
State:	Washington	Filing Company:	Wellpoint Washington, Inc.
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	2026 Nongrandfathered Individual Wellpoint Washington, Inc. Products		
Project Name/Number:	/		

Filing at a Glance

Company:	Wellpoint Washington, Inc.
Product Name:	2026 Nongrandfathered Individual Wellpoint Washington, Inc. Products
State:	Washington
TOI:	H16I Individual Health - Major Medical
Sub-TOI:	H16I.005C Individual - Other
Filing Type:	Rate
Date Submitted:	05/13/2025
SERFF Tr Num:	ATEM-134505020
SERFF Status:	Pending Industry Response
State Tr Num:	484547
State Status:	Active Suspense
Co Tr Num:	ATEM-134515878
Effective	01/01/2026
Date Requested:	
Author(s):	Aaron Kohn, Kale Gerstner, Janelle Milner, Mindy Bishop, Anna Kowalski
Reviewer(s):	Jeff Oberle (primary), Amy Peach
Disposition Date:	
Disposition Status:	
Effective Date:	
Destruction Date:	
State Filing Description:	

State: Washington **Filing Company:** Wellpoint Washington, Inc.
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
Product Name: 2026 Nongrandfathered Individual Wellpoint Washington, Inc. Products
Project Name/Number: /

General Information

Project Name: Status of Filing in Domicile:
Project Number: 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: Filing Status Changed: 05/21/2025
State Status Changed: 05/21/2025
Deemer Date: Created By: Aaron Kohn
Submitted By: Aaron Kohn Corresponding Filing Tracking Number: ATEM-134515878
PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null

Exchange Intentions: Exchange and Outside Market

Filing Description:

This rate filing is for Wellpoint Washington, Inc.'s new EPO product rates in the Individual market for calendar year 2026. As Wellpoint Washington, Inc. is new to the Washington Individual market, there are no rate increases associated with this filing. The filing has been prepared with the intent to follow the Speed to Market Tools.

Company and Contact

Filing Contact Information

Janelle Milner, Director & Actuary Janelle.Milner@elevancehealth.com
700 BROADWAY 303-831-2194 [Phone]
DENVER, CO 80273

Filing Company Information

Wellpoint Washington, Inc. CoCode: 14073 State of Domicile: Washington
705 5th Avenue South Group Code: Company Type:
Suite 300 Group Name: State ID Number:
Seattle, WA 98104 FEIN Number: 27-3510384
(833) 421-4609 ext. [Phone]

State:	Washington	Filing Company:	Wellpoint Washington, Inc.
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Product Name:	2026 Nongrandfathered Individual Wellpoint Washington, Inc. Products		
Project Name/Number:	/		

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): n/a

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

State:	Washington	Filing Company:	Wellpoint Washington, Inc.
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	2026 Nongrandfathered Individual Wellpoint Washington, Inc. Products		
Project Name/Number:	/		

Correspondence Summary

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Active Suspense	Jeff Oberle	05/21/2025	05/21/2025

Response Letters

Responded By	Created On	Date Submitted
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Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Part I Unified Rate Review Template (URRT)	Aaron Kohn	05/13/2025	05/13/2025
URRT	Other Supporting Documents	Aaron Kohn	05/13/2025	05/13/2025

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Notice for Second Set of Rates Review Process	Note To Filer	Jeff Oberle	05/19/2025	05/19/2025
Opportunity for corrections	Note To Filer	Alyson Bragg	05/13/2025	05/13/2025
See attached	Reviewer Note	Kelli Armfield	05/23/2025	

State: Washington **Filing Company:** Wellpoint Washington, Inc.
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
Product Name: 2026 Nongrandfathered Individual Wellpoint Washington, Inc. Products
Project Name/Number: /

Objection Letter

Objection Letter Status	Active Suspense
Objection Letter Date	05/21/2025
Submitted Date	05/21/2025
Respond By Date	05/30/2025

Dear Janelle Milner,

Introduction:

Thank you for your filing submission. To allow our continued review of this filing, please reply on or before the Respond By Date.

The filing is being placed in an Active Suspense status, pending your response. Please note review of this rate filing is ongoing. Response letters not submitted with complete responses to the objections and in a timely manner [WAC 284-44A-090 (HCSC), WAC 284-46A-090 (HMO)] will be subject to disapproval. Additional objections may be forthcoming.

The following are based on a preliminary review.

Objection 1

Comments: Please revise the Rate Schedule and all other documentation to list the filing as Exchange Only rather than Exchange and Outside Market. The Washington standard plans are only offered through the Exchange; however, the binder is required to include the outside market since the company must allow sales to all individuals who request coverage. Submit a post-submission update to revise the Exchange Intentions on the General Information tab in SERFF.

Objection 2

- Illustrative Rate Calculation (Supporting Document)

Comments: Please move the Illustrative Rate Calculation from the Supporting Documentation tab in SERFF to the Rate/Rule Schedule tab as indicated in Checklist #37.

Conclusion:

Sincerely,
Jeff Oberle

State:	Washington	Filing Company:	Wellpoint Washington, Inc.
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	2026 Nongrandfathered Individual Wellpoint Washington, Inc. Products		
Project Name/Number:	/		

Amendment Letter

Submitted Date: 05/13/2025

Comments:

Part I Unified Rate Review Template.pdf added to Other Supporting Documents on URRT tab and removed from Supporting Documentation tab.

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

URRT Schedule Item Changes	
Item Name	Attachment(s)
Other Supporting Documents	Part_I_Unified_Rate_Review_Template.pdf
<i>Previous Version</i>	
<i>Other Supporting Documents</i>	

Supporting Document Schedule Item Changes	
Satisfied - Item:	Part I Unified Rate Review Template (URRT)
Comments:	Moved to URRT tab
Attachment(s):	
<i>Previous Version</i>	
Satisfied - Item:	<i>Part I Unified Rate Review Template (URRT)</i>
Comments:	<i>PDF version</i>
Attachment(s):	<i>Part I Unified Rate Review Template.pdf</i>

State:	Washington	Filing Company:	Wellpoint Washington, Inc.
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	2026 Nongrandfathered Individual Wellpoint Washington, Inc. Products		
Project Name/Number:	/		

Note To Filer

Created By:

Jeff Oberle on 05/19/2025 06:20 PM

Last Edited By:

Gail Jones

Submitted On:

05/27/2025 10:37 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.

State:	Washington	Filing Company:	Wellpoint Washington, Inc.
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	2026 Nongrandfathered Individual Wellpoint Washington, Inc. Products		
Project Name/Number:	/		

Note To Filer

Created By:

Alyson Bragg on 05/13/2025 02:04 PM

Last Edited By:

Gail Jones

Submitted On:

05/27/2025 10:37 AM

Subject:

Opportunity for corrections

Comments:

Our initial review of your submission has revealed errors.

You have not followed our requirements for the "Exchange Intentions" field.

Please refer to the Submission Requirements under the appropriate Sub-TOI. You must choose either (a) Exchange only, (b) Outside Market only, or (c) Exchange and Outside Market. You should only use the language in the examples given and should match the corresponding form filing.

Also, the Part I Unified Rate Review Template PDF document should be moved to the URRT tab per the General Filing Instructions section I.A.1(d)(iii).

Please make an amendment to attach the Part I Unified Rate Review Template PDF to the URRT tab and submit a Post-Submission Update to correct the Exchange Intentions field.

If you have any questions contact the Rates & Forms Helpdesk at (360) 725-7111.

State: Washington**Filing Company:** Wellpoint Washington, Inc.**TOI/Sub-TOI:** H16I Individual Health - Major Medical/H16I.005C Individual - Other**Product Name:** 2026 Nongrandfathered Individual Wellpoint Washington, Inc. Products**Project Name/Number:** /

Reviewer Note

Created By:

Kelli Armfield on 05/23/2025 02:10 PM

Last Edited By:

Gail Jones

Submitted On:

05/27/2025 10:37 AM

Subject:

See attached

Comments:

See attached

Wellpoint Washington, Inc. – Individual

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

Overview

Requested effective date: Jan. 1, 2026
Plans impacted: Wellpoint Washington, Inc. is introducing 3 new individual health plans.
Counties: Grays Harbor, King, and Spokane

Wellpoint Washington intends to sell plans both in Washington's Healthplanfinder* and in the regular individual group insurance market.

Deductibles for these plans range from \$1,000 to \$2,500.

* Before a health plan can be sold in the [Washington Healthplanfinder](#), it must first be certified as a Qualified Health Plan by the [Washington Health Benefit Exchange](#).

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:	85.12%
Administration:	10.14%
Profit:	4.74%

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.

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

Healthplanfinder: An online marketplace, 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 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.

Rate request summary #ATEM-134505020

Washington State Office of the Insurance Commissioner | www.insurance.wa.gov

State:

Washington

Filing Company:

Wellpoint Washington, Inc.

TOI/Sub-TOI:

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

Product Name:

2026 Nongrandfathered Individual Wellpoint Washington, Inc. Products

Project Name/Number:

/

Post Submission Update Request Processed On 05/13/2025

Status:

Allowed

Created By:

Aaron Kohn

Processed By:

Alyson Bragg

Comments:

General Information:

Field Name	Requested Change	Prior Value
Exchange Intentions	Exchange and Outside Market	

Company Rate Information:

Company Name:Wellpoint Washington, Inc.

Field Name	Requested Change	Prior Value
Product:	NEW	
Product Name	EPO	
HIOS Product ID	12435WA001	
Number of Covered Lives	39828	

State:Washington

Filing Company:Wellpoint Washington, Inc.

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

Product Name:2026 Nongrandfathered Individual Wellpoint Washington, Inc. Products

Project Name/Number:/

Rate Information

Rate data applies to filing.

Filing Method:

Review & Approve

Rate Change Type:%

Overall Percentage of Last Rate Revision:%

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

SERFF Tracking Number of Last Filing:

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):
Wellpoint Washington, Inc.	New Product	%	%				%	%

State: Washington **Filing Company:** Wellpoint Washington, Inc.
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
Product Name: 2026 Nongrandfathered Individual Wellpoint Washington, Inc. Products
Project Name/Number: /

Rate Review Detail

COMPANY:

Company Name: Wellpoint Washington, Inc.
HHS Issuer Id: 12435

PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
EPO	12435WA001		39828

Trend Factors:

FORMS:

New Policy Forms: WA_[ON][OFF]_HIX_EPO_01-26
Affected Forms:
Other Affected Forms:

REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual
Member Months: 0
Benefit Change: None
Percent Change Requested: Min: Max: Avg:

PRIOR RATE:

Total Earned Premium:
Total Incurred Claims:
Annual \$: Min: Max: Avg:

REQUESTED RATE:

Projected Earned Premium: 34,848,903.29
Projected Incurred Claims: 25,831,639.56
Annual \$: Min: 315.76 Max: 1,689.84 Avg: 874.99

State:Washington

Filing Company:Wellpoint Washington, Inc.

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

Product Name:2026 Nongrandfathered Individual Wellpoint Washington, Inc. Products

Project Name/Number:/

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.pdf	WA_[ON][OFF]_HIX_EPO_01-26	New		Rate Schedule.pdf,
2		Rate Schedule DUPLICATE.xlsm.	WA_[ON][OFF]_HIX_EPO_01-26	New		Rate Schedule DUPLICATE.xlsm,

Wellpoint Washington, Inc.
RATE SCHEDULE

Plan Information

Plan Name: Wellpoint Cascade Complete Gold
HIOS Plan ID: 12435WA0010001
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: Both inside and outside 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
3	No	
4	Yes	Spokane
5	No	
6	No	
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	359.65	337.85		338.86						359.65	337.85		338.86					
15	391.62	367.89		368.99						391.62	367.89		368.99					
16	403.84	379.37		380.50						403.84	379.37		380.50					
17	416.07	390.85		392.02						416.07	390.85		392.02					
18	429.23	403.22		404.42						429.23	403.22		404.42					
19	442.39	415.58		416.83						442.39	415.58		416.83					
20	456.03	428.39		429.67						456.03	428.39		429.67					
21	470.13	441.64		442.96						470.13	441.64		442.96					
22	470.13	441.64		442.96						470.13	441.64		442.96					
23	470.13	441.64		442.96						470.13	441.64		442.96					
24	470.13	441.64		442.96						470.13	441.64		442.96					
25	472.01	443.41		444.73						472.01	443.41		444.73					
26	481.41	452.24		453.59						481.41	452.24		453.59					
27	492.70	462.84		464.22						492.70	462.84		464.22					
28	511.03	480.06		481.50						511.03	480.06		481.50					
29	526.08	494.20		495.67						526.08	494.20		495.67					
30	533.60	501.26		502.76						533.60	501.26		502.76					
31	544.88	511.86		513.39						544.88	511.86		513.39					
32	556.16	522.46		524.02						556.16	522.46		524.02					
33	563.22	529.08		530.67						563.22	529.08		530.67					
34	570.74	536.15		537.75						570.74	536.15		537.75					
35	574.50	539.68		541.30						574.50	539.68		541.30					
36	578.26	543.22		544.84						578.26	543.22		544.84					
37	582.02	546.75		548.38						582.02	546.75		548.38					
38	585.78	550.28		551.93						585.78	550.28		551.93					
39	593.30	557.35		559.02						593.30	557.35		559.02					
40	600.83	564.42		566.10						600.83	564.42		566.10					
41	612.11	575.02		576.73						612.11	575.02		576.73					
42	622.92	585.17		586.92						622.92	585.17		586.92					
43	637.97	599.31		601.10						637.97	599.31		601.10					
44	656.77	616.97		618.82						656.77	616.97		618.82					
45	678.87	637.73		639.63						678.87	637.73		639.63					
46	705.20	662.46		664.44						705.20	662.46		664.44					
47	734.81	690.28		692.35						734.81	690.28		692.35					
48	768.66	722.08		724.24						768.66	722.08		724.24					
49	802.04	753.44		755.69						802.04	753.44		755.69					
50	839.65	788.77		791.13						839.65	788.77		791.13					
51	876.79	823.66		826.12						876.79	823.66		826.12					
52	917.69	862.08		864.66						917.69	862.08		864.66					
53	959.07	900.95		903.64						959.07	900.95		903.64					
54	1003.73	942.90		945.72						1003.73	942.90		945.72					
55	1048.39	984.86		987.80						1048.39	984.86		987.80					
56	1096.81	1030.35		1033.43						1096.81	1030.35		1033.43					
57	1145.71	1076.28		1079.49						1145.71	1076.28		1079.49					
58	1197.89	1125.30		1128.66						1197.89	1125.30		1128.66					
59	1223.75	1149.59		1153.02						1223.75	1149.59		1153.02					
60	1275.93	1198.61		1202.19						1275.93	1198.61		1202.19					
61	1321.07	1241.01		1244.72						1321.07	1241.01		1244.72					
62	1350.68	1268.83		1272.62						1350.68	1268.83		1272.62					
63	1387.82	1303.72		1307.62						1387.82	1303.72		1307.62					
64 and over	1410.39	1324.92		1328.88						1410.39	1324.92		1328.88					

