx 6</b>



Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<p>(iii) Forms: List all forms for the rate filing in the applicable categories. If a category does not apply to any form in the filing, leave it blank. (see SERFF instructions)</p> <p>Note: since the ACA requires that all non-grandfathered individual and small group health plans be guaranteed issue, the "Affected Forms for Closed Blocks" in the Forms Section should be left blank.</p> <p>(iv) Requested Rate Change Information:</p> <ul style="list-style-type: none"> <li>• Change period: Annual.</li> <li>• Member months: Membership for the 2024 experience period.</li> <li>• Min, Max, and weighted average rate change: Match the initial UPMJ Q5.</li> </ul> <p>(v) Prior Rate:</p> <ul style="list-style-type: none"> <li>• Total earned premium &amp; total incurred claims: Projected earned premiums and incurred claims, respectively, for 2025.</li> <li>• Minimum and maximum per member per month (PMPM): Be consistent with the rates in the 2025 final Rate Schedule.</li> <li>• Weighted average PMPM: Be consistent with the current community rate in the initial WAC 284-43-6660 summary.</li> </ul> <p>(vi) Requested Rate:</p> <ul style="list-style-type: none"> <li>• Projected earned premium &amp; projected incurred claims: For 2026, be consistent with the initial URRT Worksheet 2.</li> <li>• Minimum and maximum PMPM: From the initial 2026 Rate Schedule.</li> <li>• Weighted average PMPM: Be consistent with the weighted average PMPM premium rate consistent in the initial URRT Worksheet 2.</li> </ul>		

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
c	<p>Current enrollment:</p> <p>Compare current enrollment information across the various rate filing exhibits, including, but not limited to the following:</p> <ul style="list-style-type: none"> <li>• RRD Number of Covered Lives</li> <li>• URR Worksheet 2, Section II Experience Period and Current Plan Level Information, Field 2.10 Current Enrollment</li> <li>• UPMJ Q1 Enrollment as of 3/31/2025</li> <li>• Part III supporting exhibits' current enrollment</li> </ul> <p>Explain any inconsistencies.</p>	All consistent	
	<p>Projected enrollment:</p> <p>Compare projected enrollment information across the various rate filing exhibits, including, but not limited to the following:</p> <ul style="list-style-type: none"> <li>• RRD (Projected Earned Premium) / (Requested Rate Weighted Avg. PMPM)</li> <li>• URR Worksheet 2, Section IV Projected Plan Level Information, Field 4.9 Projected Member Months</li> <li>• Part II written explanation projected enrollment</li> <li>• Part III supporting exhibits' projected enrollment</li> </ul> <p>Explain any inconsistencies.</p>	All consistent	
24	<p><b>Impacts of Changes 45 CFR §154.301(a)(4):</b></p> <ul style="list-style-type: none"> <li>• Document the methodology, justification, and calculations used to determine the impacts of the changes outlined in the Effective Rate Review Program under 45 CFR §154.301(a)(4) (i) through (xv).</li> <li>• Note that if you change the contribution to surplus from the prior submission, you must provide additional support for why the change is warranted.</li> <li>• <u>To add context to the factors listed below, please also summarize in the Part III actuarial memorandum the approximate percent impact of the most significant contributors to the proposed aggregate rate change (see URR Instructions section 4.3, for example).</u></li> </ul>		

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	(i) The impact of medical cost trend <b><u>changes by major service category</u></b> . Include a discussion of the cost trend change for each specific benefit category listed in URRT Worksheet 1, Section II.	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Appx 2.1  Projection Factors: Trend Factors
	(ii) The impact of utilization <b><u>changes by major service category</u></b> . Include a discussion of the utilization trend change for each specific benefit category listed in URRT Worksheet 1, Section II.	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Appx 2.1  Projection Factors: Trend Factors
	(iii) The impact of cost-sharing <b><u>changes by major service category</u></b> , including actuarial values. Include a discussion of the cost-share changes for each specific benefit category listed in URRT Worksheet 1, Section II.	Part III Rate Filing Documentation and Actuarial Memorandum Appendix  UPMJ	Appx 1.3  UPMJ Q4a

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	(iv) The impact of benefit <u>changes</u> , including essential health benefits (EHBs) and non-essential health benefits (non-EHBs).  Address the new essential health benefits for non-grandfathered individual and small group health insurance coverage in the State of Washington for plan years beginning on or after January 1, 2026. For each new EHB, describe whether your plan designs already covered the benefit or describe what plan design changes were required. Clearly demonstrate and justify any rate changes due to these new EHBs.	No benefit changes	
	(v) The impact of <u>changes in</u> enrollee risk profile and pricing, including rating limitations for age and tobacco use under section 2701 of the Public Health Service Act.	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Appx 2.2
	(vi) The impact of any <u>overestimate or underestimate</u> of medical trend for prior year periods related to the rate increase. Include a discussion and analysis of actual to expected medical trends.	Part III Rate Filing Documentation and Actuarial Memorandum	Experience Period Premium and Claims: Experience period
	(vii) The impact of <u>changes in</u> reserve needs. Include a discussion of any change in reserve needs.	Part III Rate Filing Documentation and Actuarial Memorandum	Experience Period Premium and Claims: Experience period
	(viii) The impact of <u>changes in</u> administrative costs related to programs that improve health care quality. Include a discussion of any such changes.	Part III Rate Filing Documentation and Actuarial Memorandum	Experience Period Premium and Claims: Experience period

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	(ix) The impact of <u>changes in</u> other administrative costs. Include a discussion of any such changes.	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Appx 2.5b  Non-Benefit Expense: Administrative Expense Load
	(x) The impact of <u>changes in</u> applicable taxes, licensing, or regulatory fees. Include a discussion of any such changes.	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Appx 2.5b  Non-Benefit Expense: Taxes and Fees
	(xi) Medical loss ratio (MLR). Include a projected federal MLR calculation [45 CFR §158.221; see also CMS MLR Filing Instructions].  Note: This is one of only two 45 CFR §154.301(a)(4) items not written in terms of the impact of changes; the other is (xii) for the issuer's capital and surplus.  Note: As stated in the Final 2026 NBPP, determination of a "qualifying issuer" is "based on an issuer's 3-year aggregate ratio of net payments related to the risk adjustment program...to earned premiums." See 45 CFR §158.103 for full definition details.  <ul style="list-style-type: none"> <li><u>Issuers who (a) are NOT projected to be qualifying issuers or (b) are projected to be qualifying issuers but opt to follow the unadjusted MLR formula, as defined in the Final 2026 Notice of Benefit and Payment Parameters (NBPP):</u></li> </ul>	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Appx 3.2

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<ul style="list-style-type: none"> <li>○ <u>Numerator:</u> Incurred claims [45 CFR §158.140(a)] – Net Risk Adjustment, including HCRP amounts (receivables positive; payables negative, which means that payables subtract negative amounts) + Quality Improvement Expenses [45 CFR §158.150(a)]</li> <li>○ <u>Denominator:</u> Earned Premiums [45 CFR §158.130] – Taxes &amp; Fees [45 CFR §§ 158.161(a) and 158.162(a)(1) and (b)(1)] – Community Benefit Expenditures (CBE) [45 CFR §158.162(c) and 2023 MLR Filing Instructions]</li> <li>• <u>Issuers who are projected to be qualifying issuers and opt to follow the adjusted MLR formula</u>, as defined in the Final 2026 Notice of Benefit and Payment Parameters (NBPP): (See also the formula below written with variables, copied from the Final 2026 NBPP.) <ul style="list-style-type: none"> <li>○ <u>Numerator:</u> Incurred claims [45 CFR §158.140(a)] + Quality Improvement Expenses [45 CFR §158.150(a)]</li> <li>○ <u>Denominator:</u> Earned Premiums [45 CFR §158.130] – Taxes &amp; Fees [45 CFR §§ 158.161(a) and 158.162(a)(1) and (b)(1)] + Net Risk Adjustment, including HCRP amounts (receivables positive; payables negative, which means that payables add negative amounts) – Community Benefit Expenditures (CBE) [45 CFR §158.162(c) and 2023 MLR filing instructions]</li> </ul> </li> <li>• If CBE are included, provide justification that includes the following details: <ul style="list-style-type: none"> <li>○ How total CBE are allocated to lines of business (e.g., individual, small group, and large group)</li> <li>○ For <u>federal tax-exempt issuers</u>: <ul style="list-style-type: none"> <li>▪ CBE are limited to the highest of either: <ul style="list-style-type: none"> <li>• Three percent of earned premium; or</li> </ul> </li> </ul> </li> </ul> </li> </ul>		

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<ul style="list-style-type: none"> <li>The highest health insurance coverage premium tax rate in the State for which the report is being submitted, multiplied by the issuer's earned premium in the applicable State market.</li> <li>Please address the impact, if any, of capping CBE for MLR purposes.</li> <li>MLR reporting instructions say <u>federal tax-exempt issuers</u> may report a value for both state premium taxes and CBE if reported CBE do not exceed the allowable capped amount (as outlined above). If you are a federal tax-exempt issuer, please confirm this requirement has been met.</li> <li>For <u>non-federal tax-exempt issuers</u>: <ul style="list-style-type: none"> <li>CBE are limited to: The highest health insurance coverage premium tax rate in the State for which the report is being submitted, multiplied by the issuer's earned premium in the applicable State market.</li> <li>Please address the impact, if any, of capping CBE for MLR purposes.</li> <li>MLR reporting instructions say <u>non-federal tax-exempt issuers</u> may report a value for state premium taxes or CBE but not both. Issuers may not report zero (\$0) CBE in lieu of negative State premium taxes and may not enter CBE more than the allowable capped amount. If you are a non-federal tax-exempt issuer, please confirm this requirement has been met.</li> </ul> </li> <li>Credibility adjustment, if any [45 CFR §158.232]</li> <li>Comment about how the following recent MLR reporting regulation changes were considered: [See, for example: 45 CFR §158 and related sections as well as various Final plan year NBPPs] <ul style="list-style-type: none"> <li>Adjustments to the numerator: <ul style="list-style-type: none"> <li>Deduct from incurred claims not only prescription drug rebates received by the issuer, but also any price concessions received and retained by the issuer, and any prescription drug rebates, and other price concessions received and retained by an entity providing pharmacy benefit management services to the issuer. [45 CFR 158.140(b) and 2022 NBPP]</li> <li>Beginning with the 2020 MLR reporting year, an issuer may include in the numerator of the MLR any shared savings payments the issuer has made to an enrollee as a result</li> </ul> </li> </ul> </li> </ul>		

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<p>of the enrollee choosing to obtain health care from a lower-cost, higher-value provider. [45 CFR §158.221(b)(8)]</p> <ul style="list-style-type: none"> <li>○ Report expenses for services outsourced to or provided by other entities in the same manner as expenses for non-outsourced (i.e., incurred directly by the issuer) services. [45 CFR §158.110(a) and 2021 NBPP]</li> <li>○ Quality Improvement Activity (QIA) expenses: <ul style="list-style-type: none"> <li>▪ Allowance for the Individual market to report certain wellness incentives described in 45 CFR §158.150(b)(2)(iv)(A)(5)(ii) (see also 2021 NBPP) as QIA expenses.</li> <li>▪ Only those provider incentives and bonuses that are tied to clearly defined, objectively measurable, and well-documented clinical or quality improvement standards that apply to providers may be included in incurred claims for MLR reporting and rebate calculation purposes. (e.g., see 2023 NBPP)</li> <li>▪ Only expenditures directly related to activities that improve health care quality may be included in QIA (Quality Improvement Activity) expenses for MLR reporting and rebate calculation purposes. [45 CFR §158.150(a) and 2023 NBPP]</li> <li>▪ <u>Removing</u> the option for issuers to report an amount equal to 0.8 percent of earned premium in the relevant State and market in lieu of reporting the issuer's actual expenditures for activities that improve health care quality (e.g., see 2022 NBPP).</li> </ul> </li> <li>○ MLR rebate prepayment and safe harbor [45 CFR §158.240(g)]: Allowance to prepay a portion or 100% of an estimated MLR rebate for a given MLR reporting year, and establishing a safe harbor allowing such issuers, under certain conditions, to defer the payment of rebates remaining after prepayment until the following MLR reporting year (e.g., see 2022 NBPP).</li> <li>○ Replacement formula for qualifying issuers (e.g., see 45 CFR §158.103 for definition of qualifying issuer), written with variables: If <math>(ra / p) &gt; \text{or} = 50\%</math>, then: Adjusted MLR = <math>[(i + q - s + nc - rc) / \{(p + s - nc + rc) - t - f - (s - nc + rc) - na + ra\}] + c</math> where i = incurred claims</li> </ul>		



Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<p>q = expenditures on quality improving activities</p> <p>p = earned premiums</p> <p>t = Federal and State taxes</p> <p>f = licensing and regulatory fees including \$0 for transitional reinsurance contributions</p> <p>s = issuer's transitional reinsurance receipts (= \$0)</p> <p>na = issuer's risk adjustment related payments</p> <p>nc = issuer's risk corridors related payments (= \$0)</p> <p>ra = issuer's risk adjustment related receipts</p> <p>rc = issuer's risk corridors related receipts (= \$0)</p> <p>c = credibility adjustment, if any</p>		
	<p>(xii) The health insurance issuer's capital and surplus (i.e., if and how rate development considered your issuer's current capital and surplus levels). For example, are changes required to your issuer's premium to surplus ratio? Include a discussion in the Part III actuarial memorandum.</p> <p>Note: This is one of only two 45 CFR §154.301(a)(4) items not written in terms of the impact of changes; the other is (xi) for MLR.</p>	<p><b>Part III Rate Filing Documentation and Actuarial Memorandum Appendix</b></p> <p><b>Part III Rate Filing Documentation and Actuarial Memorandum</b></p>	<p><b>Appx 4.2</b></p> <p><b>Non-Benefit Expense: Contribution to Surplus &amp; Risk Margin (C&amp;R)</b></p> <p><b>Issuer's capital and surplus is not used to develop rates</b></p>
	<p>(xiii) The impacts of geographic factors and variations.</p>	<p><b>Part III Rate Filing Documentation and Actuarial Memorandum Appendix</b></p> <p><b>Part III Rate Filing Documentation and Actuarial Memorandum</b></p>	<p><b>Appx 2.6, 2.6a</b></p> <p><b>Market to Plan Factors – Calibration Factors: Geographic</b></p>

## Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	(xiv) The impact of <u>changes within</u> a single risk pool to all products or plans within the risk pool.	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Appx 1.2, rows 31 and 71
	(xv) The impact of reinsurance (which is N/A for Washington) and risk adjustment payments and charges under sections 1341 and 1343 of the Affordable Care Act.	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Appx 2.4
25	<b>Drug Manufacturer Support of Member Out-of-Pocket Costs:</b> Per revised 45 CFR §156.130(h), for plan years beginning on or after January 1, 2020, amounts paid toward cost sharing using any form of direct support offered by drug manufacturers to insured patients to reduce or eliminate immediate out-of-pocket costs for specific prescription brand drugs are permitted, but not required, to be counted toward the annual limitation on cost sharing. RCW 48.43.435 further outlines requirements for plans issued or renewed on or after January 1, 2024.  Indicate what you implemented related to these requirements and justify any impact to your rate development.	Premiera is not planning on implementing this option for 2026	
26	<b>Financial Statement Analysis:</b>		
a	Reconcile to Additional Data Statement (ADS) for the year ending December 31, 2024: <ul style="list-style-type: none"> <li>For carriers not required to file an ADS, please respond "N/A." For ease of review for carriers who file an ADS, please include with the rate filing a copy of the ADS pages.</li> <li>For HMOs and HCSCs, show ADS amounts total revenues (line 7), total hospital and medical claims (line 17), and administrative expenses (line 19 + line 20).</li> <li>Please include a detailed list of adjustments required to reconcile between ADS amounts and amounts in the Summary of Pooled Experience in the WAC 284-43-6660 summary and in URRT Worksheet 1, Section I. Calculate the amount and percentage unreconciled, and explain any significant unreconciled amounts.</li> </ul>	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Appx 4.1, 4.1a

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Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<ul style="list-style-type: none"> <li>Explain any difference in the projected risk adjustment amount included in the ADS premium amount versus the experience period risk adjustment amount entered in URRT Worksheet 1, Section I.</li> <li>Also, compare the average monthly membership from the WAC 284-43-6660 summary's 2024 experience period with the average monthly membership calculated from the quarter ending enrollment listed in the ADS. Explain any significant differences.</li> </ul>		
<b>b</b>	<p>Months of surplus:</p> <p>For all issuers, please provide a calculation of your company's Months of Surplus using information in the 2024 annual statement and one of the following formulas, with one decimal place of accuracy.</p> <p><u>Health Statement</u>: Months of Surplus = [(Annual Statement Page 3, Line 33: Total capital and surplus) / (Page 4, Line 18: Total hospital and medical (Lines 16 minus 17))] * 12.</p> <p><u>Life Statement</u>: Months of Surplus = [(Annual Statement Page 3, Line 38: Total (Lines 29, 30, &amp; 37)) / (Page 4, Line 20: Total (Lines 10 to 19))] * 12.</p>	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Appx 4.2
<b>27</b>	<p><b>Abortion Services for Which Public Funding is Prohibited:</b></p> <p>(see also #11.d &amp; #13 of this checklist)</p> <p>For Exchange filings, document the pricing per member per month (PMPM) for voluntary abortion services and the "EHB Percent of Total Premium" to be listed in the Plans &amp; Benefit Template (PBT) in the binder filing [45 CFR §156.280(e)(4)]. See also QHP Application Instructions for EHB Percent of Total Premium calculation guidance.</p> <p>Note: The Index Rates in URRT Worksheet 1, Section II must include allowed claims for abortion services even for Exchange plans. Voluntary abortion services are <u>only</u> considered a non-EHB for Exchange plans in the percentages listed in the PBT and in URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.5. Otherwise, the State of Washington considers voluntary abortion services as EHBs for Exchange plans. Additionally, non-Exchange plans will consistently consider voluntary abortion services as EHBs.</p>	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Appx 2.5

Line	Task	Issuer Response:		
		Document Name	Section / Page / Exhibit Number	
<b>SEPARATE DOCUMENTS</b>				
Address the following items together with other relevant items covered elsewhere in this checklist.				
<b>28</b>	<p><b>Part I Unified Rate Review Template (URRT):</b></p> <p>Note: The various index rates (Index Rate, MAIR, etc.) in the URRT are the official amounts. For calculations in your supporting exhibits requiring one of these amounts, such as the Exchange User Fee input for URRT Worksheet 1 Section II, please use and reference the applicable amount(s) calculated in the URRT.</p> <p>Please do not disable the macros in the Excel version of the URRT; please submit a macro-enabled URRT workbook.</p> <p>The URRT worksheets allow up to 16 characters including decimal places. Only apply rounding to amounts directly loaded into the URRT and only to the extent necessary to meet the 16-character limitation. Do not round any intermediate amounts.</p>			
	<p><b>a</b> URRT Exchange User Fees: (URRT Worksheet 1, Section II Projections) If the issuer is only outside the exchange, please respond "N/A."</p> <p>The Exchange user fee for 2026 is \$5.11 PMPM.</p> <ul style="list-style-type: none"> <li>For issuers marketing both inside and outside the Exchange, confirm that the Exchange user fees, or Exchange assessment fees, are spread across the entire pool.</li> <li>For issuers only marketing inside the Exchange: The default expectation is that 100% of membership will be on the Exchange. If your project less than 100% Exchange membership, include an explanation in the Part III actuarial memorandum.</li> <li>Justify the Exchange User Fees' percentage load entered in URRT Worksheet 1, Section II. Compare the result against the required amount per member per month (PMPM). There should be a reasonable assumption for the distribution of enrollees inside and outside the Exchange.</li> <li>If any Exchange membership is projected for plan year 2026, please check that a nonzero dollar amount flows through to URRT Worksheet 1, Section II Exchange User Fees.</li> <li>Ensure the amount is adjusted to reflect an allowed dollar basis as discussed in #28.b of this checklist.</li> </ul>	<b>Part III Rate Filing Documentation and Actuarial Memorandum Appendix</b>	<b>Appx 1.1 Note 1</b>	

## Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
b	URRT factor to toggle between worksheet 1 and worksheet 2 amounts for risk adjustment transfers and Exchange user fees: Justify the factor used to develop Risk Adjustment Payment/Charge and Exchange User Fees for URRT Worksheet 1, Section II. The adjustment should be the aggregate impact of the four plan factors from URRT Worksheet 2, Section III Plan Adjustment Factors (i.e., Fields 3.3, 3.4, 3.5, and 3.9). Later URRT steps apply the plan factors through multiplication; to neutralize the overall impact, URRT Worksheet 1 needs to divide by their aggregate impact.	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Appx 2.4
	c URRT Worksheet 1, Section II, 2026 versus 2025: Compare the projections in URRT Worksheet 1, Section II in this year's filing for 2026 versus those in last year's filing for 2025.	Part III Rate Filing Documentation and Actuarial Memorandum Appendix	Appx 1.1
	d URRT Worksheet 2 terminated plan mapping: Document and justify URRT Worksheet 2 product and plan mapping for terminated plans, in accordance with the following: <ul style="list-style-type: none"> <li>For the inside Exchange plans and plans that are both inside and outside Exchange, follow the mapping information you (the issuer) provided to WAHBE and as required by 45 CFR §155.335(j).</li> <li>For the outside Exchange plans, follow your procedure as indicated in the letter(s) provided to the policyholder(s) and consistent with Uniform Product Modification Justification (UPMJ).</li> </ul> Note: each 2025 plan should map all members in the plan to the same 2026 plan. Respond "N/A" if no 2025 plans are terminating.	N/A	
	e URRT Worksheet 2, Section I, general product and plan information, Cumulative rate change % for composite plans: For any plan in URRT Worksheet 2 which is the composite of more than one plan in UPMJ Q5, include an exhibit detailing the calculation of the Cumulative Rate Change % (over 12 mos. prior) based on the overall average rate change by plan in UPMJ Q5. If there are no composite plan rate changes, respond as "N/A."	N/A	N/A

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
<b>f</b>	<p>URRT Worksheet 2, Section IV Projected Plan Level Information</p> <p>Projected allowed claims, incurred claims &amp; premiums:</p> <ul style="list-style-type: none"> <li>• Include an exhibit that calculates the projected dollar amounts by plan for URRT Worksheet 2, Section IV Projected Plan Level Information.</li> <li>• For clarity, please also show calculations of the plan-specific and aggregate projected PMPM amounts for Fields 4.11 through 4.17.</li> <li>• Aggregate amounts should reconcile as demonstrated in WA Exhibit 12; see instructions in the exhibit template. Provide supporting technical details, as needed, in issuer-created actuarial exhibits submitted separately from the exhibit template file.</li> </ul> <p>Note that although reconciliation is expected in aggregate, differences may be reasonable for specific plans.</p> <ul style="list-style-type: none"> <li>• Note that the following results are expected: <ul style="list-style-type: none"> <li>○ The Total Allowed Claims PMPM in Field 4.11 should be consistent with the [Projected Index Rate] + [average PMPM of the CSR load (on an allowed basis)] + [average PMPM for non-EHB, excluding abortion services reported as non-EHB (on an allowed basis)].</li> <li>○ The Allowed Claims PMPM by plan in Field 4.11 should only differ from the Total Allowed Claims PMPM due to URRT Worksheet 2, Section III Plan Adjustment Factors, Fields 3.3 AV and Cost Sharing Design of Plan (a.k.a. Pricing AV), 3.4 Provider Network Adjustment, 3.5 Benefits in Addition to EHB, and 3.9 Catastrophic Adjustment.</li> </ul> </li> </ul>	<b>Part III Rate Filing Documentation and Actuarial Memorandum Appendix</b>	<b>Appx 1.2</b>
<b>g</b>	<p>URRT projected members by plan:</p> <p>Please document the following in the Part III actuarial memorandum:</p> <ul style="list-style-type: none"> <li>• Explain how member months were projected by plan.</li> <li>• Explain how URRT membership projections align with 2026 company expectations for the product line.</li> <li>• Justify any new or renewing plans with zero projected enrollment.</li> <li>• If the opening actuary relied on membership projections from another area of your company, please indicate as such in the reliance section of the actuarial certification.</li> </ul>	<b>Part III Rate Filing Documentation and Actuarial Memorandum</b>	<b>Membership Projections</b>

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
h	URRT projected PAIR versus premium PMPM: Compare the weighted-average Plan Adjusted Index Rate (PAIR; URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.10) to the aggregate premium PMPM projected in Field 4.17. Weight the PAIR amounts by projected member months. Explain any differences.	No difference	
	i URRT controlled group renewal clarification: Based on input from CMS/CCIIO, if you are an issuer renewing only one 2025 plan that will be offered by a health insurance issuer within your controlled group, please include the following (see also #30.b and #31.c of this checklist).  If not applicable, indicate "N/A."  In URRT Worksheet 2 Section I General Product and Plan Information and Section II Experience Period and Current Plan Level Information, for the current and new issuers: <ul style="list-style-type: none"> <li>The Plan Name (Field 1.3) and Plan ID (Field 1.4) will be unique to each issuer.</li> <li>Indicate the plan as a renewing plan (Field 1.7).</li> <li>Include the current rate from the current issuer (Field 2.11) in the new issuer's URRT.</li> <li>Use the current rate in the calculation of the rate increase (Field 1.11) in the new issuer's URRT.</li> <li>For consistency across the worksheets, only include experience in the current issuer's URRT Worksheets 1 and 2.</li> </ul>	N/A	
29	<b>Part II Written Description Justifying the Rate Increase:</b> (a) Follow content guidance outlined in URR Instructions. (b) Include key drivers of the risk pool's rate increase as well as relevant plan details such as those described below. <ul style="list-style-type: none"> <li>Changes in Benefits: Consumers tend to view cost-share changes as "benefit changes," so a summary of the cost-share changes should be included in this section along with other significant benefit changes. Note: the cost-share changes in this document should just be an overview of major changes, such as general discussion of the range of deductibles or changes in copays, rather than a repeat of the detailed list in UPMJ Q4a &amp; 4b.</li> </ul>	Part II Written Description Justifying the Rate Increase	

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<ul style="list-style-type: none"> <li>Administrative Costs and Anticipated Margins: Consumers tend to view all retention loads, other than profit, as “administrative costs,” so taxes and fees should be included in this section along with other administrative expenses.</li> <li>Please also note the pool’s projected profit &amp; risk load.</li> </ul>		
30	<b>Part III Actuarial Memorandum and Certification:</b> <ul style="list-style-type: none"> <li>Submit the actuarial memorandum exhibits in a separate Excel spreadsheet and corresponding PDF. Note: the PDF version of the actuarial memorandum exhibits can be submitted on the URRT tab rather than the Supporting Documentation tab in SERFF so that it will be uploaded to CMS. The Excel spreadsheet, however, must be submitted on the Supporting Documentation tab.</li> <li>Note: to reduce the review time required to sift through duplicate file versions, please do NOT submit additional complete copies of the URRT worksheets, the WAC 284-43-6660 summary, or the Rate Schedules with the actuarial memorandum exhibits.</li> <li>Note: The State of Washington requires that the redacted actuarial memorandum must match the unredacted actuarial memorandum.</li> </ul>		
	<b>a</b> Actuarial certification: Include an actuarial certification as prescribed in the Part III Actuarial Memorandum and Certification Instructions found in the URR Instructions. Include the signature date in the signatory block of the certification and update the date throughout the filing review season, as needed, if assumptions or rates change.	Part III Rate Filing Documentation and Actuarial Memorandum	Last page
	<b>b</b> Controlled group renewal clarification for Part III: Based on input from CMS/CCIIO, if you are an issuer renewing only one 2025 plan that will be offered by a health insurance issuer within your controlled group, please include the following (see also #28.i and #31.c of this checklist).  If not applicable, indicate “N/A.”  In both the current and new issuers’ Part III actuarial memorandums, add a crosswalk detailing the current and renewing plan information. Include: <ul style="list-style-type: none"> <li>The name of the current and new issuers offering the plan.</li> </ul>	N/A	



## Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<ul style="list-style-type: none"> <li>A comparison of the 2025 and 2026 HIOS Plan IDs and plan names.</li> <li>A comparison of the 2025 counties in the service area for the renewing plan and the 2026 counties offered by the new issuer to demonstrate meeting the requirement to cover a majority of the same service area.</li> <li>Discuss the cost-share changes to the plan and confirm that the product network type and covered benefits remain the same.</li> </ul>		
c	UPMJ versus URRT rate changes: Rate changes by plan in URRT Worksheet 2, Section I General Product and Plan Information, Field 1.11 should match rate changes by plan in UPMJ Q5. For clarity, discuss in the Part III actuarial memorandum the differences in the calculation of the official aggregate rate change in UPMJ Q5 and the rate change amounts in URRT Worksheet 2, Section I General Product and Plan Information, Fields 1.12 and 1.13.	Part III Rate Filing Documentation and Actuarial Memorandum	Rate Increase Summary: Proposed Rate Increase
31	<b>Uniform Product Modification Justification (UPMJ):</b> Review and follow the general instructions as well as the UPMJ instructions for each question. The UPMJ template can be found on the <a href="#">Washington State OIC website</a> .		
a	UPMJ Q4a & 4b: <ul style="list-style-type: none"> <li>For UPMJ Q4a, keep in mind that the content will ultimately be included in our decision memorandum that is posted for public consumption, so explain the cost-share changes as you would to an existing or prospective member.</li> <li>For each cost-share amount listed in UPMJ Q4a, include dollar, comma, and percent symbols as well as numeric amounts.</li> <li>Spell out the first occurrence of each acronym in Q4a and Q4b. For example, "Maximum Out-of-Pocket (MOOP)."</li> <li>Note: For plans that add or remove out-of-network (OON) coverage, the change should be listed as a member cost-share change rather than a benefit change.</li> </ul>	Uniform Product Modification Justification	
b	UPMJ Q5: <ul style="list-style-type: none"> <li>(i) Column 5(d): <ul style="list-style-type: none"> <li>Only include enrollment from renewing counties.</li> </ul> </li> </ul>	Part III Rate Filing Documentation and Actuarial	Appx 1.3, Notes 1 and 2

## Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<ul style="list-style-type: none"> <li>If you are exiting any counties, please address the following: Since you are exiting counties, total enrollment in Q5 may not match the UPMJ Q1 total, so include an exhibit in the filing with current enrollment by plan split between renewing and terminating counties. Note that UPMJ Q1 should include all enrollment before reductions for terminating counties.</li> </ul> <p>(ii) Display rate changes for every renewing and terminated plan, even if the 03/31/2025 enrollment is 0. A plan should only reflect 0.00% across columns 5(g), 5(h), 5(i), and 5(j) if there are no experience, benefit, and cost-share rate changes for the plan.</p> <p>(iii) Submit an exhibit supporting rate changes for each UPMJ Q5 column.</p> <ul style="list-style-type: none"> <li>Ensure UPMJ Q5 rate changes are consistent with the benefit and cost-share changes in UPMJ Q4a and Q4b.</li> <li>Justify each rate change by showing the calculation or explaining how the percentages were determined and ensure rate filing documents consistently support the rate changes.</li> <li>Explain how plan-specific rate changes disregard the morbidity of the population expected to enroll in each plan.</li> <li>Note that it is acceptable to back into column 5(g), Experience Rate Change for Plan, using justified amounts for 5(j), Overall Average Rate Change for Plan; 5(i), Cost-Share Rate Change for Plan; and 5(h), Benefit Rate Change for Plan.</li> <li>Explain any large plan variations in 5(g), Experience Rate Change for Plan. We expect that there should be little variability due to the single risk pool requirement.</li> <li>Specify the source of the 2025 and 2026 rates used to calculate the overall increase for each plan. The changes should be consistent with the changes to the Rate Schedule. They should be weighted by the plan's current enrollment distribution for age, geographic area, and tobacco status (see URR Instructions 2.2.1 and 4.3).</li> </ul>	<b>Memorandum Appendix  UPMJ</b>	
<b>c</b>	<p>Controlled group renewal clarification for UPMJ: Based on input from CMS/CCIIO, if you are an issuer renewing only one 2025 plan that will be offered by a health insurance issuer within your controlled group, please include the following (see also #28.i and #30.b of this checklist).</p>	<b>N/A</b>	

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<p>If not applicable, indicate "N/A."</p> <ul style="list-style-type: none"> <li><i>Current issuer:</i> UPMJ Q4a and Q5 will be blank.</li> <li><i>New issuer:</i> UPMJ Q4a must include the benefit changes from the current issuer's plan to the new issuer's plan. Q5 should include a line with the new plan's rate change percentage with zero members.</li> </ul>		
32	<p><b>WAC 284-43-6660 summary:</b></p> <p>Complete and submit the template "Format – Rates – WAC 284-43-6660 Summary Duplicate" provided on the <a href="#">Washington State OIC website</a>. See below for additional information.</p>		
	<p><b>a</b> Proposed rate summary:</p> <ul style="list-style-type: none"> <li>Proposed Community Rate must be consistent with the aggregate projected premium PMPM in URRT Worksheet 2, Section IV Projected Plan Level Information, Field 4.17.</li> <li>Percentage Change must be consistent with the overall average rate change in UPMJ Q5.</li> <li>Current Community Rate = (Proposed Community Rate) / (1 + Percentage Change).</li> </ul>	WAC 284-43-6660	
	<p><b>b</b> Components of proposed community rate:</p> <ul style="list-style-type: none"> <li>Component (a) Claims should match (URRT Worksheet 2, Section IV Projected Plan Level Information, Field 4.15 Incurred Claims PMPM) minus (URRT Worksheet 2, Section IV Projected Plan Level Information, Field 4.16 Risk Adjustment Transfer Amount PMPM).</li> <li>Component (b) Expenses combined with component (d) Investment Earnings must be consistent with the combined values of (Exchange User Fees in URRT Worksheet 1, Section II) + (URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.6 Administrative Expense) + (URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.7 Taxes and Fees).</li> <li>Component (c) Contribution to Surplus Contingency Charges, or Risk Charges must be consistent with (URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.8 Profit &amp; Risk Load).</li> <li>Total row (e) must match the Proposed Community Rate from #32.a above (i.e., Proposed rate summary) in the WAC 284-43-6660 summary.</li> </ul>	WAC 284-43-6660	

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
c	<p>Trend factor summary: (see also #6.b of this checklist)</p> <ul style="list-style-type: none"> <li>If the WAC 284-43-6660 summary shows the same trend for each type of service, please explain whether you expect any variation by type of service. If variation is expected, please explain the choice of a single trend factor for this summary.</li> <li>For plans with embedded dental (pediatric or adult), ensure the embedded dental trend is included in the Other trend category, and then add a note to the General Information section #5 that the embedded dental trend is included in the Other trend category. This is to be consistent with the URR Instructions, section 2.1.3.1.</li> </ul>	Part III Rate Filing Documentation and Actuarial Memorandum	Projection Factors: Trend Factors
	<p>d</p> <p>General Information section #4: Respond with "See Rate Schedule."</p>	WAC 284-43-6660	
33	<p><b>Benefit Components:</b> Provide a completed Benefit Components Speed-to-Market Tool.</p> <ul style="list-style-type: none"> <li>The file "Format - Rates - 2026 Med Benefit Components" is provided on the <a href="#">Washington State OIC website</a>.</li> <li>The cost-shares for all embedded benefits, including pediatric dental, must have every different cost-share visible such as for different kinds of pediatric dental care (e.g., cleaning versus extensive surgeries, or as preventive, basic, major services), if applicable.</li> <li>Note: the information you provide in this file should be consistent with the other documents in your binder, rate, and form filings (e.g., PBT, AVC Screenshots, MH/SUD Certification).</li> <li>Include the benefit components for the Exchange silver plan CSR variations.</li> <li>The plans should indicate integrated or separate medical and drug deductibles consistent with the AVC screenshots (see also #9 of this checklist).</li> </ul>	Benefit Components	

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
<b>34</b>	<b>Mental Health and Substance Use Disorder (MH/SUD) Financial Requirement Parity:</b>		
<b>a</b>	<p>MH/SUD financial requirement parity certification: Complete the "Mental Health and Substance Use Disorder Financial Requirement Parity Certification" Speed-to-Market Tool.</p> <p>See file "Certification – Rates – 2026 Mental Health and Substance Use Disorder Financial Req Parity" on the <a href="#">Washington State OIC website</a>.</p>	<b>MH Parity</b>	
<b>b</b>	<p>MH/SUD parity calculations: Complete an MH/SUD Parity Speed-to-Market Tool that documents MHSUD financial requirement parity testing calculations.</p> <p>See file template "Certification - Rates - 2026 Mental Health and Substance Use Disorder Financial Req Parity Calculations" on the <a href="#">Washington State OIC website</a>.</p> <ul style="list-style-type: none"> <li>• In the Mapping Information and each MHSUD Parity Testing Worksheet, please use the same benefit descriptions listed (both EHB and non-EHB) in the Benefit Components. The list should include all benefits, including inpatient, emergency care and prescription drugs.</li> <li>• Carriers must either test all outpatient services in one category or test both outpatient office visits and all other outpatient services separately.</li> <li>• Categories can be split in some cases if, for example, you want to split services between office visits and all other outpatient services. If you combine categories, indicate in the notes which categories are included. For example, a therapies category in the testing can combine rehabilitative speech therapy and rehabilitative occupational and physical therapies from the Benefit Components.</li> <li>• For easy comparison, enter the plans in the same order and use the same tab names in the MHSUD Parity and Benefit Components workbooks. It would also be helpful if the Service Descriptions in the worksheets are in the same order as the Benefit Components.</li> <li>• Plan projected allowed amounts should be annual dollar amounts which reflect a reasonable projected dollar amount [WAC 284-43-7040(1)(c)(ii)] as attested to in the MH/SUD Financial Requirement Parity Certification (section II.B.2). The amounts should be consistent with the allowed claims projected in URRT Worksheet 2, Section IV Projected Plan Level Information.</li> </ul>	<b>MH Parity</b>	

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<ul style="list-style-type: none"> <li>The cost-shares for all embedded benefits, including dental and vision, must have every different cost-share visible, such as for different kinds of pediatric dental care, in the list of medical/surgical benefits.</li> <li>Include the parity calculations for the Exchange silver plan CSR variations.</li> <li>As noted in WAC 284-43-7020(5)(a), a plan or issuer must treat the least restrictive level of the financial requirement limitation that applies to at least two-thirds of medical/surgical benefits across all provider tiers in a classification as the predominant level that it may apply to mental health or substance use disorder benefits in the same classification.</li> </ul> <p>In the case of multiple cost shares across provider tiers, we recommend demonstrating parity by comparing each tier's MH/SUD cost shares versus the least restrictive level of medical/surgical benefit cost shares across all provider tiers in the classification.</p>		
35	<p><b>Commission Certification:</b> (see also #20.a of this checklist)</p> <p>Provide detailed proposed commission schedules, even if no commissions are expected to be paid for this block of business for plan year 2026. They should be signed and dated by an officer or a senior manager of your company who oversees commission schedule implementation. The officer or senior manager should certify that the information is accurate to the best of their knowledge at the time of the rate submission. The commission schedule must comply with CMS guidance below and 45 CFR §147.104(e) and §156.225(b).</p> <p><a href="https://www.cms.gov/files/document/agent-broker-compensation-and-guaranteed-availability-coverage.pdf?utm_content=&amp;utm_medium=email&amp;utm_name=&amp;utm_source=govdelivery&amp;utm_term=">https://www.cms.gov/files/document/agent-broker-compensation-and-guaranteed-availability-coverage.pdf?utm_content=&amp;utm_medium=email&amp;utm_name=&amp;utm_source=govdelivery&amp;utm_term=</a></p> <p>Commission schedules should not differ for special enrollment periods.</p> <p>Broker bonus programs determined across multiple lines of business are not part of this certification, but they should be noted and accounted for in the rate development.</p> <p>Note: Commission schedules filed in individual and small group rate filings must be finalized prior to the final disposition. The commission schedule will not be allowed to change after the rate filing is approved.</p>	<p><b>Premera Blue Cross Compensation Table 2026</b></p>	

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
36	<b>Rate Schedule:</b> Provide a complete rate schedule using the " <a href="#">Format - Rates - 2026 Individual Non-grandfathered Health Plan Rate Schedule template</a> ." Be mindful of the following: <ul style="list-style-type: none"> <li>• Use the most current version of the template.</li> <li>• The 1.0000 premium rates (age factor 1.0000 such as for age 21; tobacco factor 1.0000 for non-smoker; area factor 1.0000) should be consistent with the Calibrated Plan Adjusted Index Rate (CPAIR) amounts in URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.14. (see also #11.g of this checklist)</li> <li>• Submit on the Rate/Rule Schedule tab in SERFF.</li> </ul>	Rate Schedule	
37	<b>Rate Example:</b> Submit a rate calculation example on the Rate/Rule Schedule tab in SERFF. Address the following: <ul style="list-style-type: none"> <li>• Use the rates in the Rate Schedule.</li> <li>• Include a statement that rates are charged to no more than the three <b>oldest</b> covered children under 21 for family coverage [45 CFR §147.102(c)(1)].</li> <li>• If your premium rates adjust for tobacco use, please include in the example at least one family member who uses tobacco and would then be subject to the adjustment.</li> </ul>	Illustrative Example of Premium Rate Calculation	
38	<b>Requirements for Mitigating Inequity in the Health Insurance Market [WAC 284-43-6590]:</b> If applicable, submit a separate certification detailing the calculation of a fee for excluding any benefit mandated or required by Title 48 RCW or rules adopted by the commissioner. A member of the American Academy of Actuaries (MAAA) must sign the certification. (see also #21.a of this checklist)	N/A	

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
39	<p><b>Use of Artificial Intelligence, Machine Learning, and/or Predictive Modeling:</b></p> <p>In preparing assumptions and premium rates for this rate filing, did your company rely on artificial intelligence techniques, machine learning techniques, and/or other predictive modeling methods? Please explain any such reliance including the models and where the results applied to the rate filing. Please explain how your actuary fulfilled professionalism requirements including those in the Code of Professional Conduct and Actuarial Standards of Practice (ASOPs), such as ASOP No. 56, <i>Modeling</i>. Include comments about how you evaluated results for reasonableness.</p> <p>Consider, for example, the September 2024 professionalism discussion paper, "Actuarial Professionalism Considerations for Generative AI," published by the American Academy of Actuaries.</p>	No AI, Machine Learning and/or Predictive Modeling methods were relied on and applied in this filing.	
40	<p><b>1332 waiver checklist:</b></p> <p>Complete and submit the file "<a href="#">Checklist – Rates – 2026 Individual Supplemental Checklist for 1332 Waiver Reporting</a>."</p>	1332 Waiver Checklist	



**Premera Blue Cross**  
**Summary of Pooled Experience with Adjustments**

*Individual Filing - Effective 1/1/2026*

	2024	2023	2022	3-yr Total
Member Months	126,053	160,310	198,501	484,864
Earned Premium	\$112,880,957	\$124,765,741	\$140,841,995	\$378,488,693
Paid Claims	\$132,556,140	\$139,112,916	\$166,969,618	\$438,638,675
Beginning Claim Reserve	\$13,913,823	\$14,497,451	\$22,547,269	\$50,958,544
Ending Claim Reserve	\$14,014,265	\$13,913,823	\$14,497,451	\$42,425,540
Incurred Claims	\$132,656,582	\$138,529,288	\$158,919,801	\$430,105,671
Expenses	\$13,621,140	\$15,673,884	\$16,829,620	\$46,124,644
Commerical Reinsurance	\$0	\$0	\$0	\$0
Risk Adjustment	\$39,163,341	\$36,348,305	\$44,894,954	\$120,406,600
High Cost Enrollee Reinsurance	\$2,764,454	\$1,619,457	\$1,429,522	\$5,813,433
High Cost Enrollee Assessment	-\$401,344	-\$451,721	-\$520,815	-\$1,373,879
Gain/Loss	\$8,129,686	\$8,078,609	\$10,896,236	\$27,104,531
Anticipated MLR Rebates	\$0	\$0	\$0	\$0
Gain/Loss % of Premium	7.2%	6.5%	7.7%	7.2%

	Previous Rate Filing		Changes between Current and Previous Filing	
	2023	2022	2023	2022
Member Months	160,305	198,575	5	-74
Earned Premium	\$125,368,718	\$141,312,536	-\$602,978	-\$470,541
Paid Claims	\$139,112,916	\$166,969,618	\$0	\$0
Beginning Claim Reserve	\$14,748,923	\$22,654,853	-\$251,471	-\$107,584
Ending Claim Reserve	\$16,538,884	\$14,748,923	-\$2,625,060	-\$251,471
Incurred Claims	\$140,902,877	\$159,063,688	-\$2,373,589	-\$143,887
Expenses	\$15,673,884	\$16,829,620	\$0	\$0
Commerical Reinsurance	\$0	\$0	\$0	\$0
Risk Adjustment	\$36,348,305	\$44,894,954	\$0	\$0
High Cost Enrollee Reinsurance	\$1,619,457	\$1,429,522	\$0	\$0
High Cost Enrollee Assessment	-\$451,721	-\$520,815	\$0	\$0
Gain/Loss	\$6,307,998	\$11,222,890	\$1,770,611	-\$326,654
Anticipated MLR Rebates	\$0	\$0	\$0	\$0
Gain/Loss % of Premium	5.0%	7.9%	1.4%	-0.2%

### INDIVIDUAL AND SMALL GROUP FILING SUMMARY

Carrier Name	Premiera Blue Cross
Address	P.O. Box 2113 Seattle, WA 98111-2113
Carrier Identification Number	PREMEBC526MH

Rate Renewal Period:	From	1/1/2026	To	12/31/2026
Date Submitted:		5/15/2025		

### Proposed Rate Summary

Current community rate:	\$977.61	per month
Proposed community rate:	\$1,161.30	per month
Percentage change:	18.79%	%
Portion of carrier's total enrollment affected:	2.00	%
Portion of carrier's total premium revenue affected:	3.20	%

### Components of Proposed Community Rate

	Dollars Per Month	% of Total
a) Claims	\$1,075.00	92.57%
b) Expenses	\$121.55	10.47%
c) Contribution to surplus contingency charges, or risk charges	-\$29.78	-2.56%
d) Investment earnings	\$5.47	0.47%
e) Total (a + b + c - d)	\$1,161.30	100.00%

### Summary of Pooled Experience

	Experience Period			First Prior Period			Second Prior Period		
	From	1/1/2024	To 12/31/2024	From	1/1/2023	To 12/31/2023	From	1/1/2022	To 12/31/2022
Member Months			126053			160310			198501
Earned Premium			\$112,880,956.53			\$124,765,740.56			\$140,841,995.47
Paid Claims			\$132,556,140.26			\$139,112,916.15			\$166,969,618.47
Beginning Claim Reserve			\$13,913,823.44			\$14,497,451.49			\$22,547,268.95
Ending Claim Reserve			\$14,014,264.96			\$13,913,823.44			\$14,497,451.49
Incurred Claims			\$132,656,581.78			\$138,529,288.10			\$158,919,801.01
Expenses			\$13,621,140.21			\$15,673,884.03			\$16,829,620.03
Gain/Loss			-\$33,396,765.46			-\$29,437,431.57			-\$34,907,425.57
Loss Ratio Percentage			117.52%			111.03%			112.84%

## General Information

### 1. Trend Factor Summary

Types of Service	Annual Trend Assumed	Portion of Claim Dollars
Hospital	11.35%	42.84%
Professional	11.35%	30.53%
Prescription Drugs	10.19%	23.40%
Dental	N/A	0.00%
Other	11.35%	3.23%

### 2. List the effective date and the rate increase for all rate changes in the past three periods.

1) 

1/1/2025	14.91%
Date	%

2) 

1/1/2024	17.20%
Date	%

3) 

1/1/2023	10.08%
Date	%

### 3. Since the previous filing, have any changes been made to the factors or methodology for adjusting base rates?

Geographic Area	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Family Size	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Age	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Wellness Activities	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Other (specify) <input type="text"/>	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

### 4. Attach a table showing the base rate for each plan affected by this filing.

See the rate tables

### 5. Attach comments or additional information

2021 and 2022 Membership, Premium, Incurred claims, and Paid claims have been restated to reflect the most accurate and current experience.

### 6. Preparer's Information

Name:	Hiu-Wan Ko, FSA, MAAA
Title:	VP of Actuarial Services
Telephone Number:	(425) 918-4917

**Question 1:**

Part 1: Please provide issuer's name, market, and plan year information.

Part 2: Please provide a table with the following information:

1. In the first column, list all 2025 HIOS Plan IDs and all 2026 HIOS Plan IDs (one HIOS Plan ID per row; insert rows in the table as needed);
2. In the second column, state the 2025 plan name associated with the HIOS Plan ID (if the plan is new in 2026, state "N/A");
3. In the third column, state the 2026 plan name associated with the HIOS Plan ID (if the plan terminated in 2026, state "N/A");
4. In the fourth column, state if the plan is New (a new plan in 2026), Renewal (an existing plan from 2025), or Terminated (a 2025 plan that is not offered in 2026); and
5. In the fifth column provide the enrollment as of March 31, 2025.

**Note:** Illustrative information has been provided in the table below. Please remove the illustrative information; then complete the table as described above.

**Response:****Part 1**

<b>Issuer Name:</b>	Premera Blue Cross
<b>HIOS Issuer ID:</b>	49831WA
<b>Market:</b>	Individual
<b>Plan Year:</b>	2026

**Part 2**

2025 HIOS Plan ID and 2026 HIOS Plan ID	2025 Plan Name	2026 Plan Name	New, Renewal, or Terminated in 2026?	Enrollment as of 3/31/2025
49831WA1940001	Premera Blue Cross Preferred Gold EPO 1500	Premera Blue Cross Preferred Gold	Renewal	1,055
49831WA1940004	Premera Blue Cross Preferred Silver EPO 4500	Premera Blue Cross Preferred Silver	Renewal	731
49831WA1940003	Premera Blue Cross Preferred Bronze EPO 6650	Premera Blue Cross Preferred Bronze	Renewal	1,891
49831WA1940005	Premera Blue Cross Cascade Gold	Premera Blue Cross Cascade Complete Gold	Renewal	970
49831WA1940006	Premera Blue Cross Cascade Silver	Premera Blue Cross Cascade Silver	Renewal	1,858
49831WA1940007	Premera Blue Cross Cascade Bronze	Premera Blue Cross Cascade Bronze	Renewal	1,937
49831WA1940008	Premera Blue Cross Preferred Bronze HSA EPO 6800	Premera Blue Cross Preferred Bronze HSA	Renewal	1,018
49831WA1940009	N/A	Premera Blue Cross Cascade Vital Gold	New	0
<b>Total</b>				<b>9460</b>

## Question 2:

For each plan with a 2025 HIOS Plan ID that is included in the 2026 rate filing, justify and explain in detail that it is a renewal plan within a renewal product and meets all of the criteria listed in 45 CFR §147.106(e)(3).

## Response:

Premera Blue Cross Preferred Gold	The network type is unchanged, continuing to cover more than 50% of the counties from last year between Premera and another issuer within Premera's control group, same cost-sharing structure other than changes to maintain metal level and due to cost and utilization, and only state mandated changes in the covered benefits, so it is a renewal product.
Premera Blue Cross Preferred Silver	The network type is unchanged, continuing to cover more than 50% of the counties from last year between Premera and another issuer within Premera's control group, same cost-sharing structure other than changes to maintain metal level and due to cost and utilization, and only state mandated changes in the covered benefits, so it is a renewal product.
Premera Blue Cross Preferred Bronze	The network type is unchanged, continuing to cover more than 50% of the counties from last year between Premera and another issuer within Premera's control group, same cost-sharing structure other than changes to maintain metal level and due to cost and utilization, and only state mandated changes in the covered benefits, so it is a renewal product.
Premera Blue Cross Cascade Gold	The network type is unchanged, continuing to cover more than 50% of the counties from last year between Premera and another issuer within Premera's control group, same cost-sharing structure other than changes to maintain metal level and due to cost and utilization, and only state mandated changes in the covered benefits, so it is a renewal product.

Premera Blue Cross Cascade Silver	The network type is unchanged, continuing to cover more than 50% of the counties from last year between Premera and another issuer within Premera's control group, same cost-sharing structure other than changes to maintain metal level and due to cost and utilization, and only state mandated changes in the covered benefits, so it is a renewal product.
Premera Blue Cross Cascade Bronze	The network type is unchanged, continuing to cover more than 50% of the counties from last year between Premera and another issuer within Premera's control group, same cost-sharing structure other than changes to maintain metal level and due to cost and utilization, and only state mandated changes in the covered benefits, so it is a renewal product.
Premera Blue Cross Preferred Bronze HSA	The network type is unchanged, continuing to cover more than 50% of the counties from last year between Premera and another issuer within Premera's control group, same cost-sharing structure other than changes to maintain metal level and due to cost and utilization, and only state mandated changes in the covered benefits, so it is a renewal product.

Question 3:

For each 2025 plan with a new HIOS Plan ID (aka a new plan in 2025), explain in detail (in the table below) why the plan is not considered a renewal plan within a renewal product.

**Note:** Illustrative information has been provided in the table below. Please remove the illustrative information; then, complete the table as described above.

Response:

2025 HIOS Plan ID	Plan Name	Why is this a new plan?
49831WA1940009	Premera Blue Cross Cascade Vital Gold	This is a new standard plan required to be offered in the Washington individual market

**Question 4a:**

For each renewal plan (i.e., a plan offered in both 2025 and 2026), please provide the following:

1. State the HIOS Plan ID of the affected plan. State the applicable HIOS Plan ID on every row in the table as illustrated below.
2. State the 2025 Plan Name. State the plan name only once per plan as shown below.
3. State the 2026 Plan Name if the 2026 Plan Name is different than the 2025 Plan Name. Otherwise state "N/A-Same as 2025." State the plan name only once as shown below.
4. State the SERFF Tracking Number of the corresponding 2026 form filing (state only once per plan as illustrated below).
5. Provide a detailed description of each benefit change from 2025 to 2026, including changes required by Federal and State law (while the cursor is active in a cell in Excel, press [Alt+Enter] to start a new line of text). If no benefit changes, enter "None." State all the benefit changes in a single cell as shown below.
6. Cost-Share Changes: Provide a detailed description of each cost-share change from 2025 to 2026.
  - 6.1 For each cost-share change, enter one description of the change per row in the Cost-Share Description column as illustrated below. If no cost-share changes, enter "None" and go to your next plan.
  - 6.2 Enter the corresponding design for the 2025 plan year. Please include all applicable dollar signs (\$), commas (,) and percent signs (%) for each value.
  - 6.3 Enter the corresponding design for the 2026 plan year. Please include all applicable dollar signs (\$), commas (,) and percent signs (%) for each value.

**Note:** Illustrative information has been provided in the table below. Please remove the illustrative information; then, complete the table as described above.

**Response:**

HIOS Plan ID	2025 Plan Name	2026 Plan Name (if different)	2026 Form Filing SERFF Tracking Number	Benefit Changes (2025 to 2026)	Cost-Share Changes		
					Cost-Share Description	From (2025)	To (2026)
49831WA1940005	Premiera Blue Cross Cascade Gold	Premiera Blue Cross Cascade Complete Gold	PBCC-134418210	None	Deductible	\$600	\$1,000
49831WA1940006	Premiera Blue Cross Cascade Silver	N/A-Same as 2025	PBCC-134418210	None	MOOP	\$9,200	\$9,750
49831WA1940006					Primary Care Office Visit	First 2 visits at \$1 copay, then \$30 copay for 3+ visit	First 2 visits at \$1 copay, then \$20 copay for 3+ visit
49831WA1940006					Mental/Behavioral Health and Substance Use Disorder Office Visits	First 2 visits at \$1 copay, then \$30 copay for 3+ visit	First 2 visits at \$1 copay, then \$20 copay for 3+ visit
49831WA1940006					Acupuncture	\$30	\$20
49831WA1940006					Chiropractic Care	\$30	\$20
49831WA1940007	Premiera Blue Cross Cascade Bronze	N/A-Same as 2025	PBCC-134418210	None	MOOP	\$9,200	\$10,150
49831WA1940007					Primary Care Office Visit	First 2 visits at \$1 copay, then \$50 copay for 3+ visit	First 2 visits at \$1 copay, then \$40 copay for 3+ visit
49831WA1940007					Mental/Behavioral Health and Substance Use Disorder Office Visits	First 2 visits at \$1 copay, then \$50 copay for 3+ visit	First 2 visits at \$1 copay, then \$40 copay for 3+ visit
49831WA1940007					Specialist Office Visit	Deductible then \$100 Copay	\$100 Copay
49831WA1940007					Acupuncture	\$50	\$40
49831WA1940007					Chiropractic Care	\$50	\$40
49831WA1940004	Premiera Blue Cross Preferred Silver EPO 4500	Premiera Blue Cross Preferred Silver	PBCC-134418210	None	MOOP	\$7,300	\$7,600
49831WA1940004					Mental/Behavioral Health and Substance Use Disorder Office Visits	\$60 Copay	\$65 Copay
49831WA1940004					Specialist Office Visit	\$60 Copay	\$65 Copay
49831WA1940004					Acupuncture	\$60 Copay	\$65 Copay
49831WA1940004					Chiropractic Care	\$60 Copay	\$65 Copay
49831WA1940004					Urgent Care	\$60 Copay	\$65 Copay
49831WA1940004					Generic Tier Drugs	\$20 Copay	\$15 Copay
49831WA1940004					Non-Preferred Brand Drugs	Deductible then 50% Coinsurance	Deductible then 45% Coinsurance
49831WA1940003	Premiera Blue Cross Preferred Bronze EPO 6650	Premiera Blue Cross Preferred Bronze	PBCC-134418210	None	MOOP	\$8,700	\$8,800
49831WA1940003					Non-Preferred Brand Drugs	Deductible then 50% Coinsurance	Deductible then 45% Coinsurance
49831WA1940008	Premiera Blue Cross Preferred Bronze HSA EPO 6800	Premiera Blue Cross Preferred Bronze HSA	PBCC-134418210	None	MOOP	\$8,000	\$8,400
49831WA1940008					Generic Tier Drugs	Deductible then 40% Coinsurance	Deductible then 35% Coinsurance
49831WA1940008					Non-Preferred Brand Drugs	Deductible then 50% Coinsurance	Deductible then 45% Coinsurance
49831WA1940001	Premiera Blue Cross Preferred Gold EPO 1500	Premiera Blue Cross Preferred Gold	PBCC-134418210	None	Non-Preferred Brand Drugs	Deductible then 50% Coinsurance	Deductible then 45% Coinsurance





## Question 5:

Using the following table, provide the calculations of the proposed average rate change for this line of business and break out the average rate change by benefit, cost-share, and experience. For the 2025 plans that will discontinue in 2026, please apply appropriate mapping of membership for purposes of calculating the average rate increase.

1. In column 5(a), list all 2025 Plan IDs (one 2025 Plan ID per row; insert rows in the table as needed).
2. In column 5(b), list the corresponding 2025 Plan Names.
3. In column 5(c), state whether the 2025 plan is a "Renewal" plan (a plan offered in 2025 and 2026) or "Terminated" plan (a plan offered in 2025 but not 2026).
4. In column 5(d), provide the enrollment by plan as of March 31, 2025 in all renewing counties. Note: the total enrollment should match the enrollment provided in Question #1, unless the carrier is exiting counties in 2026 which are currently being covered.
5. In column 5(e), if the plan is a "Terminated" plan, provide the corresponding 2026 Plan ID that the 2025 Plan is mapped to. If the plan is a "Renewal" plan, state "N/A."
6. In column 5(f), if the plan is a "Terminated" plan, provide the corresponding 2026 Plan Name that the 2025 Plan is mapped to. If the plan is a "Renewal" plan, state "N/A."
7. In column 5(g), state the experience rate change for the plan. For "Terminated" plans, state the experience rate change by plan mapped from the 2025 Plan to the 2026 Plan.
8. In column 5(h), state the benefit rate change for the plan. For "Terminated" plans, base the rate change on mapping from the 2025 plan to the 2026 plan.
9. In column 5(i), state the cost-share rate change for the plan. For "Terminated" plans, base the rate change on mapping from the 2025 plan to the 2026 plan.
10. In column 5(j), the Overall Average Rate Change by plan is calculated automatically [calculated as (1+Experience Rate Change)\*(1+Benefit Rate Change)\*(1+Cost-Share Rate Change)-1]. Note that the percentage of overall average rate change by plan for renewal plans should be the same as the rate change indicated in the URRT.
11. In cell 5(k), the total enrollment as of March 31, 2025 is calculated automatically [calculated as the sum of column 5(d)].
12. In cell 5(l), the overall average rate change (weighted by March 2025 enrollment) for this line of business is calculated automatically [calculated as the sum-product of columns 5(d) and 5(j), divided by 5(k)].

**Note:** Illustrative information has been provided in the table below. Please remove the illustrative information; then, complete the table as described above.

## Response:

<b>Total Enrollment 5(k):</b>	9,460
<b>Overall Average Rate Change (weighted by 03/31/2025 enrollment) 5(l):</b>	18.79%

<b>COLUMN: 5(a)</b>	<b>5(b)</b>	<b>5(c)</b>	<b>5(d)</b>	<b>5(e)</b>	<b>5(f)</b>	<b>5(g)</b>	<b>5(h)</b>	<b>5(i)</b>	<b>5(j)</b>
2025 HIOS Plan ID	2025 Plan Name	Renewal or Terminated in 2026?	Enrollment as of 03/31/2025	Terminated Plans: HIOS Plan ID of plan mapped to in 2026	Terminated Plans: Plan Name corresponding to HIOS Plan ID in column 5(e)	Experience Rate Change for Plan	Benefit Rate Change for Plan	Cost-Share Rate Change for Plan	Overall Average Rate Change for Plan
49831WA1940001	Premera Blue Cross Preferred Gold EPO 1500	Renewal	1,055	N/A	N/A	-3.60%	0.00%	0.02%	-3.58%
49831WA1940004	Premera Blue Cross Preferred Silver EPO 4500	Renewal	731	N/A	N/A	38.13%	0.00%	-0.89%	36.90%
49831WA1940003	Premera Blue Cross Preferred Bronze EPO 6650	Renewal	1,891	N/A	N/A	19.88%	0.00%	-0.32%	19.50%
49831WA1940005	Premera Blue Cross Cascade Gold	Renewal	970	N/A	N/A	-5.07%	0.00%	-1.58%	-6.57%
49831WA1940006	Premera Blue Cross Cascade Silver	Renewal	1,858	N/A	N/A	42.05%	0.00%	-0.57%	41.24%
49831WA1940007	Premera Blue Cross Cascade Bronze	Renewal	1,937	N/A	N/A	17.05%	0.00%	-0.81%	16.10%
49831WA1940008	Premera Blue Cross Preferred Bronze HSA EPO 6800	Renewal	1,018	N/A	N/A	17.63%	0.00%	-1.41%	15.97%

# MHSUD Financial Requirement Parity Testing -- Summary

## Issuer and Filing Information

Issuer Name:	Premera Blue Cross
HIOS Issuer ID:	49831
Market:	Individual
Plan Year:	2026

## Worksheet Instructions

Step 1) In your Excel application, ensure macros are enabled and calculations are set to automatic.

Step 2) Enter Plans.

- List HIOS Plan IDs and Plan Names in the first two columns of the table below. Include silver base and CSR plan variants.
- When a plan has multiple in-network tiers, load information for each tier. Enter each in-network tier here in this file as a separate "plan" record with the plan ID formatted as "12345WA0010001\_INN-T1." This will create a separate worksheet for each in-network tier and allows for parity to be analyzed for each tier.
- Confirm all HIOS Plan IDs are included in the table-object and then remove any extra rows in the table.
- For ease of review, we request that plans in this file be in the same order as they are in the Benefit Components' file.

Step 3) Click the button below to start the macro that generates the testing worksheets.

Note: The macro creates a testing template for each Plan ID listed in the table below. It also links the IDs in the table to its worksheet.

Step 4) Populate each testing worksheet with the corresponding plan's information.

This format is used for cells that need user input.

Step 5) Prior to submitting this file as part of the rate filing, remove the "Example" sheet from the workbook.

Step 6) After completing all plan testing worksheets, save a copy of the workbook in Excel and PDF formats and include both as part of your rate filing submission.

## Testing Summary

HIOS Plan ID	Plan Name	Test Results	Notes
49831WA1940001	Premera Blue Cross Preferred Gold	Pass	
49831WA1940003	Premera Blue Cross Preferred Bronze	Pass	
49831WA1940004	Premera Blue Cross Preferred Silver	Pass	
49831WA1940004 (73% CSR)	Premera Blue Cross Preferred Silver (73% C	Pass	
49831WA1940004 (87% CSR)	Premera Blue Cross Preferred Silver (87% C	Pass	
49831WA1940004 (94% CSR)	Premera Blue Cross Preferred Silver (94% C	Pass	
49831WA1940005	Premera Blue Cross Cascade Complete Go	Pass	
49831WA1940006	Premera Blue Cross Cascade Silver	Pass	
49831WA1940006 (73% CSR)	Premera Blue Cross Cascade Silver (73% C	Pass	
49831WA1940006 (87% CSR)	Premera Blue Cross Cascade Silver (87% C	Pass	
49831WA1940006 (94% CSR)	Premera Blue Cross Cascade Silver (94% C	Pass	
49831WA1940007	Premera Blue Cross Cascade Bronze	Pass	
49831WA1940008	Premera Blue Cross Preferred Bronze HSA	Pass	
49831WA1940009	Premera Blue Cross Cascade Vital Gold	Pass	

# MHSUD Financial Requirement Parity Testing

## Testing Data Information

Instructions: Provide information about the data used to test parity.

Item #	Task
1	<p>Identify the data source used to estimate allowed claims for the purpose of MHSUD financial requirement parity testing. This refers to the allowed amounts by service entered in Part 1 of each plan's testing worksheet.</p> <p><u>We used Premiera Blue Cross Washington Individual plan claims data, provided to us by our claims processing vendors.</u></p>
2	<p>Identify the period (i.e., date range) represented in the data.</p> <p><u>claims incurred between 2023 and 2024 trended by category to match the URRT.</u></p>
3	<p>Address the credibility of the data used in your MHSUD financial requirement parity testing.</p> <p><u>We assign full credibility to the data for proposes of determining mental health parity.</u></p>
4	<p>Identify whether the data is consistent with the data in your URRT. If not, explain why the data is not consistent, why the data is appropriate, and summarize material adjustments made to the data.</p> <p><u>Yes, the data is consistent with the information in the URRT; except in cases when projected membership is zero, in this case then overall plans projected data was used.</u></p>
5	<p>If data other than State of Washington plan data was used, what is the source, and why is it appropriate for MHSUD financial requirement parity testing purposes?</p> <p><u>Only WA plan data was used.</u></p>

# MHSUD Financial Requirement Parity Testing

## Mapping Medical/Surgical Services to Benefit Classifications

### Instructions

**Purpose:** Show how medical/surgical services map to benefit classifications used in PART 1 of the testing worksheets.

#### A. Service Description column:

List all services used to test parity. If additional rows are needed, add rows to the table.  
Enter descriptions exactly as they are entered in PART 1 of the testing worksheets.

#### B. Mapped Benefit Classification for MHSUD Parity Testing column:

Select the parity testing benefit classification assigned to each medical/surgical service:  
Inpatient, Outpatient - Office Visits\*, Outpatient - All Other\*, Emergency Care, or Prescription Drugs.  
\*Note 1: If **ALL** plans test parity with the combined Outpatient classification, you may enter "Outpatient" instead of "Outpatient - Office Visits" and "Outpatient - All Other".  
\*Note 2: If **ANY** plan tests parity using Outpatient subclassifications, choose either "Outpatient - Office Visits" or "Outpatient - All Other" for each outpatient medical/surgical service.

#### C. Mapped Benefit in corresponding Benefit Components document (If applicable) column:

Select the benefit from the Benefit Components document that is assigned to each Benefit Classification for MHSUD parity testing.  
\*Note 1: Click on the "Import Benefit Components Into Column C" button and select the matching benefit components to expand the list of options in column C.  
\*Note 2: To assign multiple benefits from the Benefit Components document to a single Benefit Classification for MHSUD parity testing, create two separate rows with the same entry in column B, but different entries in column C.

**Notes column:** Explain any differences by plan.

### Mapping Table

A. Service Description	B. Mapped Benefit Classification for MHSUD Parity Testing	C. Mapped Benefit in corresponding Benefit Components document (If applicable)	Notes
Primary Care Visit	Outpatient - Office Visits	Primary Care Visit to Treat an Injury or Illness	
Specialist Office Visit	Outpatient - Office Visits	Specialist Visit	
Preventive Care Office Visit	Outpatient - Office Visits	Preventive Care/Screening/Immunization	
Urgent Care	Outpatient - Office Visits	Urgent Care	
Speech, Occupational and Physical Therapy	Outpatient - Office Visits	Rehabilitative Occupational and Rehabilitative Physical Therapy	
Chiro/Acupuncture	Outpatient - Office Visits	Chiro/Acupuncture	
Laboratory Outpatient and Professional Services	Outpatient - All Other	Laboratory Outpatient and Professional Services	
X-Rays and Diagnostic Imaging	Outpatient - All Other	X-rays and Diagnostic Imaging	
Advanced Imaging	Outpatient - All Other	Imaging (CT/PET Scans, MRIs)	
Outpatient Facility	Outpatient - All Other	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	
Outpatient Physician	Outpatient - All Other	Outpatient Surgery Physician/Surgical Services	
Preventive Care	Outpatient - All Other	Preventive Care/Screening/Immunization	



MHSUD Financial Requirement (a.k.a. Cost Share) Parity Testing

Workbook Info

User / Market: Premier Blue Cross  
Market: Individual

[Go back to Summary Sheet](#)  
[View Input Cell Format](#)  
[See the Example worksheet for additional details](#)

PLAN INFORMATION

Plan Name: Premier Blue Cross Preferred Bronze  
Plan ID: 49831WAL340003  
CER Variant Description:   
PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result: **Pass**

Click the links in the callouts to scroll directly to the stated section(s)

Links to IP (IN) Links to OP (OUT) Links to OP (IN) Links to OP (IN) Links to OP (IN) Links to OP (IN)

Testing Options

Option Selection

Out of Network Test: Yes

Outpatient Benefit Testing: Offer Whole Population

Column Options

No Errors Found?

A. Benefit Classification	B1. Do the MHSUD cost shares match all Medical/Surgical cost shares in the Benefit Classification? (In-Network)	C1. Test Required? (In-Network)	B2. Do the MHSUD cost shares match all Medical/Surgical cost shares in the Benefit Classification? (Out of Network)	C2. Test Required? (Out of Network)	D. By Network Test		E. Test Results
					D1. In-Network	D2. Out of Network	
Inpatient	Yes	No			Pass		Pass
Outpatient							
Outpatient - All Services Combined							
Outpatient - Office Visits Separate	No	Yes			Pass		Pass
Outpatient - Office Visits							
Outpatient - All Other	Yes	No			Pass		Pass
A. Benefit Classification	B. Do the MHSUD cost shares match all Medical/Surgical cost shares in the Benefit Classification?	C. Test Required?	D. Test Results				
Emergency Care	No	Yes					
Prescription Drugs	Yes	No	Pass				

Benefit Classification (3a) Outpatient - Office Visits, In-Network (OP-ON)

Click here to [Scroll](#) [Errors Found](#)

Click the links in the callouts to scroll directly to the stated section(s)

Links to IP (IN) Links to OP (OUT) Links to OP (IN) Links to OP (IN) Links to OP (IN) Links to OP (IN)

PART 1  
COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification		(3a) Outpatient - Office Visits, In-Network (OP-ON)						
Notes:		Use this table if you are separately testing outpatient office visits and all other outpatient services.						
Classification	Outpatient - Office Visits	OP-ON						Number of Rows: 7
	In-Network	IN						
	Classification Code	3a						
	Table Name	OP-ON (IN)						
For each row above, if it does not apply, enter "N/A"								
Service Description	Cost Share Description	Plan Projected Allowed Amount	Deductible	Co-payment	Co-insurance	Out of Pocket Maximum	No Cost Share (If Yes)	
First 2 Primary Care Visits	Office	\$120,780.54	N/A	\$1	N/A	\$8,000		
Primary Care In-Visit	Office	\$120,780.54	N/A	\$1	N/A	\$8,000		
Specialty Office Visit	Deductible, then coinsurance	\$1,813,118.49	\$8,000	\$100	N/A	\$8,000		
Preventive Care Annual Visit	No sharing	\$128,720.27	N/A	N/A	N/A	N/A		
Specialty Care Office Visit	Deductible, then coinsurance	\$1,793,394	\$8,000	\$100	N/A	\$8,000		
Specialty, Orthopedic, Obstetric, and Physical Therapy	Deductible, then coinsurance	\$1,813,118.21	\$8,000	\$100	N/A	\$8,000		
Orthopedic/Obstetric	Deductible, then coinsurance	\$1,734,031.86	\$8,000	N/A	N/A	\$8,000		
Total Rows		\$1,699,031.86						

PART 2  
ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (3a) Outpatient - Office Visits, In-network (OP-ON (IN))					Enter Footnotes (in red text) about Medical Cost Share
Cost Share Type	Medical Cost Share in Plan Design?	Medical Cost Share Medical/Surgical?	Parity Result		
Deductible	Yes	\$6,000.00	Pass		
Co-payment	Yes	\$100.00	Pass		
Co-insurance	Yes	80%	Pass		
OPRM	Yes	\$6,000.00	Pass		
Overall				Pass	
If not applicable, enter "N/A"					
Step 1 Substantially All (i.e., ≥ 80% of medical/surgical benefits)					
Deductible	\$12,000.00	80.00%	OP-ON (IN)		
Co-payment	\$120.00	80.00%	OP-ON (IN)		
Co-insurance	\$12,000.00	80.00%	OP-ON (IN)		
OPRM	\$12,000.00	80.00%	OP-ON (IN)		
Total Projected				\$12,000.00	

Step 2 Predominant Level					Errors Found: 0
Deductible --- (3a) Outpatient - Office Visits, In-Network (OP-ON)					Apply to substantially all medical/surgical benefits in this classification. N/A if different deductible amounts from smallest to largest.
Deductible	Allowed Claims	Portion	Predominant & Smallest	Error Checking	
\$8,000.00	\$1,813,118.49	100.00%	\$8,000.00		
	\$0.00				
Total	\$1,813,118.49	100.00%			
Co-payment --- (3a) Outpatient - Office Visits, In-Network (OP-ON)					Apply to substantially all medical/surgical benefits in this classification. N/A if different co-payment amounts from smallest to largest.
Co-payment	Allowed Claims	Portion	Predominant & Smallest	Error Checking	
\$100.00	\$128,780.54	10.00%	\$100.00		
\$100.00	\$1,813,118.49	99.00%	\$100.00		
Total	\$1,941,900.00	100.00%			
Co-insurance --- (3a) Outpatient - Office Visits, In-Network (OP-ON)					Does not apply to substantially all medical/surgical benefits in this classification. OLC FE any values in the left hand column below.
Co-insurance	Allowed Claims	Portion	Predominant & Smallest	Error Checking	
\$8,000.00	\$1,813,118.49	100.00%	\$8,000.00		
	\$0.00				
Total	\$1,813,118.49	100.00%			
OPRM --- (3a) Outpatient - Office Visits, In-Network (OP-ON)					Apply to substantially all medical/surgical benefits in this classification. N/A if different OPRM amounts from smallest to largest.
OPRM	Allowed Claims	Portion	Predominant & Smallest	Error Checking	
\$8,000.00	\$1,813,118.49	100.00%	\$8,000.00		
	\$0.00				
Total	\$1,813,118.49	100.00%			

<b>Workbook info</b>
<a href="#">Link back to Summary Sheet</a> User Inputs Cell Format <i>See the Example worksheet for additional details.</i>

Issuer / Market: Premiera Blue Cross  
Market: Individual

Plan Name:	Premiera Blue Cross Preferred Silver	***This will auto populate from summary sheet macro
Plan ID:	49831WA1940004	***This will auto populate from summary sheet macro
Description:		***if the plan is a CSR variant, identify it here. Otherwise, leave the field blank

Overall Result: Pass

*Links only work for sections that are not already hidden.*

Click the links in the cells below to scroll directly to the stated section

<a href="#">Move to IP OON</a>	<a href="#">Move to CP INN</a>	<a href="#">Move to CP-ON IN</a>
<a href="#">Move to CP-ON OON</a>	<a href="#">Move to CP-AQ OON</a>	<a href="#">Move to ER</a>

### Testing Options

Option	Selection
Out-of-Network Tier?	No
Outpatient Benefit Testing	Office Visits Separate

Column Options
Update Columns
Show/Hide All Columns

No Errors found?
TRUE

### Results By Benefit Classification

A. Benefit Classification	B1. Do the MHSUD and shares match all Multiplan/Original cost shares in the Benefits Classification? (In-Network)	C. Test Required? (In-Network)	B2. Do the MHSUD and shares match all Multiplan/Original cost shares in the Benefits Classification? (Out-of-Network)	C2. Test Required? (Out-of-Network)	D. By Network Tier		
					DE. In-Network	DE. Out-of-Network	E. Test Results
Indemnity	Yes	No				Pass	
Co-payment	Yes	No				Pass	
Co-insurance - All Services Covered	Yes	No				Pass	
Co-insurance - Office Visit Services	Yes	No				Pass	
Co-insurance - Office Visit	Yes	Yes				Pass	
Co-insurance - All Other	Yes	No				Pass	
A. Benefit Classification	B. Do the MHSUD and shares match all Multiplan/Original cost shares in the Benefits Classification?	C. Test Required?	D. Test Results				
Emergency Care	Yes	No	Pass				
Prescription Drugs	Yes	No	Pass				

Clickooooo 

Normal
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 Errors found: 

0
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Click>>>> [Home](#)

Errors found: 0

530000

Move to RX

## COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

[illegible]

#### ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

<p>Enter Footnote (as needed) about MidUnit Post Show.</p>
<p>XX</p>

Cost Share Type	MGH/GD Cost Share in Plan Design*	Prevalence Level for Medical/Surgical	MGH/GD Financial Party Result
Deductible	N/A	Fail	Pass
Copayment	\$65.00	\$65.00	Pass
Coinurance	N/A	Fail	Pass
OPPM	\$7,600.00	\$7,600.00	Pass
<b>Overall</b>			<b>Pass</b>

\*if not applicable

Deductible	\$0.00	0.00%	Fail
Copayment	\$219,655.78	89.55%	OP-QV INN
Coinsurance	\$0.00	0.00%	Fail
OPPM	\$219,655.78	89.55%	OP-QV INN OPPM
Total Projected	\$245,296.77		

DELETED any values in the left-hand column below.

Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
<b>Total</b>	\$0.00	0.00%		

ENTER different copayment amounts from smallest to largest.

Copayment	Allowed Claims	Portion	Predominant &	Error Checking
\$1.00	\$35,060.21	15.98%	\$1.00	
\$25.00	\$18,878.57	8.59%	\$25.00	
\$40.00	\$36,039.32	16.43%	\$40.00	
\$65.00	\$129,677.68	50.04%	\$65.00	
<b>Total</b>	<b>\$219,655.78</b>	<b>100.00%</b>		

DELETE any values in the left-hand column below.

Coloursance	Allowed Claims	Portion	Predominant &	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

ENTER different coop amounts from smallest to largest.

OPFM	Allowed Claims	Portion	Predominant &	Error Checking
\$7,600.00	\$219,655.78	100.00%	\$7,600.00	
	50.00			
	50.00			
	50.00			
<b>Total</b>	<b>\$219,655.78</b>	<b>100.00%</b>		



Workbook info
<a href="#">Link back to Summary Sheet</a> User Inputs Cell Format <i>See the Example worksheet for additional details.</i>

Issuer / Market: Premiera Blue Cross  
Market: Individual

Plan Name:	Premiera Blue Cross Preferred Silver (73% CSI)	«««This will auto populate from summary sheet macro
Plan ID:	49B31WA1940004 (73%_CSI)	«««This will auto populate from summary sheet macro
CSR Variant Description:	73% CSI	«««If the plan is a CSR variant, identify it here. Otherwise, leave the field blank

Overall Result:	<b>Pass</b>	<p align="center">====Click the links in the cells below to scroll directly to the stated section=====</p> <table border="1"> <tr> <td><a href="#">Move to IP INN</a></td> <td><a href="#">Move to IP OON</a></td> <td><a href="#">Move to OP INN</a></td> <td><a href="#">Move to OP-OP INN</a></td> <td><a href="#">Move to OP-OP INN</a></td> <td><a href="#">Move to OP-OP INN</a></td> </tr> <tr> <td><a href="#">Move to OP OON</a></td> <td><a href="#">Move to OP-OP OON</a></td> <td><a href="#">Move to OP-OP OON</a></td> <td><a href="#">Move to ER</a></td> <td><a href="#">Move to BK</a></td> <td></td> </tr> </table>					<a href="#">Move to IP INN</a>	<a href="#">Move to IP OON</a>	<a href="#">Move to OP INN</a>	<a href="#">Move to OP-OP INN</a>	<a href="#">Move to OP-OP INN</a>	<a href="#">Move to OP-OP INN</a>	<a href="#">Move to OP OON</a>	<a href="#">Move to OP-OP OON</a>	<a href="#">Move to OP-OP OON</a>	<a href="#">Move to ER</a>	<a href="#">Move to BK</a>	
<a href="#">Move to IP INN</a>	<a href="#">Move to IP OON</a>	<a href="#">Move to OP INN</a>	<a href="#">Move to OP-OP INN</a>	<a href="#">Move to OP-OP INN</a>	<a href="#">Move to OP-OP INN</a>													
<a href="#">Move to OP OON</a>	<a href="#">Move to OP-OP OON</a>	<a href="#">Move to OP-OP OON</a>	<a href="#">Move to ER</a>	<a href="#">Move to BK</a>														
<p><i>Links only work for sections that are not already hidden=====</i></p>																		

*Links only work for sections that are not already hidden>>>>*

Testing Options	
Option	Selection
Out-of-Network Tier?	<a href="#">No</a>
Outpatient Benefit Testing	<a href="#">Office Visits Separate</a>

Column Options
<a href="#">Update Columns</a>
<a href="#">Hide/Unhide All Columns</a>

No Errors found?
TRUE

B1. Do the MHSUD cost shares match all Medical/Surgical cost shares in the Benefit	B2. Do the MHSUD cost shares match all Medical/Surgical cost shares in the Benefit
C1. Test Required?	

REVISIONS AND COMMENTS				B. Do the MINGSD tool shares match all Media/Targeted tool shares in the Benefits Classification? (In-Network)		C. Do the MINGSD tool shares match all Media/Targeted tool shares in the Benefits Classification? (Out-of-Network)		D. Do the MINGSD tool shares match all Media/Targeted tool shares in the Benefits Classification? (Out-of-Network)		E. Test Results	
A. Benefit Classification				C1. Test Required? (In-Network)		C2. Test Required? (Out-of-Network)		D1. In-Network		D2. Out-of-Network	
Inpatient				Yes	No			Pass		Pass	
Outpatient				Yes	No			Pass		Pass	
Outpatient - All Services Combined				Yes	No			Pass		Pass	
Outpatient - Office Visit Services				Yes	No			Pass		Pass	
Outpatient - Office Visits				Yes	No			Pass		Pass	
Outpatient - All Other				Yes	No			Pass		Pass	
Emergency Care				Yes	No			Pass		Pass	
Prescription Drugs				Yes	No			Pass		Pass	

Click on the **Running** button in the top right corner of the window.

Click>>>> [Home](#)

Errors found: 0

Click the links in the cells below to scroll directly to the stated sections

<a href="#">Move to IP INN</a>	<a href="#">Move to IP OON</a>	<a href="#">Move to OP INN</a>	<a href="#">Move to OP-OV INN</a>	<a href="#">Move to OP-AO INN</a>
<a href="#">Move to OP OON</a>	<a href="#">Move to OP-OV OON</a>	<a href="#">Move to OP-AO OON</a>	<a href="#">Move to ER</a>	<a href="#">Move to RX</a>

**Benefit Classification:** (3a) Outpatient - Office Visits, In-Network (OP-OV INN)  
**Notes:** Use this table if you are separately testing outpatient office visits and all other outpatient services.