Wellpoint Washington, Inc.
RATE SCHEDULE

Plan Information

Plan Name: Wellpoint Cascade Vital Gold
HIOS Plan ID: 12435WA0010002
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: Both inside and outside 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
3	No	
4	Yes	Spokane
5	No	
6	No	
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	336.13	315.76		316.70						336.13	315.76		316.70					
15	366.00	343.83		344.85						366.00	343.83		344.85					
16	377.43	354.56		355.62						377.43	354.56		355.62					
17	388.85	365.29		366.38						388.85	365.29		366.38					
18	401.15	376.85		377.97						401.15	376.85		377.97					
19	413.46	388.41		389.56						413.46	388.41		389.56					
20	426.20	400.38		401.57						426.20	400.38		401.57					
21	439.38	412.76		413.99						439.38	412.76		413.99					
22	439.38	412.76		413.99						439.38	412.76		413.99					
23	439.38	412.76		413.99						439.38	412.76		413.99					
24	439.38	412.76		413.99						439.38	412.76		413.99					
25	441.14	414.41		415.65						441.14	414.41		415.65					
26	449.93	422.67		423.93						449.93	422.67		423.93					
27	460.47	432.57		433.86						460.47	432.57		433.86					
28	477.61	448.67		450.01						477.61	448.67		450.01					
29	491.67	461.88		463.25						491.67	461.88		463.25					
30	498.70	468.48		469.88						498.70	468.48		469.88					
31	509.24	478.39		479.81						509.24	478.39		479.81					
32	519.79	488.30		489.75						519.79	488.30		489.75					
33	526.38	494.49		495.96						526.38	494.49		495.96					
34	533.41	501.09		502.58						533.41	501.09		502.58					
35	536.92	504.39		505.90						536.92	504.39		505.90					
36	540.44	507.69		509.21						540.44	507.69		509.21					
37	543.95	511.00		512.52						543.95	511.00		512.52					
38	547.47	514.30		515.83						547.47	514.30		515.83					
39	554.50	520.90		522.46						554.50	520.90		522.46					
40	561.53	527.51		529.08						561.53	527.51		529.08					
41	572.07	537.41		539.01						572.07	537.41		539.01					
42	582.18	546.91		548.54						582.18	546.91		548.54					
43	596.24	560.12		561.78						596.24	560.12		561.78					
44	613.81	576.63		578.34						613.81	576.63		578.34					
45	634.46	596.03		597.80						634.46	596.03		597.80					
46	659.07	619.14		620.99						659.07	619.14		620.99					
47	686.75	645.14		647.07						686.75	645.14		647.07					
48	718.39	674.86		676.87						718.39	674.86		676.87					
49	749.58	704.17		706.27						749.58	704.17		706.27					
50	784.73	737.19		739.39						784.73	737.19		739.39					
51	819.44	769.80		772.09						819.44	769.80		772.09					
52	857.67	805.71		808.11						857.67	805.71		808.11					
53	896.34	842.03		844.54						896.34	842.03		844.54					
54	938.08	881.24		883.87						938.08	881.24		883.87					
55	979.82	920.45		923.20						979.82	920.45		923.20					
56	1025.07	962.97		965.84						1025.07	962.97		965.84					
57	1070.77	1005.90		1008.89						1070.77	1005.90		1008.89					
58	1119.54	1051.71		1054.85						1119.54	1051.71		1054.85					
59	1143.71	1074.41		1077.62						1143.71	1074.41		1077.62					
60	1192.48	1120.23		1123.57						1192.48	1120.23		1123.57					
61	1234.66	1159.86		1163.31						1234.66	1159.86		1163.31					
62	1262.34	1185.86		1189.39						1262.34	1185.86		1189.39					
63	1297.05	1218.47		1222.10						1297.05	1218.47		1222.10					
64 and over	1318.14	1238.28		1241.97						1318.14	1238.28		1241.97					

Wellpoint Washington, Inc.
RATE SCHEDULE

Plan Information

Plan Name: Wellpoint Cascade Silver
HIOS Plan ID: 12435WA0010003
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: Both inside and outside 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
3	No	
4	Yes	Spokane
5	No	
6	No	
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	430.91	404.80		406.01						430.91	404.80		406.01					
15	469.21	440.78		442.10						469.21	440.78		442.10					
16	483.86	454.54		455.90						483.86	454.54		455.90					
17	498.50	468.30		469.70						498.50	468.30		469.70					
18	514.27	483.11		484.56						514.27	483.11		484.56					
19	530.05	497.93		499.42						530.05	497.93		499.42					
20	546.38	513.28		514.81						546.38	513.28		514.81					
21	563.28	529.15		530.73						563.28	529.15		530.73					
22	563.28	529.15		530.73						563.28	529.15		530.73					
23	563.28	529.15		530.73						563.28	529.15		530.73					
24	563.28	529.15		530.73						563.28	529.15		530.73					
25	565.53	531.27		532.85						565.53	531.27		532.85					
26	576.80	541.85		543.47						576.80	541.85		543.47					
27	590.32	554.55		556.21						590.32	554.55		556.21					
28	612.29	575.19		576.90						612.29	575.19		576.90					
29	630.31	592.12		593.89						630.31	592.12		593.89					
30	639.32	600.59		602.38						639.32	600.59		602.38					
31	652.84	613.28		615.12						652.84	613.28		615.12					
32	666.36	625.98		627.85						666.36	625.98		627.85					
33	674.81	633.92		635.81						674.81	633.92		635.81					
34	683.82	642.39		644.31						683.82	642.39		644.31					
35	688.33	646.62		648.55						688.33	646.62		648.55					
36	692.83	650.85		652.80						692.83	650.85		652.80					
37	697.34	655.09		657.04						697.34	655.09		657.04					
38	701.85	659.32		661.29						701.85	659.32		661.29					
39	710.86	667.79		669.78						710.86	667.79		669.78					
40	719.87	676.25		678.27						719.87	676.25		678.27					
41	733.39	688.95		691.01						733.39	688.95		691.01					
42	746.35	701.12		703.22						746.35	701.12		703.22					
43	764.37	718.06		720.20						764.37	718.06		720.20					
44	786.90	739.22		741.43						786.90	739.22		741.43					
45	813.38	764.09		766.37						813.38	764.09		766.37					
46	844.92	793.73		796.10						844.92	793.73		796.10					
47	880.41	827.06		829.53						880.41	827.06		829.53					
48	920.96	865.16		867.74						920.96	865.16		867.74					
49	960.96	902.73		905.43						960.96	902.73		905.43					
50	1006.02	945.06		947.88						1006.02	945.06		947.88					
51	1050.52	986.86		989.81						1050.52	986.86		989.81					
52	1099.52	1032.90		1035.98						1099.52	1032.90		1035.98					
53	1149.09	1079.47		1082.69						1149.09	1079.47		1082.69					
54	1202.60	1129.74		1133.11						1202.60	1129.74		1133.11					
55	1256.11	1180.00		1183.53						1256.11	1180.00		1183.53					
56	1314.13	1234.51		1238.19						1314.13	1234.51		1238.19					
57	1372.71	1289.54		1293.39						1372.71	1289.54		1293.39					
58	1435.24	1348.27		1352.30						1435.24	1348.27		1352.30					
59	1466.22	1377.38		1381.49						1466.22	1377.38		1381.49					
60	1528.74	1436.11		1440.40						1528.74	1436.11		1440.40					
61	1582.82	1486.91		1491.35						1582.82	1486.91		1491.35					
62	1618.30	1520.25		1524.79						1618.30	1520.25		1524.79					
63	1662.80	1562.05		1566.71						1662.80	1562.05		1566.71					
64 and over	1689.84	1587.45		1592.19						1689.84	1587.45		1592.19					

SERFF Tracking #:	ATEM-134505020	State Tracking #:	484547	Company Tracking #:	ATEM-134515878
State:	Washington	Filing Company:	Wellpoint Washington, Inc.		
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other				
Product Name:	2026 Nongrandfathered Individual Wellpoint Washington, Inc. Products				
Project Name/Number:	/				

URRT

State Determination

Review Status:	Incomplete
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URRT Items

Item Name	Attachment(s)
Unified Rate Review Template	<i>UnifiedRateReviewSubmission_20250512153658.xml</i>
Actuarial Memorandum	<i>Part_III_Rate_Filing_Documentation_and_Actuarial_Memorandum.pdf</i>
Actuarial Memorandum - Redacted	<i>Part_III_Rate_Filing_Documentation_and_Actuarial_Memorandum_R.pdf</i>
Consumer Justification Narrative	<i>Part_II_Written_Description_Justifying_the_Rate_Increase.pdf</i>
Other Supporting Documents	<i>Part_I_Unified_Rate_Review_Template.pdf</i>

Part III Actuarial Memorandum

**Wellpoint Washington, Inc.
Washington Individual Rate Filing
Effective January 1, 2026**

Prepared by:
Janelle Milner, FSA, MAAA
Elevance Health, Inc.

TABLE OF CONTENTS

The following table summarizes the exhibits included in this document. Some exhibits may span multiple pages.

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EXHIBIT 1. GENERAL INFORMATION

Document Overview

This document contains the Part III Actuarial Memorandum for Wellpoint Washington, Inc. (Wellpoint)'s Washington individual block of business, effective January 1, 2026. Elevance Health, Inc. (Elevance) is the parent company of Wellpoint Washington, Inc. This actuarial memorandum is submitted in conjunction with the Part I Unified Rate Review Template (URRT). Since Wellpoint is a new carrier in Washington for 2026, there are no applicable rate changes and this filing is based 100% on a manual rate. These plans will be sold on and off the Washington Health Benefit Exchange.

The purpose of the actuarial memorandum is to provide certain information related to the submission, including support for the values entered into the Part I URRT, which supports compliance with the market rating rules and reasonableness of applicable premium rates. This information may not be appropriate for other purposes. Note that every table in this memorandum has an accompanying version in the 'Actuarial Memorandum Tables.pdf' and 'Actuarial Memorandum Tables DUPLICATE.xlsx' files accompanying the rate submission. These exhibits also contain additional information to supplement information provided within this memorandum and satisfy Washington's rate filing requirements.

This information is intended for use by the State of Washington State Office of the Insurance Commissioner, the Center for Consumer Information and Insurance Oversight (CCIIO), and their subcontractors to assist in the review of Wellpoint's individual rate filing. However, we recognize that this certification may become a public document. Wellpoint makes no representations or warranties regarding the contents of this letter to other users.

As prescribed by Washington or as instructed by Wellpoint the premium rates developed and supported by this Actuarial Memorandum rely on the regulations and guidance that are in place at the time of this filing. We assume that Cost Share Reductions (CSR) will not be funded as is described in current regulations and guidance. Future modifications in legislation, regulation and/or court decisions may affect the extent to which the premium rates are neither excessive nor deficient. Wellpoint reserves the right to file revised rates in the event of changes to the regulatory environment in which they were developed.

At the time of this rate filing submission, we acknowledge there is uncertainty regarding whether the enhanced premium tax credit subsidies introduced through the American Rescue Plan Act (ARPA) will or will not be extended beyond 2025. We have prepared this set of rate filing materials assuming that these enhanced premium tax credits will expire at the end of 2025 and will not be applicable in 2026. The expiration versus extension of these subsidies could have a material impact on morbidity, enrollment, and other assumptions related to the Individual market in Washington. We have incorporated various premium rate adjustments to reflect the estimated financial impact of these subsidies expiring. These adjustments are derived from a Milliman model that includes data from CMS reports, proprietary Milliman datasets, and other publicly available information. Our model results will evolve as new information becomes available and new actions are taken by the authorities and other stakeholders. If subsequent information becomes available that would materially affect this rate filing submission, we would likely pursue opportunities to revise our pricing assumptions and resubmit this rate filing.

Company Identifying Information

Company Legal Name: Wellpoint Washington, Inc.
State: Washington
HIOS Issuer ID: 12435
Market: Individual
Exchange: On and off exchange
Effective Date: January 1, 2026

Company Contact Information

Primary Contact Name: Janelle Milner
Primary Contact Telephone Number: 303-831-2194
Primary Contact Email Address: janelle.milner@elevancehealth.com

EXHIBIT 2. PROPOSED RATE CHANGES

There are no rate changes as Wellpoint is a new individual health insurer in Washington and does not have historical experience in this market as of the date of this filing. Premium rates presented are 100% manually rated.

Single Risk Pool

Wellpoint rates are developed using a single risk pool, established according to the requirements in 45 CFR section 156.80(d) and reflects all covered lives for every non-grandfathered product/plan combination in the State of Washington individual health insurance market.

EXHIBIT 3. EXPERIENCE AND CURRENT PERIOD PREMIUM, CLAIMS, AND ENROLLMENT

Not applicable as Wellpoint is a new individual health insurer in Washington and does not have historical experience in this market as of the date of this filing. Premium rates presented are 100% manually rated.

EXHIBIT 4. BENEFIT CATEGORIES

We assigned the manual data utilization and cost information to benefit categories based on place and type of service using a detailed claims mapping algorithm summarized as follows:

Inpatient Hospital

The inpatient hospital category includes non-capitated facility services for medical, surgical, maternity, mental health and substance abuse, skilled nursing, and other services provided in an inpatient facility setting and billed by the facility.

Outpatient Hospital

The outpatient hospital category includes non-capitated facility services for surgery, emergency room, lab, radiology, therapy, observation, and other services provided in an outpatient facility setting and billed by the facility.

Professional

The professional category includes non-capitated primary care, specialist, therapy, the professional component of laboratory and radiology, and other professional services, other than hospital-based professionals whose payments are included in facility fees.

Other Medical

The other medical category includes non-capitated ambulance, home health care, DME, prosthetics, supplies, vision exams, dental services, and other services.

Capitation

The capitation category includes all services provided under one or more capitated arrangements.

Prescription Drug

The prescription drug category includes drugs dispensed by a pharmacy. This amount is net of rebates received from drug manufacturers.

EXHIBIT 5. PROJECTION FACTORS

Not applicable. Wellpoint did not have historical experience in Washington during the base period.

EXHIBIT 6. MANUAL RATE ADJUSTMENTS

Source and Appropriateness of Experience Data Used in Manual Rate Development

The basis of the manual rates is Elevance's 2024 individual market experience from 11 states in which Elevance currently offers products. These states are: Colorado, Connecticut, Georgia, Indiana, Kentucky, Missouri, Nevada, New Hampshire, Ohio, Virginia, and Wisconsin. This includes the experience of approximately 10,309,000 member months of individual ACA market coverage in 2024. The allowed claims that form the basis of the manual rate include a full year of 2024 incurred claims paid through March 2025 (including adjustments for claims incurred but not yet paid as of March 31, 2025) and the latest risk adjustment information available for 2024. We supplemented this information with data from Elevance's rating models, the Milliman Health Cost Guidelines (HCGs), and publicly available data to calibrate the manual rate to expectations for the Washington 2026 individual ACA market.

Credibility of Manual Rate

Credibility is calculated using the following formula:

If Member Months < 66,000: $(\text{Member Months} / 66,000)^{(1/2)}$
 If Member Months \geq 66,000: 100%

This credibility threshold is based on research into the minimum number of member months required such that the projected allowed PMPM of a group based on historical experience is within 10% of the actual allowed PMPM 95% of the time. The manual rate experience is fully credible.

Adjustments Made to the Data

We used 2024 individual market allowed claims experience from 11 states where Elevance currently operates to develop starting average claim costs for the plans in this filing. We adjusted these claims to represent Washington expectations as follows:

- Annualized trend of 6.4% to project the 2024 allowed claims forward to the 2026 rating period.
- A morbidity adjustment to account for health status differences between the population Wellpoint expects in Washington compared to the experience underlying the manual rate.
- A demographic distribution of individual members expected to purchase Wellpoint plans in Washington compared to the distribution of members in the manual data.
- A geographic adjustment to account for Wellpoint's expected reimbursement in Washington relative to reimbursement underlying the manual rate.
- A plan design adjustment to reflect the utilization impact due to cost sharing and plan mix differences between the plans underlying the manual rate and Wellpoint's projected 2026 enrollment by plan in Washington.

Trend

An annualized trend of 6.4% is used to project the 2024 starting claims experience to the 2026 rating period based on Wellpoint's data and expectations for the future in Washington. This includes the following components:

- Medical (includes inpatient, outpatient, professional, and other medical URRT categories)
 - Utilization trend: 1.9%
 - Unit cost trend: 3.4%
 - Total trend: 5.4%
- Prescription drug
 - Utilization trend: 4.1%
 - Unit cost trend: 5.1%
 - Total trend: 9.4%

These trends do not include anticipated morbidity differences or any other projection factors referenced in this memorandum to support the projection of manual rate claims to the state of Washington.

Morbidity Adjustment

The starting claims experience is calibrated to the average morbidity across the 11 states underlying the manual rate since we account for risk adjustment transfer amounts specific to states included. We include 3 additional adjustments:

- An average morbidity adjustment that calibrates the manual experience to expected average morbidity in the Washington individual market. We used CMS risk adjustment reports to derive this adjustment (accounting for the mix underlying Elevance's 11 manual rate states).
- Assuming the enhanced premium subsidies first introduced through the American Rescue Plan Act (ARPA) and later extended by the Inflation Reduction Act (IRA) are allowed to expire at the end of 2025, we anticipate a reduction in the overall market size in 2026. This will lead to increasing average statewide morbidity in 2026 relative to the manual rate experience as consumers will either lose access to subsidies (for those at or above 400% of the Federal Poverty Level) or face higher net premiums due to less generous subsidies. We anticipate the remaining risk pool in 2026 to have higher healthcare needs, on average, as healthier consumers are more likely to lapse coverage. Given these considerations, we apply a morbidity adjustment of 1.016 to reflect anticipated changes in statewide average morbidity in 2026 relative to the manual rate experience.
- An adjustment that reflects the expected morbidity of members that will purchase Wellpoint's plans (relative to the statewide average morbidity in the Washington individual ACA market). This is derived from historical data Elevance has regarding the morbidity of new members they enroll once entering a new market. This analysis was also used to develop the risk adjustment payment that is projected for 2026.

Demographic Adjustment

We based the manual rate on the expected demographic mix for Wellpoint in Washington. We adjusted the starting manual claims costs to reflect differences between the demographic mix underlying the manual data and the mix expected in Washington. We used the Milliman HCGs for the demographic relativity factors underlying this adjustment.

Geographic Adjustment

We adjusted the manual rate to reflect unit costs, utilization, and provider reimbursement levels in Washington. We used a combination of Elevance's historical data and the Milliman HCGs to adjust the manual experience to reflect Washington statewide expectations.

Plan Design Changes

We evaluated the benefit design relativities for each plan. We also compared these relativities to the relativities underlying the manual rate to adjust the manual appropriately for Washington plan designs and plan factor restrictions in effect for 2026 in the state of Washington. These plan design relativities were included in the calculation of the single risk pool manual rate.

Inclusion of Capitation Payments

There are no capitation payments assumed in the projection period.

Mental Health Parity Projected Plan Dollar Amounts

Wellpoint does not have Washington-specific claims data to perform the Substantially All and Predominant Tests because we are new entrants into the Washington Marketplace. The basis of the projected claims is Elevance Health's Individual HMO market experience from 11 states in which Elevance Health currently offers products. These states are Colorado, Connecticut, Georgia, Indiana, Kentucky, Missouri, Nevada, New Hampshire, Ohio, Virginia, and Wisconsin.

The allowed claims that form the basis of the projected claims by service include a full year of 2024 incurred claims paid through February 2025 (including adjustments for claims incurred but not yet paid as of February 28, 2025). This is then tied to the claims data used in rating. When a plan has credible membership, Elevance uses state-specific and plan-specific factors to match the distribution of services. Because we do not have credible Washington Marketplace plan-level data, we used product-level assumptions.

Projected claims used in QTL testing are on an Allowed Amount basis – that is, before reducing claims for member cost sharing from Deductible, Coinsurance and Copays. QTL testing was performed with Outpatient subdivided into the Outpatient Office and Outpatient Other classifications. Using this methodology, all PY 2026 plans passed QTL testing.

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.

EXHIBIT 7. CREDIBILITY OF EXPERIENCE

Not applicable. Wellpoint does not have relevant experience in the base period to use in rate development; therefore, the 2026 rate development is based on manual rates.

EXHIBIT 8. ESTABLISHING THE INDEX RATE

The Index Rate for the projection period is a measurement of the average allowed claims PMPM for Essential Health Benefits (EHBs). The Projection Period Index Rate reflects the projected 2026 mix of enrollees by area and risk level or morbidity that Wellpoint expects to receive in the Single Risk Pool. Note, that all plans also provide coverage for elective abortion. Per WA checklist 11d instructions, we estimate premium costs for these services at approximately \$1.00 PMPM. This cost is included in the EHB Index Rate shown below. The Projection Period Index Rate has not been adjusted for payments and charges projected under the risk adjustment program or for Exchange User Fees.

The Projection Period Index Rate is equal to the projected EHB allowed claims PMPM.

The following table summarizes the Manual Index Rate and the adjustments described in Exhibit 6. Wellpoint is a new individual health insurer in Washington and does not have historical experience in this market as of the date of this filing, therefore the manual rate is given 100% credibility.

Table 8.1 Wellpoint Washington, Inc. Projection Period Index Rate Development		
Description	Experience	Manual
2024 Total Allowed Claims PMPM (Net of Risk Adjustment Transfers Underlying Manual Rate)	\$0.00	\$666.50
Trend	0.000	1.133
Morbidity Adjustment	0.000	0.787
Demographic Adjustment	0.000	0.999
Geographic Adjustment	0.000	1.000
Plan Design Adjustment	0.000	1.115
Projected 2026 EHB Allowed Claims PMPM	\$0.00	\$661.76
Credibility	0.00%	100.00%
Projection Period Index Rate PMPM		\$661.76

EXHIBIT 9. DEVELOPMENT OF THE MARKET-WIDE ADJUSTED INDEX RATE

The market-wide adjusted index rate is calculated as the index rate adjusted for all allowable market-wide modifiers defined under the market rating rules in 45 CFR Part 156, §156.80(d)(1). The development of the Market Adjusted Index Rate is illustrated in Worksheet 1, Section II of the URRT and in the table below.

Table 9.1 Wellpoint Washington, Inc. Market-Wide Adjusted Index Rate Development	
2026 Index Rate PMPM	\$661.76
<u>Market-Wide Adjustments (paid basis)</u>	
Risk Adjustment Transfer Amount	\$96.25
Net Market Reinsurance	\$0.00
Exchange User Fees	\$4.34
Paid-to-Allowed Ratio	0.980
<u>Market-Wide Adjustments (allowed basis)</u>	
Risk Adjustment Transfer Amount	\$98.20
Net Market Reinsurance	\$0.00
Exchange User Fees	\$4.43
Market-Wide Adjusted Index Rate PMPM	\$764.39

The Market-Wide Adjusted Index Rate is not calibrated. This means that this rate reflects the average demographic characteristics of the single risk pool, not the rate for any specific enrollee.

- Risk Adjustment Transfer Amount
 - This figure includes the impact of the estimated risk adjustment transfer payment as addressed in a subsequent section of this Exhibit.
- Market Reinsurance
 - This figure includes the impact of the estimated reinsurance payment as addressed in a subsequent section of this Exhibit.
- Exchange User Fee Adjustment
 - The Exchange User Fee adjustment was determined to be \$5.11 PMPM per Washington checklist item 28a. The value shown above reflects the average of no fee and the \$5.11 fee, weighted using the expected distribution of issuer enrollment sold outside the Exchange versus on the Exchange.

Projected Risk Adjustments

Wellpoint expects to enroll members that are roughly 15% healthier than the market average. We projected average statewide premiums for 2026 and assumed a risk adjustment payable that aligns with this morbidity assumption. This leads to a risk adjustment payable of \$96.25 PMPM (on a paid basis) that is applied as a market level adjustment. The 'WA Exh 10' worksheet included with the Standardized Rate Filing Exhibits required in Washington shows this same payable amount. Projections assume no impact associated with Risk Adjustment Data Validation (RADV) for 2026. We also assumed 2026 High-Cost Risk Pool (HCRP) assessments of approximately 0.36% of premiums, similar to prior years, and that receipts from the HCRP would be equal to assessments paid in 2026 (\$3.10 PMPM).

The anticipated risk adjustment fees assumed to be \$0.20 PMPM for 2026, are applied under the taxes and fees portions of expenses shown on Exhibit 10.