**Benefit Classification:** (3a) Outpatient - Office Visits, In-Network (OP-OV INN)  
**Notes:** Use this table if you are separately testing outpatient office visits and all other outpatient services.

Classification	Outpatient - Office Visit	OP-QV	Number of Rows
Network (In/Out)	In-Network	NN	
Classification Code	3a	OP-QV-NN	
Table Name		tbl_OPCOVNN_P1	

[illegible]

Service Description	Cash Source Description	Plan Projected Amount	Deductible	Copayment	Coinurance	Out-of-Pocket Maximum	Cash Share of Cost
First 2 Primary Care Visit	Primary	\$26,000.00	N/A	\$1	N/A	\$6,300	
Primary Care Visit	Primary	\$16,800.00	N/A	\$50	N/A	\$6,300	
Specialty Office Visit	Primary	\$21,600.00	N/A	\$50	N/A	\$6,300	
Nonmember Care Office Visit	Non-Member	\$25,650.00	N/A	N/A	N/A	N/A	2
Urgent Care	Covered	\$750.00	N/A	\$60	N/A	\$6,300	
Speech, Occupational, Massage and Physical Therapy	Covered	\$36,000.00	N/A	N/A	N/A	\$6,300	
Chiropractic Services	Covered	\$6,000.00	N/A	\$60	N/A	\$6,300	
<b>Total/Row</b>		<b>\$245,296.77</b>					

[illegible]

Cost-Share Type	MGUSG Cost Shares in Plan Design*	Predominant Level for Medical/Surgical	MGUSG Financial Plan Result
Deductible	N/A	Fail	Pass
Copayment	\$60.00	\$60.00	Pass
Coinurance	N/A	Fail	Pass
OOPM	\$6,100.00	\$6,100.00	Pass
<b>Overall</b>			<b>Pass</b>

Enter Footnote  
(as needed) about  
MATH10 Post Show

**Step 1 Substantially All (i.e.,  $\geq 3\%$  of medical/surgical benefits)**

Deductible	\$0.00	0.00%	Fail
Copayment	\$219,055.78	89.55%	OP-OV INN
Coinsurance	\$0.00	0.00%	Fail
OPPM	\$219,055.78	89.55%	OP-OV INN OPPM
Total Projected	\$240,296.77		

### Step 2 Predominant Level

Deductible ---- (3a) Outpatient - Office Visits, In-Network (OP-OV INN)

DELETE any values in the left-hand column below

Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
<b>Total</b>	\$0.00	0.00%		

Payment ---- (3a) Customer - Office Visit, In-Network (OP-DW IN)

ENTER different copayment amounts from smallest to largest.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466
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Copyment	Allowed Claims	Portion	Predominant &	Error Checking
\$1.00	\$35,060.21	15.99%	\$1.00	
\$25.00	\$18,878.57	8.59%	\$25.00	
\$40.00	\$36,039.32	16.41%	\$40.00	
\$60.00	\$29,677.68	59.04%	\$60.00	
Total	\$219,655.76	100.00%		

**Coinurance ---- (3a) Outpatient - Office Visits, In-Network (OP-OV IN)**

DELETE any values in the left-hand column below

---

Coinsurance	Allowed Claims	Portion	Predominant &	Error Checking
	50.00			
	50.00			
	50.00			
	50.00			
Total	50.00	0.00%		

**00PM --- (1a) Outpatient - Office Visits, In-Network [OP-OV INN]**

ENTER different copm amounts from smallest to largest.

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OOPM	Allowed Claims	Portion	Predominant %	Error Checking
\$6,500.00	\$219,655.78	100.00%	\$6,500.00	
\$0.00				
\$0.00				
\$0.00				
<b>Total</b>	<b>\$219,655.78</b>	<b>100.00%</b>		

<b>Workbook info</b>
<a href="#">Link back to Summary Sheet</a> User Inputs Cell Format <i>See the Example worksheet for additional details.</i>

Issuer / Market: Premiera Blue Cross  
Market: Individual

Plan Name:	Premiera Blue Cross Preferred Silver (87% CSI)	«««This will auto populate from summary sheet macro
Plan ID:	49B31WA1940004 (87%_CSI)	«««This will auto populate from summary sheet macro
CSR Variant Description:	87% CSI	«««If the plan is a CSR variant, identify it here. Otherwise, leave the field blank

Overall Result:	<b>Pass</b>	<p align="center">====Click the links in the cells below to scroll directly to the stated section=====</p> <table border="1"> <tr> <td><a href="#">Move to IP INN</a></td> <td><a href="#">Move to IP OON</a></td> <td><a href="#">Move to OP INN</a></td> <td><a href="#">Move to OP-CP INN</a></td> <td><a href="#">Move to OP-CP OON</a></td> <td><a href="#">Move to ER</a></td> </tr> <tr> <td><a href="#">Move to CP OON</a></td> <td><a href="#">Move to CP-CP OON</a></td> <td><a href="#">Move to CP-CP INN</a></td> <td><a href="#">Move to ER</a></td> <td><a href="#">Move to ER</a></td> <td><a href="#">Move to ER</a></td> </tr> </table>					<a href="#">Move to IP INN</a>	<a href="#">Move to IP OON</a>	<a href="#">Move to OP INN</a>	<a href="#">Move to OP-CP INN</a>	<a href="#">Move to OP-CP OON</a>	<a href="#">Move to ER</a>	<a href="#">Move to CP OON</a>	<a href="#">Move to CP-CP OON</a>	<a href="#">Move to CP-CP INN</a>	<a href="#">Move to ER</a>	<a href="#">Move to ER</a>	<a href="#">Move to ER</a>
<a href="#">Move to IP INN</a>	<a href="#">Move to IP OON</a>	<a href="#">Move to OP INN</a>	<a href="#">Move to OP-CP INN</a>	<a href="#">Move to OP-CP OON</a>	<a href="#">Move to ER</a>													
<a href="#">Move to CP OON</a>	<a href="#">Move to CP-CP OON</a>	<a href="#">Move to CP-CP INN</a>	<a href="#">Move to ER</a>	<a href="#">Move to ER</a>	<a href="#">Move to ER</a>													
<p><i>Links only work for sections that are not already hidden=====</i></p>																		

*Links only work for sections that are not already hidden>>>>*

Testing Options	
Option	Selection
Out-of-Network Tier?	<a href="#">No</a>
Outpatient Benefit Testing	<a href="#">Office Visits Separate</a>

Column Options
<a href="#">Update Columns</a>
<a href="#">Hide/Unhide All Columns</a>

No Errors found?
TRUE

<b>81. Do the MSSDC cost shares match all Member/Original cost shares in the Branch?</b> <b>Classification?</b>	<b>C. Test Required?</b> (In-Request?)	<b>82. Do the MSSDC cost shares match all Member/Original cost shares in the Branch?</b> <b>Classification?</b> <b>(Out of Network)</b>	<b>C2. Test Required?</b> (Out of Network)	<b>C3. In Network</b>	<b>C4. Out of Network</b>	<b>E. Test Results</b>
	Yes			Pass		Pass
	No			Pass		Pass
	Yes			Pass		Pass
<b>83. Do the MSSDC cost shares match all Member/Original cost shares in the Branch?</b> <b>Classification?</b>	<b>C. Test Required?</b> (In-Request?)	<b>84. Do the MSSDC cost shares match all Member/Original cost shares in the Branch?</b> <b>Classification?</b> <b>(Out of Network)</b>	<b>C2. Test Required?</b> (Out of Network)	<b>C3. In Network</b>	<b>C4. Out of Network</b>	<b>E. Test Results</b>
	Yes			Pass		Pass
	No			Pass		Pass
	Yes			Pass		Pass

Click>>>>  Errors found:

Click&gt;&gt;&gt;&gt;

Errors found: 0

Move to IP INN      Move to IP CON      Move to OP INN      Move to OP-IV INN      Move to OP-AP INN  
 Move to OP CON      Move to OP-IV CON      Move to OP-AP CON      Move to IX      Move to IX

#### COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

**Notes:** Use this table if you are separately testing outpatient office visits and all other outpatient services.

Classification	Outpatient - Office Visits	OP-OV	
Network (In/Out)	In-Network	INN	
Classification Code	3a	OP-OV INN	Number of Rows <input type="text" value="2"/>
Table Name		HS_OPCOVINN_P1	

For each cost above, if it does not apply, enter "N/A"

Service Description	Cost Share Description	Plan Projected Amount	Deductible	Co-payment	Coinsurance	Out-of-Pocket Maximum	No Cash Share (If Yes)
First 3 Primary Care Visits	Copay	\$15,614.11	N/A	\$1	N/A	\$1,000	
Primary Care Visit (beyond 3)	Copay	\$8,638.00	N/A	\$10	N/A	\$1,000	
Specialty Care Visit (beyond 3)	Copay	\$96,341.00	N/A	\$40	N/A	\$1,000	
Prescription Cost Offset (beyond 3)	No cash share	\$13,094.33	N/A	N/A	N/A	N/A	Y
Hospital Care	Copay	\$130.00	N/A	N/A	N/A	\$1,000	
Speech, Occupational, Massage, and Physical Therapy	Copay	\$16,877.53	N/A	\$40	N/A	\$2,000	
Chiropractic Services	Copay	\$4,170.75	N/A	\$40	N/A	\$1,000	
<b>Total/Row</b>		<b>\$114,840.53</b>					

#### ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Enter Footnote (as needed) about MISSING Cost Shares
XX

Cost-Share Type	MGHGD Cost Shares in Plan Designs*	Predominant Level for Medical/ Surgical	MGHGD Financial Partly/Result
Deductible	N/A	Full	Pass
Copayment	\$40.00	\$40.00	Pass
Coinurance	N/A	Full	Pass
OOPM	\$7,800.00	\$7,800.00	Pass
Overall			Pass

*\*If not applicable, enter "N/A"*

**Step 1 Substantially All (i.e.,  $\geq 75\%$  of medical/surgical benefits)**

Deductible	\$0.00	0.00%	Fail
Copayment	\$102,836.19	89.55%	OP-OV INN
Coinsurance	\$0.00	0.00%	Fail
OPPM	\$102,836.19	89.55%	OP-OV INN/OPPM
Total Projected	\$114,940.53		

**Deductible — (3a) Outpatient - Office Visits, In-Network (OP-OV INN)**

Does not apply to substantially all medical/surgical benefits in this classification.  
DELETE any values in the left-hand column below.

Errors found:	0
---------------	---

**Deductible --- (13) Outpatient - Office Visits, In-Network (OP-OV INN)**  
Does not apply to substantially all medical/surgical benefits in this classification.  
DELETE any values in the left-hand column below.

Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
<b>Total</b>	\$0.00	0.00%		

Applies to substantially all medical/surgical benefits in this classification.  
ENTER different copayment amounts from smallest to largest.

ENTER different copayment amounts from smallest to largest.

Copayment	Allowed Claims	Portion	Predominant &	Error Checking
\$1.00	\$16,414.13	15.96%	\$1.00	
\$10.00	\$8,838.38	8.59%	\$10.00	
\$40.00	\$77,583.69	75.44%	\$40.00	
	\$0.00			
Total	\$102,836.19	100.00%		

Does not apply to substantially all medical/surgical benefits in this classification.

DELETE any values in the left-hand column below

Collocation	Allowed Claims	Portion	Predominant &	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
<b>Total</b>	\$0.00	0.00%		

Applies to substantially all medical/surgical benefits in this classification.

ENTER different coin amounts from smallest to largest.

QOPM	Allowed Claims	Portion	Predominant &	Error Checking
\$2,800.00	\$202,836.19	100.00%	\$2,800.00	
	\$0.00			
	\$0.00			
	\$0.00			
<b>Total</b>	<b>\$202,836.19</b>	<b>100.00%</b>		

MHSUD Financial Requirement (a.k.a. Cost Share) Parity Testing

User / Market: Premiera Blue Cross  
Market: Individual

Workbook Info

[Link back to Summary Sheet](#)  
[View Input Cell Format](#)  
[See the Example worksheet for additional details.](#)

PLAN INFORMATION

Plan Name: Premiera Blue Cross Preferred Silver / B4% CS click this will auto populate from summary sheet macro  
Plan ID: 48811WAL940004\_B4%\_CS click this will auto populate from summary sheet macro  
CSR Variant Description: 94% CSR click if the plan is a CSR variant, identify it here. Otherwise, leave the field blank.

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result: **Pass**

click the links in the call below to scroll directly to the stated section(s)

Links only work for sections that are not already hidden (icon)

click the links in the call below to scroll directly to the stated section(s)

Links only work for sections that are not already hidden (icon)

Testing Options

Option	Selection
Out of Network Test?	Yes
Outpatient Benefit Testing	Offer Whole Spectrum

Column Options

Column Options
Include Columns
Exclude Columns: All Columns

No Errors Found?

Yes

Results by Benefit Classification

A. Benefit Classification	B1. Do the MHSUD cost shares match all Medical/Surgical cost shares in the Benefit Classification? (In-Network)	C1. Test Required? (In-Network)	B2. Do the MHSUD cost shares match all Medical/Surgical cost shares in the Benefit Classification? (Out of Network)	C2. Test Required? (Out of Network)	D. By Network Test		E. Test Results
					D1. In-Network	D2. Out of Network	
Important	Yes	No			Pass		Pass
Outpatient							
Outpatient - All Services Combined							
Outpatient - Office Visits Separate	No	Yes			Pass		Pass
Outpatient - Office Visits							
Outpatient - All Other	Yes	No			Pass		Pass
A. Benefit Classification	B. Do the MHSUD cost shares match all Medical/Surgical cost shares in the Benefit Classification?	C. Test Required?	D. Test Results				
Emergency Care	No	No	Pass				
Prescription Drugs	Yes	No	Pass				

Benefit Classification (3a) Outpatient - Office Visits, In-Network (OP-OV INN)

Click here to **Signal** **Errors Found**

click the links in the call below to scroll directly to the stated section(s)

Links only work for sections that are not already hidden (icon)

click the links in the call below to scroll directly to the stated section(s)

Links only work for sections that are not already hidden (icon)

PART 1  
COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (3a) Outpatient - Office Visits, In-Network (OP-OV INN)

Notes: Use the table if you are separately testing outpatient office visits and all other outpatient services.

Classification Outpatient - Office Visits (OP-OV)

Network (3a) Outpatient - Office Visits (OP-OV)

Classification Code 3a (OP-OV INN)

Table Name (OP-OV INN\_2)

Number of Rows 1

For each row, click the "X" icon and copy, enter "N/A"

Service Description	Cost Share Description	Plan Projected Allowed Amount	Deductible	Co-payment	Co-insurance	Out of Pocket Maximum	No Cost Share (If True)
Family Primary Care Visit	Office	\$18,046.58	N/A	\$0	N/A	\$600	
Primary Care In-House	Office	\$18,046.58	N/A	\$0	N/A	\$600	
Preventive Office Visit	Office	\$18,046.58	N/A	\$0	N/A	\$600	
Preventive Care Office Visit	No Insurance	\$18,046.58	N/A	N/A	N/A	N/A	
Specialty Care	Office	\$18,046.58	N/A	\$0	N/A	\$600	
Speech, Occupational, Massage and Physical Therapy	Office	\$18,046.58	N/A	\$0	N/A	\$600	
Chiropractic Services	Office	\$18,046.58	N/A	\$0	N/A	\$600	
Total Row		\$18,046.58					

PART 2  
ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (3a) Outpatient - Office Visits, In-Network (OP-OV INN)

Cost Share Type	MHSUD Cost Share in Plan Design?	Predominant Level for Medical/Surgical	MHSUD Financial Parity Benefit
Deductible	N/A	Full	Pass
Co-payment	\$0.00	\$0.00	Pass
Co-insurance	N/A	Full	Pass
ODPM	\$600.00	\$600.00	Pass
Overall			Pass

If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ % of medical/surgical benefits)

Deductible	Amount	Percent	Pass/Fail
Deductible	\$0.00	0.00%	Pass
Co-payment	\$0.00	0.00%	Pass
Co-insurance	\$0.00	0.00%	Pass
ODPM	\$600.00	0.00%	Pass
Total Projected	\$0.00	0.00%	Pass

Step 2 Predominant Level

Deductible --- (3a) Outpatient - Office Visits, In-Network (OP-OV INN)

Does not apply to substantially all medical/surgical benefits in this classification.

ENTER any values in the left hand column below.

Deductible	Amount	Percent	Predominant & Benefit	Error Checking
Deductible	\$0.00	0.00%		
Total	\$0.00	0.00%		

Co-payment --- (3a) Outpatient - Office Visits, In-Network (OP-OV INN)

Does not apply to substantially all medical/surgical benefits in this classification.

ENTER different payment amounts from analysis to target.

Co-payment	Amount	Percent	Predominant & Benefit	Error Checking
Co-payment	\$0.00	0.00%		
Total	\$0.00	0.00%		

Co-insurance --- (3a) Outpatient - Office Visits, In-Network (OP-OV INN)

Does not apply to substantially all medical/surgical benefits in this classification.

ENTER any values in the left hand column below.

Co-insurance	Amount	Percent	Predominant & Benefit	Error Checking
Co-insurance	\$0.00	0.00%		
Total	\$0.00	0.00%		

ODPM --- (3a) Outpatient - Office Visits, In-Network (OP-OV INN)

Does not apply to substantially all medical/surgical benefits in this classification.

ENTER different payment amounts from analysis to target.

ODPM	Amount	Percent	Predominant & Benefit	Error Checking
ODPM	\$600.00	0.00%		
Total	\$600.00	0.00%		



Workbook info
<a href="#">Link back to Summary Sheet</a>
User inputs: Cell Format
See the Example worksheet for additional details.

Issuer / Market: Premiera Blue Cross  
Market: Individual

Plan Name:	Prmera Blue Cross Cascade Silver	«««This will auto populate from summary sheet macro
Plan ID:	49831WA1940006	«««This will auto populate from summary sheet macro
Description:		«««If the plan is a CSR variant, identify it here. Otherwise, leave the field blank.

<b>Pass</b>	<p>Click the links in the cells below to scroll directly to the stated section</p> <table border="1"> <tr> <td>Move to IP IN</td> <td>Move to IP QCN</td> <td>Move to IP INH</td> <td>Move to IP-QP-IN</td> <td>Move to IP-QP-INH</td> <td>Move to IP-QP-QCN</td> </tr> <tr> <td>Move to IP-QCN</td> <td>Move to IP-QP-QCN</td> <td>Move to IP-QP-QCN</td> <td>Move to IP-QP-QCN</td> <td>Move to IP-QP-QCN</td> <td>Move to IP-QP-QCN</td> </tr> </table>						Move to IP IN	Move to IP QCN	Move to IP INH	Move to IP-QP-IN	Move to IP-QP-INH	Move to IP-QP-QCN	Move to IP-QCN	Move to IP-QP-QCN	Move to IP-QP-QCN	Move to IP-QP-QCN	Move to IP-QP-QCN	Move to IP-QP-QCN
Move to IP IN	Move to IP QCN	Move to IP INH	Move to IP-QP-IN	Move to IP-QP-INH	Move to IP-QP-QCN													
Move to IP-QCN	Move to IP-QP-QCN	Move to IP-QP-QCN	Move to IP-QP-QCN	Move to IP-QP-QCN	Move to IP-QP-QCN													
Links only work for sections that are not already hidden																		

Testing Options	
Option	Selection
Out-of-Network Tier?	No
Outpatient Benefit Testing	Office Visits Separate

Column Options
<a href="#">Update Columns</a>
<a href="#">Hide/Unhide All Columns</a>

No Errors found?
TRUE

[illegible]

Click>>>>> [Home](#) Errors found: 0

<a href="#">Click the links in the cells below to scroll directly to the stated section</a>				
<a href="#">Home</a>	<a href="#">Move to IP OON</a>	<a href="#">Move to OP INH</a>	<a href="#">Move to OP-QV INH</a>	<a href="#">Move to OP-AD INH</a>
<a href="#">QIN</a>	<a href="#">Move to OP-QV OON</a>	<a href="#">Move to OP-AD OON</a>	<a href="#">Move to ER</a>	<a href="#">Move to EX</a>

Click the links in the cells below to scroll directly to the stated section				
<a href="#">Move to IP INt</a>	<a href="#">Move to IP OCN</a>	<a href="#">Move to OP INt</a>	<a href="#">Move to OP-OP INt</a>	<a href="#">Move to OP-AD INt</a>
<a href="#">Move to OP OCN</a>	<a href="#">Move to OP-OP OCN</a>	<a href="#">Move to OP-AD OCN</a>	<a href="#">Move to Etl</a>	<a href="#">Move to Etl</a>

Click○○○○○

Home

Errors found: 0

<p align="center"> <a href="#">Click the links in the cells below to scroll directly to the stated section</a> </p>				
<a href="#">Move to IP INN</a>	<a href="#">Move to IP OON</a>	<a href="#">Move to OP INN</a>	<a href="#">Move to OP-OV INN</a>	<a href="#">Move to OP-AQ INN</a>
<a href="#">Move to OP OON</a>	<a href="#">Move to OP-OV OON</a>	<a href="#">Move to OP-AQ OON</a>	<a href="#">Move to EE</a>	<a href="#">Move to RX</a>

<p align="center"> <a href="#">Click the links in the cells below to scroll directly to the stated section</a> </p>				
<a href="#">Move to IP INN</a>	<a href="#">Move to IP OON</a>	<a href="#">Move to OP INN</a>	<a href="#">Move to OP-OV INN</a>	<a href="#">Move to OP-AQ INN</a>
<a href="#">Move to OP OON</a>	<a href="#">Move to OP-OV OON</a>	<a href="#">Move to OP-AQ OON</a>	<a href="#">Move to EE</a>	<a href="#">Move to RX</a>

**PART 1**

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**COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION**

Beneficiary Classification:		(a) Outpatient - Office Visits, In-Network (OP-ON)	
Notes:		Use this table if you are separately listing eligible office visits and all other outpatient services.	
Classification Network (in/out)	Outpatient - Office Visits	OP	
	In-Network	ON	
	Classification Code	44	
	Table Name	tbl_OP-ON.tbl	
		Number of Rows: 2	

[illegible]

## PART 2

### ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/Surgical	MHSUD Financial Party Result
Deductible	N/A	Fail	Pass
Copayment	\$20.00	\$65.00	Pass
Coinsurance	N/A	Fail	Pass
OPM	\$9,750.00	\$8,750.00	Pass
<b>Overall</b>			<b>Pass</b>

\*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ 6% of medical/surgical benefits)			
Deductible	\$0.00	0.00%	Fail
Copayment	\$898, 287.27	89.50%	OP-QV INN Compassion
Coinsurance	\$0.00	0.00%	Fail
OOPM	\$898, 287.27	89.50%	OP-QV INN/OOPM
Total Projected	\$1,003,146.68		

Step 2 Predominant Level		
Deductible — (3a) Outpatient - Office Visits, In-Network (OP-OV/INN)	Errors found:	0

DELETE any values in the left-hand column below.

Deductible	Allowed Claims	Portion	Predominant & Cause	Error Checking
	\$0.00			
	\$0.00			
<b>Total</b>	\$0.00	0.00%		

**Copayment — (3a) Outpatient - Office Visits, In-Network (OP-OV INN)**  
Applies to substantially all medical/surgical benefits in this classification.

Copayment	Allowed Claims	Portion	Predominant %	Error Checking
\$1.00	\$143,270.52	25.98%	\$1.00	
\$20.00	\$113,662.94	12.85%	\$20.00	
\$40.00	\$147,383.61	16.42%	\$40.00	
\$65.00	\$493,861.20	54.98%	\$65.00	
<b>Total</b>	<b>\$898,287.27</b>	<b>100.00%</b>		

**Coinurance — [3a] Outpatient - Office Visits, In-Network [OP-OV INN]**  
Does not apply to substantially all medical/surgical benefits in this classification

DELETE any values in the left-hand column below.

Colno	Colname	Allowed Values	Portion	Predominant &	Error Checking
		\$0.00			
		\$0.00			
		\$0.00			
		\$0.00			
		\$0.00			
	<b>Total</b>	\$0.00	(0.00000)		

OOPM — (3a) Outpatient - Office Visits, In-Network (OP-OV INN)

Apply to subsidiary as method of support of heirs in this case/cases.

ENTER different open amounts from smallest to largest.

OGPM	Allowed Gains	Portion	Predominant &	Error Checking
\$9,750.00	\$698,787.27	300.00%	\$9,750.00	
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
<b>Total</b>	<b>\$698,787.27</b>	<b>300.00%</b>		

Financial Parity for (b) Outpatient - All Other, In-Network (OP-AO-INN)			
Cost-Share Type	MetLife Cost Shares in Plan Design*	Predecessor Level for Medical/Surgical	MetLife Financial Parity Result
Deductible	N/A	\$2,500.00	Pass
Copayment	\$30.00	\$600.00	Pass
Coinurance	N/A	Fail	Pass
OOPM	\$5,750.00	\$9,750.00	Pass
<b>Overall</b>			<b>Pass</b>

\*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., $\geq 5\%$ of medical/surgical benefits)			
Deductible	\$1,764,058.63	83.86%	OP-AC INN Deductible
Copayment	\$4,156,962.19	92.60%	OP-AC INN Copayment
Coinurance	\$251,011.70	5.59%	Fail
OOPM	\$4,407,973.89	98.19%	OP-AC INN OOPM
Total Projected	\$4,489,148.62		

Step 2 Predominant Level		
Deductible — (3b) Outpatient - All Other, In-Network (OP-AO INN)	Errors found:	0

ENTER different deductible amounts from smallest to largest.

Deductible	Allowed Claims	Portion	Predominant & Smaller
\$2,500.00	\$3,766,658.63	100.00%	\$2,500.00
\$0.00	\$0.00		
<b>Total</b>	<b>\$3,766,658.63</b>	<b>100.00%</b>	

**Copayment—(2b) Outpatient - All Other, In-Network (OP-AD INN)**  
Applies to substantially all medical/surgical benefits in this classification.

Copayment	Allowed Claims	Portion	Predominant & Smaller
\$40.00	\$116,765.44	7.62%	\$40.00
\$65.00	\$326,548.81	7.88%	\$65.00
\$120.00	\$1,150,693.34	27.68%	\$120.00
\$600.00	\$2,362,953.60	56.84%	\$600.00
<b>Total</b>	<b>\$4,156,962.19</b>		

Does not apply to substantially all medical/surgical benefits in this class

Colourance	Allowed Claims	Portion	Predominant & Smaller
	50.00		
	50.00		
	50.00		
	50.00		
<b>Total</b>	50.00	0.0000	

<p> <b>DDPM — (3b) Outpatient - All Other, In-Network (OP-AO INN)</b> </p>
--

OPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
28,790.00	\$4,407,973.89	100.00%	\$6,790.00	
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$4,407,973.89	100.00%		



MHSUD Financial Requirement (a.k.a. Cost Share) Parity Testing

Plan Name: Premier Blue Cross Cascade Silver (B7NCS)  
Market: Individual

<b>Worksheet Info</b>
<a href="#">Link back to Summary Sheet</a>
<a href="#">Worksheet Full Screen</a>
<a href="#">See the Sample worksheet for additional details</a>

PLAN INFORMATION

Plan Name: Premier Blue Cross Cascade Silver (B7NCS) *click this will auto populate from summary sheet macro*  
Plan ID: 49831WA1940006\_B7NCS\_CSR *click this will auto populate from summary sheet macro*  
CSP Variant Description: B7NCS *confirm the plan is a CSP variant, identify it here. Otherwise, leave the field blank.*

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result: **Pass**

[Click the links in the cells below to scroll directly to the stated section\(s\)](#)  
[Return to Top](#) [Return to OP-AD](#) [Return to OP-AD](#) [Return to OP-AD](#) [Return to OP-AD](#) [Return to OP-AD](#)

*Links only work for sections that are not already hidden/expanded*

Option	Selection
Out of Network Test?	No
Outpatient Benefit Testing	Office Visit/Inpatient

Column Options	Networks Named?
Display Columns	True
Display Columns as Columns	

Results By Benefit Classification					
A. Benefit Classification	B. Do the MHSUD cost shares match all Medical/Surgical cost shares in the Benefit Classification? (In-Network)	C. Test Required? (In-Network)	D. Do the MHSUD cost shares match all Medical/Surgical cost shares in the Benefit Classification? (Out of Network)	E. Test Required? (Out of Network)	F. Test Results
Inpatient	Yes	No		Pass	Pass
Outpatient - All Services Combined					
Outpatient - Office Visit/Inpatient	Yes	Yes		Pass	Pass
Outpatient - Office Visit	Yes	Yes		Pass	Pass
Outpatient - All Other	Yes	Yes		Pass	Pass
A. Benefit Classification	B. Do the MHSUD cost shares match all Medical/Surgical cost shares in the Benefit Classification?	C. Test Required?	D. Test Results		
Emergency Care	Yes	No	Pass		
Prescription Drugs	Yes	No	Pass		

Benefit Classification	(B) Outpatient - Office Visits, In-Network (OP-OV INN)
Click here	Errors found: 0
<a href="#">Click the links in the cells below to scroll directly to the stated section(s)</a> <a href="#">Return to Top</a> <a href="#">Return to OP-AD</a> <a href="#">Return to OP-AD</a> <a href="#">Return to OP-AD</a> <a href="#">Return to OP-AD</a> <a href="#">Return to OP-AD</a>	

Benefit Classification	(B) Outpatient - All Other, In-Network (OP-AD INN)
Click here	Errors found: 0
<a href="#">Click the links in the cells below to scroll directly to the stated section(s)</a> <a href="#">Return to Top</a> <a href="#">Return to OP-AD</a> <a href="#">Return to OP-AD</a> <a href="#">Return to OP-AD</a> <a href="#">Return to OP-AD</a> <a href="#">Return to OP-AD</a>	

PART 1  
COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification: (B) Outpatient - Office Visits, In-Network (OP-OV INN)									
Notes: Use this table if you are separately testing outpatient office visits and all other outpatient services.									
Classification	Outpatient - Office Visit	OP-OV							
Network (In/Out)	In-Network	INN							
Classification Code	IN	OP-OV INN							
Table Name	IN - OP(OV)INN_P1								
For each cost share, if it does not apply, enter "N/A".									
Service Description	Cost Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of-Pocket Maximum (OPOM)	No Cash Share (If True, Enter "N/A")	Number of Rows: 1	
First 2 Primary Care Visit	Copay	\$100,000.00	N/A	\$0	N/A	\$0.00			
Primary Care In Visit	Copay	\$50,000.00	N/A	\$0	N/A	\$0.00			
Specialist Office In Visit	Copay	\$100,000.00	N/A	\$50	N/A	\$0.00			
Preventive Care Office Visit	No charge	\$0.00	N/A	N/A	N/A	N/A			
Urgent Care	Copay	\$2,000.00	N/A	\$50	N/A	\$0.00			
Emergency, Unplanned, Managed and Physical Therapy	Copay	\$100,000.00	N/A	\$50	N/A	\$0.00			
Other	Copay	\$100,000.00	N/A	\$50	N/A	\$0.00			
Total Row		\$750,000.00							

PART 2  
ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (B) Outpatient - Office Visits, In-Network (OP-OV INN)				
Cost Share Type	MHSUD Cost Share (In-Network)	Prevalence Level for Medical/Surgical	MHSUD Financial Parity Result	
Deductible	N/A	N/A	Pass	
Copayment	\$0.00	\$0.00	Pass	
Coinsurance	N/A	N/A	Pass	
OPOM	\$1,000.00	\$1,000.00	Pass	
Overall			Pass	

Step 1 Substantially All (i.e., 2% of medical/surgical benefits)				
Cost Share Type	MHSUD Cost Share (In-Network)	Prevalence Level for Medical/Surgical	MHSUD Financial Parity Result	
Deductible	\$0.00	0.00%	Full	
Copayment	\$0.00	0.00%	OP-OV INN	
Coinsurance	\$0.00	0.00%	Full	
OPOM	\$0.00	0.00%	Full	
Total Projected	\$0.00	0.00%	Full	

Step 2 Predominant Level

Does not apply to substantially all medical/surgical benefits in the classification. ENTER different copayment amounts from smallest to largest.

Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$0.00	\$0.00	0.00%		
\$0.00	\$0.00	0.00%		
Total	\$0.00	0.00%		

Copayment - (B) Outpatient - Office Visits, In-Network (OP-OV INN)

Applies to substantially all medical/surgical benefits in the classification. ENTER different copayment amounts from smallest to largest.

Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$0.00	\$0.00	0.00%		
\$0.00	\$0.00	0.00%		
\$0.00	\$0.00	0.00%		
\$0.00	\$0.00	0.00%		
Total	\$0.00	0.00%		

Coinsurance - (B) Outpatient - Office Visits, In-Network (OP-OV INN)

Does not apply to substantially all medical/surgical benefits in the classification. ENTER different copayment amounts from smallest to largest.

Coinsurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$0.00	\$0.00	0.00%		
\$0.00	\$0.00	0.00%		
\$0.00	\$0.00	0.00%		
\$0.00	\$0.00	0.00%		
Total	\$0.00	0.00%		

OPOM - (B) Outpatient - Office Visits, In-Network (OP-OV INN)

Applies to substantially all medical/surgical benefits in the classification. ENTER different copayment amounts from smallest to largest.

OPOM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$0.00	\$0.00	0.00%		
\$0.00	\$0.00	0.00%		
\$0.00	\$0.00	0.00%		
Total	\$0.00	0.00%		

PART 1  
COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification: (B) Outpatient - All Other, In-Network (OP-AD INN)									
Notes: Use this table if you are separately testing outpatient office visits and all other outpatient services.									
Classification	Outpatient - All Other	OP-AD							
Network (In/Out)	In-Network	INN							
Classification Code	IN	OP-AD INN							
Table Name	IN - OP(OV)INN_P2								
For each cost share, if it does not apply, enter "N/A".									
Service Description	Cost Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of-Pocket Maximum (OPOM)	No Cash Share (If True, Enter "N/A")	Number of Rows: 1	
Laboratory Diagnostics and Professional Services	Deductible, then copay	\$100,000.00	N/A	\$0	N/A	\$0.00			
Diagnosis and Diagnostic Imaging	Deductible, then copay	\$100,000.00	N/A	\$0	N/A	\$0.00			
Advanced Imaging	Deductible, then copay	\$100,000.00	N/A	\$0	N/A	\$0.00			
Outpatient Facility	Copay	\$100,000.00	N/A	\$0	N/A	\$0.00			
Outpatient Physician	Deductible, then copay	\$100,000.00	N/A	\$0	N/A	\$0.00			
Preventive Care	No charge	\$0.00	N/A	N/A	N/A	N/A			
Total Row		\$750,000.00							

PART 2  
ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (B) Outpatient - All Other, In-Network (OP-AD INN)				
Cost Share Type	MHSUD Cost Share (In-Network)	Prevalence Level for Medical/Surgical	MHSUD Financial Parity Result	
Deductible	N/A	N/A	Pass	
Copayment	\$0.00	\$0.00	Pass	
Coinsurance	N/A	N/A	Pass	
OPOM	\$1,000.00	\$1,000.00	Pass	
Overall			Pass	

Step 1 Substantially All (i.e., 2% of medical/surgical benefits)				
Cost Share Type	MHSUD Cost Share (In-Network)	Prevalence Level for Medical/Surgical	MHSUD Financial Parity Result	
Deductible	\$0.00	0.00%	Full	
Copayment	\$0.00	0.00%	OP-AD INN	
Coinsurance	\$0.00	0.00%	Full	
OPOM	\$0.00	0.00%	Full	
Total Projected	\$0.00	0.00%	Full	

Step 2 Predominant Level

Does not apply to substantially all medical/surgical benefits in the classification. ENTER different copayment amounts from smallest to largest.

Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$0.00	\$0.00	0.00%		
\$0.00	\$0.00	0.00%		
Total	\$0.00	0.00%		

Copayment - (B) Outpatient - All Other, In-Network (OP-AD INN)

Applies to substantially all medical/surgical benefits in the classification. ENTER different copayment amounts from smallest to largest.

Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$0.00	\$0.00	0.00%		
\$0.00	\$0.00	0.00%		
\$0.00	\$0.00	0.00%		
\$0.00	\$0.00	0.00%		
Total	\$0.00	0.00%		

Coinsurance - (B) Outpatient - All Other, In-Network (OP-AD INN)

Does not apply to substantially all medical/surgical benefits in the classification. ENTER different copayment amounts from smallest to largest.

Coinsurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$0.00	\$0.00	0.00%		
\$0.00	\$0.00	0.00%		
\$0.00	\$0.00	0.00%		
\$0.00	\$0.00	0.00%		
Total	\$0.00	0.00%		

OPOM - (B) Outpatient - All Other, In-Network (OP-AD INN)

Applies to substantially all medical/surgical benefits in the classification. ENTER different copayment amounts from smallest to largest.

OPOM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$0.00	\$0.00	0.00%		
\$0.00	\$0.00	0.00%		
\$0.00	\$0.00	0.00%		
Total	\$0.00	0.00%		

## PLAN INFORMATION

**Workbook Info**

[Link back to Summary Sheet](#)  
User Inputs Cell Format

*See the Example worksheet for additional details.*

Plan Name:	Premiera Blue Cross Cascade Silver (94% CS)	cccThis will auto populate from summary sheet macro
Plan ID:	49831WA1940006 (94%_CSR)	cccThis will auto populate from summary sheet macro
CSR Variant Description:	94% CSR	cccIf the plan is a CSR variant, identify it here. Otherwise, leave the field blank

Click the links in the cells below to scroll directly to the stated section

Links only work for sections that are not already hidden>>>>

No Errors found?
TRUE

No results for Search ID Classification		B1. Do the MMS/OSD show match of Medical/Surgical/ICU chart share in the Search Classification? (In-Network)		C1. Test Requested? (In-Network)	B2. Do the MMS/OSD show match of Medical/Surgical/ICU chart share in the Search Classification? (Out-of-Network)	C2. Test Requested? (Out-of-Network)	D. By Network Tier		E. Test Results
A. Search Classification		D1. In-Network	D2. Out-of-Network				D1. In-Network	D2. Out-of-Network	
Inpatient	Yes	Yes	No						Pass
Outpatient									
Outpatient - All Services Combined									
Outpatient - Office Visit Separate									
Outpatient - Office Visit	Yes	Yes	Yes				Pass		Pass
Outpatient - All Other	Yes	Yes	Yes				Pass		Pass
A. Search Classification		B. Do the MMS/OSD show match of Medical/Surgical/ICU chart share in the Search Classification?		C. Test Requested?	D. Test Results				
Emergency Care	Yes	No	No	Pass					
Prevention/Checkups	Yes	No	No	Pass					

Benefit Classification	(3b) Outpatient - All Other, In-Network (OP-AO INN)
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Errors found: 0

<b>&lt;&lt;&lt;Click the links in the cells below to scroll directly to the stated section&gt;&gt;&gt;&gt;</b>				
<a href="#">Move to IP IN</a>	<a href="#">Move to IP OCN</a>	<a href="#">Move to CP IN</a>	<a href="#">Move to CP-OV IN</a>	<a href="#">Move to CP-AP IN</a>
<a href="#">Move to CP OCN</a>	<a href="#">Move to CP-OV OCN</a>	<a href="#">Move to CP-AP OCN</a>	<a href="#">Move to ER</a>	<a href="#">Move to BX</a>

Errors found: 0

<a href="#">Move to IP INN</a>					<a href="#">Move to IP COG</a>					<a href="#">Move to OP INN</a>					<a href="#">Move to OP COG INN</a>					<a href="#">Move to OP AO INN</a>				
<a href="#">Move to OP COG</a>					<a href="#">Move to OP COG COG</a>					<a href="#">Move to OP AO COG</a>					<a href="#">Move to FB</a>					<a href="#">Move to BX</a>				

**PART 1**

**COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION**

**Benefit Classification:** (3b) Outpatient - All Other, In-Network (OP-AO INN)  
**Notes:** Use this table if you are separately billing outpatient office visits and all other outpatient services.

Classification Network ID (CID) Classification Code Title Name	Accession - Office Visit ID#		Number of Rows				
	No. Accession		CID			7	
	No.		CID				
	No.		CID				
The first column is a drop-down menu with the title "Service Description".							
Service Description	Cash Share Description	Planned Allowed Amount	Deductible	Co-payment	Co-insurance	Cash Share if Paid in Full	No Cash Share if Paid in Full
First Primary Care Visit	Copay	\$35,888.00	N/A	\$15	N/A	\$2,400	
Specialty Care In Visit	Copay	\$25,999.85	N/A	\$15	N/A	\$2,400	
Referrals Office Visit	Copay	\$15,888.51	N/A	\$15	N/A	\$2,400	
Preventive Care Office Visit	No Charge	\$29,024.00	N/A	N/A	N/A		
Urgent Care	Copay	\$802.12	N/A	\$15	N/A	\$2,400	
Specialty, Diagnostic, Monitoring, and Physical Therapy	Copay	\$40,795.78	N/A	\$55	N/A	\$2,400	
Diagnostic Imaging	Copay	\$282,009.58	N/A	\$55	N/A	\$2,400	

Classification	Contractor - All Other		CD-30				
	On Network		INR				
Classification Code	99		CD-30-0000_41				
Table Name	CD-30-0000_41						
How and how often data is stored in this table: <a href="#">View Details</a>			Number of Rows: 6				
	Plan ID	Service Description	Out-of-Pocket Maximum (Percent)	Out-of-Pocket (Dollar Amount)	Net-Cost Share (Percent)		
	Subsidiary Outpatient and Professional Services	Cover	\$87,875.00	N/A	\$1	N/A	\$1,000
	Diagnosis and Therapeutic Imaging	Cover	\$90,387.35	N/A	\$13	N/A	\$5,000
	Advanced Imaging	Cover	\$69,470.00	N/A	N/A	10%	\$2,000
	Outpatient Facility	Cover	\$46,026.75	N/A	\$300	N/A	\$5,000
	Outpatient Physician	Cover	\$118,527.34	N/A	\$25	N/A	\$2,000
	Preventive Care	No-charge	\$2,488.85	N/A	N/A	N/A	\$
	Total Row		\$1,242,527.10				

**PART 2**

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**ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION**

Financial Parity for (3b) Outpatient - All Other, In-Network (OP-AO INN)	
2019	2020
100%	100%

Cost-Share Type	MHSUD Cost Share in Plan Design*	Predominant Level for Medical/Surgical	MHSUD Financial Party Result
Deductible	N/A	Fail	Pass
Copayment	\$3.00	\$15.00	Pass
Out-of-pocket maximum	N/A	Fail	Pass
OOPM	\$2,400.00	\$2,400.00	Pass
<b>Overall</b>			<b>Pass</b>

Enter footnotes (as needed) about <b>Merfolk Cast Storm</b>
xx

Cost Share Type	MMUSD Cost Shares in Plan Design*	Predominant Level for Medical/Surgical	MMUSD Financial Party Result
Deductible	N/A	Fail	Pass
Copayment	\$5.00	\$100.00	Pass
Coinurance	N/A	Fail	Pass
OCOPM	\$2,400.00	\$2,400.00	Pass
<b>Overall</b>			<b>Pass</b>

Enter Footnotes (as needed) about Method: Post Survey
OK

Step 1 Substantially All (i.e.,  $\geq 2/3$  of medical/surgical benefits)

Deductible	\$0.00	0.00%	Fail
Copayment	\$248,642.19	89.55%	OP-OV INN
Coinsurance	\$0.00	0.00%	Fail
OOPM	\$248,642.19	89.55%	OP-OV INN OOPM

Deductible	\$0.00	0.00%	Fail
Copayment	\$1,150,679.88	92.60%	OP-AD INN Copayment
Coinurance	\$69,479.00	5.59%	Fail
OOPM	\$1,220,108.87	98.19%	OP-AD INN OOPM

## Step 2 Predominant Level

**Deductible — [36] Outpatient - All Other, In-Network (OP-AD INN)**  
Does not apply to substantially all medical/surgical benefits in this classification

Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
<b>Total</b>	\$0.00	0.00%		

Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
<b>Total</b>	\$0.00	0.00%		

**Cocarement --- (3b) Outpatient - All Other, In-Network (OP-AO INN)**  
 Applies to substantially all medical/surgical benefits in this classification

Co-payment	Allowed Claims	Portion	Predominant %	Error Checking
\$3.00	\$71,148.28	28.63%	53.00	
\$5.00	\$40,795.17	36.43%	59.00	
\$15.00	\$136,698.73	54.98%	85.00	
	\$0.00			
<b>Total</b>	<b>\$248,642.19</b>	<b>100.00%</b>		

Co-payment	Allowed Charges	Portion	Predominant & Smaller	Error Checking
\$5.00	\$87,879.64	7.62%	\$5.00	
\$25.00	\$90,387.30	7.86%	\$25.00	
\$26.00	\$318,507.34	27.68%	\$26.00	
\$100.00	\$694,095.75	56.84%	\$100.00	
<b>Total</b>	<b>\$1,190,829.88</b>	<b>100.00%</b>		

Coinsurance --- (Ib) Outpatient - All Other, In-Network (OP-AO INN)	
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Coloance	Allowed Claims	Portion	Predominant &	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			

Coinsurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			

	\$0.00	
<b>Total</b>	<b>\$0.00</b>	<b>0.00%</b>

<b>OOPM — [Is Outpatient - Office Visits, In-Network (OP-OWN)]</b>				<b>Errors found:</b>
Applies to substantially all medical/surgical benefits in this classification. ENTER different oopm amounts from smallest to largest.				
<b>OOPM</b>	<b>Allowed Claims</b>	<b>Portion</b>	<b>Predominant %</b>	<b>Error Checking</b>
52,000.00	CBR 662.10	100.00%	52,000.00	

OOPM --- [38] Outpatient - All Other, in-Network [OP-AD INN]		Errors found:		0	
Applies to substantially all medical/surgical benefits in this classification.					
ENTER different oopm amounts from smallest to largest.					
OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking	
\$1,400.00	\$1,230,108.82	100.00%	\$1,400.00		

	50.00	
	50.00	

	\$0.00			
<b>Total</b>	<b>5248,642.19</b>	<b>100.00%</b>		

	50.00		
<b>Total</b>	<b>51,220,108.87</b>	<b>100.00%</b>	



Workbook info
<a href="#">Link back to Summary Sheet</a> User Inputs Cell Format <i>See the Example worksheet for additional details.</i>

Issuer / Market: Premiera Blue Cross  
Market: Individual

Plan Name:	Premiera Blue Cross Cascade Bronze	***This will auto populate from summary sheet macro
Plan ID:	49831WA1940007	***This will auto populate from summary sheet macro
CSR Variant Description:		***If the plan is a CSR variant, identify it here. Otherwise, leave the field blank

Overall Result: Pass

Pe

*Links only work for sections that are not already hidden>>>>*

=====  
 <<<Click the links in the cells below to scroll directly to the stated section>>>>  
 =====

[Move to CP-CIV COIN](#)
[Move to CP-AO COIN](#)
[Move to ER](#)

#### Testing Options

Option	Selection
Out-of-Network Tier?	No
Outpatient Benefit Testing	Office Visits Separate

Column Options
<a href="#">Hide Columns</a>
<a href="#">Unhide All Columns</a>

No Errors found?
TRUE

### Results By Benefit Classification

A. Result Classification	B1. Do the MRISGUD and shares match all Media/Surgical and shares in the Results Classification? (In-Network)	C. Test Requested? (Do of Networks)	B2. Do the MRISGUD and shares match all Media/Surgical and shares in the Results Classification? (Out-of-Network)	D2. Test Requested? (Do of Networks)	D. No Network Tier		
					D1. In-Network	D1. Out of Network	E. Test Results
Emergency Care	No	No	No	No	Paid		Paid
Preventive Services	No	No	No	No	Paid		Paid
Observation - All Services Combined	No	No	No	No	Paid		Paid
Observation - Office visits Separate	No	No	No	No	Paid		Paid
Observation - Office Visits	No	Yes	No	No	Paid		Paid
Observation - All Other	No	No	No	No	Paid		Paid
A. Result Classification	B. Do the MRISGUD and shares match all Media/Surgical and shares in the Results Classification?	C. Test Requested?	D. Test Results				
Emergency Care	No	No	Paid				
Preventive Services	No	No	Paid				

Click>>> [Home](#) Errors found: 0

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	Move to IF CON	Move to OP INN	Move to OP-IV INN	Move to OP-AO INN
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## COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

**Notes:** Use this table if you are separately testing outpatient office visits and all other outpatient services.

Classification	Outpatient - Office Visit	OP-OV
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Classification	Outpatient - Office Visits	OP-OV	Number of Rows
Network (In/Out)	In-Network	INN	
Classification Code	3a	OP-OV INN	
Table Name		HS_OPCOVINN_P1	

[illegible]

Service Description	Cost Share Description	Plan Projected Amount	Deductible	Co-payment	Coinsurance	Out-of-Pocket Maximum	No Cash Share (If Yes)
First 3 Primary Care Visits	Copay	\$643.17.27	N/A	\$0	N/A	\$30,000.00	
Primary Care to 3rd Visit	Copay	\$282.00.00	N/A	\$0	N/A	\$30,000.00	
Specialty Care to 3rd Visit	Copay	\$1,494.00.00	N/A	\$100	N/A	\$30,000.00	
Prescription Cost Offsets Only	No Deductible	\$306.19.25	\$0	N/A	N/A	N/A	Y
Hospital Care	Copay	\$13,090.00	N/A	\$100	N/A	\$30,000.00	
Speech, Occupational, Music, and/or Behavioral Therapy	Copay	\$507.42.23	\$6,000	N/A	40%	\$30,000	
Other Professional Services	Copay	\$127,650.00	N/A	\$40	N/A	N/A	
<b>Total/Row</b>		<b>\$3,954,290.30</b>					

#### ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Enter Footnote (as needed) about MISSED Court Shows:
XX

Cost-Share Type	MSGUD Cost Shares in Plan Designs*	Predominant Level for Medical/ Surgical	MSGUD Financial Partly/Result
Deductible	N/A	Full	Pass
Copayment	\$40.00	\$100.00	Pass
Coinurance	N/A	Full	Pass
OOPM	\$10,150.00	\$30,150.00	Pass
Overall			Pass

*\*If not applicable, enter "N/A"*

**Step 1 Substantially All (i.e.,  $\geq 3\%$  of medical/surgical benefits)**

Deductible	\$2,434,367.91	63.63%	Fail
Copayment	\$2,840,210.18	74.83%	OP-OV 18%
Coinsurance	\$557,462.32	14.06%	Fail
OPPM	\$3,397,672.90	89.55%	OP-OV 18%OPPM
Total Projected	\$3,796,292.10		

Deductible --- (3a) Outpatient - Office Visits, In-Network (OP-OV INN)	Errors found:	0
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DELETE any values in the left-hand column below.

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	Deductible	Allowed
1. Amount of contribution	\$100,000	\$100,000
2. Amount of contribution that is not deductible	0	0
3. Amount of contribution that is deductible	\$100,000	\$100,000
4. Amount of contribution that is not allowed	0	0
5. Amount of contribution that is allowed	\$100,000	\$100,000

	\$396,619.20	50.00%		
	\$396,619.20	50.00%		
<b>Total</b>	<b>\$793,238.40</b>	<b>100.00%</b>		

Copayment ---- (1a) Outpatient - Office Visit, In-Network (OP-OV INN)

Applies to substantially all medical/surgical benefits in this classification.  
ENTER different co-payment amounts from smallest to largest

[illegible]

Copayment	Allowed Claims	Portion	Predominant &	Error Checking
\$1.00	\$542,317.27	19.09%	\$1.00	
\$40.00	\$429,917.57	15.14%	\$40.00	
\$100.00	\$1,887,975.73	65.77%	\$100.00	
	50.00			
Total	\$1,840,210.56	100.00%		

Coinurance ---- (3a) Outpatient - Office Visits, In-Network (OP-OV INN)	
---	--

Does not apply to substantially all medical/surgical benefits in this classification.  
DELETE any values in the left-hand column below.

\_\_\_\_\_

Collocation	Allowed Claims	Portion	Predominant &	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
<b>Total</b>	\$0.00	0.00%		

OC9M --- (3a) Outpatient - Office Visits, In-Network (OP-OV INN)

Applies to substantially all medical/surgical benefits in the common self-insured plans for self-insured employers.

ENTER different copier amounts from smallest to largest.

GOFM	Allowed Claims	Portion	Predominant &	Error Checking
\$20,150.00	\$1,397,672.90	100.00%	\$20,150.00	
	\$0.00			
	\$0.00			
	\$0.00			
<b>Total</b>	<b>\$1,397,672.90</b>	<b>100.00%</b>		

MHSUD Financial Requirement (a.k.a. Cost Share) Parity Testing

Issuer / Market: Premier Blue Cross  
Market: Individual

Worksheet info

[Link back to Summary Sheet](#)  
[View Request CSV Format](#)  
[See the Example worksheet for additional details.](#)

PLAN INFORMATION

Plan Name: Premier Blue Cross Preferred Bronze HSA  
Plan ID: 45833WALH40058  
CSR Variant Description: 

noneThis will auto populate from summary sheet macro  
noneIf the plan is a CSR variant, identify it here. Otherwise, leave the field blank.

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result: 

Pass

noneClick the links in the cells below to scroll directly to the stated sectionsnone  
[Scroll to D1-D4](#)  
[Scroll to D5-D6](#)  
[Scroll to D7-D9](#)  
[Scroll to D10](#)  
[Scroll to D11](#)  
[Scroll to D12](#)

Testing Options

OptionSelection

Out of Network Test?No

Outpatient Benefit TestingOther Tests Required

Column Options

[Include Columns](#)  
[Hide/Unhide All Columns](#)

No Errors Found?

YES

Results By Benefit Classification						
A. Benefit Classification	B1. Do the MHSUD cost shares match all Medical/Surgical cost shares in the Benefit Classification? (In-Network)	C1. Test Required? (In-Network)	B2. Do the MHSUD cost shares match all Medical/Surgical cost shares in the Benefit Classification? (Out of Network)	C2. Test Required? (Out of Network)	D. By Network Tier	
					D1. In-Network	D2. Out of Network
Inpatient	Yes	No			Pass	Pass
Outpatient						
Outpatient - All Services Combined						
Outpatient - Office of Care Services	Yes	No			Pass	Pass
Outpatient - Office Visit						
Outpatient - All Other	Yes	No			Pass	Pass
A. Benefit Classification	B. Do the MHSUD cost shares match all Medical/Surgical cost shares in the Benefit Classification?	C. Test Required?	D. Test Results			
Emergency Care	Yes	No	Pass			
Prescription Drugs	Yes	No	Pass			

### PLAN INFORMATION

Plan Name:	Premiera Blue Cross Cascade Vital Gold	cccThis will auto populate from summary sheet macro
Plan ID:	49831WA1940009	cccThis will auto populate from summary sheet macro
Plan Description:		cccIf the plan is a CSR variant, identify it here. Otherwise, leave the field blank.

Overall Result: **Pass**

*Links only work for sections that are not already hidden>>>>*

Column Options
<a href="#">Update Columns</a>
<a href="#">Hide/Unhide All Columns</a>

[Link back to Summary Sheet](#)  
 User Inputs Cell Format  
 See the [Example worksheet](#) for additional details.

Click>>>>  Errors found:

Click the links in the cells below to scroll directly to the stated section>>>>

<a href="#">Move to IP-DOCS</a>	<a href="#">Move to OP-IRIS</a>	<a href="#">Move to OP-OV IN</a>	<a href="#">Move to OP-AD IN</a>
<a href="#">Move to OP-OV OON</a>	<a href="#">Move to OP-AD OC</a>	<a href="#">Move to ER</a>	<a href="#">Move to RX</a>

Click Home      Errors found: 0

---

Click the links in the cells below to scroll directly to the stated section

<a href="#">Move to IP INI</a>	<a href="#">Move to IP CON</a>	<a href="#">Move to OP INI</a>	<a href="#">Move to OP-CP INI</a>	<a href="#">Move to OP-AO INI</a>
<a href="#">Move to OP CON</a>	<a href="#">Move to OP-CV CON</a>	<a href="#">Move to OP-AO CON</a>	<a href="#">Move to EX</a>	

A. Benefit Classification	B. Do the MHS/DC cost shares match all Medical/surgical cost shares in the Benefit Classification?	C. Test Required?	D. Test Results			
Emergency Care	Yes	No	Pass			
Prescription Drugs	Yes	No	Pass			

**Benefit Classification:** (3a) Outpatient - Office Visits, In-Network (OP-OV INN)  
**Notes:** Use this table if you are separately billing outpatient office visits and all other outpatient services.

<p><i>are not used, if it does not only, enter "N/A"</i></p>							
Service Description	Description	Planned Amount	Debitable	Coreportion	Contribution	Out-of-Pocket Share	No Cash Share (If Cash, enter "N/A")
First Primary Care Visit	Cover	\$0-82,242.34	N/A	\$15	N/A	\$8.05	
Primary Care In Visit	Cover	\$205,099.25	N/A	\$25	N/A	\$9.50	
Specialist Office Visit	Cover	\$5,877,325.88	N/A	\$60	N/A	\$4.00	
Preventive Care Office Visit	No charge	\$958,939.94	N/A	N/A	N/A	N/A	
Urgent Care	Cover	\$11,190.00	N/A	\$20	N/A	\$8.00	
Speech, Occupational, Managerial and Physical Therapy	Cover	\$340,323.01	N/A	\$30	N/A	\$9.00	
<b>Total Rows</b>	Cover	\$6,403,088.33	N/A	\$25	N/A	\$9.00	
		\$4,835,088.33					

[illegible]

Enter Equinotes  
(as needed) about  
MidSouth-Cast Shares

Deductible	\$0.00	0.00%	Fail
Copayment	\$3,434,670.62	89.55%	OP-OV INN Conspirement
Coinurance	\$0.00	0.00%	Fail
COOPM	\$3,434,670.62	89.55%	OP-OV INN COOPM

**Deductible — (2a) Outpatient - Office Visits, In-Network IDP-OV INN**  
Does not apply to substantially all medical/surgical benefits in this class.  
DELETE any values in the left-hand column below.

Copayment	Allowed Claims	Portion	Predominant &	Error Checking
\$15.00	\$982,821.64	28.63%	\$15.00	
\$30.00	\$563,532.61	38.41%	\$30.00	
\$35.00	\$11,380.69	0.33%	\$35.00	
\$40.00	\$1,877,125.68	54.63%	\$40.00	
<b>Total</b>	<b>\$3,434,670.62</b>	<b>100.00%</b>		

Coinsurance	Allowed Claims	Portion	Predominant &	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
<b>Total</b>	\$0.00	0.00%		

CDMP	Allocations	Partials	Redeemed	Error Checking
\$8,800.00	\$3,434,670.62	100.00%	\$8,800.00	
	\$0.00			
	\$0.00			
	\$0.00			
<b>Total</b>	<b>\$3,434,670.62</b>	<b>100.00%</b>		

**Benefit Classification:** (3b) Outpatient - All Other, In-Network (OP-AO INN)

**Notes:** Use this table if you are separately billing outpatient office visits and all other outpatient services.

For each class shown in # 1 of the exhibit, show:		Cash Basis Statement		Cash Basis Statement		Cash Basis Statement		Cash Basis Statement	
Service Offering	Class Description	Plan-Prepared Amount	Debitable	Commitment	Contingence	Default	Product	Non-Share	Non-Share
Laboratory Assistant and Professional Services	Expense	\$1,213,180.00	N/A	\$10.00	N/A	\$0.00	\$0.00	\$0.00	\$0.00
Refuge and Mortgage	Expense	\$1,248,544.00	N/A	\$10.00	N/A	\$0.00	\$0.00	\$0.00	\$0.00
Advanced Imaging	Debitable, then expense	\$895,762.00	\$1,000.00	\$0.00	N/A	\$0.00	\$0.00	\$0.00	\$0.00
Occupational Facility	Debitable, then expense	\$9,014,398.00	\$1,000.00	\$100.00	N/A	\$0.00	\$0.00	\$0.00	\$0.00
Occupational Physician	Debitable, then expense	\$4,399,768.00	\$1,000.00	\$75.00	N/A	\$0.00	\$0.00	\$0.00	\$0.00
Residential Care	Non-share	\$120,277.00	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>Total Row</b>		<b>\$17,664,660.00</b>							

Financial Parity for (3b) Outpatient - All Other, In-Network (OP-AO INN)			
Group Health Plan	Self-Funded Group Health Plan	Group Health Plan or Self-Funded Group Health Plan	Self-Funded Group Health Plan

Enter Footnotes (as needed) about Midfield Court Shown
XX

Deductible	\$18,394,462.56	81.86%	OP-AD INN Deductible
Copayment	\$18,854,228.03	98.19%	OP-AD INN Copayment
Coinsurance	\$0.00	0.00%	Fail
COPI	\$18,854,228.03	98.19%	OP-AD INN COPI

**Deductible — (3b) Outpatient - All Other, In-Network (OP-AD INN)**  
Applies to substantially all medical/surgical benefits in this classification.  
ENTER different deductible amounts from smallest to largest.

Copy Payment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$30.00	\$2,409,765.47	14.50%	\$30.00	
\$75.00	\$6,399,764.70	26.10%	\$75.00	
\$300.00	\$909,762.50	5.60%	\$300.00	
\$250.00	\$9,034,935.36	51.61%	\$250.00	
<b>Total</b>	<b>\$16,854,228.03</b>	<b>100.00%</b>		

Coinurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	50.00			
	50.00			
	50.00			
	50.00			
<b>Total</b>	50.00	0.00%		

CDPM	Allocations	Partis	Predominant & Significant	Error Checking
\$8,900.00	\$16,854,228.03	100.00%	\$8,900.00	
	\$0.00			
	\$0.00			
	\$0.00			
<b>Total</b>	<b>\$16,854,228.03</b>	<b>100.00%</b>		

# Mental Health and Substance Use Disorder (MHSUD) Financial Requirement Parity Certification

*Required to be submitted with Plan Year (PY) 2026*

*ACA Individual and Small Group Market Rate Filings*

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## **I. PURPOSE**

Issuers are required to comply with the federal Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) and its implementing regulations and guidance, such as Chapter 284-43 WAC Subchapter K, Mental Health and Substance Use Disorder. Financial requirements and treatment limitations applicable to mental health/substance use disorder (MHSUD) benefits cannot be more restrictive than those applicable to medical/surgical benefits.

This document focuses on financial parity requirements [MHPAEA and WAC 284-43-7040]. For quantitative treatment limitations (QTL) and non-quantitative treatment limitations (NQTL), see the checklist under the form filing instructions; for QTL and NQTL definitions, see MHPAEA and WAC 284-43-7010.

Financial requirements are defined in MHPAEA and WAC 284-43-7010 as cost sharing measures, such as deductibles, copayments, coinsurance, and out-of-pocket maximums; note that the definition explicitly excludes aggregate lifetime and annual dollar limits.

See WAC 284-43-7010 for additional relevant definitions (e.g., classification of benefits, medical/surgical benefits, mental health benefits, predominant level, substance use disorder benefits, and substantially all).

## **II. KEY POINTS**

### **A. Required level of review**

Attest/certify in section III below.

1. Parity review must be done separately by plan, for each type of financial requirement and each benefit classification.
2. Parity review also must be done separately by coverage unit, if a plan or issuer applies different levels of financial requirement (i.e., different cost shares) to different coverage units. [WAC 284-43-7020(6)(e), WAC 284-43-7040(2) and WAC 284-43-7040(4)]

WAC 284-43-7010 defines a coverage unit as the way in which a plan or issuer groups individuals for purposes of determining benefits, premiums, or contributions. For example, different coverage units could be self-only, family, or employee-plus-spouse.

## B. Classifying Benefits

[Note especially WAC 284-43-7020.]

Attest/certify in section III below.

1. All medical/surgical and MHSUD benefits are subject to parity review. Each medical/surgical and MHSUD benefit must be assigned to a benefit classification.
2. Permitted classifications of benefits:
  - (1) Inpatient, In-Network
  - (2) Inpatient, Out-of-Network
  - (3) Outpatient, In-Network
    - (3a) Outpatient, In-Network – Office Visits
    - (3b) Outpatient, In-Network – All Other Outpatient
  - (4) Outpatient, Out-of-Network
    - (4a) Outpatient, Out-of-Network – Office Visits
    - (4b) Outpatient, Out-of-Network – All Other Outpatient
  - (5) Emergency Care
  - (6) Prescription Drugs

Per WAC 284-43-7020(6)(a), plans and issuers may split outpatient into “office visits” and “all other outpatient items and services.” A particular plan should address (3) **or** both (3a)+(3b), not all three; similarly, a particular plan should address (4) **or** both (4a)+(4b), not all three.

3. When classifying benefits, the same standards must apply to both medical/surgical and MHSUD benefits.

For example, assign covered intermediate MHSUD benefits (e.g., residential treatment, partial hospitalization, and intensive outpatient treatment) in the same way comparable intermediate medical/surgical benefits are assigned. Additionally, if home health care is classified as outpatient, then any covered MHSUD intensive outpatient services and partial hospitalizations must also be classified as outpatient. [WAC 284-43-7020(3)]

## C. Financial requirement parity details

[Note especially WAC 284-43-7020, WAC 284-43-7020(4), and WAC 284-43-7040.]

Attest/certify in section III below.

1. Financial requirement parity analysis considers both type and level.
  - a) Financial requirement cost share types include deductibles, copayments, coinsurance, and out-of-pocket maximums but not aggregate lifetime and annual dollar limits.
  - b) A financial requirement cost share level is the amount of the financial requirement type. For example, coinsurance levels might include 20% and 25%; copayment levels might include \$15 and \$20; and deductible levels might include \$250 and \$500.



2. Financial requirement parity methodology:

Within each benefit classification [WAC 284-43-7020], a plan or issuer may not apply any financial requirement to MHSUD benefits that is more restrictive than the corresponding predominant level applied to medical/surgical benefits.

- a) WAC 284-43-7010 indicates that a type of financial requirement is considered to apply to "substantially all" medical/surgical benefits in a classification if it applies to at least two-thirds of all medical/surgical benefits in that classification as determined by WAC 284-43-7040(2)(a).
- b) WAC 284-43-7010 indicates if a type of financial requirement applies to substantially all medical/surgical benefits in a classification, the "predominant level" is the level that applies to more than one-half of the medical/surgical benefits in that classification subject to the financial requirement.
- c) Review projected plan payments for medical/surgical benefits for the upcoming plan year.  
Dollar amounts should be stated as allowed claim amounts (i.e., the amount the plan allows) before enrollee cost sharing because payments based on the allowed amounts cover the full scope of benefits being provided. A reasonable actuarial method must be used to project the dollar amounts. [WAC 284-43-7040(1)(c)]
- d) Note that WAC 284-43-7040(1)(d) clarifies how to handle certain plan dollar thresholds.

3. Rate filing documentation of financial requirement parity:

In the rate filing, address the following for each plan, classification, and coverage unit (if applicable).

- a) For medical/surgical benefits, show every different cost share type and level. Then, demonstrate what meets the "substantially all" requirements and what qualifies as the "predominant level."
- b) Compare MHSUD benefit cost shares to medical/surgical benefits' substantially all and predominant level cost shares.
- c) As noted under section B above, WAC 284-43-7020(6)(a) allows, but does not require, subclassifications within outpatient – (a) office visits versus (b) all other outpatient items and services.

For each plan, please indicate whether outpatient parity testing was conducted in aggregate (i.e., one outpatient benefit classification) or using the outpatient subclassifications. Provide information and results accordingly.

4. Actuarial memorandum discussion of projected plan dollar amounts:

In the Part III Actuarial Memorandum, please describe how the 2026 annual projected plan and benefit dollar amounts were determined.

Address the following:

- a) Describe the underlying claims data source and characteristics as well as any adjustments made. Explain any differences versus the data used to project PY2026 claims and premium rates.
- b) Ensure claim amounts reflect what the plan allows before reductions for enrollee cost sharing.

- c) How does plan-level data compare to data for the book of business?  
The underlying data set will not usually be your issuer's entire projected book of business; additionally, the projections will reflect plan-level assumptions as opposed to product-level assumptions. For example, see the (\*) CMS FAQs listed below.
- d) Certify that a reasonable actuarial method was used to project amounts for each plan in accordance with WAC 284-43-7040(1)(c)(ii) and applicable Actuarial Standards of Practice.
- e) Provide additional requested data details on the 'Data Information' tab in your complementary Excel workbook of MHSUD financial requirement parity calculations.

(\*) CMS/CCIIO ACA FAQ 31; April 20, 2016; Q8. CMS/CCIIO ACA FAQ 34; October 27, 2016; Q3.

## D. Cumulative financial requirements

[Note especially WAC 284-43-7040(3).]

Attest/certify in section III below.

A plan or issuer may not apply cumulative financial requirements (e.g., deductibles and out-of-pocket maximums) for MHSUD benefits in a classification that accumulate separately from any cumulative requirement established for medical/surgical benefits in the same classification. Note that cumulative requirements must also satisfy the quantitative parity analysis.

## E. Prohibited exclusions

[Note especially WAC 284-43-7080.]

Attest/certify in section III below.

A plan may not exclude MHSUD treatments or services for any of the reasons documented in WAC 284-43-7080.

## III. DOCUMENTATION & ATTESTATION

General Information	
Issuer Name:	Premera Blue Cross
Applicable Market:	Individual
Plan Year:	2026

- Please complete and submit one set of MHSUD financial requirement parity certification documents for each rate filing.
  - Certification: PDF version of this certification document.
  - Calculations: Excel file (and its corresponding PDF file) demonstrating financial requirement parity testing results. See below for details.



2. For the calculations, use the OIC-developed Excel template found on our website ([Certification - Rates - 2026 Mental Health and Substance Use Disorder Financial Req Parity Calculations](#)).
  - a) Review instructions on the first worksheet tab.
  - b) Create and populate a separate detailed worksheet for each plan.
  - c) After fully populating the Excel file, create a PDF version of the file. In SERFF, submit both the Excel and PDF file formats. Remember the Excel and PDF file contents and file names should exactly match with the only exception being that the Excel file name will end in "DUPLICATE."
3. Actuarial certification:
  - a) Complete the actuarial certification below.
  - b) Enter requested information, as needed.
  - c) Check attestation boxes, where appropriate, to indicate your agreement.
  - d) Then, complete the signature block.
  - e) Create a PDF version of the file, and upload the PDF version to SERFF.
4. List below the names of the supporting files:

[PBCWA Ind 2026 MHSUD Parity Calculations DUPLICATE.xlsx](#)

[PBCWA Ind 2026 MHSUD Parity Calculations.pdf](#)

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**Actuarial Certification  
of MHSUD Financial Requirement Parity  
for the PY2026 ACA Rate Filing:**

I, [Hiu-Wan Ko, FSA, MAAA](#), certify the following:

- ☒ I am an employee of [Premera Blue Cross](#) or  
☐ I am a consultant associated with the firm of <<insert name of consulting firm>>;
- ☒ I am a qualified actuary as outlined in Chapter 284-05 WAC. I am a member of the American Academy of Actuaries, and I am acting within the scope of my training, experience, and qualifications.
- ☒ Level of review:  
I attest to conducting MHSUD financial requirement parity analysis at the appropriate level, as noted below:
- ☒ Parity review was done separately by plan, for each type of financial requirement and each benefit classification. Parity analysis does not vary by coverage unit because financial requirements do not vary by coverage unit.
- ☐ Parity review was done separately by plan and coverage unit, for each type of financial requirement and each benefit classification. Parity analysis varies by coverage unit because financial requirements vary by coverage unit.



☒ Benefit classifications:

I attest that all medical/surgical and MHSUD benefits were assigned to benefit classifications.

I attest that the issuer (1) has criteria documented as to how medical/surgical benefits were assigned to each permitted classification and (2) the same standards apply for both medical/surgical and MHSUD benefits.

Upon request, the documentation can be made available to the Washington OIC within 10 business days.

☒ Cost-share accuracy:

For the 2026 plan year, I certify the accuracy of the cost shares for both medical/surgical and MHSUD benefits that are used to evaluate parity of MHSUD financial requirements as loaded into the calculation workbook ([PBCWA Ind 2026 MHSUD Parity Calculations.pdf](#)) and as otherwise discussed in this rate filing.

☒ Projected plan dollar amounts:

I attest to the following related to dollar amounts used to test MHSUD financial requirement parity:

- ☒ Projected dollar amounts are consistent with plan-specific projected allowed amounts used elsewhere in this rate filing, or
- ☐ Projected dollar amounts differ from plan-specific projected allowed amounts used elsewhere in this rate filing as explained in the Part III actuarial memorandum.
- ☒ Projected dollar amounts reflect what the plan allows before reductions for enrollee cost sharing.
- ☒ Plan-level dollar amounts do not reflect aggregate data for the book of business.
- ☒ A reasonable actuarial method was used to project amounts for each plan in accordance with WAC 284-43-7040(1)(c)(ii) and applicable Actuarial Standards of Practice (ASOPs).
- ☒ Additional data details are available on the 'Data Information' tab in the Excel workbook of MHSUD financial requirement parity calculations.

☒ Financial requirement parity:

I attest to parity between MHSUD benefits and medical/surgical benefits in

- ☒ Financial requirements as outlined in Chapter 284-43 WAC Subchapter K Mental Health and Substance Use Disorder and
- ☒ Financial accumulators, such as deductibles and out-of-pocket maximums, by plan and classification. [Note especially WAC 284-43-7040(3).]

☒ Substantially all and predominance:

I certify that each plan submitted in this rate filing meets the "substantially all" and "predominant" / "predominant level" financial requirement parity testing requirements under MHPAEA and Chapter 284-43 WAC, Subchapter K Mental Health and Substance Use Disorder.

- ☒ Type: I attest that for each plan, the type of financial requirement imposed upon MHSUD benefits in each classification (or applicable subclassification) applies to at least two-thirds of projected allowed amounts for medical/surgical benefits within that classification (or applicable subclassification).
- ☒ Level: I attest that for each plan, the level of financial requirement imposed upon MHSUD benefits in each classification (or applicable subclassification) is no more restrictive than the level of financial



requirement imposed upon more than one-half of projected allowed amounts for medical/surgical benefits within that classification (or applicable subclassification).

- ☒ I attest that if a single financial requirement did not meet the one-half threshold for a particular plan and classification (or applicable subclassification), then the level of financial requirement imposed upon MHSUD benefits was determined after combining levels until the combination of levels covered more than one-half of projected allowed amounts for medical/surgical benefits within that classification (or applicable subclassification), as described in WAC 284-43-7040(2)(b)(ii) and (iii).
- ☒ I attest that the above statements are supported by details in the complementary MHSUD financial requirement calculation workbook (cited above) and submitted as part of this rate filing.

☒ Parity across tiers:

- WAC 284-43-7020(5)(a): A plan or issuer must treat the least restrictive level of the financial requirement that applies to at least two-thirds of medical/surgical benefits across all provider tiers in a classification as the predominant level that it may apply to MHSUD benefits in the same classification.
  - ☒ I certify that this does not apply to any plans in this rate filing. The plans do not use provider tiers, or the financial requirements do not vary by provider tier.
  - ☐ This situation applies to at least one plan in this rate filing, and I certify that the requirements were met. See this related file for additional documentation and explanation: <<enter name of file(s)>>.
- WAC 284-43-7020(5)(b): If a plan or issuer classifies providers into tiers and varies cost-sharing by tier, the criteria for classification must be applied to generalists and specialists providing MHSUD services no more restrictively than such criteria are applied to medical/surgical benefit providers.
  - ☒ I certify that this does not apply to any plans in this rate filing. The plans do not use provider tiers, or the cost-sharing does not vary by provider tier.
  - ☐ This situation applies to at least one plan in this rate filing, and I certify that the requirements were met. See this related file for additional documentation and explanation: <<enter name of file(s)>>.
- WAC 284-43-7020(6)(b): A plan or issuer may divide its benefits furnished on an in-network basis into subclassifications that reflect network tiers if the tiering is based on reasonable factors and without regard to whether a provider is an MHSUD provider or a medical/surgical provider.
  - ☒ I certify that this does not apply to plans in this rate filing. The plans do not use network tiers.
  - ☐ This situation applies to at least one plan in this rate filing, and I certify that the requirements were met. See this related file for additional documentation and explanation: <<enter name of file(s)>>.
- WAC 284-43-7020(6)(c): After network tiers are established, the plan or issuer may not impose any financial requirement on MHSUD benefits in any tier that is more restrictive than the predominant financial requirement that applies to substantially all medical/surgical benefits in that tier.
  - ☒ I certify that this does not apply to any plans in this rate filing. The plans do not use network tiers.
  - ☐ This situation applies to at least one plan in this rate filing, and I certify that the requirements were addressed. See this related file for additional documentation and explanation: <<enter name of file(s)>>.

Mental Health and Substance Use Disorder (MHSUD) Financial Requirement Parity Certification  
– Submit with Plan Year 2026 ACA Individual and Small Group Market Rate Filings

- WAC 284-43-7020(6)(d): If a plan applies different levels of financial requirements to different tiers of prescription drug benefits based on reasonable factors and without regard to whether a drug is generally prescribed with respect to medical/surgical benefits or with respect to MHSUD benefits, the plan satisfies the parity requirements with respect to prescription drug benefits. Reasonable factors include cost, efficacy, generic versus brand name, and mail order versus pharmacy pick-up.

☒ I certify that none of the plans in this rate filing use prohibited prescription drug tiers. Prescription drug tiers are based only on the reasonable factors listed above and without regard to whether a drug is prescribed for medical/surgical or MHSUD benefits.

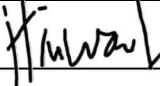
☒ No prohibited exclusions:

WAC 284-43-7080 (*including rule updates effective January 1, 2022, for gender affirming treatment*): A plan may not exclude MHSUD treatments or services for any of the reasons documented in WAC 284-43-7080.

☒ I certify that none of the plans in this rate filing apply exclusions prohibited by WAC 284-43-7080.

☒ I attest that, to the best of my knowledge, each of the plans otherwise satisfy the requirements under MHPAEA and Chapter 284-43 WAC, Subchapter K.

Actuary's Name & Designations: Hiu-Wan Ko, FSA, MAAA

Signature: 

Title: VP of Actuarial Services

Contact Information: Hiu-Wan.Ko@Premera.com

Date of Attestation: 5/14/2025

## **Appendix B - Unique Plan Design Supporting Documentation and Justification**

**Applicable Plans:** 2026 Standard Silver, the Silver 73% CSR, the Silver 87% CSR, the Silver 94% CSR and the Expanded Bronze Standard Option

**Reasons the plan design is unique (benefits that are not compatible with the parameters of the AV calculator, and the materiality of those benefits):** For the Expanded Bronze, Silver, Silver 73% CSR, Silver 87% CSR, and Silver 94% CSR plans, Mental Health and Substance Use Disorder Outpatient Services have different cost sharing for office visits and all other services. The AVC combines these services and only allows a single input for these services. For the Expanded Bronze, Silver, Silver 73% CSR, and Silver 87% CSR plans, there is a \$1 copay for the first two primary care and Mental Health and Substance Use Disorder Outpatient office visits. The AVC input does not accommodate this feature.

**Acceptable alternate method used per 156.135(b) (2) or 156.135(b) (3):** Method 156.135(b) (3) was utilized in developing the actuarial values for the plans.

**Confirmation that only in-network cost-sharing, including multitier networks, was considered:** Only in-network cost sharing was considered in the development of the actuarial values.

**Description of the standardized plan population data used:** Acumen used the data underlying the continuance tables in the 2026 federal AV calculator.

**If the method described in 156.135(b) (2) was used, a description of how the benefits were modified to fit the parameters of the AV calculator:** n/a

**If the method described in 156.135(b) (3) was used, a description of the data and method used to develop the adjustments:** Acumen developed adjustments to the continuance tables in AVC to accommodate the unique plan design features. Wakely did not replicate these changes but rather performed reasonability testing of Acumen's methodology by testing three sets of alternative plan designs in the original AVC that would serve as the boundary cases for the adjusted AVs. The expectation was that the adjusted AV should fall within the range of AVs produced by these alternative boundary cases. Wakely tested all standard plans that offer the first two PCP and two MH/SUD at a \$1 copay visits (all except both gold designs).

The three alternative boundary plan designs used to test the reasonable AV range were as follows:

1. 2026 standard plan designs for each metal, with the same cost sharing applied to all PCP and outpatient MH/SUD services. For the expanded bronze plan design, two boundary designs were included:
  - (a) a design with the deductible and coinsurance cost sharing applied to all outpatient MH/SUD services; and
  - (b) a design with \$40 copay cost sharing applied to all PCP visits and outpatient MH/SUD services.
2. 2026 standard plan designs for each metal, with \$0 cost-sharing applied to first two PCP



visits and all outpatient MH/SUD services. This is a richer boundary case than \$1 copay but the AVC does not allow for a \$1 copay for initial visits. As such, this provides the closest boundary case within the design of AV calculator.

Wakely modeled each of these plan designs in the revised final 2026 federal AV calculator. For the expanded bronze plan, the AV for the mixed cost sharing applied to outpatient MH/SUD services (copay for office visits and deductible and coinsurance for all other services) would be a weighted average of the two AVs produced in (1a) and (1b). For all plans above, Acumen's 2026 adjusted AV falls within the AV range produced by the lower and upper boundary plan designs. For the expanded bronze plan, the adjusted actuarial value exceeds both lower bound AVs with different types of cost sharing applied to all MH/SUD outpatient services (copays and deductible / coinsurance). Considering the range of AVs created by these two plans was narrow and considering that the adjusted AV logically fell within this range, Wakely deemed the adjusted AVs calculated by Acumen to be reasonable and actuarially sound.

Note that the upper bound of the silver CSR 73% variation, the silver standard, and the standard expanded bronze AVs all fall above the de minimis range. Wakely tested an alternative design for each of these by calculating a blended best estimate PCP and MH/SUD copay using an alternative assumption for the portion of MH/SUD annual utilization for the first two visits for a member in a given year. For the expanded bronze plan, this result was further blended with the alternative plan design that treated all OP MH/SUD as subject to the deductible and coinsurance. Using these assumptions, a revised blended cost sharing for PCP and MH/SUD yielded close to best estimate actuarial values within the de minimis ranges for each of the three impacted plans. Since both Acumen and Wakely methodologies resulted in compliant AVs we can thus be confident the WAHBE Standard Plans are within the de minimis range.

**Certification Language:**

The development of the actuarial value is based on one of the acceptable alternative methods outlined in 156.135(b) (2) or 156.135(b) (3) for those benefits that deviate substantially from the parameters of the AV Calculator and have a material impact on the AV.

The analysis was

- (i) conducted by a member of the American Academy of Actuaries; and
- (ii) performed in accordance with generally accepted actuarial principles and methodologies.

**Actuary signature:** \_\_\_\_\_



**Actuary Printed Name:** Ksenia Whittal, FSA, MAAA

**Date:** April 15, 2025

## **Appendix A - Actuarial Value Certification**

### **Washington Health Benefit Exchange Standard Plan Designs Effective January 1, 2026**

I, Ksenia Whittal, am associated with the firm of Wakely Consulting Group, LLC, an HMA Company (Wakely), am a Fellow of the Society of Actuaries and a member of the American Academy of Actuaries and meet its Qualification Standards for Statements of Actuarial Opinion. Wakely was retained by Washington Health Benefit Exchange (WAHBE) to provide a certification of the adjusted actuarial value of the standard plan designs offered through WAHBE that are effective January 1, 2026. This certification may not be appropriate for other purposes.