EXHIBIT 10. PLAN ADJUSTED INDEX RATE

The Market-Wide Adjusted Index Rate is adjusted to compute the Plan Adjusted Index Rate using the following allowable adjustments:

- Actuarial value and cost sharing adjustment
 - Pricing AVs were developed and calibrated with data and plan designs relevant to Washington. These factors account for differences in benefit design and richness without incorporating differences in morbidity, demographics, area mix, or similar attributes. These factors were derived using a standardized population and Wellpoint's internal benefit relativity models, then adjusted for Washington specific rules (e.g., WAC 284-43-6810).
 - Note the factor for on-exchange Silver plans is adjusted to reflect the impact of cost sharing reduction subsidies (CSRs) no longer being funded by the federal government. The CSR load added to these factors is 43.5% per Washington guidance. Please see the section below for additional discussion on the projected and historical CSRs.
 - The induced demand factor included in the AV and cost sharing adjustment is consistent with the federal risk adjustment transfer formula as shown on the 'WA Exh 9' worksheet of the Standardized Rate Filing Exhibits workbook included with this submission.
 - The AV and Cost Sharing adjustment also includes a factor that is the reciprocal of the Benefits in Addition to EHBs adjustment per Washington checklist 11d instructions. Elective abortion costs are included in the EHB Market-Wide Adjusted Index Rate, removed via the AV and Cost Sharing factor, then added back in via the Benefits in Addition to EHBs factor, as prescribed by the checklist instructions.
 - Please see the 'WA Exh 9' worksheet of the Standardized Rate Filing Exhibits workbook as well as Exhibit 10.1 in the Actuarial Memorandum Tables.pdf for additional detail on the components of this adjustment.
- Provider network, delivery system and utilization management adjustment
 - There are no expected differences in the provider network or utilization management between plans in the 2026 rating period.
- Adjustment for benefits in addition to the EHBs
 - All plans provide coverage for elective abortion coverage which is a state mandated benefit in compliance with Washington legislation. This cost has been estimated using the mandatory minimum of \$1.00 PMPM premium impact per 45 CFR 156.280(e)(4), although the actual estimated costs for these services is less than this amount. No substitutions are made from the Washington standard EHBs.
- Adjustment for administrative costs, profit and taxes
 - This adjustment is a load to paid claims for non-benefit expenses, excluding the exchange user fee which is included in the derivation of the market-adjusted index rate.
- Adjustment for catastrophic eligibility
 - Wellpoint is not offering any catastrophic plans, therefore this adjustment is 1.000.

CSR Experience and Projection

Wellpoint is a new individual health insurer in Washington and therefore did not provide any 2024 CSR amounts.

Based on the assumption that CSR subsidies will not be funded, we apply a 43.5% CSR shortfall adjustment for the on-exchange Silver plan. This factor is included in the AV and cost sharing adjustment displayed in the table below. The CSR shortfall adjustment included in these rates is mandated by Washington. A comparison of the CSR load revenue in 2024 to the expected CSR load revenue for 2026 is not available since we did not offer any plans in 2024 in Washington.

The following table demonstrates the Plan Adjusted Index Rate development for each plan in the projection period:

Table 10.1
Wellpoint Washington, Inc.
Projection Period Plan Adjusted Index Rate Development

Plan Name	HIOS ID	Market-Wide Adjusted Index Rate	AV & Cost Sharing	Provider Network Adjustment	Benefits In Addition to EHBs	Admin Cost Fee	Catastrophic Eligibility	Plan Adjusted Index Rate
Wellpoint Cascade Complete Gold	12435WA 0010001	\$764.39	0.871	1.000	1.002	1.168	1.000	\$778.51
Wellpoint Cascade Vital Gold	12435WA 0010002	\$764.39	0.814	1.000	1.002	1.168	1.000	\$727.61
Wellpoint Cascade Silver	12435WA 0010003	\$764.39	1.043	1.000	1.002	1.168	1.000	\$932.86

The Plan Adjusted Index Rates shown are not calibrated to an age 21 rate but reflect the average demographic across the single risk pool.

Non-Benefit Expenses, Profit, and Risk

The following table summarizes retention components (i.e., non-benefit components including administrative expenses, profit / risk load, and taxes / fees) included in rate development.

Table 10.2
Wellpoint Washington, Inc.
Illustration of Administrative Expenses by URRT, Worksheet 2 Category

Retention Description	PMPM	% Premium	Basis	Annotation
<u>Administrative Expense Load</u>				
General Admin	\$36.70	4.19%	PMPM Spread	(1)
Commission	\$11.00	1.26%	PMPM Spread	(2)
Quality Improvement	\$5.58	0.64%	PMPM Spread	(3)
Subtotal: Administrative Expense Load	\$53.28	6.09%		(4) = (1)+(2)+(3)
<u>Profit and Risk Load</u>				
Target Post-Tax Profit	\$41.47	4.74%	% Premium	(5)
Subtotal: Profit and Risk Load	\$41.47	4.74%		(6) = (5)
<u>Taxes and Fees</u>				
Risk Adjustment User Fee	\$0.20	0.02%	PMPM Spread	(7)
Premium Tax	\$17.50	2.00%	% Premium	(8)
Comparative Effectiveness Research Fee	\$0.31	0.04%	PMPM	(9)
Fraud Surcharge	\$0.09	0.01%	% Premium	(10)
Regulatory Surcharge	\$1.56	0.18%	% Premium	(11)
WAPAL Fund Assessment	\$0.06	0.01%	PMPM	(12)
WSHIP Assessment	\$0.30	0.03%	PMPM	(13)
Federal Income Tax	\$11.02	1.26%	% Premium	(14)
Subtotal: Taxes and Fees	\$31.06	3.55%		(15) = Sum of 7 through 14
Total Retention	\$125.82	14.38%		(16) = (4)+(6)+(15)

Administrative expense items represent the expected administrative costs incurred for Individual ACA, and were allocated across plans based on a fixed expense that was applied as a percent of premium. Commissions are not varied by plan in this projection and reflect expectation that the broker distribution channel is used 55% of the time, and brokers will receive a \$20 PMPM, as defined in the WA Commission Certification. The taxes and fees subsection of Table 10.2 reflect adjustments for the Risk Adjustment User Fee, Washington state premium tax, the comparative effectiveness research fee, Washington fraud surcharge, Washington regulatory surcharge, WAPAL fund assessment, WSHIP Assessment, and federal income tax. The taxes and fees percentages shown in Worksheet 2 of the URRT vary slightly by plan because of the components in Table 10.2 that are applied on a PMPM basis. Please see Actuarial Memorandum Tables.pdf Exhibit 10.2 for additional detail on these retention components. Profit and risk margin is 6.0% of proposed 2026 premium prior to federal income taxes, or 4.74% after federal income taxes. The same percent of premium load is applied to all plans.

EXHIBIT 11. CALIBRATION

A single calibration factor is applied to the Plan Adjusted Index Rates from Exhibit 10 to calibrate rates for the expected age, geographic, and tobacco use distribution expected to enroll in the plan. The single calibration factor is applied uniformly across all plans.

Age Curve Calibration

The approximate weighted average age, rounded to the nearest whole number, for the single risk pool is 49. The weighted average age curve calibration factor is 1.674.

Prior to applying the allowed rating factors for age, geography and tobacco, the Plan Adjusted Index Rates need to be divided by the age curve calibration factor. In order to determine the calibration factor for age, a projected distribution of members by age was determined. The weighted average of the factors in the age curve was then calculated using this distribution. The average age was then determined by finding the age of a member that would have the closest factor to the weighted average age curve calibration factor.

Additional information regarding the age curve can be found on Exhibit 12.

Geographic Factor Calibration

In order to determine the calibration factor for geography, the projected distribution of members by area was determined. The weighted average of the area factors was then determined using this distribution. The area factors used are reflective of differences in delivery costs (including unit cost and provider practice pattern differences) only, and do not reflect any difference in population morbidity. Prior to applying the allowed rating factors for age, geography and tobacco, the plan adjusted Index Rates need to be divided by the geography calibration factor. We set the area factor in Rating Area 1 (King county) to 1.0000 per Washington checklist instructions item 16.

Tobacco Factor Calibration

Wellpoint will not charge a tobacco surcharge for smokers.

The following tables demonstrate the calibration performed for each plan.

Table 11.1 Wellpoint Washington, Inc. Calibrated Plan Adjusted Index Rate Development							
Plan	HIOS ID	Plan Adjusted Index Rate	Age Calibration Factor	Geographic Calibration Factor	Tobacco Calibration Factor	Calibration Factor	Calibrated Plan Adjusted Index Rate
Wellpoint Cascade Complete Gold	12435WA0010001	\$778.51	1.674	0.989	1.000	1.656	\$470.12
Wellpoint Cascade Vital Gold	12435WA0010002	\$727.61	1.674	0.989	1.000	1.656	\$439.38
Wellpoint Cascade Silver	12435WA0010003	\$932.86	1.674	0.989	1.000	1.656	\$563.33

Please see Exhibit 11.1 and 12.1 of the Actuarial Memorandum Tables.pdf for additional detail on the calculation of the calibration factors and the calibrated plan adjusted index rates.

EXHIBIT 12. CONSUMER ADJUSTED PREMIUM RATE DEVELOPMENT

The Consumer Adjusted Premium Rate is the final premium rate for a plan that is charged to an individual utilizing the rating and premium adjustments as articulated in the applicable Market Reform Rating Rules. It is the product of the Calibrated Plan Adjusted Index Rate, the geographic rating factor, the age rating factor, and the tobacco status rating factor. All rating factors are described and shown below.

Wellpoint's 2026 age and tobacco rating factors are shown below. The age rating factors used by Elevance are identical to those prescribed by CMS.

Table 12.1 Wellpoint Washington, Inc. Age and Tobacco Factors					
Age Band	Age Rating Factor	Tobacco Factor	Age Band	Age Rating Factor	Tobacco Factor
0-14	0.765	1.000	40	1.278	1.000
15	0.833	1.000	41	1.302	1.000
16	0.859	1.000	42	1.325	1.000
17	0.885	1.000	43	1.357	1.000
18	0.913	1.000	44	1.397	1.000
19	0.941	1.000	45	1.444	1.000
20	0.970	1.000	46	1.500	1.000
21	1.000	1.000	47	1.563	1.000
22	1.000	1.000	48	1.635	1.000
23	1.000	1.000	49	1.706	1.000
24	1.000	1.000	50	1.786	1.000
25	1.004	1.000	51	1.865	1.000
26	1.024	1.000	52	1.952	1.000
27	1.048	1.000	53	2.040	1.000
28	1.087	1.000	54	2.135	1.000
29	1.119	1.000	55	2.230	1.000
30	1.135	1.000	56	2.333	1.000
31	1.159	1.000	57	2.437	1.000
32	1.183	1.000	58	2.548	1.000
33	1.198	1.000	59	2.603	1.000
34	1.214	1.000	60	2.714	1.000
35	1.222	1.000	61	2.810	1.000
36	1.230	1.000	62	2.873	1.000
37	1.238	1.000	63	2.952	1.000
38	1.246	1.000	64+	3.000	1.000
39	1.262	1.000			

Wellpoint's CY2026 geographic rating factors are shown below. These area factors reflect differences in unit cost by region. They were developed based on Wellpoint's anticipated provider reimbursement by region and do not include the impact of differences in population demographics and health status. The relativity of the highest and lowest cost area factors ($1.0000 / 0.9394 = 1.0645$) is below the WAC 284-43-6681 required 1.15 ratio.

Table 12.2 Wellpoint Washington, Inc. Geographic Rating Factors	
Region	Area Rating Factor
Rating Area 1	1.0000
Rating Area 2	0.9394
Rating Area 4	0.9422

The following table demonstrates the premium rate development for the Consumer Adjusted Premium Rate beginning with the Calibrated Plan Adjusted Index Rate and applying the appropriate age, area, and tobacco.

Table 12.3 Wellpoint Washington, Inc. Sample Consumer Adjusted Premium Rate Development	
Wellpoint Cascade Complete Gold - 12435WA0010001	
Calibrated Plan Adjusted Index Rate	\$470.12
Age: 49	1.706
Rating Area: 1	1.000
Tobacco Status: Tobacco User	1.000
Consumer Adjusted Premium Rate	\$802.03
<i>NOTE: Due to URRT rounding conventions, there may be some variance in reported figures.</i>	

EXHIBIT 13. PROJECTED LOSS RATIO

The projected medical loss ratio (MLR) is 89.38%. This loss ratio is calculated based on the MLR methodology as prescribed by 45 CFR 158.

The following table summarizes the calculation for the projected federal medical loss ratio:

Table 13.1 Wellpoint Washington, Inc. Projected Federal Medical Loss Ratio	
	Projected 2026 WA Business
Member Months	39,828
MLR Numerator Calculations	
Paid Claims PMPM	\$648.58
Claim-Related Retention (QI/Health IT) PMPM	\$5.58
Prior Rebate	\$0.00
Other Claim-Related Adjustments	\$0.00
Risk Adjustment Paid (Received) PMPM	\$96.25
Market Reinsurance Recoveries (Received) PMPM	\$0.00
MLR Numerator	\$750.41
MLR Denominator Calculations	
Premium PMPM	\$874.99
Other Premium Related Adjustments	\$0.00
Premium-Related Retention (Taxes & Fees) PMPM	\$35.40
MLR Denominator	\$839.58
Medical Loss Ratio	89.38%

Since this is a new block of business and there is no historical experience, we did not estimate a credibility adjustment for the projected MLR. Including a credibility adjustment could only increase the projected MLR, which already satisfies the MLR requirement.

EXHIBIT 14. AV METAL VALUES

The AV metal values included in Worksheet 2 are provided by the Washington Health Benefit Exchange (WAHBE). Table 14.1 below summarizes these values for each plan. The actuarial certification of AV metal values for standard plans is included as supporting documentation in this filing.

Table 14.1 Wellpoint Washington, Inc. Actuarial Values			
Plan	HIOS ID	Actuarial Value	Source
Wellpoint Cascade Complete Gold	12435WA0010001	0.818	WAHBE
Wellpoint Cascade Vital Gold	12435WA0010002	0.781	WAHBE
Wellpoint Cascade Silver	12435WA0010003	0.718	WAHBE

EXHIBIT 15. MEMBERSHIP PROJECTIONS

Enrollment projections shown in the URRT were developed based on the total market size, recent enrollment distributions, and reasonable expectations for market share in 2026. Note that this projection also considers a reduction in market size due to the assumed expiration of enhanced premium subsidies first introduced through the American Rescue Plan Act (ARPA) and later extended by the Inflation Reduction Act (IRA). Total enrollment across all plans is projected to be 39,828 member months in calendar year 2026.

Table 15.1 below shows the expected enrollment in Wellpoint’s Silver plan by subsidy level.

Table 15.1 Wellpoint Washington, Inc. Projected Enrollment (Member Months) by Subsidy Level (Silver Plans)						
Plan Name	HIOS ID	70%	73%	87%	94%	Total
Wellpoint Cascade Silver	12435WA0010003	8,413	3,673	8,953	5,969	27,008

EXHIBIT 16. TERMINATED PRODUCTS

No products will be terminated prior to the effective date.

EXHIBIT 17. PLAN TYPE

There are no differences between Wellpoint's plans and the plan type selected in the drop-down box in Worksheet 2, Section I of the URRT.

EXHIBIT 18. EFFECTIVE RATE REVIEW INFORMATION (OPTIONAL)

Not applicable.

EXHIBIT 19. RELIANCE

In support of this rate development, various data and analyses were provided by other members of Elevance Health's actuarial staff, including data and analysis related to cost of care, valuation, and pricing. I have reviewed the data and analyses for reasonableness and consistency. I have also relied on Washington Health Benefit Exchange to provide the actuarial certification for the Unique Plan Design Supporting Documentation and Justification for plans included in this filing. I relied on Wayne Rosen, FSA, MAAA to provide Mental Health Parity testing and attestation. I relied on information provided by Milliman, Inc. to support the development of certain assumptions in this rate filing, including geographic adjustments, morbidity adjustments, and reinsurance recoveries.

I performed a limited review of the data used directly in the analysis for reasonableness and consistency and have not found material defects in the data. If there are material defects in the data, it is possible that they would be uncovered by a detailed, systematic review and comparison of the data to search for data values that are questionable or for relationships that are materially inconsistent. Such a review was beyond the scope of the assignment.

EXHIBIT 20. ACTUARIAL CERTIFICATION

Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in all actuarial communications. I, Janelle Milner, am a member of the American Academy of Actuaries, and I meet its qualification standards to perform the analysis and render the actuarial opinion contained herein.

I certify to the best of my knowledge and judgment:

1. The projected Index Rate is
 - In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80 and 147.102)
 - Developed in compliance with the applicable Actuarial Standards of Practice
 - Reasonable in relation to the benefits provided and the population anticipated to be covered
 - Neither excessive nor deficient based on my best estimates of the 2026 individual market
2. The Index Rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.
3. The geographic rating factors shown in Worksheet 3 of URRT reflect only differences in the cost of delivery, and do not include differences for population morbidity by geographic area.
4. The CMS Actuarial Value Calculator was used to determine the AV Metal Values shown in Worksheet 2, Section I of the URRT for all plans.
5. The products filed are expected to meet minimum loss ratio requirements.
6. New plans are not considered modifications of existing plans under the uniform modification standards in 45 CFR 147.106.

The URRT does not demonstrate the process used to develop proposed premium rates. It is representative of information required by Federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans and for certification that the Index Rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

The 2026 plan year premium rates in this actuarial memorandum are contingent upon the status of the ACA statutes and regulations including any regulatory guidance, court decisions, or otherwise. Changes have the potential to greatly impact the 2026 plan year premium rates provided in this Actuarial Memorandum. Changes include, but are not limited to, any legislative or regulatory amendments, court decisions, or decisions by Congress, the Health and Human Services Secretary or the Centers for Medicare and Medicaid Services director.

At the time of this rate filing submission, we acknowledge there is uncertainty regarding the expiration of the enhanced premium subsidies first introduced through the American Rescue Plan Act (ARPA) and later extended by the Inflation Reduction Act (IRA). We have assumed that these subsidies will expire at the end of 2025 and adjusted our assumptions for the 2026 premium rates accordingly. Due to the substantial uncertainty regarding the impact of removing these subsidies, some of the related assumptions may exhibit a substantially greater divergence from expectations. As more information becomes known about the 2026 subsidies, we may need to adjust the rates to result in premiums that are neither excessive nor deficient.

The information provided in this actuarial memorandum is in support of the items illustrated in the URRT and does not provide an actuarial opinion regarding the process used to develop proposed premium rates. It does certify that rates were developed in accordance with applicable regulations, as noted.

Differences between projections and actual amounts depend on the extent to which future experience conforms to the assumptions made for this analysis. It is certain that actual experience will not conform exactly to the assumptions used in this analysis. Actual amounts will differ from projected amounts to the extent that actual experience deviates from expected experience.

Signed: 

Name: Janelle Milner, FSA, MAAA
 Title: Director & Actuary
 Date: May 12, 2025

Part III Actuarial Memorandum

**Wellpoint Washington, Inc.
Washington Individual Rate Filing
Effective January 1, 2026**

Prepared by:
Janelle Milner, FSA, MAAA
Elevance Health, Inc.

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EXHIBIT 1. GENERAL INFORMATION

Document Overview

This document contains the Part III Actuarial Memorandum for Wellpoint Washington, Inc. (Wellpoint)'s Washington individual block of business, effective January 1, 2026. Elevance Health, Inc. (Elevance) is the parent company of Wellpoint Washington, Inc. This actuarial memorandum is submitted in conjunction with the Part I Unified Rate Review Template (URRT). Since Wellpoint is a new carrier in Washington for 2026, there are no applicable rate changes and this filing is based 100% on a manual rate. These plans will be sold on and off the Washington Health Benefit Exchange.

The purpose of the actuarial memorandum is to provide certain information related to the submission, including support for the values entered into the Part I URRT, which supports compliance with the market rating rules and reasonableness of applicable premium rates. This information may not be appropriate for other purposes. Note that every table in this memorandum has an accompanying version in the 'Actuarial Memorandum Tables.pdf' and 'Actuarial Memorandum Tables DUPLICATE.xlsx' files accompanying the rate submission. These exhibits also contain additional information to supplement information provided within this memorandum and satisfy Washington's rate filing requirements.

This information is intended for use by the State of Washington State Office of the Insurance Commissioner, the Center for Consumer Information and Insurance Oversight (CCIIO), and their subcontractors to assist in the review of Wellpoint's individual rate filing. However, we recognize that this certification may become a public document. Wellpoint makes no representations or warranties regarding the contents of this letter to other users.

As prescribed by Washington or as instructed by Wellpoint the premium rates developed and supported by this Actuarial Memorandum rely on the regulations and guidance that are in place at the time of this filing. We assume that Cost Share Reductions (CSR) will not be funded as is described in current regulations and guidance. Future modifications in legislation, regulation and/or court decisions may affect the extent to which the premium rates are neither excessive nor deficient. Wellpoint reserves the right to file revised rates in the event of changes to the regulatory environment in which they were developed.

At the time of this rate filing submission, we acknowledge there is uncertainty regarding whether the enhanced premium tax credit subsidies introduced through the American Rescue Plan Act (ARPA) will or will not be extended beyond 2025. We have prepared this set of rate filing materials assuming that these enhanced premium tax credits will expire at the end of 2025 and will not be applicable in 2026. The expiration versus extension of these subsidies could have a material impact on morbidity, enrollment, and other assumptions related to the Individual market in Washington. We have incorporated various premium rate adjustments to reflect the estimated financial impact of these subsidies expiring. These adjustments are derived from a Milliman model that includes data from CMS reports, proprietary Milliman datasets, and other publicly available information. Our model results will evolve as new information becomes available and new actions are taken by the authorities and other stakeholders. If subsequent information becomes available that would materially affect this rate filing submission, we would likely pursue opportunities to revise our pricing assumptions and resubmit this rate filing.

Company Identifying Information

Company Legal Name: Wellpoint Washington, Inc.
State: Washington
HIOS Issuer ID: 12435
Market: Individual
Exchange: On and off exchange
Effective Date: January 1, 2026

Company Contact Information

Primary Contact Name: Janelle Milner
Primary Contact Telephone Number: 303-831-2194
Primary Contact Email Address: janelle.milner@elevancehealth.com

EXHIBIT 2. PROPOSED RATE CHANGES

There are no rate changes as Wellpoint is a new individual health insurer in Washington and does not have historical experience in this market as of the date of this filing. Premium rates presented are 100% manually rated.

Single Risk Pool

Wellpoint rates are developed using a single risk pool, established according to the requirements in 45 CFR section 156.80(d) and reflects all covered lives for every non-grandfathered product/plan combination in the State of Washington individual health insurance market.

EXHIBIT 3. EXPERIENCE AND CURRENT PERIOD PREMIUM, CLAIMS, AND ENROLLMENT

Not applicable as Wellpoint is a new individual health insurer in Washington and does not have historical experience in this market as of the date of this filing. Premium rates presented are 100% manually rated.

EXHIBIT 4. BENEFIT CATEGORIES

We assigned the manual data utilization and cost information to benefit categories based on place and type of service using a detailed claims mapping algorithm summarized as follows:

Inpatient Hospital

The inpatient hospital category includes non-capitated facility services for medical, surgical, maternity, mental health and substance abuse, skilled nursing, and other services provided in an inpatient facility setting and billed by the facility.

Outpatient Hospital

The outpatient hospital category includes non-capitated facility services for surgery, emergency room, lab, radiology, therapy, observation, and other services provided in an outpatient facility setting and billed by the facility.

Professional

The professional category includes non-capitated primary care, specialist, therapy, the professional component of laboratory and radiology, and other professional services, other than hospital-based professionals whose payments are included in facility fees.

Other Medical

The other medical category includes non-capitated ambulance, home health care, DME, prosthetics, supplies, vision exams, dental services, and other services.

Capitation

The capitation category includes all services provided under one or more capitated arrangements.

Prescription Drug

The prescription drug category includes drugs dispensed by a pharmacy. This amount is net of rebates received from drug manufacturers.

EXHIBIT 5. PROJECTION FACTORS

Not applicable. Wellpoint did not have historical experience in Washington during the base period.

EXHIBIT 6. MANUAL RATE ADJUSTMENTS

Source and Appropriateness of Experience Data Used in Manual Rate Development

The basis of the manual rates is Elevance's 2024 individual market experience from 11 states in which Elevance currently offers products. These states are: Colorado, Connecticut, Georgia, Indiana, Kentucky, Missouri, Nevada, New Hampshire, Ohio, Virginia, and Wisconsin. This includes the experience of approximately 10,309,000 member months of individual ACA market coverage in 2024. The allowed claims that form the basis of the manual rate include a full year of 2024 incurred claims paid through March 2025 (including adjustments for claims incurred but not yet paid as of March 31, 2025) and the latest risk adjustment information available for 2024. We supplemented this information with data from Elevance's rating models, the Milliman Health Cost Guidelines (HCGs), and publicly available data to calibrate the manual rate to expectations for the Washington 2026 individual ACA market.

Credibility of Manual Rate

Credibility is calculated using the following formula:

If Member Months < 66,000: $(\text{Member Months} / 66,000)^{(1/2)}$
 If Member Months \geq 66,000: 100%

This credibility threshold is based on research into the minimum number of member months required such that the projected allowed PMPM of a group based on historical experience is within 10% of the actual allowed PMPM 95% of the time. The manual rate experience is fully credible.

Adjustments Made to the Data

We used 2024 individual market allowed claims experience from 11 states where Elevance currently operates to develop starting average claim costs for the plans in this filing. We adjusted these claims to represent Washington expectations as follows:

- Annualized trend of 6.4% to project the 2024 allowed claims forward to the 2026 rating period.
- A morbidity adjustment to account for health status differences between the population Wellpoint expects in Washington compared to the experience underlying the manual rate.
- A demographic distribution of individual members expected to purchase Wellpoint plans in Washington compared to the distribution of members in the manual data.
- A geographic adjustment to account for Wellpoint's expected reimbursement in Washington relative to reimbursement underlying the manual rate.
- A plan design adjustment to reflect the utilization impact due to cost sharing and plan mix differences between the plans underlying the manual rate and Wellpoint's projected 2026 enrollment by plan in Washington.

Trend

An annualized trend of 6.4% is used to project the 2024 starting claims experience to the 2026 rating period based on Wellpoint's data and expectations for the future in Washington. This includes the following components:

- Medical (includes inpatient, outpatient, professional, and other medical URRT categories)
 - Utilization trend: 1.9%
 - Unit cost trend: 3.4%
 - Total trend: 5.4%
- Prescription drug
 - Utilization trend: 4.1%
 - Unit cost trend: 5.1%
 - Total trend: 9.4%

These trends do not include anticipated morbidity differences or any other projection factors referenced in this memorandum to support the projection of manual rate claims to the state of Washington.