To the best of my information, knowledge and belief, the adjusted actuarial values provided with this certification are considered actuarially sound for purposes of 45 CFR § 156.135(b), according to the following criteria:

- The revised final 2026 federal Actuarial Value Calculator was used to determine the AV for the plan provisions that fit within the calculator parameters;
- Appropriate adjustments were calculated, to the AV identified by the calculator, for plan design features that deviate substantially from the parameters of the AV calculator;
- The actuarial values have been developed in accordance with generally accepted actuarial principles and practices; and
- The actuarial values meet the requirements of 45 CFR § 156.135(b).

The assumptions and methodology used to develop the actuarial values have been documented in this report. The actuarial values associated with this certification are for the 2026 WAHBE standard expanded bronze, silver, silver 73% CSR, silver 87% CSR, silver 94% CSR, vital gold and complete gold plan designs that will be effective as of January 1, 2026 for individual coverage sold on the Washington Health Benefit Exchange.

The developed actuarial values are for the purposes of classifying plan designs of similar value and do not represent the expected actuarial value of a plan. Actual AVs will vary based on a plan's specific population, utilization, unit cost and other variables.

In developing this opinion, I have relied upon the final federal Actuarial Value calculator and the adjustment methodology provided by Acumen. Actuarial methods, considerations, and analyses used in forming my opinion conform to the appropriate Standards of Practice as promulgated from time-to-time by the Actuarial Standards Board, whose standards form the basis of this Statement of Opinion.



Ksenia Whittal, FSA, MAAA  
Senior Consulting Actuary  
Wakely Consulting Group, LLC, an HMA Company  
April 15, 2025

## Individual Market Standard Complete Gold Plan

### User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒  
 Apply Inpatient Copay per Day? ☒  
 Apply Skilled Nursing Facility Copay per Day? ☒  
 Use Separate MOOP for Medical and Drug Spending? ☐  
 Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐  
 Desired Metal Tier: Gold

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$1,000.00
		80.00%
		\$7,000.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined



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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$450.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input type="checkbox"/>	<input type="checkbox"/>		\$525.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

### Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

### Plan Description:

Name:  
 Plan HIOS ID:  
 Issuer HIOS ID:  
 AVC Version: 2026\_1d

### Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised Final 2026 AV Calculator

Calculation Successful.

81.81%

Gold

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.1094 seconds

## Individual Market Standard Vital Gold Plan

### User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒  
 Apply Inpatient Copay per Day? ☒  
 Apply Skilled Nursing Facility Copay per Day? ☒  
 Use Separate MOOP for Medical and Drug Spending? ☐  
 Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐  
 Desired Metal Tier: Gold

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$1,900.00			
		80.00%			
		\$8,800.00			



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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$800.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input type="checkbox"/>	<input type="checkbox"/>		\$650.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

### Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

### Plan Description:

Name:  
 Plan HIOS ID:  
 Issuer HIOS ID:  
 AVC Version: 2026\_1d

### Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

78.06%

Gold

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.1523 seconds

Revised Final 2026 AV Calculator



## Individual Market Standard Silver Plan

### User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒  
 Apply Inpatient Copay per Day? ☒  
 Apply Skilled Nursing Facility Copay per Day? ☒  
 Use Separate MOOP for Medical and Drug Spending? ☐  
 Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐  
 Desired Metal Tier: Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$2,500.00
		70.00%
		\$9,750.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined



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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$800.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$800.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$800.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$600.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

### Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>
# Visits (1-10):	2
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

### Plan Description:

Name:  
 Plan HIOS ID:  
 Issuer HIOS ID:  
 AVC Version: 2026\_1d

### Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

71.33%

Silver

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.1172 seconds

Revised Final 2026 AV Calculator

## Individual Market Standard Silver, CSR 73% Plan

### User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒  
 Apply Inpatient Copay per Day? ☒  
 Apply Skilled Nursing Facility Copay per Day? ☒  
 Use Separate MOOP for Medical and Drug Spending? ☐  
 Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒  
 Desired Metal Tier: Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$2,500.00
		70.00%
		\$7,950.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined



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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$800.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$800.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$800.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$600.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$24.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

### Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>
# Visits (1-10):	2
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

### Plan Description:

Name:  
 Plan HIOS ID:  
 Issuer HIOS ID:  
 AVC Version: 2026\_1d

### Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised Final 2026 AV Calculator

CSR Level of 73% (200-250% FPL), Calculation Successful.

73.49%

Silver

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.1055 seconds

## Individual Market Standard Silver, CSR 87% Plan

### User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒  
 Apply Inpatient Copay per Day? ☒  
 Apply Skilled Nursing Facility Copay per Day? ☒  
 Use Separate MOOP for Medical and Drug Spending? ☐  
 Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒  
 Desired Metal Tier: Gold

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$750.00			
		80.00%			
		\$2,850.00			



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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$425.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$425.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$425.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$325.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$120.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$12.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$160.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$160.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

### Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>
# Visits (1-10):	2
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

### Plan Description:

Name:  
 Plan HIOS ID:  
 Issuer HIOS ID:  
 AVC Version: 2026\_1d

### Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised Final 2026 AV Calculator

CSR Level of 87% (150-200% FPL), Calculation Successful.

87.78%

Gold

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.1172 seconds

## Individual Market Standard Silver, CSR 94% Plan

### User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒  
 Apply Inpatient Copay per Day? ☒  
 Apply Skilled Nursing Facility Copay per Day? ☒  
 Use Separate MOOP for Medical and Drug Spending? ☐  
 Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒  
 Desired Metal Tier: Platinum

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$0.00
		85.00%
		\$2,400.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined



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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$1.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$12.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

### Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>
Specialty Rx Coinsurance Maximum:
Set a Maximum Number of Days for Charging an IP Copay? <input checked="" type="checkbox"/>
# Days (1-10): 5
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>
# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>
# Copays (1-10):

### Plan Description:

Name:  
 Plan HIOS ID:  
 Issuer HIOS ID:  
 AVC Version: 2026\_1d

### Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised Final 2026 AV Calculator

CSR Level of 94% (100-150% FPL), Calculation Successful.

94.76%

Platinum

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.1055 seconds

## Individual Market Standard Expanded Bronze Plan

### User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒  
 Apply Inpatient Copay per Day? ☐  
 Apply Skilled Nursing Facility Copay per Day? ☐  
 Use Separate MOOP for Medical and Drug Spending? ☐  
 Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒

Desired Metal Tier: Bronze

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$6,000.00
		60.00%
		\$10,150.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined



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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$32.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

### Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>
# Visits (1-10):	2
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

### Plan Description:

Name:  
 Plan HIOS ID:  
 Issuer HIOS ID:  
 AVC Version: 2026\_1d

### Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised Final 2026 AV Calculator

Expanded Bronze Standard (56% to 65%), Calculation Successful.

63.64%

Bronze

NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

0.1055 seconds

## Individual Market Standard Silver Plan (Adjusted)

### User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒  
 Apply Inpatient Copay per Day? ☒  
 Apply Skilled Nursing Facility Copay per Day? ☒  
 Use Separate MOOP for Medical and Drug Spending? ☐  
 Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐  
 Desired Metal Tier: Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$2,500.00
		70.00%
		\$9,750.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined



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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$800.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$800.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care & MHSUD Office Visits	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services other than Office Visits	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$800.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$600.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

### Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care & MHSUD Office Visit Cost-Sharing After a Set Number of \$1 Visits?	<input checked="" type="checkbox"/>
# Visits (1-10):	2
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	
Set a Maximum on Outpatient Facility Fee Coinsurance Payments?	<input type="checkbox"/>
Outpatient Facility Fee Coinsurance Maximum:	

### Plan Description:

Name:  
 Plan HIOS ID:  
 Issuer HIOS ID:  
 AVC Version: 2026\_1d\_Coins\_Cap

### Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

71.84%

Metal Tier:

Silver

Additional Notes:

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time:

0.1133 seconds

WAHBE Revised Final 2026 AV Calculator

## Individual Market Standard Silver, CSR 73% Plan (Adjusted)

### User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒  
 Apply Inpatient Copay per Day? ☒  
 Apply Skilled Nursing Facility Copay per Day? ☒  
 Use Separate MOOP for Medical and Drug Spending? ☐  
 Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒  
 Desired Metal Tier: Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$2,500.00
		70.00%
		\$7,950.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined



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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$800.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$800.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care & MHSUD Office Visits	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services other than Office Visits	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$800.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$600.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$24.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

### Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care & MHSUD Office Visit Cost-Sharing After a Set Number of \$1 Visits?	<input checked="" type="checkbox"/>
# Visits (1-10):	2
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	
Set a Maximum on Outpatient Facility Fee Coinsurance Payments?	<input type="checkbox"/>
Outpatient Facility Fee Coinsurance Maximum:	

### Plan Description:

Name:  
 Plan HIOS ID:  
 Issuer HIOS ID:  
 AVC Version: 2026\_1d\_Coins\_Cap

### Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

WAHBE Revised Final 2026 AV Calculator

CSR Level of 73% (200-250% FPL), Calculation Successful.

73.95%

Silver

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.1055 seconds

## Individual Market Standard Silver, CSR 87% Plan (Adjusted)

### User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒  
 Apply Inpatient Copay per Day? ☒  
 Apply Skilled Nursing Facility Copay per Day? ☒  
 Use Separate MOOP for Medical and Drug Spending? ☐  
 Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒  
 Desired Metal Tier: Gold

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$750.00
		80.00%
		\$2,850.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined



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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$425.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$425.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care & MHSUD Office Visits	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services other than Office Visits	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$425.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$325.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$120.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$12.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$160.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$160.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

### Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care & MHSUD Office Visit Cost-Sharing After a Set Number of \$1 Visits?	<input checked="" type="checkbox"/>
# Visits (1-10):	2
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	
Set a Maximum on Outpatient Facility Fee Coinsurance Payments?	<input type="checkbox"/>
Outpatient Facility Fee Coinsurance Maximum:	

### Plan Description:

Name:  
 Plan HIOS ID:  
 Issuer HIOS ID:  
 AVC Version: 2026\_1d\_Coins\_Cap

### Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

WAHBE Revised Final 2026 AV Calculator

CSR Level of 87% (150-200% FPL), Calculation Successful.

87.87%

Gold

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.1016 seconds



## Individual Market Standard Silver, CSR 94% Plan (Adjusted)

### User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒  
 Apply Inpatient Copay per Day? ☒  
 Apply Skilled Nursing Facility Copay per Day? ☒  
 Use Separate MOOP for Medical and Drug Spending? ☐  
 Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒

Desired Metal Tier **Platinum**

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$0.00
		85.00%
		MOOP (\$) \$2,400.00
		MOOP if Separate (\$)

Tier 2 Plan Benefit Design		
Medical	Drug	Combined



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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care & MHSUD Office Visits	<input type="checkbox"/>	<input type="checkbox"/>		\$1.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services other than Office Visits	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$12.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

### Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care & MHSUD Office Visit Cost-Sharing After a Set Number of \$1 Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	
Set a Maximum on Outpatient Facility Fee Coinsurance Payments?	<input type="checkbox"/>
Outpatient Facility Fee Coinsurance Maximum:	

### Plan Description:

Name:  
 Plan HIOS ID:  
 Issuer HIOS ID:  
 AVC Version: 2026\_1d\_Coins\_Cap

### Output

**Calculate**

Status/Error Messages:

Actuarial Value:

Metal Tier:

CSR Level of 94% (100-150% FPL), Calculation Successful.

94.86%

Platinum

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.1016 seconds

WAHBE Revised Final 2026 AV Calculator

## Individual Market Standard Expanded Bronze Plan (Adjusted)

### User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒  
 Apply Inpatient Copay per Day? ☐  
 Apply Skilled Nursing Facility Copay per Day? ☐  
 Use Separate MOOP for Medical and Drug Spending? ☐  
 Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒

Desired Metal Tier: Bronze

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$6,000.00
		60.00%
		\$10,150.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined



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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care & MHSUD Office Visits	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services other than Office Visits	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$32.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

### Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care & MHSUD Office Visit Cost-Sharing After a Set Number of \$1 Visits?	<input checked="" type="checkbox"/>
# Visits (1-10):	2
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	
Set a Maximum on Outpatient Facility Fee Coinsurance Payments?	<input type="checkbox"/>
Outpatient Facility Fee Coinsurance Maximum:	

### Plan Description:

Name:  
 Plan HIOS ID:  
 Issuer HIOS ID:  
 AVC Version: 2026\_1d\_Coins\_Cap

### Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

WAHBE Revised Final 2026 AV Calculator

Expanded Bronze Standard (56% to 65%), Calculation Successful.

64.97%

Bronze

NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

0.1055 seconds

User Inputs for Plan Parameters

Exhibit 5.1 ☒  
Apply Inpatient Copay per Day? ☐  
Apply Skilled Nursing Facility Copay per Day? ☐  
Use Separate MOOP for Medical and Drug Spending? ☐  
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐  
Desired Metal Tier

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 98.39% 2nd Tier Utilization: 1.61%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$4,500.00
Coinsurance (% , Insurer's Cost Share)		70.00%
MOOP (\$)		\$7,600.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$4,500.00
Coinsurance (% , Insurer's Cost Share)		70.00%
MOOP (\$)		\$7,600.00
MOOP if Separate (\$)		

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All <input checked="" type="checkbox"/>	<input type="checkbox"/> All <input checked="" type="checkbox"/>			<input type="checkbox"/> All <input checked="" type="checkbox"/>	<input type="checkbox"/> All <input checked="" type="checkbox"/>			<input type="checkbox"/> All <input checked="" type="checkbox"/>	<input type="checkbox"/> All <input checked="" type="checkbox"/>
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input checked="" type="checkbox"/>	100.00%	\$0.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>	100.00%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All <input checked="" type="checkbox"/>	<input type="checkbox"/> All <input checked="" type="checkbox"/>			<input type="checkbox"/> All <input checked="" type="checkbox"/>	<input type="checkbox"/> All <input checked="" type="checkbox"/>			<input type="checkbox"/> All <input checked="" type="checkbox"/>	<input type="checkbox"/> All <input checked="" type="checkbox"/>
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	55.00%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	55.00%		<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50.00%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50.00%		<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>
# Visits (1-10):	2
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description: Premera Blue Cross of WA Scenario 1

Name: Preferred Silver  
Plan HIOS ID: 49831WA1940004  
Issuer HIOS ID: 49831  
AVC Version: 2026\_1b

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

71.95%

Silver

NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time:

0.5742 seconds

Final 2026 AV Calculator

User Inputs for Plan Parameters

Exhibit 5.1 ☒  
Apply Inpatient Copay per Day? ☐  
Apply Skilled Nursing Facility Copay per Day? ☐  
Use Separate MOOP for Medical and Drug Spending? ☐  
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒  
Desired Metal Tier

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 98.59%
	2nd Tier Utilization: 1.41%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$4,350.00			\$4,350.00
Coinsurance (%; Insurer's Cost Share)			70.00%			70.00%
MOOP (\$)			\$6,500.00			\$6,500.00
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100.00%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100.00%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	55.00%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	55.00%		<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50.00%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50.00%		<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>
# Visits (1-10):	2
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description: Premera Blue Cross of WA Scenario 1

Name: Preferred Silver CSR 73%  
Plan HIOS ID: 49831WA194000404  
Issuer HIOS ID: 49831  
AVC Version: 2026\_1b

Output

Status/Error Messages: CSR Level of 73% (200-250% FPL), Calculation Successful.  
Actuarial Value: 73.99%  
Metal Tier: Silver  
NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: 0.5352 seconds

Final 2026 AV Calculator

User Inputs for Plan Parameters

Exhibit 5.1

☒

Apply Inpatient Copay per Day?

☐

Apply Skilled Nursing Facility Copay per Day?

☐

Use Separate MOOP for Medical and Drug Spending?☒

Desired Metal Tier

Gold

HSA/HRA Options

HSA/HRA Employer Contribution?

Annual Contribution Amount:

Tiered Network Option

Tiered Network Plan?

1st Tier Utilization: 98.94%

2nd Tier Utilization: 1.06%

Tier 1 Plan Benefit Design

Medical

Drug

Combined

Deductible (\$)

Coinurance (% Insurer's Cost Share)

MOOP (\$)

MOOP if Separate (\$)

\$600.00

70.00%

\$2,800.00

Tier 2 Plan Benefit Design

Medical

Drug

Combined

\$600.00

70.00%

\$2,800.00

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100.00%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100.00%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	55.00%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	55.00%		<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50.00%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50.00%		<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?

# Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?

# Visits (1-10):

2

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?

# Copays (1-10):

Plan Description: Premera Blue Cross of WA Scenario 1  
Name: Preferred Silver CSR 87%  
Plan HIOS ID: 49831WA194000405  
Issuer HIOS ID: 49831  
AVC Version: 2026\_1b

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2026 AV Calculator

CSR Level of 87% (150-200% FPL), Calculation Successful.

87.51%

Gold

NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

0.5469 seconds

User Inputs for Plan Parameters

Exhibit 5.1 ☒  
Apply Inpatient Copay per Day? ☐  
Apply Skilled Nursing Facility Copay per Day? ☐  
Use Separate MOOP for Medical and Drug Spending? ☐  
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒  
Desired Metal Tier **Platinum**

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 99.45%
	2nd Tier Utilization: 0.55%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$300.00			\$300.00
Coinurance (%; Insurer's Cost Share)			70.00%			70.00%
MOOP (\$)			\$800.00			\$800.00
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100.00%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100.00%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	55.00%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	55.00%		<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50.00%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50.00%		<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>
# Visits (1-10):	2
Begin Primary Care Deductible/Coinurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description: Premera Blue Cross of WA Scenario 1

Name: Preferred Silver CSR 94%  
Plan HIOS ID: 49831WA194000406  
Issuer HIOS ID: 49831  
AVC Version: 2026\_1b

Output

Status/Error Messages: CSR Level of 94% (100-150% FPL), Calculation Successful.  
Actuarial Value: 94.67%  
Metal Tier: Platinum  
NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: 0.5586 seconds

Final 2026 AV Calculator

User Inputs for Plan Parameters

Exhibit 5.1 ☒  
Apply Inpatient Copay per Day? ☐  
Apply Skilled Nursing Facility Copay per Day? ☐  
Use Separate MOOP for Medical and Drug Spending? ☐  
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐  
Desired Metal Tier

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 98.27% 2nd Tier Utilization: 1.73%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$1,500.00			\$1,500.00
Coinsurance (%; Insurer's Cost Share)			70.00%			70.00%
MOOP (\$)			\$6,800.00			\$6,800.00
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100.00%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100.00%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	55.00%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	55.00%		<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50.00%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50.00%		<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>
# Visits (1-10):	2
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description: Premiera Blue Cross of WA Scenario 1

Name: Preferred Gold  
Plan HIOS ID: 49831WA1940001  
Issuer HIOS ID: 49831  
AVC Version: 2026\_1b

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2026 AV Calculator

Calculation Successful.

79.48%

Gold

NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

0.8828 seconds

User Inputs for Plan Parameters

Exhibit 5.1 ☒  
Apply Inpatient Copay per Day? ☐  
Apply Skilled Nursing Facility Copay per Day? ☐  
Use Separate MOOP for Medical and Drug Spending? ☐  
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒  
Desired Metal Tier **Bronze**

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 98.35% 2nd Tier Utilization: 1.65%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$6,650.00			\$6,650.00
Coinurance (%; Insurer's Cost Share)			60.00%			60.00%
MOOP (\$)			\$8,800.00			\$8,800.00
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100.00%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100.00%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	55.00%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	55.00%		<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50.00%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50.00%		<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>
# Visits (1-10):	2
Begin Primary Care Deductible/Coinurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description: Premera Blue Cross of WA Scenario 1

Name: Preferred Bronze  
Plan HIOS ID: 49831WA1940003  
Issuer HIOS ID: 49831  
AVC Version: 2026\_1b

Output

**Calculate**

Status/Error Messages: Expanded Bronze Standard (58% to 65%), Calculation Successful.  
Actuarial Value: 64.15%  
Metal Tier: Bronze  
Additional Notes: NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.  
Calculation Time: 0.8242 seconds  
Final 2026 AV Calculator



User Inputs for Plan Parameters

Exhibit 5.1

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Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate MOOP for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier

BRONZE

HSA/HRA Options

HSA/HRA Employer Contribution?

Annual Contribution Amount:

Tiered Network Option

Tiered Network Plan?

1st Tier Utilization: 100.00%

2nd Tier Utilization: 0.00%

Tier 1 Plan Benefit Design

Medical

Drug

Combined

Deductible (\$)

Coinurance (% , Insurer's Cost Share)

MOOP (\$)

MOOP if Separate (\$)

\$6,800.00

60.00%

\$8,400.00

Tier 2 Plan Benefit Design

Medical

Drug

Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100.00%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100.00%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	65.00%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	55.00%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50.00%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?

# Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?

# Visits (1-10):

Begin Primary Care Deductible/Coinurance After a Set Number of Copays?

# Copays (1-10):

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Plan Description: Premera Blue Cross of WA Scenario 1

Name: Preferred Bronze HSA

Plan HIOS ID: 49831WA1940008

Issuer HIOS ID: 49831

AVC Version: 2026\_1b

Output

Calculate

Status/Error Messages:

Expanded Bronze Standard (58% to 65%), Calculation Successful.

Actuarial Value:

62.79%

Metal Tier:

Bronze

Additional Notes:

Calculation Time:

0.7266 seconds

Final 2026 AV Calculator

## Unique Plan Design—Supporting Documentation and Justification

Issuers must fill in the following information.

### Health Insurance Oversight System (HIOS) Issuer ID:

49831

### HIOS Product IDs:

49831WA194

### Applicable HIOS Plan IDs (Standard Component):

49831WA1940001, 49831WA1940003, 49831WA1940004

### Reasons the plan design is unique, that is, the reason benefits are incompatible with the parameters of the Actuarial Value Calculator (AVC) and their materiality:

On the above listed plans, the unique plan designs are:

- (1) Mental health outpatient office visit and all other outpatient services are subject to different cost sharing but the AVC only provides one row for benefit input.
- (2) First two Primary Care visits at \$1 copay, then a different copay per visit for third and later visits.

### Acceptable alternate method used per *Code of Federal Regulations (CFR) 156.135(b)(2)* or *156.135(b)(3)*:

Method 156.135(b)(3) was utilized in developing the actuarial values for the plans.

### Confirmation that only in-network cost sharing, including multitier networks, was considered:

Yes, only in-network cost sharing was considered.

### Description of the standardized plan population data used:

The population data used in the development of the adjustments is from the Continuance tables in the Actuarial value calculator.

### If the method described in CFR 156.135(b)(2) was used, a description of how the benefits were modified to fit the parameters of the AVC:

N/A

**If the method described in CFR 156.135(b)(3) was used, a description of the data and method used to develop the adjustments:**

For unique plan design (1):

Premiera calculated the actuarial value for each plan by using the network tiers within the AV. In Tier 1 the mental health office visit cost shares inputted into the outpatient mental health. In Tier 2 the mental health outpatient non-office visit cost shares inputted into the outpatient mental health. Using the continuance tables of each metallic level, we calculated the distribution between MH outpatient professional and facility using the frequency of each service type at the Claims Maximum Level. The proportional frequency of the above distribution was inputted in the AV calculator as the Tier 1 and Tier 2 utilization to obtained the final AV value.

(Cnt'd justifications below)

**Certification Language:**

The development of the actuarial value is based on one of the acceptable alternative methods outlined in CFR 156.135(b)(2) or 156.135(b)(3) for benefits that deviate substantially from the parameters of the AVC and have a material impact on the actuarial value.

The analysis was

- (i) conducted by a member of the American Academy of Actuaries and
- (ii) performed in accordance with generally accepted actuarial principles and methods.

**Actuary Signature:**



**Actuary Printed Name:** Hiu-Wan Ko

**Date:** 05/14/2025

(Cnt'd from above)

For unique plan design (2):

For plans where the first two Primary care (PCP) visits copay is \$1 per visit and followed by a different PCP visit copay for third and more visits, an adjustment to the AV outside of the model is necessary. To determine the final AV value for this benefit the AV calculator is run with first two PCP visit at no cost sharing, then the value of these PCP visits having a \$1 copay is subtracted from the AV.

The Value of the Copay equals the average expected cost of the \$1 copay; which is the frequency of the first two PCP visits multiplied by the cost (\$1 copay). The frequency of the first two PCP visits is the frequency of all PCP visits less the frequency of greater than 2 PCP visits. [The frequency values coming from the respective metal level continuance tables at the plan's Claims Maximum Level.] This value is then divided by the AV Denominator to get the final adjustment to AV. [The AV Denominator is the Avg. Cost per Enrollee (Max'd) of the respective metal level at the Unlimited level.]

Therefore final adjustment formula is: Value of Copay = (\$1 copay \* [Primary Care all visits frequency - Primary Care >2 Visits frequency]) / AV Denominator.

Benefit Components

Company: **Premiera Blue Cross** Market: **Individual** Plan Year: **2025**

Section 1: Plan Information

Line 1.1	<b>HIOS Plan ID</b>	49831WA19A0001	Line 1.3	<b>Metal Level</b>	Gold	Line 1.5	<b>Exchange Status</b>	On Exchange
Line 1.2	<b>Plan Name</b>	Premiera Blue Cross Preferred Gold	Line 1.4	<b>Cost-Share Reduction (CSR) Plan?</b>		Line 1.6	<b>New or Renewing</b>	Renewing

Section 2: Plan Design Information

Line 2.1	<b>Unique Plan Design</b>	Yes
Line 2.2	<b>Use Integrated Medical &amp; Drug Deductible?</b>	Yes
Line 2.3	<b>Apply Inpatient Copay per Day?</b>	No
Line 2.4	<b>Apply Skilled Nursing Facility Copay per Day?</b>	No
Line 2.5	<b>Separate MOOP for Medical &amp; Drug Spending?</b>	No
Line 2.6	<b>Maximum Number of Days for Charging an IP Copay</b>	N/A
Line 2.7	<b>Begin Primary Care Cost-Sharing After a Set Number of Visits</b>	2
Line 2.8	<b>Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?</b>	N/A
Line 2.9	<b>HSA Plan?</b>	No
Line 2.10	<b>HSA Employer Contribution Amount</b>	
Line 2.11	<b>Different Cost-Sharing for Virtual vs Non-Virtual Care?</b>	No
Line 2.12	<b>Pediatric Dental Embedded?</b>	No
Line 2.13	<b>Includes Non-EHBs?</b>	No

Section 3: Network and Tier Information

Line 3.1	<b>Network Type</b>	EPO
Line 3.2	<b>Network Name</b>	Signature
Line 3.3	<b>In-Network Tiers (#)</b>	1
Line 3.4	<b>Tier 1 Utilization</b>	100.00%
Line 3.5	<b>Tier 2 Utilization</b>	
Line 3.6	<b>Tier 3 Utilization</b>	
Line 3.7	<b>Out-of-Network Benefits?</b>	No

Section 4: Cost-Share Designs

Line 4.1	<b>In-Network Tier 1:</b>	In Network
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$1,500	
Default Coinsurance			30%	
MOOP			\$5,800	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Coinsurance			Comments	Errors/Warnings
			Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?		
Emergency Room Services	No	Yes				30%	After Deductible			
Inpatient Hospital Services (e.g., Hospital Stay)	No	Yes				30%	After Deductible			
Primary Care Visit to Treat an Injury or Illness	Yes	No	\$ 15	Before and After Deductible	No				Note 1	
Specialist Visit	No	No	\$ 45	Before and After Deductible	No					
Mental Health & Substance Use Disorder Office Visits	No	No	\$ 45	Before and After Deductible	No					
Mental Health & Substance Use Disorder All Other OP Services	No	Yes				30%	After Deductible			
Imaging (CT/PET Scans, MRIs)	No	Yes				30%	After Deductible			
Rehabilitative Speech Therapy	No	No	\$ 45	Before and After Deductible	No					
Rehabilitative Occupational and Rehabilitative Physical Therapy	No	No	\$ 45	Before and After Deductible	No					
Preventive Care/Screening/Immunization	No	No	\$ -	Before and After Deductible	No					
Laboratory Outpatient and Professional Services	No	Yes				30%	After Deductible			
X-rays and Diagnostic Imaging	No	Yes				30%	After Deductible			
Skilled Nursing Facility	No	Yes				30%	After Deductible			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	No	Yes				30%	After Deductible			
Outpatient Surgery Physician/Surgical Services	No	Yes				30%	After Deductible			
Urgent Care	No	No	\$ 45	Before and After Deductible	No					
Emergency Transportation	No	Yes				30%	After Deductible			
Other EHB Categories										
Chiro/Acupuncture	No	No	\$ 45	Before and After Deductible	No					
Non-EHB Benefits										
Drug Benefit Tiers (add/modify descriptions as necessary)										
	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Generic Drugs (Tier 1)		Yes	\$ 10	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2)		Yes				30%	After Deductible			
Non-Preferred Brand Drugs (Tier 3)		Yes				45%	After Deductible			
Specialty Drugs (Tier 4)		Yes				50%	After Deductible			

Notes

Note 1 The first 2 primary care office visits are subjected to \$1 copays.

Benefit Components

Worksheet  
Controls

Company:	Primer Blue Cross	Market:	Individual	Plan Year:	2025
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Section 1: Plan Information

Line 1.1	HIOS Plan ID	49631WA19A0003 Primer Blue Cross	Line 1.3	Metal Level	Expanded Bronze	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	Preferred Bronze	Line 1.4	Cost-Share Reduction (CSR) Plan?		Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	No
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	No
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for Charging an IP Copay	N/A
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	2
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	No
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	No

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	Signature
Line 3.3	In-Network Tiers (#)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	In Network
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$5,650	
Default Coinsurance			40%	
MOOP			\$8,800	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Coinsurance			Comments	Errors/Warnings
			Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?		
Emergency Room Services	No	Yes				40%	After Deductible			
Inpatient Hospital Services (e.g., Hospital Stay)	No	Yes				40%	After Deductible			
Primary Care Visit to Treat an Injury or Illness	Yes	No	\$ 50	Before and After Deductible	No				Note 1	
Specialist Visit	No	Yes	\$ 100	After Deductible						
Mental Health & Substance Use Disorder Office Visits	No	No	\$ 75	Before and After Deductible	No					
Mental Health & Substance Use Disorder All Other OP Services	No	Yes				40%	After Deductible			
Imaging (CT/PET Scans, MRIs)	No	Yes				40%	After Deductible			
Rehabilitative Speech Therapy	No	Yes	\$ 100	After Deductible						
Rehabilitative Occupational and Rehabilitative Physical Therapy	No	Yes	\$ 100	After Deductible						
Preventive Care/Screening/Immunization	No	No	\$ -	Before and After Deductible						
Laboratory Outpatient and Professional Services	No	Yes				40%	After Deductible			
X-rays and Diagnostic Imaging	No	Yes				40%	After Deductible			
Skilled Nursing Facility	No	Yes				40%	After Deductible			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	No	Yes				40%	After Deductible			
Outpatient Surgery Physician/Surgical Services	No	Yes				40%	After Deductible			
Urgent Care	No	Yes	\$ 100	After Deductible						
Emergency Transportation	No	Yes				40%	After Deductible			
Other EHB Categories										
Chiro/Acupuncture	No	Yes				40%	After Deductible			
Non-EHB Benefits										
Drug Benefit Tiers (add/modify descriptions as necessary)	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Generic Drugs (Tier 1)		Yes	\$ 35	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2)		Yes				40%	After Deductible			
Non-Preferred Brand Drugs (Tier 3)		Yes				45%	After Deductible			
Specialty Drugs (Tier 4)		Yes				50%	After Deductible			

Notes

Note 1 The first 2 primary care office visits are subjected to \$1 copays.

Benefit Components

Company: Premiera Blue CrossMarket: IndividualPlan Year: 2025

Section 1: Plan Information

Line 1.1	HIOS Plan ID	49631WA19A0004	Line 1.3	Metal Level	Silver	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	Premiera Blue Cross Preferred Silver	Line 1.4	Cost-Share Reduction (CSR) Plan?	No	Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	No
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	No
Line 2.5	Separate MOOP for Medical & Drug Spending?	No
Line 2.6	Maximum Number of Days for Charging an IP Copay	N/A
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	2
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	No
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	No
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	No

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	Signature
Line 3.3	In-Network Tiers (#)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	No
Line 3.6	Tier 3 Utilization	No
Line 3.7	Out-of-Network Benefits?	No

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	In Network
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$4,500	
Default Coinsurance			30%	
MOOP			\$7,600	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Coinsurance			Comments	Errors/Warnings
			Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?		
Emergency Room Services	No	Yes				30%	After Deductible			
Inpatient Hospital Services (e.g., Hospital Stay)	No	Yes				30%	After Deductible			
Primary Care Visit to Treat an Injury or Illness	Yes	No	\$ 25	Before and After Deductible	No				Note 1	
Specialist Visit	No	No	\$ 65	Before and After Deductible	No					
Mental Health & Substance Use Disorder Office Visits	No	No	\$ 65	Before and After Deductible	No					
Mental Health & Substance Use Disorder All Other OP Services	No	Yes				30%	After Deductible			
Imaging (CT/PET Scans, MRIs)	No	Yes				30%	After Deductible			
Rehabilitative Speech Therapy	No	No	\$ 40	Before and After Deductible	No					
Rehabilitative Occupational and Rehabilitative Physical Therapy	No	No	\$ 40	Before and After Deductible	No					
Preventive Care/Screening/Immunization	No	No	\$ -	Before and After Deductible	No					
Laboratory Outpatient and Professional Services	No	Yes				30%	After Deductible			
X-rays and Diagnostic Imaging	No	Yes				30%	After Deductible			
Skilled Nursing Facility	No	Yes				30%	After Deductible			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	No	Yes				30%	After Deductible			
Outpatient Surgery Physician/Surgical Services	No	Yes				30%	After Deductible			
Urgent Care	No	No	\$ 65	Before and After Deductible	No	30%	After Deductible			
Emergency Transportation	No	Yes				30%	After Deductible			
Other EHB Categories										
Chiro/Acupuncture	No	No	\$ 65	Before and After Deductible	No					
Non-EHB Benefits										
Drug Benefit Tiers (add/modify descriptions as necessary)	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Generic Drugs (Tier 1)		Yes	\$ 15	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2)		Yes				30%	After Deductible			
Non-Preferred Brand Drugs (Tier 3)		Yes				45%	After Deductible			
Specialty Drugs (Tier 4)		Yes				50%	After Deductible			

Notes  
Note 1 The first 2 primary care office visits are subjected to \$1 copays.

Benefit Components

Worksheet  
Controls

Company: <span>Premiera Blue Cross</span>		Market: <span>Individual</span>	Plan Year: <span>2025</span>
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Section 1: Plan Information

Line 1.1	HIOS Plan ID	49631WA19A0004	Line 1.3	Metal Level	Silver	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	Premiera Blue Cross Preferred Silver	Line 1.4	Cost-Share Reduction (CSR) Plan?	73% AV Level Silver Plan	Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	No
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	No
Line 2.5	Separate MOOP for Medical & Drug Spending?	No
Line 2.6	Maximum Number of Days for Charging an IP Copay	N/A
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	2
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	No
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	No
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	No

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	Signature
Line 3.3	In-Network Tiers (#)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	No
Line 3.6	Tier 3 Utilization	No
Line 3.7	Out-of-Network Benefits?	No

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	In Network
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$4,350	
Default Coinsurance			30%	
MOOP			\$6,500	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Coinsurance			Comments	Errors/Warnings
			Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?		
Emergency Room Services	No	Yes				30%	After Deductible			
Inpatient Hospital Services (e.g., Hospital Stay)	No	Yes				30%	After Deductible			
Primary Care Visit to Treat an Injury or Illness	Yes	No	\$ 25	Before and After Deductible	No				Note 1	
Specialist Visit	No	No	\$ 60	Before and After Deductible	No					
Mental Health & Substance Use Disorder Office Visits	No	No	\$ 60	Before and After Deductible	No					
Mental Health & Substance Use Disorder All Other OP Services	No	Yes				30%	After Deductible			
Imaging (CT/PET Scans, MRIs)	No	Yes				30%	After Deductible			
Rehabilitative Speech Therapy	No	No	\$ 40	Before and After Deductible	No					
Rehabilitative Occupational and Rehabilitative Physical Therapy	No	No	\$ 40	Before and After Deductible	No					
Preventive Care/Screening/Immunization	No	No	\$ -	Before and After Deductible	No					
Laboratory Outpatient and Professional Services	No	Yes				30%	After Deductible			
X-rays and Diagnostic Imaging	No	Yes				30%	After Deductible			
Skilled Nursing Facility	No	Yes				30%	After Deductible			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	No	Yes				30%	After Deductible			
Outpatient Surgery Physician/Surgical Services	No	Yes				30%	After Deductible			
Urgent Care	No	No	\$ 60	Before and After Deductible	No					
Emergency Transportation	No	Yes				30%	After Deductible			
Other EHB Categories										
Chiro/Acupuncture	No	No	\$ 60	Before and After Deductible	No					
Non-EHB Benefits										
Drug Benefit Tiers (add/modify descriptions as necessary)	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Generic Drugs (Tier 1)		Yes	\$ 15	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2)		Yes				30%	After Deductible			
Non-Preferred Brand Drugs (Tier 3)		Yes				45%	After Deductible			
Specialty Drugs (Tier 4)		Yes				50%	After Deductible			

Notes

Note 1 The first 2 primary care office visits are subjected to \$1 copays.



Benefit Components

Worksheet  
Controls

Company: <span>Primer Blue Cross</span>		Market: <span>Individual</span>	Plan Year: <span>2025</span>
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Section 1: Plan Information

Line 1.1	<b>HIOS Plan ID</b>	49631WA19A0004	Line 1.3	<b>Metal Level</b>	Silver	Line 1.5	<b>Exchange Status</b>	On Exchange
Line 1.2	<b>Plan Name</b>	Primer Blue Cross Preferred Silver	Line 1.4	<b>Cost-Share Reduction (CSR) Plan?</b>	87% AV Level Silver Plan	Line 1.6	<b>New or Renewing</b>	Renewing

Section 2: Plan Design Information

Line 2.1	<b>Unique Plan Design</b>	Yes
Line 2.2	<b>Use Integrated Medical &amp; Drug Deductible?</b>	Yes
Line 2.3	<b>Apply Inpatient Copay per Day?</b>	No
Line 2.4	<b>Apply Skilled Nursing Facility Copay per Day?</b>	No
Line 2.5	<b>Separate MOOP for Medical &amp; Drug Spending?</b>	No
Line 2.6	<b>Maximum Number of Days for Charging an IP Copay</b>	N/A
Line 2.7	<b>Begin Primary Care Cost-Sharing After a Set Number of Visits</b>	2
Line 2.8	<b>Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?</b>	N/A
Line 2.9	<b>HSA Plan?</b>	No
Line 2.10	<b>HSA Employer Contribution Amount</b>	No
Line 2.11	<b>Different Cost-Sharing for Virtual vs Non-Virtual Care?</b>	No
Line 2.12	<b>Pediatric Dental Embedded?</b>	No
Line 2.13	<b>Includes Non-EHBs?</b>	No

Section 3: Network and Tier Information

Line 3.1	<b>Network Type</b>	EPO
Line 3.2	<b>Network Name</b>	Signature
Line 3.3	<b>In-Network Tiers (#)</b>	1
Line 3.4	<b>Tier 1 Utilization</b>	100.00%
Line 3.5	<b>Tier 2 Utilization</b>	
Line 3.6	<b>Tier 3 Utilization</b>	
Line 3.7	<b>Out-of-Network Benefits?</b>	No

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	In Network
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$1,600	
Default Coinsurance			30%	
MOOP			\$2,800	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Coinsurance			Comments	Errors/Warnings
			Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?		
Emergency Room Services	No	Yes				30%	After Deductible			
Inpatient Hospital Services (e.g., Hospital Stay)	No	Yes				30%	After Deductible			
Primary Care Visit to Treat an Injury or Illness	Yes	No	\$ 10	Before and After Deductible	No				Note 1	
Specialist Visit	No	No	\$ 40	Before and After Deductible	No					
Mental Health & Substance Use Disorder Office Visits	No	No	\$ 40	Before and After Deductible	No					
Mental Health & Substance Use Disorder All Other OP Services	No	Yes				30%	After Deductible			
Imaging (CT/PET Scans, MRIs)	No	Yes				30%	After Deductible			
Rehabilitative Speech Therapy	No	No	\$ 40	Before and After Deductible	No					
Rehabilitative Occupational and Rehabilitative Physical Therapy	No	No	\$ 40	Before and After Deductible	No					
Preventive Care/Screening/Immunization	No	No	\$ -	Before and After Deductible	No					
Laboratory Outpatient and Professional Services	No	Yes				30%	After Deductible			
X-rays and Diagnostic Imaging	No	Yes				30%	After Deductible			
Skilled Nursing Facility	No	Yes				30%	After Deductible			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	No	Yes				30%	After Deductible			
Outpatient Surgery/Physician/Surgical Services	No	Yes				30%	After Deductible			
Urgent Care	No	No	\$ 40	Before and After Deductible	No					
Emergency Transportation	No	Yes				30%	After Deductible			
<b>Other EHB Categories</b>										
Chiro/Acupuncture	No	No	\$ 40	Before and After Deductible	No					
<b>Non-EHB Benefits</b>										
<b>Drug Benefit Tiers (add/modify descriptions as necessary)</b>	<b>Maximum Coinsurance</b>	<b>Subject to Deductible?</b>	<b>Amount</b>	<b>Applies</b>	<b>Accrues toward Deductible?</b>	<b>Amount</b>	<b>Applies</b>	<b>Accrues toward Deductible?</b>	<b>Comments</b>	<b>Errors/Warnings</b>
Generic Drugs (Tier 1)		Yes	\$ 10	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2)		Yes				30%	After Deductible			
Non-Preferred Brand Drugs (Tier 3)		Yes				45%	After Deductible			
Specialty Drugs (Tier 4)		Yes				50%	After Deductible			

Notes

Note 1 The first 2 primary care office visits are subjected to \$1 copays.



Benefit Components

Company: Premiera Blue CrossMarket: IndividualPlan Year: 2025

Section 1: Plan Information

Line 1.1	HIOS Plan ID	49631WA19A0004	Line 1.3	Metal Level	Silver	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	Premiera Blue Cross Preferred Silver	Line 1.4	Cost-Share Reduction (CSR) Plan?	94% AV Level Silver Plan	Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	No
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	No
Line 2.5	Separate MOOP for Medical & Drug Spending?	No
Line 2.6	Maximum Number of Days for Charging an IP Copay	N/A
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	2
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	No
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	No
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	No

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	Signature
Line 3.3	In-Network Tiers (#)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	No
Line 3.6	Tier 3 Utilization	No
Line 3.7	Out-of-Network Benefits?	No

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	In Network
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$100	
Default Coinsurance			30%	
MOOP			\$800	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Coinsurance			Comments	Errors/Warnings
			Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?		
Emergency Room Services	No	Yes				30%	After Deductible			
Inpatient Hospital Services (e.g., Hospital Stay)	No	Yes				30%	After Deductible			
Primary Care Visit to Treat an Injury or Illness	No	No	\$ 5	Before and After Deductible	No				Note 1	
Specialist Visit	No	No	\$ 30	Before and After Deductible	No					
Mental Health & Substance Use Disorder Office Visits	No	No	\$ 30	Before and After Deductible	No					
Mental Health & Substance Use Disorder All Other OP Services	No	Yes				30%	After Deductible			
Imaging (CT/PET Scans, MRIs)	No	Yes				30%	After Deductible			
Rehabilitative Speech Therapy	No	No	\$ 30	Before and After Deductible	No					
Rehabilitative Occupational and Rehabilitative Physical Therapy	No	No	\$ 30	Before and After Deductible	No					
Preventive Care/Screening/Immunization	No	No	\$ -	Before and After Deductible	No					
Laboratory Outpatient and Professional Services	No	Yes				30%	After Deductible			
X-rays and Diagnostic Imaging	No	Yes				30%	After Deductible			
Skilled Nursing Facility	No	Yes				30%	After Deductible			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	No	Yes				30%	After Deductible			
Outpatient Surgery Physician/Surgical Services	No	Yes				30%	After Deductible			
Urgent Care	No	No	\$ 30	Before and After Deductible	No	30%	After Deductible			
Emergency Transportation	No	Yes				30%	After Deductible			
Other EHB Categories										
Chiro/Acupuncture	No	No	\$ 30	Before and After Deductible	No					
Non-EHB Benefits										
Drug Benefit Tiers (add/modify descriptions as necessary)	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Generic Drugs (Tier 1)		Yes	\$ 5	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2)		Yes				30%	After Deductible			
Non-Preferred Brand Drugs (Tier 3)		Yes				45%	After Deductible			
Specialty Drugs (Tier 4)		Yes				50%	After Deductible			

Notes  
Note 1 The first 2 primary care office visits are subjected to \$1 copays.

Benefit Components

Company: Premiera Blue Cross Market: Individual Plan Year: 2025

Section 1: Plan Information

Line 1.1	HIOS Plan ID	49831WA19A0005 Premiera Blue Cross Cascade Complete Gold	Line 1.3	Metal Level	Gold	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name		Line 1.4	Cost-Share Reduction (CSR) Plan?		Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	No
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	Yes
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	Yes
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for Charging an IP Copay	5
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	N/A
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	No
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	No

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	Signature
Line 3.3	In-Network Tiers (P)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

Section 4: Cost-Share Designs

Line 4.1 In-Network Tier 1: In Network

	Medical	Drug	Combined	Errors/Warnings
Deductible			\$1,000	
Default Coinsurance			20%	
MOOP			\$7,000	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Coinsurance			Comments	Errors/Warnings
			Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?		
Emergency Room Services		Yes	\$ 450	After Deductible						
Inpatient Hospital Services (e.g. Hospital Stay)		No	\$ 525	Before and After Deductible	No					
Primary Care Visit to Treat an Injury or Illness		No	\$ 15	Before and After Deductible	No					
Specialist Visit		No	\$ 40	Before and After Deductible	No					
Mental Health & Substance Use Disorder Office Visits		No	\$ 15	Before and After Deductible	No					
Mental Health & Substance Use Disorder All Other OP Services		No	\$ 15	Before and After Deductible	No					
Imaging (CT/PET Scans, MRIs)		Yes	\$ 300	After Deductible						
Rehabilitative Speech Therapy		No	\$ 25	Before and After Deductible	No					
Rehabilitative Occupational and Rehabilitative Physical Therapy		No	\$ 25	Before and After Deductible	No					
Preventive Care/Screening/Immunization		No	\$ -	Before and After Deductible						
Laboratory Outpatient and Professional Services		No	\$ 20	Before and After Deductible	No					
X-rays and Diagnostic Imaging		No	\$ 30	Before and After Deductible	No					
Skilled Nursing Facility		Yes	\$ 350	After Deductible						
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		Yes	\$ 350	After Deductible						
Outpatient Surgery Physician/Surgical Services		Yes	\$ 75	After Deductible						
Urgent Care		No	\$ 35	Before and After Deductible	No					
Emergency Transportation		No	\$ 375	Before and After Deductible	No					
Other EHB Categories										
Chiro/Acupuncture		No	\$ 15	Before and After Deductible	No					
Non-EHB Benefits										
Drug Benefit Tiers (add/modify descriptions as necessary)	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Generic Drugs (Tier 1)		No	\$ 10	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2)		No	\$ 60	Before and After Deductible	No					
Non-Preferred Brand Drugs (Tier 3)		No	\$ 100	Before and After Deductible	No					
Specialty Drugs (Tier 4)		No	\$ 100	Before and After Deductible	No					

Notes

Benefit Components

Company: **Primeria Blue Cross** Market: **Individual** Plan Year: **2025**

Section 1: Plan Information

Line 1.1	<b>HIOS Plan ID</b>	49631WA19A0006	Line 1.3	<b>Metal Level</b>	Silver	Line 1.5	<b>Exchange Status</b>	On Exchange
Line 1.2	<b>Plan Name</b>	Primeria Blue Cross Cascade Silver	Line 1.4	<b>Cost-Share Reduction (CSR) Plan?</b>	No	Line 1.6	<b>New or Renewing</b>	Renewing

Section 2: Plan Design Information

Line 2.1	<b>Unique Plan Design</b>	Yes
Line 2.2	<b>Use Integrated Medical &amp; Drug Deductible?</b>	Yes
Line 2.3	<b>Apply Inpatient Copay per Day?</b>	Yes
Line 2.4	<b>Apply Skilled Nursing Facility Copay per Day?</b>	Yes
Line 2.5	<b>Separate MOOP for Medical &amp; Drug Spending?</b>	No
Line 2.6	<b>Maximum Number of Days for Charging an IP Copay</b>	5
Line 2.7	<b>Begin Primary Care Cost-Sharing After a Set Number of Visits</b>	2
Line 2.8	<b>Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?</b>	N/A
Line 2.9	<b>HSA Plan?</b>	No
Line 2.10	<b>HSA Employer Contribution Amount</b>	
Line 2.11	<b>Different Cost-Sharing for Virtual vs Non-Virtual Care?</b>	No
Line 2.12	<b>Pediatric Dental Embedded?</b>	No
Line 2.13	<b>Includes Non-EHBs?</b>	No

Section 3: Network and Tier Information

Line 3.1	<b>Network Type</b>	EPO
Line 3.2	<b>Network Name</b>	Signature
Line 3.3	<b>In-Network Tiers (#)</b>	1
Line 3.4	<b>Tier 1 Utilization</b>	100.00%
Line 3.5	<b>Tier 2 Utilization</b>	
Line 3.6	<b>Tier 3 Utilization</b>	
Line 3.7	<b>Out-of-Network Benefits?</b>	No

Section 4: Cost-Share Designs

Line 4.1	<b>In-Network Tier 1:</b>	In Network
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$2,500	
Default Coinsurance			30%	
MOOP			\$9,750	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Coinsurance			Comments	Errors/Warnings
			Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?		
Emergency Room Services	No	Yes	\$ 800	After Deductible						
Inpatient Hospital Services (e.g., Hospital Stay)	No	Yes	\$ 800	After Deductible						
Primary Care Visit to Treat an Injury or Illness	Yes	No	\$ 20	Before and After Deductible	No				Note 1	
Specialist Visit	No	No	\$ 65	Before and After Deductible	No					
Mental Health & Substance Use Disorder Office Visits	Yes	No	\$ 20	Before and After Deductible	No				Note 1	
Mental Health & Substance Use Disorder All Other OP Services	No	No	\$ 30	Before and After Deductible	No					
Imaging (CT/PET Scans, MRIs)	No	Yes				30%	After Deductible			
Rehabilitative Speech Therapy	No	No	\$ 40	Before and After Deductible	No					
Rehabilitative Occupational and Rehabilitative Physical Therapy	No	No	\$ 40	Before and After Deductible	No					
Preventive Care/Screening/Immunization	No	No	\$ -	Before and After Deductible						
Laboratory Outpatient and Professional Services	No	No	\$ 40	Before and After Deductible	No					
X-rays and Diagnostic Imaging	No	No	\$ 65	Before and After Deductible	No					
Skilled Nursing Facility	No	Yes	\$ 800	After Deductible						
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	No	Yes	\$ 600	After Deductible						
Outpatient Surgery Physician/Surgical Services	No	Yes	\$ 200	After Deductible						
Urgent Care	No	No	\$ 65	Before and After Deductible	No					
Emergency Transportation	No	No	\$ 375	Before and After Deductible	No					
Other EHB Categories										
Chiro/Acupuncture	No	No	\$ 20	Before and After Deductible	No					
Non-EHB Benefits										
Drug Benefit Tiers (add/modify descriptions as necessary)										
	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Generic Drugs (Tier 1)	No		\$ 25	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2)	No		\$ 75	Before and After Deductible	No					
Non-Preferred Brand Drugs (Tier 3)	Yes		\$ 250	After Deductible						
Specialty Drugs (Tier 4)	Yes		\$ 250	After Deductible						

Notes  
Note 1 The first two Primary Care Visit and Mental Health Office Visits are subjected to \$1 copay

Benefit Components

Company: Premiera Blue Cross Market: Individual Plan Year: 2025

Section 1: Plan Information

Line 1.1	HIOS Plan ID	49631WA19A0006	Line 1.3	Metal Level	Silver	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	Premiera Blue Cross Cascade Silver	Line 1.4	Cost-Share Reduction (CSR) Plan?	73% AV Level Silver Plan	Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	Yes
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	Yes
Line 2.5	Separate MOOP for Medical & Drug Spending?	No
Line 2.6	Maximum Number of Days for Charging an IP Copay	5
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	2
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	No
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	No

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	Signature
Line 3.3	In-Network Tiers (#)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	In Network
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$2,500	
Default Coinsurance			30%	
MOOP			\$7,950	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Coinsurance			Comments	Errors/Warnings
			Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?		
Emergency Room Services	No	Yes	\$ 800	After Deductible						
Inpatient Hospital Services (e.g., Hospital Stay)	No	Yes	\$ 800	After Deductible						
Primary Care Visit to Treat an Injury or Illness	Yes	No	\$ 20	Before and After Deductible	No				Note 1	
Specialist Visit	No	No	\$ 65	Before and After Deductible	No					
Mental Health & Substance Use Disorder Office Visits	Yes	No	\$ 20	Before and After Deductible	No				Note 1	
Mental Health & Substance Use Disorder All Other OP Services	No	No	\$ 30	Before and After Deductible	No					
Imaging (CT/PET Scans, MRIs)	No	Yes				30%	After Deductible			
Rehabilitative Speech Therapy	No	No	\$ 40	Before and After Deductible	No					
Rehabilitative Occupational and Rehabilitative Physical Therapy	No	No	\$ 40	Before and After Deductible	No					
Preventive Care/Screening/Immunization	No	No	\$ -	Before and After Deductible						
Laboratory Outpatient and Professional Services	No	No	\$ 40	Before and After Deductible	No					
X-rays and Diagnostic Imaging	No	No	\$ 65	Before and After Deductible	No					
Skilled Nursing Facility	No	Yes	\$ 800	After Deductible						
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	No	Yes	\$ 600	After Deductible						
Outpatient Surgery Physician/Surgical Services	No	Yes	\$ 200	After Deductible						
Urgent Care	No	No	\$ 65	Before and After Deductible	No					
Emergency Transportation	No	No	\$ 325	Before and After Deductible	No					
Other EHB Categories										
Chiro/Acupuncture	No	No	\$ 20	Before and After Deductible	No					
Non-EHB Benefits										
Drug Benefit Tiers (add/modify descriptions as necessary)	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Generic Drugs (Tier 1)	No		\$ 24	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2)	No		\$ 75	Before and After Deductible	No					
Non-Preferred Brand Drugs (Tier 3)	Yes		\$ 250	After Deductible						
Specialty Drugs (Tier 4)	Yes		\$ 250	After Deductible						

Notes  
Note 1 The first two Primary Care Visit and Mental Health Office Visits are subjected to \$1 copay

Benefit Components

Company: Premier Blue Cross Market: Individual Plan Year: 2025

Section 1: Plan Information

Line 1.1	HIOS Plan ID	49631WA19A0006	Line 1.3	Metal Level	Silver	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	Premera Blue Cross Cascade Silver	Line 1.4	Cost-Share Reduction (CSR) Plan?	87% AV Level Silver Plan	Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	Yes
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	Yes
Line 2.5	Separate MOOP for Medical & Drug Spending?	No
Line 2.6	Maximum Number of Days for Charging an IP Copay	5
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	2
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	No
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	No

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	Signature
Line 3.3	In-Network Tiers (#)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	In Network
----------	--------------------	------------

	Medical	Drug	Combined	Errors/Warnings
Deductible			\$1750	
Default Coinsurance			20%	
MOOP			\$2,850	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Amount	Copays		Amount	Coinsurance		Comments	Errors/Warnings
				Applies	Accrues toward Deductible?		Applies	Accrues toward Deductible?		
Emergency Room Services	No	Yes	\$ 425	After Deductible						
Inpatient Hospital Services (e.g., Hospital Stay)	No	Yes	\$ 425	After Deductible						
Primary Care Visit to Treat an Injury or Illness	Yes	No	\$ 5	Before and After Deductible	No				Note 1	
Specialist Visit	No	No	\$ 30	Before and After Deductible	No					
Mental Health & Substance Use Disorder Office Visits	Yes	No	\$ 5	Before and After Deductible	No				Note 1	
Mental Health & Substance Use Disorder All Other OP Services	No	No	\$ 10	Before and After Deductible	No					
Imaging (CT/PET Scans, MRIs)	No	Yes				20%	After Deductible			
Rehabilitative Speech Therapy	No	No	\$ 20	Before and After Deductible	No					
Rehabilitative Occupational and Rehabilitative Physical Therapy	No	No	\$ 20	Before and After Deductible	No					
Preventive Care/Screening/Immunization	No	No	\$ --	Before and After Deductible	No					
Laboratory Outpatient and Professional Services	No	No	\$ 20	Before and After Deductible	No					
X-rays and Diagnostic Imaging	No	No	\$ 40	Before and After Deductible	No					
Skilled Nursing Facility	No	Yes	\$ 425	After Deductible						
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	No	Yes	\$ 325	After Deductible						
Outpatient Surgery Physician/Surgical Services	No	Yes	\$ 120	After Deductible						
Urgent Care	No	No	\$ 30	Before and After Deductible	No					
Emergency Transportation	No	No	\$ 175	Before and After Deductible	No					
Other EHB Categories										
Chiro/Acupuncture	No	No	\$ 5	Before and After Deductible	No					
Non-EHB Benefits										
Drug Benefit Tiers (add/modify descriptions as necessary)	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Generic Drugs (Tier 1)		No	\$ 12	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2)		No	\$ 35	Before and After Deductible	No					
Non-Preferred Brand Drugs (Tier 3)		No	\$ 160	Before and After Deductible	No					
Specialty Drugs (Tier 4)		No	\$ 160	Before and After Deductible	No					

Notes  
Note 1 The first two Primary Care Visit and Mental Health Office Visits are subjected to \$1 copay

Benefit Components

Company: Premiera Blue CrossMarket: IndividualPlan Year: 2025

Section 1: Plan Information

Line 1.1	HIOS Plan ID	49631WA19A0006	Line 1.3	Metal Level	Silver	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	Premiera Blue Cross Cascade Silver	Line 1.4	Cost-Share Reduction (CSR) Plan?	94% AV Level Silver Plan	Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	Yes
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	Yes
Line 2.5	Separate MOOP for Medical & Drug Spending?	5
Line 2.6	Maximum Number of Days for Charging an IP Copay	N/A
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	N/A
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	No
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	No
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	No
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	No

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	Signature
Line 3.3	In-Network Tiers (#)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	In Network
----------	--------------------	------------

	Medical	Drug	Combined	Errors/Warnings
Deductible			\$0	
Default Coinsurance			15%	
MOOP			\$2,400	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Coinsurance			Comments	Errors/Warnings
			Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?		
Emergency Room Services		No	\$ 150	Before and After Deductible	No					
Inpatient Hospital Services (e.g., Hospital Stay)		No	\$ 100	Before and After Deductible	No					
Primary Care Visit to Treat an Injury or Illness		No	\$ -	Before and After Deductible	No					
Specialist Visit		No	\$ 15	Before and After Deductible	No					
Mental Health & Substance Use Disorder Office Visits		No	\$ -	Before and After Deductible	No					
Mental Health & Substance Use Disorder All Other OP Services		No	\$ 5	Before and After Deductible	No					
Imaging (CT/PET Scans, MRIs)		No				15%	Before and After Deductible	No		
Rehabilitative Speech Therapy		No	\$ 5	Before and After Deductible	No					
Rehabilitative Occupational and Rehabilitative Physical Therapy		No	\$ 5	Before and After Deductible	No					
Preventive Care/Screening/Immunization		No	-	Before and After Deductible						
Laboratory Outpatient and Professional Services		No	\$ 5	Before and After Deductible	No					
X-rays and Diagnostic Imaging		No	\$ 15	Before and After Deductible	No					
Skilled Nursing Facility		No	\$ 100	Before and After Deductible	No					
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		No	\$ 100	Before and After Deductible	No					
Outpatient Surgery Physician/Surgical Services		No	\$ 25	Before and After Deductible	No					
Urgent Care		No	\$ 15	Before and After Deductible	No					
Emergency Transportation		No	\$ 75	Before and After Deductible	No					
Other EHB Categories										
Chiro/Acupuncture		No	\$ -	Before and After Deductible	No					
Non-EHB Benefits										
Drug Benefit Tiers (add/modify descriptions as necessary)	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Generic Drugs (Tier 1)		No	\$ -	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2)		No	\$ 12	Before and After Deductible	No					
Non-Preferred Brand Drugs (Tier 3)		No	\$ 35	Before and After Deductible	No					
Specialty Drugs (Tier 4)		No	\$ 35	Before and After Deductible	No					

Notes

Benefit Components

Worksheet  
Controls

Company:Premera Blue CrossMarket:IndividualPlan Year: 2025

Section 1: Plan Information

Line 1.1

HIOS Plan ID

49631WA19A0007

Line 1.2

Plan Name

Premiera Blue Cross  
Cascade Bronze

Line 1.3

Metal Level

Expanded Bronze

Line 1.4

Cost-Share Reduction (CSR) Plan?

Line 1.5

Exchange Status

On Exchange

Line 1.6

New or Renewing

Renewing

Section 2: Plan Design Information

Line 2.1

Unique Plan Design

Yes

Line 2.2

Use Integrated Medical & Drug Deductible?

Yes

Line 2.3

Apply Inpatient Copay per Day?

No

Line 2.4

Apply Skilled Nursing Facility Copay per Day?

No

Line 2.5

Separate MOOP for Medical & Drug Spending?

Line 2.6

Maximum Number of Days for Charging an IP Copay

N/A

Line 2.7

Begin Primary Care Cost-Sharing After a Set Number of Visits

2

Line 2.8

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?

N/A

Line 2.9

HSA Plan?

No

Line 2.10

HSA Employer Contribution Amount

Line 2.11

Different Cost-Sharing for Virtual vs Non-Virtual Care?

No

Line 2.12

Pediatric Dental Embedded?

No

Line 2.13

Includes Non-EHBs?

No

Section 3: Network and Tier Information

Line 3.1

Network Type

EPO

Line 3.2

Network Name

Signature

Line 3.3

In-Network Tiers (#)

1

Line 3.4

Tier 1 Utilization

100.00%

Line 3.5

Tier 2 Utilization

Line 3.6

Tier 3 Utilization

Line 3.7

Out-of-Network Benefits?

No

Section 4: Cost-Share Designs

Line 4.1In-Network Tier 1:

In Network

	Medical	Drug	Combined	Errors/Warnings
Deductible			\$5,000	
Default Coinsurance			40%	
MOOP			\$10,150	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Comments	Errors/Warnings			
			Amount	Applies	Accrues toward Deductible?					
Emergency Room Services	No	Yes			40%	After Deductible				
Inpatient Hospital Services (e.g., Hospital Stay)	No	Yes			40%	After Deductible				
Primary Care Visit to Treat an Injury or Illness	Yes	No	\$ 40	Before and After Deductible	No		Note 1			
Specialist Visit	No	No	\$ 100	Before and After Deductible	No					
Mental Health & Substance Use Disorder Office Visits	Yes	No	\$ 40	Before and After Deductible	No		Note 1			
Mental Health & Substance Use Disorder All Other OP Services	No	Yes			40%	After Deductible				
Imaging (CT/PET Scans, MRIs)	No	Yes			40%	After Deductible				
Rehabilitative Speech Therapy	No	Yes			40%	After Deductible				
Rehabilitative Occupational and Rehabilitative Physical Therapy	No	Yes			40%	After Deductible				
Preventive Care/Screening/Immunization	No	No	\$ -	Before and After Deductible						
Laboratory Outpatient and Professional Services	No	Yes			40%	After Deductible				
X-rays and Diagnostic Imaging	No	Yes			40%	After Deductible				
Skilled Nursing Facility	No	Yes			40%	After Deductible				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	No	Yes			40%	After Deductible				
Outpatient Surgery Physician/Surgical Services	No	Yes			40%	After Deductible				
Urgent Care	No	No	\$ 100	Before and After Deductible	No					
Emergency Transportation	No	Yes			40%	After Deductible				
Other EHB Categories										
Chiro/Acupuncture	No	No	\$ 40	Before and After Deductible	No					
Non-EHB Benefits										
Drug Benefit Tiers (add/modify descriptions as necessary)	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Generic Drugs (Tier 1)		Yes	\$ 33	Before and After Deductible	No		40%	After Deductible		
Preferred Brand Drugs (Tier 2)		Yes					40%	After Deductible		
Non-Preferred Brand Drugs (Tier 3)		Yes					40%	After Deductible		
Specialty Drugs (Tier 4)		Yes					40%	After Deductible		

Notes  
Note 1 The first two Primary Care Visit and Mental Health Office Visits are subjected to \$1 copay

Version 3.2





Benefit Components

Company: Premiera Blue Cross Market: Individual Plan Year: 2025

Section 1: Plan Information

Line 1.1	HIOS Plan ID	49631WA19A0009	Line 1.3	Metal Level	Gold	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	Premera Blue Cross Cascade Vital Gold	Line 1.4	Cost-Share Reduction (CSR) Plan?		Line 1.6	New or Renewing	New

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	No
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	Yes
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	Yes
Line 2.5	Separate MOOP for Medical & Drug Spending?	Yes
Line 2.6	Maximum Number of Days for Charging an IP Copay	5
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	N/A
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	No
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	No

Section 3: Network and Tier Information

Line 3.1	Network Type	EPO
Line 3.2	Network Name	Signature
Line 3.3	In-Network Tiers (F)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	In Network
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	Medical	Drug	Combined	Errors/Warnings
Deductible			\$1,900	
Default Coinsurance			20%	
MOOP			\$8,800	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Coinsurance			Comments	Errors/Warnings
			Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?		
Emergency Room Services			\$ 800	After Deductible						
Inpatient Hospital Services (e.g., Hospital Stay)	No	No	\$ 650	Before and After Deductible	No					
Primary Care Visit to Treat an Injury or Illness		No	\$ 15	Before and After Deductible	No					
Specialist Visit		No	\$ 40	Before and After Deductible	No					
Mental Health & Substance Use Disorder Office Visits		No	\$ 15	Before and After Deductible	No					
Mental Health & Substance Use Disorder All Other OP Services		No	\$ 15	Before and After Deductible	No					
Imaging (CT/PET Scans, MRIs)	Yes	Yes	\$ 300	After Deductible						
Rehabilitative Speech Therapy		No	\$ 30	Before and After Deductible	No					
Rehabilitative Occupational and Rehabilitative Physical Therapy		No	\$ 30	Before and After Deductible	No					
Preventive Care/Screening/Immunization		No	\$ -	Before and After Deductible						
Laboratory Outpatient and Professional Services		No	\$ 30	Before and After Deductible	No					
X-rays and Diagnostic Imaging		No	\$ 30	Before and After Deductible	No					
Skilled Nursing Facility		Yes	\$ 350	After Deductible						
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		Yes	\$ 350	After Deductible						
Outpatient Surgery Physician/Surgical Services		Yes	\$ 75	After Deductible						
Urgent Care		No	\$ 35	Before and After Deductible	No					
Emergency Transportation		No	\$ 375	Before and After Deductible	No					
Other EHB Categories										
Chiro/Acupuncture		No	\$ 15	Before and After Deductible	No					
Non-EHB Benefits										
Drug Benefit Tiers (add/modify descriptions as necessary)	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Generic Drugs (Tier 1)		No	\$ 10	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2)		No	\$ 75	Before and After Deductible	No					
Non-Preferred Brand Drugs (Tier 3)		No	\$ 200	Before and After Deductible	No					
Specialty Drugs (Tier 4)		No	\$ 200	Before and After Deductible	No					

Notes



I hereby certify that, to the best of my knowledge, the commission documentation provided with this letter includes all proposed Premera Blue Cross commission schedules for this block of business for the 2026 plan year as of April 29, 2025.

**Commission for Metallic medical membership in Washington service area**

Tier 1+ Producer Commission (new and existing)	\$21.00 PMPM
Tier 1 Producer Commission (new and existing)	\$20.00 PMPM
Tier 2 Producer Commission (new and existing)	\$15.00 PMPM
Tier 3 Producer Commission (new and existing)	\$10.00 PMPM
All Other Producer Commission:	\$0.00 PMPM

Sincerely,

A handwritten signature in cursive script, appearing to read "K Meadows".

Kristin Meadows  
General Manager & Vice President Individual Market, Premera Blue Cross

# 2026 Plan Year (PY)

## Individual Nongrandfathered Health Plan

### Supplemental Checklist for 1332 Waiver Reporting

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#### Instructions:

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This supplemental checklist is requested by the Washington Health Benefit Exchange (HBE) regarding the 1332 waiver reporting requirements. This form (i.e., supplemental checklist) applies to **all individual health plan market issuers** including those with only off-Exchange plans.

The OIC helps the HBE gather the following information when issuers submit their initial and final rate filing documents. The OIC will check the consistency of data reported in this form versus data reported elsewhere in the rate filing. If the information reported in this form is inconsistent with other rate filing information, the OIC may send out an objection requesting a reporting issuer to update this form.

The purpose of this form is to collect with-waiver versus without-waiver differences in assumptions, methodologies, and projections used for individual market rate filings for PY 2026. This information will be used for reporting purposes associated with the guidelines stated in the 1332 Waiver. The federal government requires the State of Washington to report on elements related to health insurance rates, spending, and enrollment as if the waiver were not in effect. The following information is needed to create that report. Details on the waiver can be found [here](#).

#### Response Information:

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General Information	
Issuer Name:	Premera Blue Cross
Applicable Market:	Individual Medical
Plan Year:	2026

## Section I – Please provide a response for each item.

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### General Assumptions

1. Are the reporting issuer's PY 2026 premium rates impacted?
  - a. If the waiver were not in effect, would the reporting issuer's premium rates differ by rating cell (i.e., by plan, smoker/non-smoker, geographic rating area, age band) in the Rate Schedule?  
☐ Yes   ☒ No
  - b. If the waiver were not in effect, would the reporting issuer's total projected earned premiums be different?  
☒ Yes   ☐ No
2. If yes for #1a and/or #1b, how are the reporting issuer's PY 2026 premium rates impacted?
  - a. If yes for #1a, please describe the projected impact by rating cell (i.e., by plan, smoker/non-smoker, geographic rating area, age band), including any quantitative factors used to differentiate premium rates with-waiver versus without-waiver. Note that the purpose of this item is to identify any potential population acuity factors due to the waiver.  
  
N/A
  - b. If yes for #1b, please describe the projected impact to total premiums. Please describe any other differences that apply beyond those by rating cell already described above under #2a. If differences are only due to factors described above in #2a, please explain.  
  
The total premium for Premera Blue Cross would decrease due to fewer members purchasing insurance through the exchange.

**Enrollment**

Note that "average annual members" is equal to total member months for the year divided by 12.

3. What is the reporting issuer's projected with-waiver enrollment for PY 2026?

Provide the reporting issuer's average annual members by rating area as well as summed across the issuer's rating areas. The total number summed across the rating areas and multiplied by 12 months should reconcile to the value reported in the Unified Rate Review Template (URRT), Worksheet 2 – Product-Plan Data, Section IV: Projected Plan Level Information, field **4.9 Projected Member Months**.

Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9
7,978	1,035	0	195	163	122	0	0	0

4. What is the reporting issuer's projected without-waiver enrollment for PY 2026?

Provide the reporting issuer's average annual members by rating area as well as summed across the issuer's rating areas.

Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9
7,950	1,031	0	190	158	119	0	0	0

5. For the reporting issuer's PY 2026 projected enrollment, please provide enrollment projections by plan. Provide both with-waiver and without-waiver projected enrollment. Describe how with-waiver and without-waiver assumptions differ. If no plan mix differences are expected, please explain.

The plan mix would be expected to differ with-waiver and without-waiver. For the non-standard and Cascade Bronze plans the members would likely not change as these members are not eligible or do not choose to participate in the additional state subsidies. The Cascade Gold and Silver plans would be the most impacted as these plans have a significant proportion on members that the state subsidy provides a significant portion of the premium.

	Premiera Blue Cross Preferred Gold	Premiera Blue Cross Preferred Bronze	Premiera Blue Cross Preferred Silver	Premiera Blue Cross Cascade Complete Gold	Premiera Blue Cross Cascade Silver	Premiera Blue Cross Cascade Bronze	Premiera Blue Cross Preferred Bronze HSA	Premiera Blue Cross Cascade Vital Gold
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With-Waiver	1,053	1,895	126	974	514	1,944	1,023	1,965
Without-Waiver	1,053	1,895	126	952	492	1,944	1,022	1,965

**Total Premiums**

6. What is the reporting issuer's projected with-waiver total premium for PY 2026?

Provide the reporting issuer's projected premium by rating area as well as summed across the issuer's rating areas. The total amount summed across the rating areas should reconcile to the value reported in the Unified Rate Review Template (URRT), Worksheet 2 – Product-Plan Data, Section IV: Projected Plan Level Information, field **4.8 Premium**.

Round to the nearest cent.

Use enrollment reported above in #3.

Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9
\$109,571,081	\$16,422,856	\$ 0	\$2,523,184	\$2,226,239	\$1,544,106	\$ 0	\$ 0	\$ 0

7. What is the reporting issuer's projected without-waiver total premium for PY 2026?

Provide the reporting issuer's projected premium by rating area as well as summed across the issuer's rating areas.

Round to the nearest cent.

Use enrollment reported above in #4.

Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9
\$109,111,485	\$16,334,844	\$ 0	\$2,449,023	\$2,154,981	\$1,497,825	\$ 0	\$ 0	\$ 0

8. For the reporting issuer's PY 2026 projected premiums, please describe how with-waiver and without-waiver assumptions and methodologies differ.

Discuss impacts to individual rating cell premium rates, premium PMPM, and total premium.

Discuss how assumed plan enrollment differences discussed above in #5 impact projected premiums.

See also #13 below related to projected medical spending.

If no differences are expected, please explain.

For PY 2026 projected premiums the assumptions would differ between with-waiver and without-waiver on the projected membership and difference in plan mix. However, the rate schedule PMPM would not differ between with-waiver and without-waiver as it is assumed these members have a similar cost, risk adjustment, and administrative cost as the average member.

### Service Area

9. For PY 2026, would the service area offered by the reporting issuer have differed if the waiver were not in effect?

☐ Yes ☒ No

10. If yes for #9, please describe how the reporting issuer's PY 2026 service area participation would have differed without the waiver.

N/A

### Medical Spending (a.k.a. Claims or Costs)

11. What is the reporting issuer's PY 2026 with-waiver total projected medical allowed claims spending (i.e., the sum of incurred claims and member cost shares)?

Provide the reporting issuer's projected medical allowed claims spending by rating area as well as summed across the issuer's rating areas. The total amount summed across the rating areas should reconcile to the value reported in the Unified Rate Review Template (URRT), Worksheet 2 – Product-Plan Data, Section IV: Projected Plan Level Information, field **4.2 Allowed Claims**.

Round to the nearest cent.

Use enrollment reported above in #3.

Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9
\$165,533,938	\$24,731,485	\$ 0	\$3,816,614	\$3,370,908	\$2,337,932	\$ 0	\$ 0	\$ 0

12. What is the reporting issuer's PY 2026 without-waiver total projected medical allowed claims spending (i.e., the sum of incurred claims and member cost shares)?

Provide the reporting issuer's projected medical spending by rating area as well as summed across the issuer's rating areas.

Round to the nearest cent.

Use enrollment reported above in #4.

Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9
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\$164,826,471	\$24,595,653	\$ 0	\$3,702,650	\$3,261,621	\$2,266,850	\$ 0	\$ 0	\$ 0
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13. For the reporting issuer's PY 2026 medical allowed claims spending projections, please describe how with-waiver and without-waiver assumptions and methodologies differ.  
 For example, address changes to adjustment factors for URRT Worksheet 1, Section II: Projections.  
 Discuss impacts to both PMPM and total costs.  
 Discuss how assumed plan enrollment differences discussed above in #5 impact projected medical allowed claims spending.  
 See also #8 above related to projected premiums.  
 If differences are not expected, please explain.  
 For PY 2026 projected total medical allowed claims projection the assumptions would differ between with-waiver and without-waiver on the projected membership and difference in plan mix. However, the projected medical cost PMPM by rating cell would not differ between with-waiver and without-waiver as it is assumed these members have a similar cost to the comparable average member.
14. For the reporting issuer's PY 2026 Risk Adjustment projections, please describe how with-waiver and without-waiver assumptions differ.  
 Please also describe expected impacts.  
 If differences are not expected, please explain.  
 For PY 2026 projected total Risk Adjustment projection the assumptions would differ between with-waiver and without-waiver on the projected membership and difference in plan mix. However, the projected medical cost PMPM by rating cell would not differ between with-waiver and without-waiver as it is assumed these members have a similar risk to the comparable average member.
15. For the reporting issuer's PY 2026 Administrative Expense projections, please describe how with-waiver and without-waiver assumptions and methodologies differ.  
 Please also describe expected impacts.  
 If differences are not expected, please explain.  
 The Administrative Expense projection assumptions would not vary with or without waiver as these expenses are on a per member per month or a percent of premium basis.



## Section II - For Informational Purposes as Background Information

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The state is required to submit the [following information to CMS](#) on an annual basis.

- (a) The final Second Lowest Cost Silver Plan (SLCSP) rates for individual health insurance coverage for a representative individual (e.g., a 21-year-old non-smoker) in each rating area or service area (if premiums vary by geographies smaller than rating areas) for the applicable plan year that are actuarially certified. Also include the actuarial memoranda;
- (b) The estimate of what the final SLCSP rates for individual health insurance coverage for a representative individual in each rating area or service area (if premiums vary by geographies smaller than rating areas) would have been absent approval of this waiver for the applicable plan year, that are actuarially certified. The state must include with this information the methods and assumptions the state used to estimate the final SLCSP rates and state's estimate of what the final SLCSP rates would have been absent approval of the waiver for each rating area or service area absent approval of this waiver. Also include the actuarial memoranda;
- (c) From each issuer, the estimate of the total amount of all premiums expected to be paid for individual health insurance coverage for the applicable plan year;
- (d) From each issuer, the estimate of the total premiums that would have been expected to be paid for individual health insurance coverage for the applicable plan year without the waiver;
- (e) From each issuer, the estimate of the total amount of all medical spending expected to be paid for individual health insurance enrollees for the applicable plan year, along with any underlying analyses;
- (f) From each issuer, the estimate of the total amount of all medical spending that would have been expected to be paid for individual health insurance enrollees for applicable plan year without the waiver, along with any underlying analyses;
- (g) The state specific age curve premium variation for the current and upcoming plan year;
- (h) Reports of the estimated total state subsidy program reimbursements for the upcoming plan year;
- (i) Reports of the total enrollment estimates for individual health insurance coverage, both with and without the waiver for the upcoming plan year;
- (j) An explanation of why the experience for the upcoming plan year may vary from previous estimates and how assumptions used to estimate the impact have changed. This includes an explanation of changes in the estimated impact of the waiver on aggregate premiums, the estimated impact to the SLCSP rates, and the estimated impact on enrollment. The state should also explain changes to the estimated state subsidy program estimates relative to prior estimates.