Morbidity Adjustment

The starting claims experience is calibrated to the average morbidity across the 11 states underlying the manual rate since we account for risk adjustment transfer amounts specific to states included. We include 3 additional adjustments:

- An average morbidity adjustment that calibrates the manual experience to expected average morbidity in the Washington individual market. We used CMS risk adjustment reports to derive this adjustment (accounting for the mix underlying Elevance's 11 manual rate states).
- Assuming the enhanced premium subsidies first introduced through the American Rescue Plan Act (ARPA) and later extended by the Inflation Reduction Act (IRA) are allowed to expire at the end of 2025, we anticipate a reduction in the overall market size in 2026. This will lead to increasing average statewide morbidity in 2026 relative to the manual rate experience as consumers will either lose access to subsidies (for those at or above 400% of the Federal Poverty Level) or face higher net premiums due to less generous subsidies. We anticipate the remaining risk pool in 2026 to have higher healthcare needs, on average, as healthier consumers are more likely to lapse coverage. Given these considerations, we apply a morbidity adjustment of 1.016 to reflect anticipated changes in statewide average morbidity in 2026 relative to the manual rate experience.
- An adjustment that reflects the expected morbidity of members that will purchase Wellpoint's plans (relative to the statewide average morbidity in the Washington individual ACA market). This is derived from historical data Elevance has regarding the morbidity of new members they enroll once entering a new market. This analysis was also used to develop the risk adjustment payment that is projected for 2026.

Demographic Adjustment

We based the manual rate on the expected demographic mix for Wellpoint in Washington. We adjusted the starting manual claims costs to reflect differences between the demographic mix underlying the manual data and the mix expected in Washington. We used the Milliman HCGs for the demographic relativity factors underlying this adjustment.

Geographic Adjustment

We adjusted the manual rate to reflect unit costs, utilization, and provider reimbursement levels in Washington. We used a combination of Elevance's historical data and the Milliman HCGs to adjust the manual experience to reflect Washington statewide expectations.

Plan Design Changes

We evaluated the benefit design relativities for each plan. We also compared these relativities to the relativities underlying the manual rate to adjust the manual appropriately for Washington plan designs and plan factor restrictions in effect for 2026 in the state of Washington. These plan design relativities were included in the calculation of the single risk pool manual rate.

Inclusion of Capitation Payments

There are no capitation payments assumed in the projection period.

Mental Health Parity Projected Plan Dollar Amounts

Wellpoint does not have Washington-specific claims data to perform the Substantially All and Predominant Tests because we are new entrants into the Washington Marketplace. The basis of the projected claims is Elevance Health's Individual HMO market experience from 11 states in which Elevance Health currently offers products. These states are Colorado, Connecticut, Georgia, Indiana, Kentucky, Missouri, Nevada, New Hampshire, Ohio, Virginia, and Wisconsin.

The allowed claims that form the basis of the projected claims by service include a full year of 2024 incurred claims paid through February 2025 (including adjustments for claims incurred but not yet paid as of February 28, 2025). This is then tied to the claims data used in rating. When a plan has credible membership, Elevance uses state-specific and plan-specific factors to match the distribution of services. Because we do not have credible Washington Marketplace plan-level data, we used product-level assumptions.

Projected claims used in QTL testing are on an Allowed Amount basis – that is, before reducing claims for member cost sharing from Deductible, Coinsurance and Copays. QTL testing was performed with Outpatient subdivided into the Outpatient Office and Outpatient Other classifications. Using this methodology, all PY 2026 plans passed QTL testing.

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.

EXHIBIT 7. CREDIBILITY OF EXPERIENCE

Not applicable. Wellpoint does not have relevant experience in the base period to use in rate development; therefore, the 2026 rate development is based on manual rates.

EXHIBIT 8. ESTABLISHING THE INDEX RATE

The Index Rate for the projection period is a measurement of the average allowed claims PMPM for Essential Health Benefits (EHBs). The Projection Period Index Rate reflects the projected 2026 mix of enrollees by area and risk level or morbidity that Wellpoint expects to receive in the Single Risk Pool. Note, that all plans also provide coverage for elective abortion. Per WA checklist 11d instructions, we estimate premium costs for these services at approximately \$1.00 PMPM. This cost is included in the EHB Index Rate shown below. The Projection Period Index Rate has not been adjusted for payments and charges projected under the risk adjustment program or for Exchange User Fees.

The Projection Period Index Rate is equal to the projected EHB allowed claims PMPM.

The following table summarizes the Manual Index Rate and the adjustments described in Exhibit 6. Wellpoint is a new individual health insurer in Washington and does not have historical experience in this market as of the date of this filing, therefore the manual rate is given 100% credibility.

Table 8.1 Wellpoint Washington, Inc. Projection Period Index Rate Development		
Description	Experience	Manual
2024 Total Allowed Claims PMPM (Net of Risk Adjustment Transfers Underlying Manual Rate)	\$0.00	\$666.50
Trend	0.000	1.133
Morbidity Adjustment	0.000	0.787
Demographic Adjustment	0.000	0.999
Geographic Adjustment	0.000	1.000
Plan Design Adjustment	0.000	1.115
Projected 2026 EHB Allowed Claims PMPM	\$0.00	\$661.76
Credibility	0.00%	100.00%
Projection Period Index Rate PMPM		\$661.76

EXHIBIT 9. DEVELOPMENT OF THE MARKET-WIDE ADJUSTED INDEX RATE

The market-wide adjusted index rate is calculated as the index rate adjusted for all allowable market-wide modifiers defined under the market rating rules in 45 CFR Part 156, §156.80(d)(1). The development of the Market Adjusted Index Rate is illustrated in Worksheet 1, Section II of the URRT and in the table below.

Table 9.1 Wellpoint Washington, Inc. Market-Wide Adjusted Index Rate Development	
2026 Index Rate PMPM	\$661.76
<u>Market-Wide Adjustments (paid basis)</u>	
Risk Adjustment Transfer Amount	\$96.25
Net Market Reinsurance	\$0.00
Exchange User Fees	\$4.34
Paid-to-Allowed Ratio	0.980
<u>Market-Wide Adjustments (allowed basis)</u>	
Risk Adjustment Transfer Amount	\$98.20
Net Market Reinsurance	\$0.00
Exchange User Fees	\$4.43
Market-Wide Adjusted Index Rate PMPM	\$764.39

The Market-Wide Adjusted Index Rate is not calibrated. This means that this rate reflects the average demographic characteristics of the single risk pool, not the rate for any specific enrollee.

- Risk Adjustment Transfer Amount
 - This figure includes the impact of the estimated risk adjustment transfer payment as addressed in a subsequent section of this Exhibit.
- Market Reinsurance
 - This figure includes the impact of the estimated reinsurance payment as addressed in a subsequent section of this Exhibit.
- Exchange User Fee Adjustment
 - The Exchange User Fee adjustment was determined to be \$5.11 PMPM per Washington checklist item 28a. The value shown above reflects the average of no fee and the \$5.11 fee, weighted using the expected distribution of issuer enrollment sold outside the Exchange versus on the Exchange.

Projected Risk Adjustments

Wellpoint expects to enroll members that are roughly 15% healthier than the market average. We projected average statewide premiums for 2026 and assumed a risk adjustment payable that aligns with this morbidity assumption. This leads to a risk adjustment payable of \$96.25 PMPM (on a paid basis) that is applied as a market level adjustment. The 'WA Exh 10' worksheet included with the Standardized Rate Filing Exhibits required in Washington shows this same payable amount. Projections assume no impact associated with Risk Adjustment Data Validation (RADV) for 2026. We also assumed 2026 High-Cost Risk Pool (HCRP) assessments of approximately 0.36% of premiums, similar to prior years, and that receipts from the HCRP would be equal to assessments paid in 2026 (\$3.10 PMPM).

The anticipated risk adjustment fees assumed to be \$0.20 PMPM for 2026, are applied under the taxes and fees portions of expenses shown on Exhibit 10.

EXHIBIT 10. PLAN ADJUSTED INDEX RATE

The Market-Wide Adjusted Index Rate is adjusted to compute the Plan Adjusted Index Rate using the following allowable adjustments:

- Actuarial value and cost sharing adjustment
 - Pricing AVs were developed and calibrated with data and plan designs relevant to Washington. These factors account for differences in benefit design and richness without incorporating differences in morbidity, demographics, area mix, or similar attributes. These factors were derived using a standardized population and Wellpoint's internal benefit relativity models, then adjusted for Washington specific rules (e.g., WAC 284-43-6810).
 - Note the factor for on-exchange Silver plans is adjusted to reflect the impact of cost sharing reduction subsidies (CSRs) no longer being funded by the federal government. The CSR load added to these factors is 43.5% per Washington guidance. Please see the section below for additional discussion on the projected and historical CSRs.
 - The induced demand factor included in the AV and cost sharing adjustment is consistent with the federal risk adjustment transfer formula as shown on the 'WA Exh 9' worksheet of the Standardized Rate Filing Exhibits workbook included with this submission.
 - The AV and Cost Sharing adjustment also includes a factor that is the reciprocal of the Benefits in Addition to EHBs adjustment per Washington checklist 11d instructions. Elective abortion costs are included in the EHB Market-Wide Adjusted Index Rate, removed via the AV and Cost Sharing factor, then added back in via the Benefits in Addition to EHBs factor, as prescribed by the checklist instructions.
 - Please see the 'WA Exh 9' worksheet of the Standardized Rate Filing Exhibits workbook as well as Exhibit 10.1 in the Actuarial Memorandum Tables.pdf for additional detail on the components of this adjustment.
- Provider network, delivery system and utilization management adjustment
 - There are no expected differences in the provider network or utilization management between plans in the 2026 rating period.
- Adjustment for benefits in addition to the EHBs
 - All plans provide coverage for elective abortion coverage which is a state mandated benefit in compliance with Washington legislation. This cost has been estimated using the mandatory minimum of \$1.00 PMPM premium impact per 45 CFR 156.280(e)(4), although the actual estimated costs for these services is less than this amount. No substitutions are made from the Washington standard EHBs.
- Adjustment for administrative costs, profit and taxes
 - This adjustment is a load to paid claims for non-benefit expenses, excluding the exchange user fee which is included in the derivation of the market-adjusted index rate.
- Adjustment for catastrophic eligibility
 - Wellpoint is not offering any catastrophic plans, therefore this adjustment is 1.000.

CSR Experience and Projection

Wellpoint is a new individual health insurer in Washington and therefore did not provide any 2024 CSR amounts.

Based on the assumption that CSR subsidies will not be funded, we apply a 43.5% CSR shortfall adjustment for the on-exchange Silver plan. This factor is included in the AV and cost sharing adjustment displayed in the table below. The CSR shortfall adjustment included in these rates is mandated by Washington. A comparison of the CSR load revenue in 2024 to the expected CSR load revenue for 2026 is not available since we did not offer any plans in 2024 in Washington.

The following table demonstrates the Plan Adjusted Index Rate development for each plan in the projection period:

Table 10.1
Wellpoint Washington, Inc.
Projection Period Plan Adjusted Index Rate Development

Plan Name	HIOS ID	Market-Wide Adjusted Index Rate	AV & Cost Sharing	Provider Network Adjustment	Benefits In Addition to EHBs	Admin Cost Fee	Catastrophic Eligibility	Plan Adjusted Index Rate
Wellpoint Cascade Complete Gold	12435WA 0010001	\$764.39	0.871	1.000	1.002	1.168	1.000	\$778.51
Wellpoint Cascade Vital Gold	12435WA 0010002	\$764.39	0.814	1.000	1.002	1.168	1.000	\$727.61
Wellpoint Cascade Silver	12435WA 0010003	\$764.39	1.043	1.000	1.002	1.168	1.000	\$932.86

The Plan Adjusted Index Rates shown are not calibrated to an age 21 rate but reflect the average demographic across the single risk pool.

Non-Benefit Expenses, Profit, and Risk

The following table summarizes retention components (i.e., non-benefit components including administrative expenses, profit / risk load, and taxes / fees) included in rate development.

Table 10.2
Wellpoint Washington, Inc.
Illustration of Administrative Expenses by URRT, Worksheet 2 Category

Retention Description	PMPM	% Premium	Basis	Annotation
<u>Administrative Expense Load</u>				
General Admin	\$36.70	4.19%	PMPM Spread	(1)
Commission	\$11.00	1.26%	PMPM Spread	(2)
Quality Improvement	\$5.58	0.64%	PMPM Spread	(3)
Subtotal: Administrative Expense Load	\$53.28	6.09%		(4) = (1)+(2)+(3)
<u>Profit and Risk Load</u>				
Target Post-Tax Profit	\$41.47	4.74%	% Premium	(5)
Subtotal: Profit and Risk Load	\$41.47	4.74%		(6) = (5)
<u>Taxes and Fees</u>				
Risk Adjustment User Fee	\$0.20	0.02%	PMPM Spread	(7)
Premium Tax	\$17.50	2.00%	% Premium	(8)
Comparative Effectiveness Research Fee	\$0.31	0.04%	PMPM	(9)
Fraud Surcharge	\$0.09	0.01%	% Premium	(10)
Regulatory Surcharge	\$1.56	0.18%	% Premium	(11)
WAPAL Fund Assessment	\$0.06	0.01%	PMPM	(12)
WSHIP Assessment	\$0.30	0.03%	PMPM	(13)
Federal Income Tax	<u>\$11.02</u>	<u>1.26%</u>	% Premium	(14)
Subtotal: Taxes and Fees	\$31.06	3.55%		(15) = Sum of 7 through 14
Total Retention	\$125.82	14.38%		(16) = (4)+(6)+(15)

Administrative expense items represent the expected administrative costs incurred for Individual ACA, and were allocated across plans based on a fixed expense that was applied as a percent of premium. Commissions are not varied by plan in this projection and reflect expectation that the broker distribution channel is used 55% of the time, and brokers will receive a \$20 PMPM, as defined in the WA Commission Certification. The taxes and fees subsection of Table 10.2 reflect adjustments for the Risk Adjustment User Fee, Washington state premium tax, the comparative effectiveness research fee, Washington fraud surcharge, Washington regulatory surcharge, WAPAL fund assessment, WSHIP Assessment, and federal income tax. The taxes and fees percentages shown in Worksheet 2 of the URRT vary slightly by plan because of the components in Table 10.2 that are applied on a PMPM basis. Please see Actuarial Memorandum Tables.pdf Exhibit 10.2 for additional detail on these retention components. Profit and risk margin is 6.0% of proposed 2026 premium prior to federal income taxes, or 4.74% after federal income taxes. The same percent of premium load is applied to all plans.