**Premera Blue Cross**  
**RATE SCHEDULE**

**Plan Information**

**Plan Name:** Premera Blue Cross Preferred Gold  
**HIOS Plan ID:** 49831WA1940001  
**Effective Date:** 1/1/2026  
**Market Type:** Individual  
**Exchange Status:** In the exchange  
**Metal Level:** Gold  
**Plan Type:** Non-Standardized Plan

**Plan Geographic Availability**

Area Number	Available in area?	Counties where this plan is available
1	Yes	King
2	Yes	Grays Harbor, Kitsap, Pacific
3	No	
4	Yes	Lincoln, Spokane
5	Yes	Pierce
6	Yes	Franklin, Yakima
7	No	
8	No	
9	No	

**Plan Rates**

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	540.48	588.09		511.40	567.23	524.15				540.48	588.09		511.40	567.23	524.15			
15	588.52	640.37		556.86	617.65	570.74				588.52	640.37		556.86	617.65	570.74			
16	606.89	660.35		574.24	636.93	588.56				606.89	660.35		574.24	636.93	588.56			
17	625.26	680.34		591.62	656.21	606.37				625.26	680.34		591.62	656.21	606.37			
18	645.04	701.87		610.34	676.97	625.56				645.04	701.87		610.34	676.97	625.56			
19	664.82	723.39		629.05	697.73	644.74				664.82	723.39		629.05	697.73	644.74			
20	685.31	745.68		648.44	719.23	664.61				685.31	745.68		648.44	719.23	664.61			
21	706.50	768.75		668.49	741.48	685.17				706.50	768.75		668.49	741.48	685.17			
22	706.50	768.75		668.49	741.48	685.17				706.50	768.75		668.49	741.48	685.17			
23	706.50	768.75		668.49	741.48	685.17				706.50	768.75		668.49	741.48	685.17			
24	706.50	768.75		668.49	741.48	685.17				706.50	768.75		668.49	741.48	685.17			
25	709.33	771.82		671.17	744.44	687.91				709.33	771.82		671.17	744.44	687.91			
26	723.46	787.20		684.54	759.27	701.61				723.46	787.20		684.54	759.27	701.61			
27	740.42	805.65		700.58	777.07	718.06				740.42	805.65		700.58	777.07	718.06			
28	767.97	835.63		726.65	805.98	744.78				767.97	835.63		726.65	805.98	744.78			
29	790.58	860.23		748.05	829.71	766.70				790.58	860.23		748.05	829.71	766.70			
30	801.88	872.53		758.74	841.58	777.67				801.88	872.53		758.74	841.58	777.67			
31	818.84	890.98		774.78	859.37	794.11				818.84	890.98		774.78	859.37	794.11			
32	835.79	909.43		790.83	877.17	810.55				835.79	909.43		790.83	877.17	810.55			
33	846.39	920.96		800.86	888.29	820.83				846.39	920.96		800.86	888.29	820.83			
34	857.70	933.26		811.55	900.15	831.79				857.70	933.26		811.55	900.15	831.79			
35	863.35	939.41		816.90	906.08	837.28				863.35	939.41		816.90	906.08	837.28			
36	869.00	945.56		822.25	912.02	842.76				869.00	945.56		822.25	912.02	842.76			
37	874.65	951.71		827.60	917.95	848.24				874.65	951.71		827.60	917.95	848.24			
38	880.30	957.86		832.94	923.88	853.72				880.30	957.86		832.94	923.88	853.72			
39	891.61	970.16		843.64	935.74	864.68				891.61	970.16		843.64	935.74	864.68			
40	902.91	982.46		854.34	947.61	875.64				902.91	982.46		854.34	947.61	875.64			
41	919.87	1000.91		870.38	965.40	892.09				919.87	1000.91		870.38	965.40	892.09			
42	936.12	1018.59		885.75	982.46	907.85				936.12	1018.59		885.75	982.46	907.85			
43	958.73	1043.19		907.15	1006.18	929.77				958.73	1043.19		907.15	1006.18	929.77			
44	986.99	1073.94		933.89	1035.84	957.18				986.99	1073.94		933.89	1035.84	957.18			
45	1020.19	1110.07		965.31	1070.69	989.38				1020.19	1110.07		965.31	1070.69	989.38			
46	1059.76	1153.12		1002.74	1112.21	1027.75				1059.76	1153.12		1002.74	1112.21	1027.75			
47	1104.27	1201.55		1044.86	1158.93	1070.92				1104.27	1201.55		1044.86	1158.93	1070.92			
48	1155.13	1256.90		1092.99	1212.31	1120.25				1155.13	1256.90		1092.99	1212.31	1120.25			
49	1205.30	1311.48		1140.45	1264.96	1168.90				1205.30	1311.48		1140.45	1264.96	1168.90			
50	1261.82	1372.98		1193.93	1324.28	1223.71				1261.82	1372.98		1193.93	1324.28	1223.71			
51	1317.63	1433.71		1246.74	1382.85	1277.84				1317.63	1433.71		1246.74	1382.85	1277.84			
52	1379.10	1500.59		1304.90	1447.36	1337.45				1379.10	1500.59		1304.90	1447.36	1337.45			
53	1441.27	1568.24		1363.73	1512.61	1397.74				1441.27	1568.24		1363.73	1512.61	1397.74			
54	1508.39	1641.28		1427.24	1583.05	1462.83				1508.39	1641.28		1427.24	1583.05	1462.83			
55	1575.50	1714.31		1490.74	1653.49	1527.92				1575.50	1714.31		1490.74	1653.49	1527.92			
56	1648.27	1793.49		1559.60	1729.86	1598.50				1648.27	1793.49		1559.60	1729.86	1598.50			
57	1721.75	1873.44		1629.12	1806.98	1669.75				1721.75	1873.44		1629.12	1806.98	1669.75			
58	1800.17	1958.77		1703.32	1889.28	1745.81				1800.17	1958.77		1703.32	1889.28	1745.81			
59	1839.03	2001.05		1740.09	1930.06	1783.49				1839.03	2001.05		1740.09	1930.06	1783.49			
60	1917.45	2086.38		1814.29	2012.37	1859.55				1917.45	2086.38		1814.29	2012.37	1859.55			
61	1985.28	2160.18		1878.47	2083.55	1925.32				1985.28	2160.18		1878.47	2083.55	1925.32			
62	2029.79	2208.61		1920.58	2130.26	1968.49				2029.79	2208.61		1920.58	2130.26	1968.49			
63	2085.60	2269.34		1973.40	2188.84	2022.62				2085.60	2269.34		1973.40	2188.84	2022.62			
64 and over	2119.50	2306.24		2005.47	2224.43	2055.50				2119.50	2306.24		2005.47	2224.43	2055.50			

**Premera Blue Cross**  
**RATE SCHEDULE**

**Plan Information**

**Plan Name:** Premera Blue Cross Preferred Bronze  
**HIOS Plan ID:** 49831WA1940003  
**Effective Date:** 1/1/2026  
**Market Type:** Individual  
**Exchange Status:** In the exchange  
**Metal Level:** Bronze  
**Plan Type:** Non-Standardized Plan

**Plan Geographic Availability**

Area Number	Available in area?	Counties where this plan is available
1	Yes	King
2	Yes	Grays Harbor, Kitsap, Pacific
3	No	
4	Yes	Lincoln, Spokane
5	Yes	Pierce
6	Yes	Franklin, Yakima
7	No	
8	No	
9	No	

**Plan Rates**

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	427.46	465.12		404.46	448.62	414.55				427.46	465.12		404.46	448.62	414.55			
15	465.46	506.46		440.41	488.50	451.40				465.46	506.46		440.41	488.50	451.40			
16	479.98	522.27		454.16	503.74	465.49				479.98	522.27		454.16	503.74	465.49			
17	494.51	538.08		467.91	518.99	479.58				494.51	538.08		467.91	518.99	479.58			
18	510.16	555.10		482.71	535.41	494.75				510.16	555.10		482.71	535.41	494.75			
19	525.80	572.13		497.51	551.83	509.92				525.80	572.13		497.51	551.83	509.92			
20	542.01	589.76		512.85	568.84	525.64				542.01	589.76		512.85	568.84	525.64			
21	558.77	608.00		528.71	586.43	541.89				558.77	608.00		528.71	586.43	541.89			
22	558.77	608.00		528.71	586.43	541.89				558.77	608.00		528.71	586.43	541.89			
23	558.77	608.00		528.71	586.43	541.89				558.77	608.00		528.71	586.43	541.89			
24	558.77	608.00		528.71	586.43	541.89				558.77	608.00		528.71	586.43	541.89			
25	561.00	610.43		530.82	588.77	544.06				561.00	610.43		530.82	588.77	544.06			
26	572.18	622.59		541.40	600.50	554.90				572.18	622.59		541.40	600.50	554.90			
27	585.59	637.18		554.09	614.58	567.91				585.59	637.18		554.09	614.58	567.91			
28	607.38	660.89		574.71	637.45	589.04				607.38	660.89		574.71	637.45	589.04			
29	625.26	680.35		591.62	656.21	606.38				625.26	680.35		591.62	656.21	606.38			
30	634.20	690.08		600.08	665.60	615.05				634.20	690.08		600.08	665.60	615.05			
31	647.61	704.67		612.77	679.67	628.06				647.61	704.67		612.77	679.67	628.06			
32	661.02	719.26		625.46	693.75	641.06				661.02	719.26		625.46	693.75	641.06			
33	669.41	728.38		633.39	702.54	649.19				669.41	728.38		633.39	702.54	649.19			
34	678.35	738.11		641.85	711.92	657.86				678.35	738.11		641.85	711.92	657.86			
35	682.82	742.97		646.08	716.62	662.20				682.82	742.97		646.08	716.62	662.20			
36	687.29	747.84		650.31	721.31	666.53				687.29	747.84		650.31	721.31	666.53			
37	691.76	752.70		654.54	726.00	670.87				691.76	752.70		654.54	726.00	670.87			
38	696.23	757.56		658.77	730.69	675.20				696.23	757.56		658.77	730.69	675.20			
39	705.17	767.29		667.23	740.07	683.87				705.17	767.29		667.23	740.07	683.87			
40	714.11	777.02		675.69	749.46	692.54				714.11	777.02		675.69	749.46	692.54			
41	727.52	791.61		688.38	763.53	705.55				727.52	791.61		688.38	763.53	705.55			
42	740.37	805.60		700.54	777.02	718.01				740.37	805.60		700.54	777.02	718.01			
43	758.25	825.05		717.46	795.78	735.35				758.25	825.05		717.46	795.78	735.35			
44	780.60	849.37		738.61	819.24	757.03				780.60	849.37		738.61	819.24	757.03			
45	806.86	877.95		763.45	846.80	782.50				806.86	877.95		763.45	846.80	782.50			
46	838.15	912.00		793.06	879.64	812.84				838.15	912.00		793.06	879.64	812.84			
47	873.36	950.30		826.37	916.59	846.98				873.36	950.30		826.37	916.59	846.98			
48	913.59	994.08		864.44	958.81	886.00				913.59	994.08		864.44	958.81	886.00			
49	953.26	1037.24		901.98	1000.45	924.47				953.26	1037.24		901.98	1000.45	924.47			
50	997.96	1085.88		944.27	1047.36	967.82				997.96	1085.88		944.27	1047.36	967.82			
51	1042.11	1133.92		986.04	1093.69	1010.63				1042.11	1133.92		986.04	1093.69	1010.63			
52	1090.72	1186.81		1032.04	1144.71	1057.78				1090.72	1186.81		1032.04	1144.71	1057.78			
53	1139.89	1240.31		1078.56	1196.31	1105.47				1139.89	1240.31		1078.56	1196.31	1105.47			
54	1192.97	1298.07		1128.79	1252.03	1156.95				1192.97	1298.07		1128.79	1252.03	1156.95			
55	1246.06	1355.83		1179.02	1307.74	1208.43				1246.06	1355.83		1179.02	1307.74	1208.43			
56	1303.61	1418.46		1233.48	1368.14	1264.24				1303.61	1418.46		1233.48	1368.14	1264.24			
57	1361.72	1481.69		1288.46	1429.13	1320.60				1361.72	1481.69		1288.46	1429.13	1320.60			
58	1423.75	1549.18		1347.15	1494.22	1380.75				1423.75	1549.18		1347.15	1494.22	1380.75			
59	1454.48	1582.62		1376.23	1526.47	1410.55				1454.48	1582.62		1376.23	1526.47	1410.55			
60	1516.50	1650.11		1434.91	1591.57	1470.70				1516.50	1650.11		1434.91	1591.57	1470.70			
61	1570.14	1708.47		1485.67	1647.87	1522.72				1570.14	1708.47		1485.67	1647.87	1522.72			
62	1605.35	1746.78		1518.98	1684.81	1556.86				1605.35	1746.78		1518.98	1684.81	1556.86			
63	1649.49	1794.81		1560.75	1731.14	1599.67				1649.49	1794.81		1560.75	1731.14	1599.67			
64 and over	1676.31	1823.99		1586.12	1759.29	1625.67				1676.31	1823.99		1586.12	1759.29	1625.67			

**Premera Blue Cross**  
**RATE SCHEDULE**

**Plan Information**

**Plan Name:** Premera Blue Cross Preferred Silver  
**HIOS Plan ID:** 49831WA1940004  
**Effective Date:** 1/1/2026  
**Market Type:** Individual  
**Exchange Status:** In the exchange  
**Metal Level:** Silver  
**Plan Type:** Non-Standardized Plan

**Plan Geographic Availability**

Area Number	Available in area?	Counties where this plan is available
1	Yes	King
2	Yes	Grays Harbor, Kitsap, Pacific
3	No	
4	Yes	Lincoln, Spokane
5	Yes	Pierce
6	Yes	Franklin, Yakima
7	No	
8	No	
9	No	

**Plan Rates**

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	667.21	725.99		631.32	700.24	647.06				667.21	725.99		631.32	700.24	647.06			
15	726.52	790.53		687.43	762.48	704.58				726.52	790.53		687.43	762.48	704.58			
16	749.20	815.20		708.89	786.28	726.57				749.20	815.20		708.89	786.28	726.57			
17	771.87	839.87		730.35	810.08	748.56				771.87	839.87		730.35	810.08	748.56			
18	796.29	866.45		753.45	835.71	772.25				796.29	866.45		753.45	835.71	772.25			
19	820.71	893.02		776.56	861.34	795.93				820.71	893.02		776.56	861.34	795.93			
20	846.01	920.54		800.49	887.88	820.46				846.01	920.54		800.49	887.88	820.46			
21	872.17	949.01		825.25	915.35	845.83				872.17	949.01		825.25	915.35	845.83			
22	872.17	949.01		825.25	915.35	845.83				872.17	949.01		825.25	915.35	845.83			
23	872.17	949.01		825.25	915.35	845.83				872.17	949.01		825.25	915.35	845.83			
24	872.17	949.01		825.25	915.35	845.83				872.17	949.01		825.25	915.35	845.83			
25	875.66	952.81		828.55	919.01	849.22				875.66	952.81		828.55	919.01	849.22			
26	893.10	971.79		845.06	937.31	866.13				893.10	971.79		845.06	937.31	866.13			
27	914.04	994.56		864.86	959.28	886.43				914.04	994.56		864.86	959.28	886.43			
28	948.05	1031.58		897.05	994.98	919.42				948.05	1031.58		897.05	994.98	919.42			
29	975.96	1061.94		923.45	1024.27	946.49				975.96	1061.94		923.45	1024.27	946.49			
30	989.92	1077.13		936.66	1038.92	960.02				989.92	1077.13		936.66	1038.92	960.02			
31	1010.85	1099.90		956.46	1060.89	980.32				1010.85	1099.90		956.46	1060.89	980.32			
32	1031.78	1122.68		976.27	1082.85	1000.62				1031.78	1122.68		976.27	1082.85	1000.62			
33	1044.86	1136.92		988.65	1096.58	1013.31				1044.86	1136.92		988.65	1096.58	1013.31			
34	1058.82	1152.10		1001.85	1111.23	1026.84				1058.82	1152.10		1001.85	1111.23	1026.84			
35	1065.80	1159.69		1008.46	1118.55	1033.61				1065.80	1159.69		1008.46	1118.55	1033.61			
36	1072.77	1167.28		1015.06	1125.87	1040.37				1072.77	1167.28		1015.06	1125.87	1040.37			
37	1079.75	1174.88		1021.66	1133.20	1047.14				1079.75	1174.88		1021.66	1133.20	1047.14			
38	1086.73	1182.47		1028.26	1140.52	1053.91				1086.73	1182.47		1028.26	1140.52	1053.91			
39	1100.68	1197.65		1041.47	1155.17	1067.44				1100.68	1197.65		1041.47	1155.17	1067.44			
40	1114.64	1212.84		1054.67	1169.81	1080.97				1114.64	1212.84		1054.67	1169.81	1080.97			
41	1135.57	1235.61		1074.48	1191.78	1101.27				1135.57	1235.61		1074.48	1191.78	1101.27			
42	1155.63	1257.44		1093.46	1212.83	1120.73				1155.63	1257.44		1093.46	1212.83	1120.73			
43	1183.54	1287.81		1119.86	1242.12	1147.80				1183.54	1287.81		1119.86	1242.12	1147.80			
44	1218.43	1325.77		1152.87	1278.74	1181.63				1218.43	1325.77		1152.87	1278.74	1181.63			
45	1259.42	1370.37		1191.66	1321.76	1221.38				1259.42	1370.37		1191.66	1321.76	1221.38			
46	1308.26	1423.52		1237.87	1373.02	1268.75				1308.26	1423.52		1237.87	1373.02	1268.75			
47	1363.21	1483.30		1289.87	1430.68	1322.04				1363.21	1483.30		1289.87	1430.68	1322.04			
48	1426.00	1551.63		1349.28	1496.59	1382.94				1426.00	1551.63		1349.28	1496.59	1382.94			
49	1487.93	1619.01		1407.88	1561.58	1442.99				1487.93	1619.01		1407.88	1561.58	1442.99			
50	1557.70	1694.93		1473.90	1634.81	1510.66				1557.70	1694.93		1473.90	1634.81	1510.66			
51	1626.60	1769.91		1539.09	1707.12	1577.48				1626.60	1769.91		1539.09	1707.12	1577.48			
52	1702.48	1852.47		1610.89	1786.75	1651.07				1702.48	1852.47		1610.89	1786.75	1651.07			
53	1779.23	1935.98		1683.51	1867.30	1725.50				1779.23	1935.98		1683.51	1867.30	1725.50			
54	1862.09	2026.14		1761.91	1954.26	1805.85				1862.09	2026.14		1761.91	1954.26	1805.85			
55	1944.95	2116.30		1840.31	2041.22	1886.21				1944.95	2116.30		1840.31	2041.22	1886.21			
56	2034.78	2214.04		1925.31	2135.50	1973.33				2034.78	2214.04		1925.31	2135.50	1973.33			
57	2125.49	2312.74		2011.13	2230.70	2061.30				2125.49	2312.74		2011.13	2230.70	2061.30			
58	2222.30	2418.08		2102.74	2332.30	2155.18				2222.30	2418.08		2102.74	2332.30	2155.18			
59	2270.27	2470.28		2148.13	2382.64	2201.70				2270.27	2470.28		2148.13	2382.64	2201.70			
60	2367.08	2575.62		2239.73	2484.25	2295.59				2367.08	2575.62		2239.73	2484.25	2295.59			
61	2450.81	2666.72		2318.95	2572.12	2376.79				2450.81	2666.72		2318.95	2572.12	2376.79			
62	2505.75	2726.51		2370.94	2629.79	2430.08				2505.75	2726.51		2370.94	2629.79	2430.08			
63	2574.65	2801.48		2436.14	2702.10	2496.90				2574.65	2801.48		2436.14	2702.10	2496.90			
64 and over	2616.51	2847.03		2475.75	2746.04	2537.49				2616.51	2847.03		2475.75	2746.04	2537.49			

**Premera Blue Cross**  
**RATE SCHEDULE**

**Plan Information**

**Plan Name:** Premera Blue Cross Cascade Complete Gold  
**HIOS Plan ID:** 49831WA1940005  
**Effective Date:** 1/1/2026  
**Market Type:** Individual  
**Exchange Status:** In the exchange  
**Metal Level:** Gold  
**Plan Type:** Standardized Non-Public Option Plan

**Plan Geographic Availability**

Area Number	Available in area?	Counties where this plan is available
1	Yes	King
2	Yes	Grays Harbor, Kitsap, Pacific
3	No	
4	Yes	Lincoln, Spokane
5	Yes	Pierce
6	Yes	Franklin, Yakima
7	No	
8	No	
9	No	

**Plan Rates**

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	592.17	644.34		560.31	621.49	574.29				592.17	644.34		560.31	621.49	574.29			
15	644.81	701.62		610.12	676.73	625.34				644.81	701.62		610.12	676.73	625.34			
16	664.94	723.52		629.16	697.85	644.86				664.94	723.52		629.16	697.85	644.86			
17	685.06	745.42		648.21	718.97	664.37				685.06	745.42		648.21	718.97	664.37			
18	706.74	769.00		668.71	741.72	685.39				706.74	769.00		668.71	741.72	685.39			
19	728.41	792.58		689.22	764.47	706.41				728.41	792.58		689.22	764.47	706.41			
20	750.86	817.01		710.46	788.03	728.18				750.86	817.01		710.46	788.03	728.18			
21	774.08	842.28		732.44	812.40	750.70				774.08	842.28		732.44	812.40	750.70			
22	774.08	842.28		732.44	812.40	750.70				774.08	842.28		732.44	812.40	750.70			
23	774.08	842.28		732.44	812.40	750.70				774.08	842.28		732.44	812.40	750.70			
24	774.08	842.28		732.44	812.40	750.70				774.08	842.28		732.44	812.40	750.70			
25	777.18	845.65		735.37	815.65	753.71				777.18	845.65		735.37	815.65	753.71			
26	792.66	862.49		750.01	831.90	768.72				792.66	862.49		750.01	831.90	768.72			
27	811.24	882.71		767.59	851.39	786.74				811.24	882.71		767.59	851.39	786.74			
28	841.43	915.56		796.16	883.08	816.02				841.43	915.56		796.16	883.08	816.02			
29	866.20	942.51		819.60	909.07	840.04				866.20	942.51		819.60	909.07	840.04			
30	878.58	955.99		831.32	922.07	852.05				878.58	955.99		831.32	922.07	852.05			
31	897.16	976.20		848.89	941.57	870.07				897.16	976.20		848.89	941.57	870.07			
32	915.74	996.42		866.47	961.07	888.08				915.74	996.42		866.47	961.07	888.08			
33	927.35	1009.05		877.46	973.25	899.34				927.35	1009.05		877.46	973.25	899.34			
34	939.74	1022.53		889.18	986.25	911.36				939.74	1022.53		889.18	986.25	911.36			
35	945.93	1029.26		895.04	992.75	917.36				945.93	1029.26		895.04	992.75	917.36			
36	952.12	1036.00		900.90	999.25	923.37				952.12	1036.00		900.90	999.25	923.37			
37	958.31	1042.74		906.76	1005.75	929.37				958.31	1042.74		906.76	1005.75	929.37			
38	964.51	1049.48		912.62	1012.25	935.38				964.51	1049.48		912.62	1012.25	935.38			
39	976.89	1062.96		924.33	1025.25	947.39				976.89	1062.96		924.33	1025.25	947.39			
40	989.28	1076.43		936.05	1038.25	959.40				989.28	1076.43		936.05	1038.25	959.40			
41	1007.85	1096.65		953.63	1057.74	977.42				1007.85	1096.65		953.63	1057.74	977.42			
42	1025.66	1116.02		970.48	1076.43	994.68				1025.66	1116.02		970.48	1076.43	994.68			
43	1050.43	1142.97		993.92	1102.43	1018.71				1050.43	1142.97		993.92	1102.43	1018.71			
44	1081.39	1176.66		1023.21	1134.92	1048.73				1081.39	1176.66		1023.21	1134.92	1048.73			
45	1117.77	1216.25		1057.64	1173.10	1084.02				1117.77	1216.25		1057.64	1173.10	1084.02			
46	1161.12	1263.42		1098.65	1218.60	1126.06				1161.12	1263.42		1098.65	1218.60	1126.06			
47	1209.89	1316.48		1144.80	1269.78	1173.35				1209.89	1316.48		1144.80	1269.78	1173.35			
48	1265.62	1377.13		1197.53	1328.27	1227.40				1265.62	1377.13		1197.53	1328.27	1227.40			
49	1320.58	1436.93		1249.54	1385.95	1280.70				1320.58	1436.93		1249.54	1385.95	1280.70			
50	1382.51	1504.31		1308.13	1450.94	1340.76				1382.51	1504.31		1308.13	1450.94	1340.76			
51	1443.66	1570.85		1365.99	1515.12	1400.06				1443.66	1570.85		1365.99	1515.12	1400.06			
52	1511.01	1644.13		1429.72	1585.80	1465.38				1511.01	1644.13		1429.72	1585.80	1465.38			
53	1579.13	1718.25		1494.17	1657.29	1531.44				1579.13	1718.25		1494.17	1657.29	1531.44			
54	1652.67	1798.27		1563.75	1734.47	1602.75				1652.67	1798.27		1563.75	1734.47	1602.75			
55	1726.20	1878.28		1633.33	1811.65	1674.07				1726.20	1878.28		1633.33	1811.65	1674.07			
56	1805.93	1965.04		1708.77	1895.33	1751.39				1805.93	1965.04		1708.77	1895.33	1751.39			
57	1886.44	2052.63		1784.95	1979.82	1829.47				1886.44	2052.63		1784.95	1979.82	1829.47			
58	1972.36	2146.13		1866.25	2069.99	1912.80				1972.36	2146.13		1866.25	2069.99	1912.80			
59	2014.94	2192.45		1906.53	2114.68	1954.08				2014.94	2192.45		1906.53	2114.68	1954.08			
60	2100.86	2285.94		1987.83	2204.85	2037.41				2100.86	2285.94		1987.83	2204.85	2037.41			
61	2175.17	2366.80		2058.15	2282.84	2109.48				2175.17	2366.80		2058.15	2282.84	2109.48			
62	2223.94	2419.87		2104.29	2334.02	2156.77				2223.94	2419.87		2104.29	2334.02	2156.77			
63	2285.09	2486.41		2162.15	2398.20	2216.08				2285.09	2486.41		2162.15	2398.20	2216.08			
64 and over	2322.24	2526.84		2197.31	2437.20	2252.10				2322.24	2526.84		2197.31	2437.20	2252.10			

**Premera Blue Cross  
RATE SCHEDULE**

**Plan Information**

**Plan Name:** Premera Blue Cross Cascade Silver  
**HIOS Plan ID:** 49831WA1940006  
**Effective Date:** 1/1/2026  
**Market Type:** Individual  
**Exchange Status:** In the exchange  
**Metal Level:** Silver  
**Plan Type:** Standardized Non-Public Option Plan

**Plan Geographic Availability**

Area Number	Available in area?	Counties where this plan is available
1	Yes	King
2	Yes	Grays Harbor, Kitsap, Pacific
3	No	
4	Yes	Lincoln, Spokane
5	Yes	Pierce
6	Yes	Franklin, Yakima
7	No	
8	No	
9	No	

**Plan Rates**

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	709.60	772.11		671.42	744.72	688.17				709.60	772.11		671.42	744.72	688.17			
15	772.67	840.75		731.10	810.92	749.34				772.67	840.75		731.10	810.92	749.34			
16	796.79	866.99		753.92	836.23	772.73				796.79	866.99		753.92	836.23	772.73			
17	820.91	893.23		776.74	861.54	796.12				820.91	893.23		776.74	861.54	796.12			
18	846.88	921.49		801.32	888.80	821.31				846.88	921.49		801.32	888.80	821.31			
19	872.85	949.75		825.89	916.06	846.49				872.85	949.75		825.89	916.06	846.49			
20	899.75	979.02		851.35	944.29	872.58				899.75	979.02		851.35	944.29	872.58			
21	927.58	1009.30		877.68	973.50	899.57				927.58	1009.30		877.68	973.50	899.57			
22	927.58	1009.30		877.68	973.50	899.57				927.58	1009.30		877.68	973.50	899.57			
23	927.58	1009.30		877.68	973.50	899.57				927.58	1009.30		877.68	973.50	899.57			
24	927.58	1009.30		877.68	973.50	899.57				927.58	1009.30		877.68	973.50	899.57			
25	931.29	1013.34		881.19	977.39	903.17				931.29	1013.34		881.19	977.39	903.17			
26	949.84	1033.52		898.74	996.86	921.16				949.84	1033.52		898.74	996.86	921.16			
27	972.10	1057.75		919.81	1020.22	942.75				972.10	1057.75		919.81	1020.22	942.75			
28	1008.28	1097.11		954.03	1058.19	977.83				1008.28	1097.11		954.03	1058.19	977.83			
29	1037.96	1129.41		982.12	1089.34	1006.62				1037.96	1129.41		982.12	1089.34	1006.62			
30	1052.80	1145.56		996.16	1104.92	1021.01				1052.80	1145.56		996.16	1104.92	1021.01			
31	1075.07	1169.78		1017.23	1128.28	1042.60				1075.07	1169.78		1017.23	1128.28	1042.60			
32	1097.33	1194.00		1038.29	1151.65	1064.19				1097.33	1194.00		1038.29	1151.65	1064.19			
33	1111.24	1209.14		1051.46	1166.25	1077.68				1111.24	1209.14		1051.46	1166.25	1077.68			
34	1126.08	1225.29		1065.50	1181.82	1092.08				1126.08	1225.29		1065.50	1181.82	1092.08			
35	1133.50	1233.37		1072.52	1189.61	1099.27				1133.50	1233.37		1072.52	1189.61	1099.27			
36	1140.92	1241.44		1079.54	1197.40	1106.47				1140.92	1241.44		1079.54	1197.40	1106.47			
37	1148.35	1249.51		1086.56	1205.19	1113.66				1148.35	1249.51		1086.56	1205.19	1113.66			
38	1155.77	1257.59		1093.59	1212.98	1120.86				1155.77	1257.59		1093.59	1212.98	1120.86			
39	1170.61	1273.74		1107.63	1228.55	1135.25				1170.61	1273.74		1107.63	1228.55	1135.25			
40	1185.45	1289.89		1121.67	1244.13	1149.65				1185.45	1289.89		1121.67	1244.13	1149.65			
41	1207.71	1314.11		1142.74	1267.49	1171.24				1207.71	1314.11		1142.74	1267.49	1171.24			
42	1229.04	1337.32		1162.92	1289.88	1191.93				1229.04	1337.32		1162.92	1289.88	1191.93			
43	1258.73	1369.62		1191.01	1321.03	1220.71				1258.73	1369.62		1191.01	1321.03	1220.71			
44	1295.83	1409.99		1226.11	1359.97	1256.70				1295.83	1409.99		1226.11	1359.97	1256.70			
45	1339.43	1457.43		1267.37	1405.73	1298.98				1339.43	1457.43		1267.37	1405.73	1298.98			
46	1391.37	1513.95		1316.52	1460.24	1349.35				1391.37	1513.95		1316.52	1460.24	1349.35			
47	1449.81	1577.54		1371.81	1521.57	1406.02				1449.81	1577.54		1371.81	1521.57	1406.02			
48	1516.59	1650.21		1435.00	1591.67	1470.79				1516.59	1650.21		1435.00	1591.67	1470.79			
49	1582.45	1721.87		1497.32	1660.78	1534.66				1582.45	1721.87		1497.32	1660.78	1534.66			
50	1656.66	1802.61		1567.53	1738.66	1606.63				1656.66	1802.61		1567.53	1738.66	1606.63			
51	1729.94	1882.35		1636.87	1815.57	1677.69				1729.94	1882.35		1636.87	1815.57	1677.69			
52	1810.64	1970.15		1713.23	1900.26	1755.96				1810.64	1970.15		1713.23	1900.26	1755.96			
53	1892.26	2058.97		1790.46	1985.93	1835.12				1892.26	2058.97		1790.46	1985.93	1835.12			
54	1980.38	2154.86		1873.84	2078.41	1920.58				1980.38	2154.86		1873.84	2078.41	1920.58			
55	2068.51	2250.74		1957.22	2170.90	2006.04				2068.51	2250.74		1957.22	2170.90	2006.04			
56	2164.05	2354.70		2047.62	2271.17	2098.69				2164.05	2354.70		2047.62	2271.17	2098.69			
57	2260.51	2459.67		2138.90	2372.41	2192.25				2260.51	2459.67		2138.90	2372.41	2192.25			
58	2363.48	2571.70		2236.32	2480.47	2292.10				2363.48	2571.70		2236.32	2480.47	2292.10			
59	2414.49	2627.21		2284.59	2534.01	2341.58				2414.49	2627.21		2284.59	2534.01	2341.58			
60	2517.45	2739.24		2382.02	2642.07	2441.43				2517.45	2739.24		2382.02	2642.07	2441.43			
61	2606.50	2836.13		2466.27	2735.52	2527.79				2606.50	2836.13		2466.27	2735.52	2527.79			
62	2664.94	2899.72		2521.57	2796.85	2584.46				2664.94	2899.72		2521.57	2796.85	2584.46			
63	2738.22	2979.46		2590.90	2873.76	2655.52				2738.22	2979.46		2590.90	2873.76	2655.52			
64 and over	2782.74	3027.90		2633.03	2920.49	2698.70				2782.74	3027.90		2633.03	2920.49	2698.70			

**Premera Blue Cross**  
**RATE SCHEDULE**

**Plan Information**

**Plan Name:** Premera Blue Cross Cascade Bronze  
**HIOS Plan ID:** 49831WA1940007  
**Effective Date:** 1/1/2026  
**Market Type:** Individual  
**Exchange Status:** In the exchange  
**Metal Level:** Bronze  
**Plan Type:** Standardized Non-Public Option Plan

**Plan Geographic Availability**

Area Number	Available in area?	Counties where this plan is available
1	Yes	King
2	Yes	Grays Harbor, Kitsap, Pacific
3	No	
4	Yes	Lincoln, Spokane
5	Yes	Pierce
6	Yes	Franklin, Yakima
7	No	
8	No	
9	No	

**Plan Rates**

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	426.60	464.18		403.65	447.71	413.71				426.60	464.18		403.65	447.71	413.71			
15	464.52	505.44		439.53	487.51	450.49				464.52	505.44		439.53	487.51	450.49			
16	479.02	521.22		453.25	502.73	464.55				479.02	521.22		453.25	502.73	464.55			
17	493.52	536.99		466.96	517.94	478.61				493.52	536.99		466.96	517.94	478.61			
18	509.13	553.98		481.74	534.33	493.75				509.13	553.98		481.74	534.33	493.75			
19	524.74	570.97		496.51	550.72	508.90				524.74	570.97		496.51	550.72	508.90			
20	540.91	588.57		511.81	567.69	524.58				540.91	588.57		511.81	567.69	524.58			
21	557.64	606.77		527.64	585.25	540.80				557.64	606.77		527.64	585.25	540.80			
22	557.64	606.77		527.64	585.25	540.80				557.64	606.77		527.64	585.25	540.80			
23	557.64	606.77		527.64	585.25	540.80				557.64	606.77		527.64	585.25	540.80			
24	557.64	606.77		527.64	585.25	540.80				557.64	606.77		527.64	585.25	540.80			
25	559.87	609.20		529.75	587.59	542.97				559.87	609.20		529.75	587.59	542.97			
26	571.03	621.34		540.31	599.29	553.78				571.03	621.34		540.31	599.29	553.78			
27	584.41	635.90		552.97	613.34	566.76				584.41	635.90		552.97	613.34	566.76			
28	606.16	659.56		573.55	636.16	587.85				606.16	659.56		573.55	636.16	587.85			
29	624.00	678.98		590.43	654.89	605.16				624.00	678.98		590.43	654.89	605.16			
30	632.93	688.69		598.87	664.26	613.81				632.93	688.69		598.87	664.26	613.81			
31	646.31	703.25		611.54	678.30	626.79				646.31	703.25		611.54	678.30	626.79			
32	659.69	717.81		624.20	692.35	639.77				659.69	717.81		624.20	692.35	639.77			
33	668.06	726.91		632.12	701.13	647.88				668.06	726.91		632.12	701.13	647.88			
34	676.98	736.62		640.56	710.49	656.54				676.98	736.62		640.56	710.49	656.54			
35	681.44	741.48		644.78	715.17	660.86				681.44	741.48		644.78	715.17	660.86			
36	685.90	746.33		649.00	719.85	665.19				685.90	746.33		649.00	719.85	665.19			
37	690.36	751.18		653.22	724.54	669.51				690.36	751.18		653.22	724.54	669.51			
38	694.82	756.04		657.44	729.22	673.84				694.82	756.04		657.44	729.22	673.84			
39	703.75	765.75		665.89	738.58	682.49				703.75	765.75		665.89	738.58	682.49			
40	712.67	775.46		674.33	747.95	691.15				712.67	775.46		674.33	747.95	691.15			
41	726.05	790.02		686.99	761.99	704.13				726.05	790.02		686.99	761.99	704.13			
42	738.88	803.97		699.13	775.45	716.56				738.88	803.97		699.13	775.45	716.56			
43	756.72	823.39		716.01	794.18	733.87				756.72	823.39		716.01	794.18	733.87			
44	779.03	847.66		737.12	817.59	755.50				779.03	847.66		737.12	817.59	755.50			
45	805.24	876.18		761.92	845.10	780.92				805.24	876.18		761.92	845.10	780.92			
46	836.47	910.16		791.46	877.87	811.20				836.47	910.16		791.46	877.87	811.20			
47	871.60	948.39		824.71	914.74	845.28				871.60	948.39		824.71	914.74	845.28			
48	911.75	992.07		862.70	956.88	884.21				911.75	992.07		862.70	956.88	884.21			
49	951.34	1035.15		900.16	998.43	922.61				951.34	1035.15		900.16	998.43	922.61			
50	995.95	1083.70		942.37	1045.25	965.87				995.95	1083.70		942.37	1045.25	965.87			
51	1040.01	1131.63		984.05	1091.49	1008.60				1040.01	1131.63		984.05	1091.49	1008.60			
52	1088.52	1184.42		1029.96	1142.40	1055.65				1088.52	1184.42		1029.96	1142.40	1055.65			
53	1137.59	1237.82		1076.39	1193.90	1103.24				1137.59	1237.82		1076.39	1193.90	1103.24			
54	1190.57	1295.46		1126.52	1249.50	1154.61				1190.57	1295.46		1126.52	1249.50	1154.61			
55	1243.55	1353.10		1176.64	1305.10	1205.99				1243.55	1353.10		1176.64	1305.10	1205.99			
56	1300.98	1415.60		1230.99	1365.38	1261.69				1300.98	1415.60		1230.99	1365.38	1261.69			
57	1358.98	1478.70		1285.87	1426.25	1317.94				1358.98	1478.70		1285.87	1426.25	1317.94			
58	1420.88	1546.06		1344.43	1491.21	1377.97				1420.88	1546.06		1344.43	1491.21	1377.97			
59	1451.55	1579.43		1373.45	1523.40	1407.71				1451.55	1579.43		1373.45	1523.40	1407.71			
60	1513.45	1646.78		1432.02	1588.36	1467.74				1513.45	1646.78		1432.02	1588.36	1467.74			
61	1566.98	1705.03		1482.68	1644.55	1519.66				1566.98	1705.03		1482.68	1644.55	1519.66			
62	1602.11	1743.26		1515.92	1681.42	1553.73				1602.11	1743.26		1515.92	1681.42	1553.73			
63	1646.17	1791.19		1557.60	1727.65	1596.45				1646.17	1791.19		1557.60	1727.65	1596.45			
64 and over	1672.92	1820.31		1582.92	1755.74	1622.40				1672.92	1820.31		1582.92	1755.74	1622.40			

**Premera Blue Cross**  
**RATE SCHEDULE**

**Plan Information**

**Plan Name:** Premera Blue Cross Preferred Bronze HSA  
**HIOS Plan ID:** 49831WA1940008  
**Effective Date:** 1/1/2026  
**Market Type:** Individual  
**Exchange Status:** In the exchange  
**Metal Level:** Bronze  
**Plan Type:** Non-Standardized Plan

**Plan Geographic Availability**

Area Number	Available in area?	Counties where this plan is available
1	Yes	King
2	Yes	Grays Harbor, Kitsap, Pacific
3	No	
4	Yes	Lincoln, Spokane
5	Yes	Pierce
6	Yes	Franklin, Yakima
7	No	
8	No	
9	No	

**Plan Rates**

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	414.30	450.80		392.01	434.81	401.79				414.30	450.80		392.01	434.81	401.79			
15	451.13	490.87		426.85	473.46	437.50				451.13	490.87		426.85	473.46	437.50			
16	465.21	506.19		440.18	488.23	451.16				465.21	506.19		440.18	488.23	451.16			
17	479.29	521.51		453.50	503.01	464.81				479.29	521.51		453.50	503.01	464.81			
18	494.45	538.01		467.85	518.93	479.52				494.45	538.01		467.85	518.93	479.52			
19	509.61	554.51		482.20	534.84	494.22				509.61	554.51		482.20	534.84	494.22			
20	525.32	571.60		497.06	551.32	509.46				525.32	571.60		497.06	551.32	509.46			
21	541.57	589.28		512.43	568.37	525.21				541.57	589.28		512.43	568.37	525.21			
22	541.57	589.28		512.43	568.37	525.21				541.57	589.28		512.43	568.37	525.21			
23	541.57	589.28		512.43	568.37	525.21				541.57	589.28		512.43	568.37	525.21			
24	541.57	589.28		512.43	568.37	525.21				541.57	589.28		512.43	568.37	525.21			
25	543.73	591.64		514.48	570.65	527.31				543.73	591.64		514.48	570.65	527.31			
26	554.56	603.42		524.73	582.02	537.82				554.56	603.42		524.73	582.02	537.82			
27	567.56	617.56		537.03	595.66	550.42				567.56	617.56		537.03	595.66	550.42			
28	588.68	640.55		557.01	617.82	570.91				588.68	640.55		557.01	617.82	570.91			
29	606.01	659.40		573.41	636.01	587.71				606.01	659.40		573.41	636.01	587.71			
30	614.68	668.83		581.61	645.11	596.12				614.68	668.83		581.61	645.11	596.12			
31	627.68	682.97		593.91	658.75	608.72				627.68	682.97		593.91	658.75	608.72			
32	640.67	697.12		606.21	672.39	621.33				640.67	697.12		606.21	672.39	621.33			
33	648.80	705.96		613.89	680.91	629.20				648.80	705.96		613.89	680.91	629.20			
34	657.46	715.38		622.09	690.01	637.61				657.46	715.38		622.09	690.01	637.61			
35	661.80	720.10		626.19	694.55	641.81				661.80	720.10		626.19	694.55	641.81			
36	666.13	724.81		630.29	699.10	646.01				666.13	724.81		630.29	699.10	646.01			
37	670.46	729.53		634.39	703.65	650.21				670.46	729.53		634.39	703.65	650.21			
38	674.79	734.24		638.49	708.19	654.41				674.79	734.24		638.49	708.19	654.41			
39	683.46	743.67		646.69	717.29	662.82				683.46	743.67		646.69	717.29	662.82			
40	692.12	753.10		654.89	726.38	671.22				692.12	753.10		654.89	726.38	671.22			
41	705.12	767.24		667.18	740.02	683.83				705.12	767.24		667.18	740.02	683.83			
42	717.58	780.79		678.97	753.10	695.91				717.58	780.79		678.97	753.10	695.91			
43	734.91	799.65		695.37	771.28	712.71				734.91	799.65		695.37	771.28	712.71			
44	756.57	823.22		715.87	794.02	733.72				756.57	823.22		715.87	794.02	733.72			
45	782.02	850.92		739.95	820.73	758.41				782.02	850.92		739.95	820.73	758.41			
46	812.35	883.92		768.65	852.56	787.82				812.35	883.92		768.65	852.56	787.82			
47	846.47	921.04		800.93	888.37	820.91				846.47	921.04		800.93	888.37	820.91			
48	885.46	963.47		837.82	929.29	858.72				885.46	963.47		837.82	929.29	858.72			
49	923.91	1005.31		874.21	969.65	896.01				923.91	1005.31		874.21	969.65	896.01			
50	967.24	1052.45		915.20	1015.12	938.03				967.24	1052.45		915.20	1015.12	938.03			
51	1010.02	1099.01		955.68	1060.02	979.52				1010.02	1099.01		955.68	1060.02	979.52			
52	1057.14	1150.27		1000.27	1109.47	1025.21				1057.14	1150.27		1000.27	1109.47	1025.21			
53	1104.80	1202.13		1045.36	1159.48	1071.43				1104.80	1202.13		1045.36	1159.48	1071.43			
54	1156.25	1258.11		1094.04	1213.48	1121.33				1156.25	1258.11		1094.04	1213.48	1121.33			
55	1207.69	1314.09		1142.72	1267.48	1171.22				1207.69	1314.09		1142.72	1267.48	1171.22			
56	1263.48	1374.79		1195.50	1326.02	1225.32				1263.48	1374.79		1195.50	1326.02	1225.32			
57	1319.80	1436.07		1248.79	1385.13	1279.94				1319.80	1436.07		1248.79	1385.13	1279.94			
58	1379.91	1501.48		1305.67	1448.22	1338.24				1379.91	1501.48		1305.67	1448.22	1338.24			
59	1409.70	1533.89		1333.86	1479.48	1367.13				1409.70	1533.89		1333.86	1479.48	1367.13			
60	1469.81	1599.30		1390.74	1542.57	1425.42				1469.81	1599.30		1390.74	1542.57	1425.42			
61	1521.80	1655.87		1439.93	1597.13	1475.85				1521.80	1655.87		1439.93	1597.13	1475.85			
62	1555.92	1693.00		1472.21	1632.94	1508.93				1555.92	1693.00		1472.21	1632.94	1508.93			
63	1598.71	1739.55		1512.70	1677.84	1550.43				1598.71	1739.55		1512.70	1677.84	1550.43			
64 and over	1624.70	1767.84		1537.29	1705.11	1575.63				1624.70	1767.84		1537.29	1705.11	1575.63			



**Premera Blue Cross  
RATE SCHEDULE**

**Plan Information**

**Plan Name:** Premera Blue Cross Cascade Vital Gold  
**HIOS Plan ID:** 49831WA1940009  
**Effective Date:** 1/1/2026  
**Market Type:** Individual  
**Exchange Status:** In the exchange  
**Metal Level:** Gold  
**Plan Type:** Standardized Non-Public Option Plan

**Plan Geographic Availability**

Area Number	Available in area?	Counties where this plan is available
1	Yes	King
2	Yes	Grays Harbor, Kitsap, Pacific
3	No	
4	Yes	Lincoln, Spokane
5	Yes	Pierce
6	Yes	Franklin, Yakima
7	No	
8	No	
9	No	