EXHIBIT 11. CALIBRATION

A single calibration factor is applied to the Plan Adjusted Index Rates from Exhibit 10 to calibrate rates for the expected age, geographic, and tobacco use distribution expected to enroll in the plan. The single calibration factor is applied uniformly across all plans.

Age Curve Calibration

The approximate weighted average age, rounded to the nearest whole number, for the single risk pool is 49. The weighted average age curve calibration factor is 1.674.

Prior to applying the allowed rating factors for age, geography and tobacco, the Plan Adjusted Index Rates need to be divided by the age curve calibration factor. In order to determine the calibration factor for age, a projected distribution of members by age was determined. The weighted average of the factors in the age curve was then calculated using this distribution. The average age was then determined by finding the age of a member that would have the closest factor to the weighted average age curve calibration factor.

Additional information regarding the age curve can be found on Exhibit 12.

Geographic Factor Calibration

In order to determine the calibration factor for geography, the projected distribution of members by area was determined. The weighted average of the area factors was then determined using this distribution. The area factors used are reflective of differences in delivery costs (including unit cost and provider practice pattern differences) only, and do not reflect any difference in population morbidity. Prior to applying the allowed rating factors for age, geography and tobacco, the plan adjusted Index Rates need to be divided by the geography calibration factor. We set the area factor in Rating Area 1 (King county) to 1.0000 per Washington checklist instructions item 16.

Tobacco Factor Calibration

Wellpoint will not charge a tobacco surcharge for smokers.

The following tables demonstrate the calibration performed for each plan.

Table 11.1 Wellpoint Washington, Inc. Calibrated Plan Adjusted Index Rate Development							
Plan	HIOS ID	Plan Adjusted Index Rate	Age Calibration Factor	Geographic Calibration Factor	Tobacco Calibration Factor	Calibration Factor	Calibrated Plan Adjusted Index Rate
Wellpoint Cascade Complete Gold	12435WA0010001	\$778.51	1.674	0.989	1.000	1.656	\$470.12
Wellpoint Cascade Vital Gold	12435WA0010002	\$727.61	1.674	0.989	1.000	1.656	\$439.38
Wellpoint Cascade Silver	12435WA0010003	\$932.86	1.674	0.989	1.000	1.656	\$563.33

Please see Exhibit 11.1 and 12.1 of the Actuarial Memorandum Tables.pdf for additional detail on the calculation of the calibration factors and the calibrated plan adjusted index rates.

EXHIBIT 12. CONSUMER ADJUSTED PREMIUM RATE DEVELOPMENT

The Consumer Adjusted Premium Rate is the final premium rate for a plan that is charged to an individual utilizing the rating and premium adjustments as articulated in the applicable Market Reform Rating Rules. It is the product of the Calibrated Plan Adjusted Index Rate, the geographic rating factor, the age rating factor, and the tobacco status rating factor. All rating factors are described and shown below.

Wellpoint's 2026 age and tobacco rating factors are shown below. The age rating factors used by Elevance are identical to those prescribed by CMS.

Table 12.1 Wellpoint Washington, Inc. Age and Tobacco Factors					
Age Band	Age Rating Factor	Tobacco Factor	Age Band	Age Rating Factor	Tobacco Factor
0-14	0.765	1.000	40	1.278	1.000
15	0.833	1.000	41	1.302	1.000
16	0.859	1.000	42	1.325	1.000
17	0.885	1.000	43	1.357	1.000
18	0.913	1.000	44	1.397	1.000
19	0.941	1.000	45	1.444	1.000
20	0.970	1.000	46	1.500	1.000
21	1.000	1.000	47	1.563	1.000
22	1.000	1.000	48	1.635	1.000
23	1.000	1.000	49	1.706	1.000
24	1.000	1.000	50	1.786	1.000
25	1.004	1.000	51	1.865	1.000
26	1.024	1.000	52	1.952	1.000
27	1.048	1.000	53	2.040	1.000
28	1.087	1.000	54	2.135	1.000
29	1.119	1.000	55	2.230	1.000
30	1.135	1.000	56	2.333	1.000
31	1.159	1.000	57	2.437	1.000
32	1.183	1.000	58	2.548	1.000
33	1.198	1.000	59	2.603	1.000
34	1.214	1.000	60	2.714	1.000
35	1.222	1.000	61	2.810	1.000
36	1.230	1.000	62	2.873	1.000
37	1.238	1.000	63	2.952	1.000
38	1.246	1.000	64+	3.000	1.000
39	1.262	1.000			

Wellpoint's CY2026 geographic rating factors are shown below. These area factors reflect differences in unit cost by region. They were developed based on Wellpoint's anticipated provider reimbursement by region and do not include the impact of differences in population demographics and health status. The relativity of the highest and lowest cost area factors ($1.0000 / 0.9394 = 1.0645$) is below the WAC 284-43-6681 required 1.15 ratio.

Table 12.2 Wellpoint Washington, Inc. Geographic Rating Factors	
Region	Area Rating Factor
Rating Area 1	1.0000
Rating Area 2	0.9394
Rating Area 4	0.9422

The following table demonstrates the premium rate development for the Consumer Adjusted Premium Rate beginning with the Calibrated Plan Adjusted Index Rate and applying the appropriate age, area, and tobacco.

Table 12.3 Wellpoint Washington, Inc. Sample Consumer Adjusted Premium Rate Development	
Wellpoint Cascade Complete Gold - 12435WA0010001	
Calibrated Plan Adjusted Index Rate	\$470.12
Age: 49	1.706
Rating Area: 1	1.000
Tobacco Status: Tobacco User	1.000
Consumer Adjusted Premium Rate	\$802.03
<i>NOTE: Due to URRT rounding conventions, there may be some variance in reported figures.</i>	

EXHIBIT 13. PROJECTED LOSS RATIO

The projected medical loss ratio (MLR) is 89.38%. This loss ratio is calculated based on the MLR methodology as prescribed by 45 CFR 158.

The following table summarizes the calculation for the projected federal medical loss ratio:

Table 13.1 Wellpoint Washington, Inc. Projected Federal Medical Loss Ratio	
	Projected 2026 WA Business
Member Months	39,828
MLR Numerator Calculations	
Paid Claims PMPM	\$648.58
Claim-Related Retention (QI/Health IT) PMPM	\$5.58
Prior Rebate	\$0.00
Other Claim-Related Adjustments	\$0.00
Risk Adjustment Paid (Received) PMPM	\$96.25
Market Reinsurance Recoveries (Received) PMPM	\$0.00
MLR Numerator	\$750.41
MLR Denominator Calculations	
Premium PMPM	\$874.99
Other Premium Related Adjustments	\$0.00
Premium-Related Retention (Taxes & Fees) PMPM	\$35.40
MLR Denominator	\$839.58
Medical Loss Ratio	89.38%

Since this is a new block of business and there is no historical experience, we did not estimate a credibility adjustment for the projected MLR. Including a credibility adjustment could only increase the projected MLR, which already satisfies the MLR requirement.

EXHIBIT 14. AV METAL VALUES

The AV metal values included in Worksheet 2 are provided by the Washington Health Benefit Exchange (WAHBE). Table 14.1 below summarizes these values for each plan. The actuarial certification of AV metal values for standard plans is included as supporting documentation in this filing.

Table 14.1 Wellpoint Washington, Inc. Actuarial Values			
Plan	HIOS ID	Actuarial Value	Source
Wellpoint Cascade Complete Gold	12435WA0010001	0.818	WAHBE
Wellpoint Cascade Vital Gold	12435WA0010002	0.781	WAHBE
Wellpoint Cascade Silver	12435WA0010003	0.718	WAHBE

EXHIBIT 15. MEMBERSHIP PROJECTIONS

Enrollment projections shown in the URRT were developed based on the total market size, recent enrollment distributions, and reasonable expectations for market share in 2026. Note that this projection also considers a reduction in market size due to the assumed expiration of enhanced premium subsidies first introduced through the American Rescue Plan Act (ARPA) and later extended by the Inflation Reduction Act (IRA). Total enrollment across all plans is projected to be 39,828 member months in calendar year 2026.

Table 15.1 below shows the expected enrollment in Wellpoint’s Silver plan by subsidy level.

Table 15.1 Wellpoint Washington, Inc. Projected Enrollment (Member Months) by Subsidy Level (Silver Plans)						
Plan Name	HIOS ID	70%	73%	87%	94%	Total
Wellpoint Cascade Silver	12435WA0010003	8,413	3,673	8,953	5,969	27,008

EXHIBIT 16. TERMINATED PRODUCTS

No products will be terminated prior to the effective date.

EXHIBIT 17. PLAN TYPE

There are no differences between Wellpoint's plans and the plan type selected in the drop-down box in Worksheet 2, Section I of the URRT.

EXHIBIT 18. EFFECTIVE RATE REVIEW INFORMATION (OPTIONAL)

Not applicable.

EXHIBIT 19. RELIANCE

In support of this rate development, various data and analyses were provided by other members of Elevance Health's actuarial staff, including data and analysis related to cost of care, valuation, and pricing. I have reviewed the data and analyses for reasonableness and consistency. I have also relied on Washington Health Benefit Exchange to provide the actuarial certification for the Unique Plan Design Supporting Documentation and Justification for plans included in this filing. I relied on Wayne Rosen, FSA, MAAA to provide Mental Health Parity testing and attestation. I relied on information provided by Milliman, Inc. to support the development of certain assumptions in this rate filing, including geographic adjustments, morbidity adjustments, and reinsurance recoveries.

I performed a limited review of the data used directly in the analysis for reasonableness and consistency and have not found material defects in the data. If there are material defects in the data, it is possible that they would be uncovered by a detailed, systematic review and comparison of the data to search for data values that are questionable or for relationships that are materially inconsistent. Such a review was beyond the scope of the assignment.

EXHIBIT 20. ACTUARIAL CERTIFICATION

Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in all actuarial communications. I, Janelle Milner, am a member of the American Academy of Actuaries, and I meet its qualification standards to perform the analysis and render the actuarial opinion contained herein.

I certify to the best of my knowledge and judgment:

1. The projected Index Rate is
 - In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80 and 147.102)
 - Developed in compliance with the applicable Actuarial Standards of Practice
 - Reasonable in relation to the benefits provided and the population anticipated to be covered
 - Neither excessive nor deficient based on my best estimates of the 2026 individual market
2. The Index Rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.
3. The geographic rating factors shown in Worksheet 3 of URRT reflect only differences in the cost of delivery, and do not include differences for population morbidity by geographic area.
4. The CMS Actuarial Value Calculator was used to determine the AV Metal Values shown in Worksheet 2, Section I of the URRT for all plans.
5. The products filed are expected to meet minimum loss ratio requirements.
6. New plans are not considered modifications of existing plans under the uniform modification standards in 45 CFR 147.106.

The URRT does not demonstrate the process used to develop proposed premium rates. It is representative of information required by Federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans and for certification that the Index Rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

The 2026 plan year premium rates in this actuarial memorandum are contingent upon the status of the ACA statutes and regulations including any regulatory guidance, court decisions, or otherwise. Changes have the potential to greatly impact the 2026 plan year premium rates provided in this Actuarial Memorandum. Changes include, but are not limited to, any legislative or regulatory amendments, court decisions, or decisions by Congress, the Health and Human Services Secretary or the Centers for Medicare and Medicaid Services director.

At the time of this rate filing submission, we acknowledge there is uncertainty regarding the expiration of the enhanced premium subsidies first introduced through the American Rescue Plan Act (ARPA) and later extended by the Inflation Reduction Act (IRA). We have assumed that these subsidies will expire at the end of 2025 and adjusted our assumptions for the 2026 premium rates accordingly. Due to the substantial uncertainty regarding the impact of removing these subsidies, some of the related assumptions may exhibit a substantially greater divergence from expectations. As more information becomes known about the 2026 subsidies, we may need to adjust the rates to result in premiums that are neither excessive nor deficient.

The information provided in this actuarial memorandum is in support of the items illustrated in the URRT and does not provide an actuarial opinion regarding the process used to develop proposed premium rates. It does certify that rates were developed in accordance with applicable regulations, as noted.

Differences between projections and actual amounts depend on the extent to which future experience conforms to the assumptions made for this analysis. It is certain that actual experience will not conform exactly to the assumptions used in this analysis. Actual amounts will differ from projected amounts to the extent that actual experience deviates from expected experience.

Signed: 

Name: Janelle Milner, FSA, MAAA
 Title: Director & Actuary
 Date: May 12, 2025

Wellpoint Washington, Inc.

Part II: Written Description Justifying the Rate Increase

GENERAL INFORMATION

Wellpoint Washington, Inc. is a new entrant in the Washington individual market for 2026. Wellpoint projects 39,828 member months across 3 products for CY2026.

SCOPE AND RANGE OF RATE INCREASES

Since Wellpoint Washington, Inc. is a new entrant in the Washington individual market for 2026, there are no rate increases included in this filing.

FINANCIAL EXPERIENCE OF THE PRODUCT

Since Wellpoint Washington, Inc. is a new entrant in the Washington individual market for 2026, this product does not have any experience or active members.