**Plan Rates**

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	563.49	613.13		533.17	591.38	546.47				563.49	613.13		533.17	591.38	546.47			
15	613.58	667.63		580.57	643.95	595.05				613.58	667.63		580.57	643.95	595.05			
16	632.73	688.47		598.69	664.05	613.62				632.73	688.47		598.69	664.05	613.62			
17	651.88	709.31		616.81	684.15	632.19				651.88	709.31		616.81	684.15	632.19			
18	672.50	731.75		636.32	705.79	652.19				672.50	731.75		636.32	705.79	652.19			
19	693.13	754.19		655.84	727.44	672.19				693.13	754.19		655.84	727.44	672.19			
20	714.49	777.43		676.05	749.85	692.91				714.49	777.43		676.05	749.85	692.91			
21	736.59	801.48		696.96	773.05	714.34				736.59	801.48		696.96	773.05	714.34			
22	736.59	801.48		696.96	773.05	714.34				736.59	801.48		696.96	773.05	714.34			
23	736.59	801.48		696.96	773.05	714.34				736.59	801.48		696.96	773.05	714.34			
24	736.59	801.48		696.96	773.05	714.34				736.59	801.48		696.96	773.05	714.34			
25	739.53	804.68		699.74	776.14	717.20				739.53	804.68		699.74	776.14	717.20			
26	754.26	820.71		713.68	791.60	731.48				754.26	820.71		713.68	791.60	731.48			
27	771.94	839.95		730.41	810.15	748.63				771.94	839.95		730.41	810.15	748.63			
28	800.67	871.21		757.59	840.30	776.49				800.67	871.21		757.59	840.30	776.49			
29	824.24	896.85		779.89	865.04	799.35				824.24	896.85		779.89	865.04	799.35			
30	836.02	909.68		791.05	877.41	810.78				836.02	909.68		791.05	877.41	810.78			
31	853.70	928.91		807.77	895.96	827.92				853.70	928.91		807.77	895.96	827.92			
32	871.38	948.15		824.50	914.51	845.06				871.38	948.15		824.50	914.51	845.06			
33	882.43	960.17		834.95	926.11	855.78				882.43	960.17		834.95	926.11	855.78			
34	894.21	972.99		846.11	938.48	867.21				894.21	972.99		846.11	938.48	867.21			
35	900.11	979.41		851.68	944.66	872.92				900.11	979.41		851.68	944.66	872.92			
36	906.00	985.82		857.26	950.85	878.64				906.00	985.82		857.26	950.85	878.64			
37	911.89	992.23		862.83	957.03	884.35				911.89	992.23		862.83	957.03	884.35			
38	917.79	998.64		868.41	963.22	890.07				917.79	998.64		868.41	963.22	890.07			
39	929.57	1011.47		879.56	975.58	901.50				929.57	1011.47		879.56	975.58	901.50			
40	941.36	1024.29		890.71	987.95	912.93				941.36	1024.29		890.71	987.95	912.93			
41	959.03	1043.52		907.44	1006.51	930.07				959.03	1043.52		907.44	1006.51	930.07			
42	975.98	1061.96		923.47	1024.29	946.50				975.98	1061.96		923.47	1024.29	946.50			
43	999.55	1087.61		945.77	1049.02	969.36				999.55	1087.61		945.77	1049.02	969.36			
44	1029.01	1119.67		973.65	1079.95	997.93				1029.01	1119.67		973.65	1079.95	997.93			
45	1063.63	1157.33		1006.41	1116.28	1031.51				1063.63	1157.33		1006.41	1116.28	1031.51			
46	1104.88	1202.22		1045.44	1159.57	1071.51				1104.88	1202.22		1045.44	1159.57	1071.51			
47	1151.28	1252.71		1089.34	1208.27	1116.51				1151.28	1252.71		1089.34	1208.27	1116.51			
48	1204.32	1310.42		1139.52	1263.93	1167.95				1204.32	1310.42		1139.52	1263.93	1167.95			
49	1256.61	1367.32		1189.01	1318.82	1218.66				1256.61	1367.32		1189.01	1318.82	1218.66			
50	1315.54	1431.44		1244.77	1380.66	1275.81				1315.54	1431.44		1244.77	1380.66	1275.81			
51	1373.73	1494.76		1299.82	1441.73	1332.24				1373.73	1494.76		1299.82	1441.73	1332.24			
52	1437.81	1564.49		1360.46	1508.99	1394.39				1437.81	1564.49		1360.46	1508.99	1394.39			
53	1502.63	1635.02		1421.79	1577.01	1457.25				1502.63	1635.02		1421.79	1577.01	1457.25			
54	1572.61	1711.16		1488.00	1650.45	1525.12				1572.61	1711.16		1488.00	1650.45	1525.12			
55	1642.59	1787.30		1554.21	1723.89	1592.98				1642.59	1787.30		1554.21	1723.89	1592.98			
56	1718.45	1869.85		1626.00	1803.52	1666.56				1718.45	1869.85		1626.00	1803.52	1666.56			
57	1795.06	1953.20		1698.48	1883.91	1740.85				1795.06	1953.20		1698.48	1883.91	1740.85			
58	1876.82	2042.17		1775.85	1969.72	1820.14				1876.82	2042.17		1775.85	1969.72	1820.14			
59	1917.33	2086.25		1814.18	2012.24	1859.43				1917.33	2086.25		1814.18	2012.24	1859.43			
60	1999.09	2175.21		1891.54	2098.05	1938.72				1999.09	2175.21		1891.54	2098.05	1938.72			
61	2069.80	2252.15		1958.45	2172.26	2007.30				2069.80	2252.15		1958.45	2172.26	2007.30			
62	2116.21	2302.65		2002.36	2220.96	2052.30				2116.21	2302.65		2002.36	2220.96	2052.30			
63	2174.40	2365.96		2057.42	2282.03	2108.73				2174.40	2365.96		2057.42	2282.03	2108.73			
64 and over	2209.76	2404.44		2090.87	2319.14	2143.02				2209.76	2404.44		2090.87	2319.14	2143.02			

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Unified Rate Review v6.0

Company Legal Name:

Premiera Blue Cross

HIOS Issuer ID:

49831

Effective Date of Rate Change(s):

1/1/2026

State:

WA

Market:

Individual

Market Level Calculations (Same for all Plans)

Section I: Experience Period Data

Experience Period:

1/1/2024

to

12/31/2024

Total

PMPM

Allowed Claims

\$157,828,148.92

\$1,252.08

Reinsurance

\$0.00

\$0.00

Incurred Claims in Experience Period

\$132,656,581.78

\$1,052.39

Risk Adjustment

\$41,526,451.35

\$329.44

Experience Period Premium

\$112,880,956.53

\$895.50

Experience Period Member Months

126,053

Section II: Projections

Benefit Category

Experience Period Index Rate PMPM

Year 1 Trend

Cost

Utilization

Year 2 Trend

Cost

Utilization

Trended EHB Allowed Claims PMPM

Inpatient Hospital

\$179.77

1.066

1.040

1.066

1.040

\$221.12

Outpatient Hospital

\$356.66

1.066

1.040

1.066

1.040

\$438.69

Professional

\$382.30

1.066

1.040

1.066

1.040

\$470.23

Other Medical

\$40.40

1.066

1.040

1.066

1.040

\$49.69

Capitation

\$0.00

1.066

1.040

1.066

1.040

\$0.00

Prescription Drug

\$292.95

1.076

1.020

1.076

1.020

\$352.87

Total

\$1,252.08

\$1,532.61

Morbidity Adjustment

1.000

Demographic Shift

1.091

Plan Design Changes

1.000

Other

1.231

Adjusted Trended EHB Allowed Claims PMPM for

1/1/2026

\$2,059.08

Manual EHB Allowed Claims PMPM

\$0.00

Applied Credibility %

100.00%

Projected Period Totals

Projected Index Rate for

1/1/2026

\$2,059.08

\$234,555,980.04

Reinsurance

\$0.00

\$0.00

Risk Adjustment Payment/Charge

\$595.75

\$67,864,234.33

Exchange User Fees

0.48%

\$803,979.48

Market Adjusted Index Rate

\$1,470.38

\$167,495,725.20

Projected Member Months

113,913

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To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P.  
To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.  
To validate, select the Validate button or Ctrl + Shift + I.  
To finalize, select the Finalize button or Ctrl + Shift + F.

1 of 3

Company Legal Name:	Premera Blue Cross		
HIOS Issuer ID:	49831	State:	WA
Effective Date of Rate Change(s):	1/1/2026	Market:	Individual

To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P.

To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.

To validate, select the **Validate** button or **Ctrl + Shift + I**.

To finalize, select the *Finalize* button or **Ctrl + Shift + F**.

To remove a product, navigate to the corresponding Product Name/Product ID field and select the Remove Product button or Ctrl + Shift + Q.

*To remove a plan, navigate to the corresponding Plan Name/Plan ID field and select the Remove Plan button or Ctrl + Shift + A.*

Product/Plan Level Calculations															
Section I. General Product and Plan Information															
Field #	1.1 Product Name	Preferred HSA EPO					Preferred EPO								
1.2	Product ID	49831WA193					49831WA194								
1.3	Plan Name	Preferred Blue	Preferred Blue	Preferred Blue	Preferred Blue	Preferred Blue	Preferred Blue	Preferred Blue	Preferred Blue	Preferred Blue	Preferred Blue	Preferred Blue	Preferred Blue	Preferred Blue	Preferred Blue
1.4	Plan ID (Standard Component ID)	49831WA19A001	49831WA19A001	49831WA19A001	49831WA19A001	49831WA19A001	49831WA19A001	49831WA19A001	49831WA19A001	49831WA19A001	49831WA19A001	49831WA19A001	49831WA19A001	49831WA19A001	49831WA19A001
1.5	Metal	Bronze	Gold	Bronze	Gold	Silver	Gold	Silver	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze
1.6	AU Metal Value	0.647	0.795	0.642	0.719	0.818	0.718	0.650	0.628	0.78					
1.7	Plan Category	Terminated	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing
1.8	Plan Type	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO
1.9	Exchange Plan?	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
1.10	Effective Date of Proposed Rates	1/1/2026	1/1/2026		1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026
1.11	Cumulative Rate Change % (over 12 mos prior)	0.00%	-3.58%	19.52%	36.89%	-6.58%	41.22%	16.11%	19.99%	0.00%					
1.12	Product Rate Increase %	0.00%													
1.13	Submission Rate Rate Increase %						18.24%	18.24%							

Worksheet 1 Totals		Section II: Experience Period and Current Plan Level Information											
2.1 Plan ID: (Standard Component ID)		2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032
\$157,828.149		\$157,828.149	\$9,883.782	\$29,843.675	\$22,765.978	\$20,749.346	\$28,423.425	\$30,112.981	\$16,805.015	\$16,805.015			
2.1 Reinsurance		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
2.2 Member Cost Sharing		\$25,171.567	\$2,684.257	\$3,628.701	\$5,714.386	\$2,341.696	\$2,209.095	\$4,205.773	\$14,877.660	\$0.00			
2.2.5 Cost Sharing Reduction		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
2.6 Incurred Claims		\$112,656.582	\$7,199.325	\$26,214.975	\$17,051.592	\$15,645.170	\$26,214.156	\$25,907.209	\$11,617.355	\$0.00			
2.6.1 Risk Adjustment Transfer Amount		\$413,226.451	\$97,128.228	\$29,493.448	\$25,627.623	\$19,008.131	\$29,970.113	\$9,977.911	\$2,014.913	\$0.00			
2.6.2 Premium		\$112,880.957	\$7,927.226	\$17,685.807	\$21,490.523	\$11,998.425	\$13,639.238	\$22,271.236	\$16,068.501	\$0.00			
2.9 Experience Period Member Months		126,053	12,272	16,558	26,464	11,475	12,652	23,647	22,985	0			
2.10 Current Enrollment		9,840.0	0	1,050	1,951	731	770	1,858	1,937	1,018			
2.11 Current Premium PMPM		\$1,003.85	\$1,268.51	\$1,268.51	\$995.36	\$1,249.11	\$1,290.11	\$1,068.161	\$820.80	\$867.83			
2.12 Loss Ratio		85.91%	67.64%	96.63%	79.85%	104.87%	106.80%	80.34%	64.24%				
Per Member Per Month													
2.13 All Claims		\$1,252.08	\$805.39	\$1,802.37	\$860.26	\$1,812.07	\$2,246.54	\$1,273.64	\$696.32				
2.14 Reinsurance		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
2.15 Member Cost Sharing		\$199.69	\$218.73	\$219.15	\$215.93	\$204.07	\$174.60	\$177.86	\$190.89				
2.16 Cost Sharing Reduction		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
2.17 Incurred Claims		\$1,052.39	\$586.66	\$1,583.22	\$644.33	\$1,608.00	\$2,071.94	\$1,095.38	\$505.43				
2.18 Risk Adjustment Transfer Amount		\$193.44	\$214.74	\$273.33	\$240.76	\$240.76	\$262.02	\$92.11	\$47.67				
2.19 Premium		\$895.50	\$792.64	\$1,068.11	\$812.07	\$1,045.61	\$1,078.03	\$94.81	\$69.09				

Section III: Plan Adjustment Factors										
3.1 Plan ID (Standard Component ID)										
3.1	Plan ID (Standard Component ID)	49831WA1930002	49831WA1940001	49831WA1940003	49831WA1940004	49831WA1940005	49831WA1940006	49831WA1940007	49831WA1940008	49831WA1940009
3.2	Market Adjusted Index Rate					\$1,470.38				
3.3	AV and Cost Sharing Design of Plan	0.0000	0.7896	0.6120	0.9888	0.8708	1.0023	0.6107	0.5914	0.825
3.4	Provider Network Adjustment	0.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.5	Benefit in Addition to EHB	0.0000	1.0008	1.0010	1.0006	1.0007	1.0000	1.0010	1.0010	1.000
Administrative Costs										
3.6	Administrative Expense	0.00%	6.88%	8.70%	5.57%	6.28%	5.24%	8.71%	8.97%	6.60%
3.7	Taxes and Fees	0.00%	2.14%	2.18%	2.13%	2.14%	2.13%	2.18%	2.16%	2.14%
3.8	Profit & Risk Load	0.00%	-1.93%	-1.93%	-1.93%	-1.93%	-1.93%	-1.93%	-1.93%	-1.93%
3.9	Catastrophic Adjustment	0.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.10	Plan Adjusted Index Rate	\$0.00	\$1,250.61	\$989.10	\$1,543.87	\$1,370.23	\$1,641.95	\$987.11	\$958.65	\$1,303.8
3.11	Age Calibration Factor	0.5700					0.5700			
3.12	Geographic Calibration Factor	0.9911				0.9911				
3.13	Tobacco Calibration Factor	1.0000				1.0000				
3.14	Calibrated Plan Adjusted Index Rate	\$0.00	\$706.50	\$558.77	\$872.17	\$774.08	\$927.58	\$557.64	\$541.57	\$736.9

Section IV- Projected Plan Level Information												
4.1 Plan ID (Standard Component ID)	Total	49831WA1930001	49831WA1940001	49831WA1940003	49831WA1940004	49831WA1940005	49831WA1940006	49831WA1940007	49831WA1940008	49831WA1940009	49831WA1940010	49831WA1940011
4.2 Allowed Claims	\$198,820,469	\$0	\$22,437,437	\$36,152,830	\$3,594,164	\$22,060,806	\$15,149,883	\$37,055,419	\$19,326,265	\$41,033,666	\$41,033,666	\$41,033,666
4.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.4 Member Cost Sharing	\$277,689,089	\$0	\$1,893,275	\$7,463,159	\$522,006	\$1,097,976	\$1,743,177	\$7,694,106	\$4,365,988	\$2,911,299	\$2,911,299	\$2,911,299
4.5 Cost Sharing Deduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.6 Incurred Claims	\$1,113,138,300	\$0	\$20,554,162	\$28,689,671	\$3,072,158	\$20,962,930	\$13,408,605	\$29,361,314	\$14,960,267	\$40,122,377	\$40,122,377	\$40,122,377
4.7 Risk Adjustment Transfer Amount	\$40,513,553	\$0	\$5,946,949	\$8,300,801	\$888,869	\$6,065,189	\$3,879,520	\$8,495,128	\$4,328,646	\$11,608,633	\$11,608,633	\$11,608,633
4.8 Premium	\$132,292,122	\$0	\$15,797,724	\$22,496,111	\$2,328,153	\$16,008,442	\$10,125,894	\$23,025,287	\$11,765,509	\$30,745,005	\$30,745,005	\$30,745,005
4.9 Project Member Months	113,913	0	12,632	22,764	1,508	11,683	6,167	23,326	12,773	24,738	24,738	24,738
4.10 Loss Ratio	94.13%	RDV/01	94.53%	93.74%	95.50%	94.97%	95.74%	93.15%	92.90%	94.53%	94.53%	94.53%
<b>Per Member Per Month</b>												
4.11 Allowed Claims	\$1,745.37	RDV/01	\$1,777.03	\$1,589.55	\$2,383.40	\$1,888.28	\$2,456.60	\$1,588.59	\$1,574.70	\$1,825.05	\$1,825.05	\$1,825.05
4.12 Reinsurance	\$0.00	RDV/01	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.13 Member Cost Sharing	\$243.07	RDV/01	\$149.88	\$328.14	\$346.16	\$93.98	\$282.35	\$385.85	\$355.74	\$123.34	\$123.34	\$123.34
4.14 Cost Sharing Deduction	\$0.00	RDV/01	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.15 Incurred Claims	\$1,502.30	RDV/01	\$1,627.15	\$1,261.42	\$2,037.24	\$1,794.30	\$2,174.25	\$1,258.75	\$1,218.96	\$1,218.96	\$1,218.96	\$1,218.96
4.16 Risk Adjustment Transfer Amount	\$434.66	RDV/01	\$470.78	\$364.97	\$589.44	\$519.15	\$629.08	\$364.19	\$352.68	\$492.3	\$492.3	\$492.3
4.17 Premium	\$1,161.34	RDV/01	\$1,250.61	\$989.10	\$1,543.87	\$1,370.23	\$1,641.95	\$987.11	\$958.65	\$1,303.8	\$1,303.8	\$1,303.8

## Rating Area Data Collection

Rating Area	Rating Factor
Rating Area 1	1.0000
Rating Area 2	1.0881
Rating Area 4	0.9462
Rating Area 5	1.0495
Rating Area 6	0.9698

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**General Information**

<b>Company Legal Name</b>	Premera Blue Cross
<b>State</b>	Washington
<b>HIOS Issuer ID</b>	49831
<b>Market</b>	Individual (In Exchange)
<b>Effective Date</b>	January 1, 2026
<b>Company Contact</b>	Hiu-Wan Ko, FSA, MAAA VP of Actuarial Services 425-918-4917 <a href="mailto:Hiu-Wan.Ko@premera.com">Hiu-Wan.Ko@premera.com</a>

**1/1/2026 Plans in the Exchange**

Premera Blue Cross Preferred Gold	49831WA1940001
Premera Blue Cross Preferred Bronze	49831WA1940003
Premera Blue Cross Preferred Silver	49831WA1940004
Premera Blue Cross Cascade Complete Gold	49831WA1940005
Premera Blue Cross Cascade Silver	49831WA1940006
Premera Blue Cross Cascade Bronze	49831WA1940007
Premera Blue Cross Preferred Bronze HSA	49831WA1930008
Premera Blue Cross Cascade Vital Gold	49831WA1940009

**Scope and Purpose**

The purpose of this filing is to present the development of premium rates for Premera Blue Cross non-grandfathered individual plans offered inside the Exchange, and to demonstrate that the resulting amounts charged are reasonable in relation to the benefits provided. This filing is not intended to be used for other purposes. The rates presented herein will be effective January 1, 2026.

This filing assumes that CMS will not pay carriers cost share reduction payments.

**Rate Increase Summary**

**Proposed Rate Increase**

The average rate change for 1/1/2026 is 18.8%.

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The average experience increase is 19.7% with a benefit change of 0.0% and cost share change of -0.7%.

For this filing we are using the average rate increase calculated per OIC instructions to match the increase from the Uniform Product Modification Justification (UPMJ) form. This results in an average rate increase different from the average premium increase in CMS's Uniform Rate Review template. The difference between the two approaches is because they represent different averages. The UPMJ's calculation is the average rate increase weighted by member, while the URRT is the average premium increase.

With the OIC emergency rules on silver loading and the AV and Cost Sharing factor, the displayed increase in premium is not representative of the expected change in premium for Premera. The Washington Health Board Exchange will actively migrate members between plans, resulting in a lower premium impact than the state average member increase from the UPMJ would indicate.

**Reason for Rate Increase(s)**

Below are the major factors for the rate increase:

- Unit cost inflation: 6.9%
- Increased utilization: 3.5%
- Cost share change: -0.7%
- Change in population: 0.0%
- Risk adjustment: -17.3%

The unit cost inflation continues to be high compared to historical levels. This is driven by hospital systems and health care providers demanding higher contracted reimbursement rates, but it is coming down compared to the prior year. Premera has already had to agree to significant rate increases. As more provider contracting information becomes available, Premera will update the unit cost trend projections. Many systems are asking for large increases for services (some requesting and receiving double-digit annual increases) and have shown a willingness to allow our contracts to expire. Because of the limited competition and regional monopolies some health care providers have achieved, there is reduced market pressure for these systems to innovate new, more efficient practices.

There are also other drivers including the difference between actual and projected base experience, changes in anticipated risk adjustment transfer dollars, service area, network providers, and taxes and fees between the experience period and projection period which would impact the final rate. For complete details around the drivers of the rate increase, see the appendices.

**Experience Period Premium and Claims**

**Experience period** Incurred 1/1/2024 to 12/31/2024 and paid through 3/31/2025

<b>Member Months</b>	126,053
<b>Premiums</b>	\$112,880,957



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<b>Allowed claims</b>	\$157,828,149
<b>Incurred claims</b>	\$132,656,582
<b>Processed in system</b>	\$2,471,284
<b>Incurred but not paid</b>	\$130,185,298

The experience period represents the most recent data while allowing for three months of claims run-out to minimize the estimation for incurred but not paid claims. The incurred but not paid claims estimate was based on reserve triangles for this specific line of business. Monthly completion factors were developed after adjusting for outliers, seasonality, and number of working days. The incurred claims include the cost of provider incentives.

For the purpose of developing the projected rates, the above experience is used instead of the annual financial statement. The over/underestimate of medical trend for the prior years, the change in reserves, and the change in administrative costs are data points. Any gains/losses resulting from the over/underestimate of these assumptions will not directly impact the rate making, as rates are set based on expected costs, not to offset prior years' gains or losses.

#### **Actual vs Projected Experience**

WA Exhibit 2 shows the Actual vs Projected Experience. The projected values are from the 2024 Rate Filings URRT Worksheet 2 Section IV.

The variance in actual vs projected experience is mostly tied to a change in membership. Premera had lower membership than projected due to competition in the marketplace. The actual vs projected PMPMs are fairly close and are consistent with the lower membership. The profit margin was higher than expected, primarily due to an increase in risk adjustment transfer amounts.

#### **Commercial Reinsurance**

Premera Blue Cross has a commercial reinsurance agreement to cover 40% of claims above an attachment point of \$3.5 million per member per year. The expected 2024 reimbursement is \$0.00 PMPM and the charge was \$0.63 PMPM. The reimbursement amount is incorporated into the rate development through the Other Adjustment in worksheet 1 section II of the URRT. The projected 2026 charge is included in the administrative expense line of worksheet 2 section III of the URRT.

#### **Benefit Categories**

Service codes were used to identify whether a claim was related to inpatient hospital, outpatient hospital, professional, other medical, or prescription drug. Service codes are defined based on place of service, type of service, revenue code, procedure code, and diagnosis code. There were no capitation claims.

### **Market, Plan, and Calibrated Plan Adjusted Index Rate**

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**Projection Period Index Rate** - Represents projected allowed claims after application of trend, morbidity adjustments, network shift impact, and demographic shift. Appendix 1.1 shows the development of the projection period index rate, with the Projection Factor section providing explanations of the development. For this filing the projection period index rate was determined based on the manual rate. The projection period index rate is \$2,059.08 PMPM for all plans.

**Market Adjusted Index Rate** - Represents the average projected health care costs for essential health benefits. This is equal to the Projected Index Rate plus allowed basis risk adjustment, federal reinsurance programs, and exchange fee.

Appendix 1.1 shows the development of the Market Adjusted Index Rate. Federal reinsurance is not applicable for this year's rate filing. Risk adjustment development explanation in Risk Adjustment section below. The Market Adjusted Index Rate PMPM is \$1,470.38 PMPM for all plans.

**Plan Adjusted Index Rate** - Represents the average projected premium of a plan if all members purchased this plan. The Plan Adjusted Index Rate is equal to the Market Adjusted Index Rate, multiplied by the plan specific cost share adjustment, network utilization factor, benefits above EHB, administrative expense, taxes and fees, and the profit and risk load.

Appendix 1.2 shows the development of the Plan Adjusted Index Rate. Additional information on the above factors can be found in the Market to Plan Factors and Non-Benefit Expenses sections below. The Plan Adjusted Index Rate varies from plan to plan.

**Calibrated Plan Adjusted Index Rate** - Represents the plan premium for a member who is 21 years old, non-smoker, living in King County. It is equal to the plan adjusted index rate multiplied by the reciprocals of the age, tobacco-use, and geographic factors (Appendix 2.6).

## **Projection Factors**

The development of the Market Adjusted Index Rate is shown in Appendix 1.1, calibration factors are shown in Appendix 2.6, and Plan Adjusted Index Rates prior to application of geographic and age factors are shown in Appendix 2.5.

Per the URRT instructions, the following adjustments are applied to EHB allowed claims.

### **Trend Factors**

The development of the trend factor used in this filing is shown in Appendix 2.1. The trend is split into three components: increase in unit cost, increase in utilization, and increase due to deductible leveraging. The trend is applied to EHB claims only.

- **Unit Cost** – The unit cost is expected to increase 6.9% annually.  
The Unit cost increase represents the average change in cost for each unit (procedure/drug) of healthcare.

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- Medical unit cost trend is expected to be 6.6% based on the changes in the negotiated healthcare provider reimbursement contracts.
- Pharmacy unit cost trend is expected to be 7.6% based on our PBM's projections.
- Unit cost trend in the prior year filing was 6.9%.
  
- **Utilization** – The utilization increase is expected to be 3.5% annually  
The utilization increase represents the change in the number of medical services and prescriptions members seek.
  - Medical utilization trend is 4.0% based on the change in the number of medical services members per 1000 members per year.
  - Pharmacy utilization trend is 2.0%. based on the change in the number of prescriptions per 1000 members per year.
  - Utilization trend in the prior year filing was 6.9%.
  
- **Leveraging** - Leveraging is expected to be 0.4% annually.  
Leveraging represents the acceleration of trend due to fixed-dollar member cost shares (deductible, copays, and out-of-pocket maximums) not increasing at the same rate as claims, and therefore the insurer needs to cover a larger portion of the claims cost.
  - The leveraging trend in the prior year filing was 0.4%, as shown in Appendix 2.1.

The proposed rating trend for incurred claims including leveraging is 11.1% as shown in Appendix 2.1 and in WAC 284-43-6660.

Per URRT instruction, leveraging is excluded from the two years of trend in Worksheet 1. As such, it is applied separately to the paid to allow ratio.

### **Morbidity Adjustment**

No Morbidity Adjustment is applied in 2026 rate development. In last year's rate filing, no Morbidity Adjustment was applied.

### **Demographic Shift**

The demographic shift adjustment is made for the expected change in membership demographic between the experience period and the projection period.

The demographic shift adjustment shown is 1.091, and development is shown in more detail in Appendix 2.2. This includes the impact of expanding into Lincoln County. Last year's adjustment factor was 1.138.

To develop the factor, Premera split 2026 projected membership into four categories:

- a) 2023 member projected to persist into 2026 (retained members)
- b) New members as of March 2025 migrating from our affiliated company (projected to persist into 2026)
- c) New members as of March 2025 joining from other carriers with unknown experience (projected to persist into 2026)
- d) New 2026 members

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- For the members in category (a) and (b), the assumption is that they will be similar to their actual 2024 experience adjusted for aging.
- For new members in category (c), Premera assumed they will be similar to the members in (a) and (b) after adjusting for age, metal level mix, and applying a new members claims adjustment. The new members claims adjustment was determined by comparing several years of claims experience of renewal vs. newly enrolled membership.
- For new members in category (d), without any information about this population, Premera assumed this population would resemble the rest of the projected pool.

### **Plan Design Changes**

Premera assumed none of the changes in the plan design will affect EHB allowed claims.

### **Other Adjustments**

Premera is using an Other Adjustment factor of 1.231 for 2026.

This factor is a combination of 1) the projected paid to allowed vs AV & cost sharing adjustment and 2) the impact of the new rule on the silver CSR loading.

- 1) Due to the new Emergency rule from the OIC, the overall AV & Cost Sharing factor varies from the projected paid to allowed factor, and an adjustment factor is added. LifeWise calculated the actual projected paid to allowed ratio based on the experience period paid to allowed, adjusting for the projected change in benefits and cost sharing, then took the projected paid to allowed divided by the projected AV & Cost Share factor to determine the adjustment factor needed. The development of this adjustment of 1.180 is shown in Appendix 2.3a.
- 2) With the new uniform silver loading rule, we expect deterioration of our experience as healthy people exit the market or purchase less expensive plans. To determine this adjustment, Premera projected the contribution margin before and after these changes by looking who would likely leave Premera or migrate to a different Premera plan. This change in contribution margin is then grossed up to an allowed basis and divided by the projected index rate to get the adjustment factor. The development of this adjustment of 1.044 is shown in Appendix 2.3b.

The Other adjustment in prior years filing was 1.000 as shown in Appendix 1.1.

### **Credibility Manual Rate Development**

No manual rates were used.

### **Credibility of Experience**

Due to the size of the bloc in the experience period, no credibility adjustments were used for developing the rates.

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## **Risk Adjustment Transfer (Appendix 2.4)**

Premera is expecting to receive \$3.7 million in risk transfer payments including recovery for high cost enrollees for its 2024 individual population.

To develop the projected risk adjustment transfer amount, Premera relied on Wakley 2024 December Risk Adjustment report, risk score data from internal data sources, and an external consultant's risk adjustment reports. Below are the adjustments and assumptions used to project the 2026 risk transfer.

Premera split the projected 2026 membership by metal level into 2024 membership that are expected to persist into 2026, new 2025 members that are expected to persist into 2026, and expected new 2026 members.

- The 2026 market average premium net of admin costs is expected to increase 14.5% over the 2024 market average premium net of admin costs.
- The 2026 state average non-plan liability risk score is assumed not to change from the 2025 state average non-plan liability risk score provided by our consultant.
- The 2026 state average plan liability risk score is estimated from the 2024 plan liability risk score, adjusted for the expected changes to the market average due to the new 2026 calibrated model factors.
- For 2024 members expected to persist into 2026, Premera used the cohort's 2024 risk adjustment factors, adjusted to proposed 2026 calibrated model factors, and applied the factors corresponding to the member's mapped 2026 metal level.
- For new 2025 members expected to persist into 2026, the members were split into (a) 2025 members that moved from an affiliated company and (b) all other new 2025 members.
  - a) Premera assumed the cohort's 2024 risk adjustment factors, adjusted to proposed 2026 calibrated model factors, and applied the factors corresponding to the member's mapped 2026 metal level as well as the new members claims factor.
  - b) Premera assumed the cohort's 2026 calibrated model factors would be similar to that of the "2024 members expected to persist into 2026" by metal level after adjusting for the difference in geography and age of the populations.
- For 2026 new members: Premera assumed the risk adjustment factors will be similar to the risk adjustment factors of the "2024 members expected to persist into 2026" and "New 2025 Members expected to persist into 2026" after adjusting for the difference in geography and age of the populations by metal level.

Premera took the product of these members' risk scores and averaged the resulting products divided by the state average risk scores (following the statutory formula used by CMS) to determine the risk adjustment transfer amount by categories and metallic levels. Based on the above assumptions, Premera estimated the 2026 risk adjustment transfer to be \$406.08 PMPM.

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The projected risk adjustment transfer does not account for the impact of Risk Adjustment Data Validation.

In last year's rate filing the projected 2025 risk adjustment transfer was \$279.76 PMPM.

The high-cost risk pool program reimbursement amount will be 60% of the claim amounts above \$1 million dollars for enrollees that surpass the \$1 million claims threshold. The projected 2026 reimbursement for this program is \$32.71 PMPM based on historical large claims experience. The administrative cost of this program is projected to be 0.4% of Premera's expected total premiums, or approximately \$4.13 PMPM.

In order to add the projected risk adjustment PMPM into the Market Adjusted Index Rate, projected risk adjustment transfer plus high-cost risk pool reimbursement less high-cost risk pool administrative cost was converted to an allowed amount by dividing the projected paid to allowed (as shown on Appendix 2.4). The result is an allowed PMPM estimate of \$595.76 (as shown in Appendix 1.1).

Appendix 3.3b shows projected vs. actual high cost risk pool reimbursement and assessment amounts. Historically there is variance between projected and actual. However, since both the assessment and reimbursement were generally greater than projected, the changes partially offset each other. The differences are due to the volatility of large claims, and we did not make additional adjustments for this.

## **Market to Plan Factors**

### **AV & Cost Sharing Adjustment (Appendix 2.5 & 2.5a)**

In 2026, the Washington Office of the Insurance Commissioner implemented WSR 25-07-021. Per the new rule, AV & Cost Sharing Adjustment must equal "AV Pricing" x "Induced Demand Factor" x "Silver Loading", with the AV pricing value to be  $\pm 2\%$  or  $\pm 3\%$  of the plan's designated AV metal value from the CMS AV calculator, the Induced Demand Factor to be  $(AV\ Pricing^2 - AV\ Pricing + 1.24)$ , and Silver Loading to be 1.435.

The AV and cost sharing design of plan adjustments (benefit relativities) were calculated using our current pricing methodology, which reflects induced utilization at different cost shares and paid to allow ratios. Then adjustments were made to the benefit relativities to comply with the tolerances of the AV & Cost Sharing requirements.

For Silver plans, the Silver CSR loading is 1.435 based on the above new rule. Historically, the silver CSR load adjustment was developed by calculating the cost share differential between the CSR plan and the base plan for each of its cost share reduction plan variations. Then the CSR adjustments were averaged based on the projected membership on each CSR variant. In 2024, the expected CSR payment if CSRs had been funded would have been \$1,929,775, which represented 3.6% of total silver claims. For 2026, the projected CSR payment is \$0 due to higher concentration of CSR 87% and CSR 94%.

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**Provider Network Adjustment**

Only one Provider Network is available, therefore no adjustment is made.

**Calibration Factors**

Appendix 2.6 shows the calculation of the age/geographic/tobacco calibration factor. This calculates the product of the age, geographic, and tobacco use factors for each projected member, and then averages this product. The product of the age, geographic, and tobacco use calibration factors is applied to develop the Calibrated Plan Adjusted Index Rate.

- **Age** – The Affordable Care Act (ACA) age factor was applied to the membership distribution limited to a maximum of three dependent children under the age of 21 per family. The average age of the projected members is 50. The average age of the projection period was determined as the closest age factor to the average age factor.
- **Geographic** – The Geographic factors remain the same as 2024. The geographic factors were updated in the 2024 filing, and there are no major changes in providers or service area for 2026.
- **Tobacco Use** – The tobacco use factor is removed for 2026. This was done to comply with the new rules issued by WAHBE to provide Cascade Care Subsidies to members enrolling on plans that have tobacco use factors. Prior filings had the tobacco use load at 7.5%.

**Non-Benefit Expense**

**Administrative Expense Load (Appendix 2.5b)**

Net operating expenses for the rating period is \$84.35 PMPM, compared with \$76.34 PMPM from the prior year filing.

Commissions of \$6.46 PMPM are projected for 2026. This is developed based on the current distribution of members purchasing insurance through a producer and the producer's commission from the compensation table. Commission was \$7.35 in the prior year filing.

Commercial reinsurance fee is \$0.69 PMPM. The fee was \$0.63 PMPM in the prior year filing.

An interest credit amount of -\$5.47 PMPM was calculated based on the yield rate.

**Contribution to Surplus & Risk Margin (C&R) (Appendix 2.5b)**

Premera Blue Cross is filing for -1.9% Contingency and Risk (C&R).

The C&R charge is intended to cover business risk, statistical variation, and other unknown, unpredictable risks. With the uncertainty of the inflationary pressure on provider contracted

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reimbursements, risk adjustment model changes and its impact on risk adjustment transfer amounts, as well as other uncertainty on claims, Premera determined that a C&R charge of 10-12.0% is needed.

Premera is proposing a one-time transitioning C&R charge of -1.9% to ease the impact on premium increase due to recent or expected rules changes. The negative C&R offsets the impact of the new rules around the development of the AV & Cost Sharing Adjustment. Premera is committed in the individual market and is willing to take a one-time hit to support the emergency rule, with the uncertainty of how membership will react to the changes.

Premera did not consider its capital and surplus in determining rates. The capital and surplus is mostly dedicated to furthering business development including system transformation.

**Taxes and Fees (Appendix 2.5b)**

Regulatory & Insurance Fraud Surcharge – The combined regulatory and insurance fraud surcharge is 0.1% of premium.

Federal Income Tax – Premera, as a not-for-profit organization, does not pay federal income tax. Therefore, the federal income tax is 0.00% of premium.

WSHIP assessment – The Washington State Health Insurance Pool is anticipating 9 million in total assessments for 2026. Based on our projected market share, we assumed the 2026 projected fee to be \$0.19 PMPM.

Premium tax –Washington state premium tax is 0.0%. This amount has not changed from prior year filing.

WAPAL Assessment Fee – The expected fee is \$0.06 PMPM determined by WAPAL Fund Advisory Committee.

Patient Centered Outcomes Research Fee – Expected 2026 fee is \$0.32 PMPM. According to IRS, the most recent PCORI fee was \$3.47 PMPY between Oct.2024 and Sep.2025. Therefore, Premera applied one year's worth of National Expenditures rate which is 5% to the most recent PCORI to predict 2026 expected PCORI fee PMPM.

Risk adjustment program administrative fee – The fee per 2026 Benefit and Payment Parameters is \$0.20 PMPM.

**Non-EHB Benefits (Appendix 2.5)**

Premera does not offer plans with non-EHB benefits. However, per URRT instructions, abortion services are included in worksheet 2, field 3.5 as non-EHB benefit.

**Exchange Fees (Appendix 2.5b)**



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The projected Exchange fee is \$5.11 PMPM.

Premera is only actively selling In Exchange plans and expects all members to purchase inside the Exchange.

In the Market Adjusted Index Rate the Exchange fee is 0.5%. This is the exchange fee represented as an allowed basis percentage. Therefore, the PMPM is divided by average paid to allow and the Market Adjusted Index Rate to arrive at the percentage.

## **Projected Loss Ratio**

The projected loss ratio is 94.1% (Appendix 1.2 Section IV). This was determined by dividing the projected incurred claims of \$1,502.30 (Appendix 1.2 Section IV) by the projected premium and risk adjustment transfer of \$1,596.00 (Appendix 1.2 Section IV).

The projected federal medical loss ratio for 2026 is 94.4% (Appendix 3.2), which exceeds the federal minimum loss ratio requirement of 80.0%.

## **AV Metal Values**

- The HSA qualified plans AV metal values were from the 2026 final AV calculator (AVC).
- Cascade Plans: AV metal values were provided by Wakely and the Washington Health Board Exchange to Premera Blue Cross using a permissible alternative method that complies with 45 CFR 156.135(b).
- All Other Plans: the AV metal values have a unique benefit design and were determined by using a permissible alternative method that complies with 45 CFR 156.135(b)(3). These plans have different cost sharing for outpatient office visits and all other outpatient mental health and substance use disorder services (MHSUD) and have \$1 copay for first 2 Primary Care office visits followed by standard Primary care copay.
  - As the AV calculator only has one input for outpatient MHSUD, the AVC is run with MH OP office visit copay cost shares input in Tier 1 and MH OP non-office visit cost shares input in Tier 2 each plan. The continuance tables of each metallic level from the AV model and each plan's claims maximum were used to calculate the weights between MH outpatient professional and facility that are entered into the Tier 1 Utilization field.
  - Additionally, the AV Calculator cannot handle Primary care cost shares being one copay for first x visits, then a different copay for third plus visits. As such the benefits were entered into the AV Calculator as first 2 visits at no cost sharing and the value of the \$1 copay for the first 2 Primary Care visits is subtracted from the AV calculator value. The continuance tables of each metallic level from the AV model and each plan's claims maximum were used to determine value. See Appendix 5 for calculations.

## **Membership Projections (Appendix 2.5)**

The membership projection for Premera in 2026 is 113,913 member months.

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Premera is projecting 7,675 member months on silver plans in 2026. Of these, 5,160 are on an 87% CSR, and 2,509 are on a 94% CSR plan.

The 2026 membership was projected from the March 2025 membership (9,460 members) with the following adjustments:

- 1) Assumes members on Silver (70%) or Silver CSR 73% will be migrated to a Gold plan.
- 2) Assumes that 8,542 members will choose to renew in 2026.
- 3) Assumes that Premera will gain 951 new members in 2026.

The projected period member months are based on assuming 12 months of membership for the projected 9,493 members.

## **Terminated Products**

No terminated plans for 2026.

## **Plan Type**

The plans included in this filing are EPO plans.

## **Washington State Required Appendixes**

Appendix 2.5b: Projected and Historical Administrative Cost Development  
Appendix 3.1: Experience Claims by Incurred & Paid Date  
Appendix 3.2: Federal Minimum Loss Ratio Calculation  
Appendix 3.3a: Risk Adjustment Experience by Plan  
Appendix 3.3b: HCRP Actual vs Projected  
Appendix 4.1: WAC 283-43-6660 vs Additional Data Statement Form  
Appendix 4.1a: Additional Data Statement screenshots  
Appendix 4.2: Months of Surplus  
Appendix 5: Actuarial Values for Non-Cascade plans  
Appendix 6: Rate/Rule Schedule tab of SERFF rate filing support/source

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**Signed  
Actuarial Certification  
Here**