CHANGES IN MEDICAL SERVICE COSTS

The composite annualized trend Wellpoint Washington, Inc. uses to project the manual rate for this filing is 6.4%. This includes components for medical and prescription drug coverage, accounting for unit cost and utilization trends.

CHANGES IN BENEFITS

Since Wellpoint Washington, Inc. is a new entrant in the Washington individual market for 2026, this product is a new offering. All plan designs comply with applicable laws and guidelines.

ADMINISTRATIVE COSTS AND ANTICIPATED MARGINS

Since Wellpoint Washington, Inc. is a new entrant in the Washington individual market for 2026, this is the first time administrative costs and margins have been filed in the state. Average administrative expenses are 6.09% of premium, with 4.74% of premium in post-tax profit, and 3.55% of premium in taxes / fees for a total average retention of about 14.38%. Please see the Actuarial Memorandum for additional details.

Unified Rate Review v6.1

Company Legal Name:

Wellpoint Washington, Inc.

HIOS Issuer ID:

12435

Effective Date of Rate Change(s):

1/1/2026

State:

WA

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.

Market Level Calculations (Same for all Plans)

Section I: Experience Period Data

Experience Period:	1/1/2025	to	12/31/2025
	Total		PMPM
Allowed Claims	\$0.00		#DIV/0!
Reinsurance	\$0.00		#DIV/0!
Incurred Claims in Experience Period	\$0.00		#DIV/0!
Risk Adjustment	\$0.00		#DIV/0!
Experience Period Premium	\$0.00		#DIV/0!
Experience Period Member Months	0		

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	\$0.00	1.000	1.000	1.000	1.000	\$0.00
Outpatient Hospital	\$0.00	1.000	1.000	1.000	1.000	\$0.00
Professional	\$0.00	1.000	1.000	1.000	1.000	\$0.00
Other Medical	\$0.00	1.000	1.000	1.000	1.000	\$0.00
Capitation	\$0.00	1.000	1.000	1.000	1.000	\$0.00
Prescription Drug	\$0.00	1.000	1.000	1.000	1.000	\$0.00
Total	\$0.00					\$0.00

Morbidity Adjustment	1.000
Demographic Shift	1.000
Plan Design Changes	1.000
Other	1.000
Adjusted Trended EHB Allowed Claims PMPM for 1/1/2026	\$0.00

Manual EHB Allowed Claims PMPM	\$661.76
Applied Credibility %	0.00%

Projected Period Totals			
Projected Index Rate for 1/1/2026	\$661.76	\$26,356,577.28	
Reinsurance	\$0.00	\$0.00	
Risk Adjustment Payment/Charge	-\$98.20	-\$3,911,130.72	
Exchange User Fees	0.58%	\$176,508.23	
Market Adjusted Index Rate	\$764.39	\$30,444,216.23	
Projected Member Months	39,828		

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.

Product-Plan Data Collection

Company Legal Name: Wellpoint Washington, Inc.
 HIOS Issuer ID: 12435 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	EPO
1.2 Product ID	12435WA001
1.3 Plan Name	Complete Gold Vital Gold Silver
1.4 Plan ID (Standard Component ID)	12435WA0010001 12435WA0010002 12435WA0010003
1.5 Metal	Gold Gold Silver
1.6 AV Metal Value	0.818 0.781 0.718
1.7 Plan Category	New New New
1.8 Plan Type	EPO EPO EPO
1.9 Exchange Plan?	Yes Yes Yes
1.10 Effective Date of Proposed Rates	1/1/2026 1/1/2026 1/1/2026
1.11 Cumulative Rate Change % (over 12 mos prior)	0.00% 0.00% 0.00%
1.12 Product Rate Increase %	0.00%
1.13 Submission Level Rate Increase %	0.00%

Worksheet 1 Totals	Section II: Experience Period and Current Plan Level Information				
	2.1 Plan ID (Standard Component ID)	Total	12435WA0010001	12435WA0010002	12435WA0010003
\$0	2.2 Allowed Claims	\$0	\$0	\$0	\$0
\$0	2.3 Reinsurance	\$0	\$0	\$0	\$0
	2.4 Member Cost Sharing	\$0	\$0	\$0	\$0
	2.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0
\$0	2.6 Incurred Claims	\$0	\$0	\$0	\$0
\$0	2.7 Risk Adjustment Transfer Amount	\$0	\$0	\$0	\$0
\$0	2.8 Premium	\$0	\$0	\$0	\$0
0	2.9 Experience Period Member Months	0	0	0	0
	2.10 Current Enrollment	0	0	0	0
	2.11 Current Premium PMPM	#DIV/0!	\$0.00	\$0.00	\$0.00
	2.12 Loss Ratio	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Per Member Per Month				
	2.13 Allowed Claims	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	2.14 Reinsurance	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	2.15 Member Cost Sharing	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	2.16 Cost Sharing Reduction	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	2.17 Incurred Claims	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	2.18 Risk Adjustment Transfer Amount	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	2.19 Premium	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Section III: Plan Adjustment Factors

3.1 Plan ID (Standard Component ID)	12435WA0010001	12435WA0010002	12435WA0010003
3.2 Market Adjusted Index Rate	\$764.39		
3.3 AV and Cost Sharing Design of Plan	0.8706	0.8136	1.0434
3.4 Provider Network Adjustment	1.0000	1.0000	1.0000
3.5 Benefits in Addition to EHB	1.0015	1.0015	1.0015
Administrative Costs			
3.6 Administrative Expense	6.09%	6.09%	6.09%
3.7 Taxes and Fees	3.56%	3.57%	3.54%
3.8 Profit & Risk Load	4.74%	4.74%	4.74%
3.9 Catastrophic Adjustment	1.0000	1.0000	1.0000
3.10 Plan Adjusted Index Rate	\$778.51	\$727.62	\$932.81
3.11 Age Calibration Factor	0.5972	0.5972	
3.12 Geographic Calibration Factor	1.0111	1.0111	
3.13 Tobacco Calibration Factor	1.0000	1.0000	
3.14 Calibrated Plan Adjusted Index Rate	\$470.12	\$439.39	\$563.30

Section IV: Projected Plan Level Information

4.1 Plan ID (Standard Component ID)	Total	12435WA0010001	12435WA0010002	12435WA0010003
4.2 Allowed Claims	\$26,356,390	\$4,413,011	\$4,317,298	\$17,626,082
4.3 Reinsurance	\$0	\$0	\$0	\$0
4.4 Member Cost Sharing	\$524,751	\$714,466	\$860,869	-\$1,050,585
4.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0
4.6 Incurred Claims	\$25,831,640	\$3,698,544	\$3,456,428	\$18,676,667
4.7 Risk Adjustment Transfer Amount	-\$3,833,261	-\$548,913	-\$513,022	-\$2,771,326
4.8 Premium	\$34,848,903	\$4,990,274	\$4,663,983	\$25,194,647
4.9 Projected Member Months	39,828	6,410	6,410	27,008
4.10 Loss Ratio	83.29%	83.28%	83.27%	83.29%
Per Member Per Month				
4.11 Allowed Claims	\$661.76	\$688.46	\$673.53	\$652.62
4.12 Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00
4.13 Member Cost Sharing	\$13.18	\$111.46	\$134.30	-\$38.90
4.14 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00
4.15 Incurred Claims	\$648.58	\$577.00	\$539.22	\$691.52
4.16 Risk Adjustment Transfer Amount	-\$96.25	-\$85.63	-\$80.03	-\$102.61
4.17 Premium	\$874.99	\$778.51	\$727.61	\$932.86

Rating Area Data Collection

Rating Area	Rating Factor
Rating Area 1	1.0000
Rating Area 2	0.9394
Rating Area 4	0.9422

State:	Washington	Filing Company:	Wellpoint Washington, Inc.
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	2026 Nongrandfathered Individual Wellpoint Washington, Inc. Products		
Project Name/Number:	/		

Supporting Document Schedules

Bypassed - Item:	Written Description Justifying the Rate Increase
Bypass Reason:	Non-grandfathered plans; Part II is loaded on URRT tab.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Checklist - Rates - 2026 Individual Nongrandfatherd Health Plans
Comments:	Speed to Market Filing Checklist
Attachment(s):	WA 2026 Rate Filing Checklist.pdf
Item Status:	
Status Date:	

Satisfied - Item:	WAC 284-43-6660
Comments:	Excel and PDF documents included.
Attachment(s):	WAC 284-43-6660.pdf WAC 284-43-6660 DUPLICATE.xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Uniform Product Modification Justification
Comments:	Excel and PDF documents included.
Attachment(s):	Uniform Product Modification Justification.pdf Uniform Product Modification Justification_DUPLICATE.xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Part I Unified Rate Review Template (URRT)
Comments:	Moved to URRT tab
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Benefit Components
Comments:	Please see WA 2026 Rate Filing Checklist.pdf, Section II Line 33. Excel and PDF versions included.

State:	Washington	Filing Company:	Wellpoint Washington, Inc.
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	2026 Nongrandfathered Individual Wellpoint Washington, Inc. Products		
Project Name/Number:	/		

Attachment(s):	Benefit Components.pdf Benefit Components Duplicate.xlsm
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum Tables
Comments:	Exhibits supplementing Part III Rate Filing Documentation and Actuarial Memorandum. Excel and PDF versions included.
Attachment(s):	Actuarial Memorandum Tables.pdf Actuarial Memorandum Tables DUPLICATE.xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Illustrative Rate Calculation
Comments:	Please see WA 2026 Rate Filing Checklist.pdf, Section II Line 37.
Attachment(s):	Illustrative Rate Calculation.pdf
Item Status:	
Status Date:	

Satisfied - Item:	View Rate Review Detail
Comments:	Please see WA 2026 Rate Filing Checklist.pdf, Section II Line 23.
Attachment(s):	View Rate Review Detail.pdf
Item Status:	
Status Date:	

Satisfied - Item:	WA 1332 Waiver Reporting Checklist
Comments:	Please see WA 2026 Rate Filing Checklist.pdf, Section II Line 40.
Attachment(s):	WA 1332 Waiver Reporting Checklist.pdf
Item Status:	
Status Date:	

Satisfied - Item:	WA Commission Certification
Comments:	Please see WA 2026 Rate Filing Checklist.pdf, Section II Line 35.
Attachment(s):	WA Commission Certification.pdf
Item Status:	
Status Date:	

Satisfied - Item:	WAHBE 2026 Medical AV Certification
Comments:	Please see WA 2026 Rate Filing Checklist.pdf, Section II Line 8.

State:	Washington	Filing Company:	Wellpoint Washington, Inc.
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	2026 Nongrandfathered Individual Wellpoint Washington, Inc. Products		
Project Name/Number:	/		

Attachment(s):	WAHBE 2026 Medical AV Certification.pdf
Item Status:	
Status Date:	

Satisfied - Item:	MHSUD Parity Calculations
Comments:	Please see WA 2026 Rate Filing Checklist.pdf, Section II Line 34(b). Excel and PDF versions included.
Attachment(s):	MHSUD Calculations.pdf MHSUD Calculations Duplicate.xlsm
Item Status:	
Status Date:	

Satisfied - Item:	Mental Health and Substance Use Disorder Financial Requirement Parity Certification
Comments:	Please see WA 2026 Rate Filing Checklist.pdf, Section II Line 34(a).
Attachment(s):	MHSUD Financial Requirement Parity Certification.pdf
Item Status:	
Status Date:	

Satisfied - Item:	WA Standardized Rate Filing Exhibits
Comments:	Excel and PDF versions included.
Attachment(s):	WA Standardized Rate Filing Exhibits.pdf WA Standardized Rate Filing Exhibits DUPLICATE.xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Rating Documents for Extended ARPA Subsidies
Comments:	Rate Schedule, URRT, Act Memo, and supplementary Act Memo tables for extended ARPA subsidies scenario. Actuarial certification of rates is included in Part III Rate Filing Documentation and Actuarial Memorandum with ARPA extension.pdf.
Attachment(s):	Rate Schedule with ARPA Extension.pdf Part I Unified Rate Review Template with ARPA Extension.pdf Part III Rate Filing Documentation and Actuarial Memorandum with ARPA extension.pdf Actuarial Memorandum Tables with ARPA extension.pdf Rate Schedule with ARPA Extension DUPLICATE.xlsm
Item Status:	
Status Date:	

2026 Plan Year (PY)

Individual Nongrandfathered Health Plan (Pool)

Rate Filing Checklist

Instructions:

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: **Wellpoint**

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)

HIOS Plan ID	Standard Plan Name	Public Option Plan (Yes, Cascade Select/ No, Cascade)	Metal Level	AV Metal Value
12435WA0010001	Cascade Complete Gold	No, Cascade	Gold	81.81%
12435WA0010002	Cascade Vital Gold	No, Cascade	Gold	78.06%
12435WA0010003	Cascade Silver	No, Cascade	Silver	71.84%

All Plans Offered (excluding the subsidized benefit plan variations)

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."		
12435WA0010001	Cascade Complete Gold	No		No	None (Voluntary abortion reflected in the URRT as instructed)
12435WA0010002	Cascade Vital Gold	No		No	None (Voluntary abortion reflected in the URRT as instructed)
12435WA0010003	Cascade Silver	No		No	None (Voluntary abortion reflected in the URRT as instructed)

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 ¹ or(2) Has at least one major service ², 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.

Washington State OIC 2026 Individual Medical Rate Filing Checklist

HIOS Plan ID	Plan Name	High Deductible Health Plan (Yes/No) ¹	Major Service covered prior to the deductible ²	
			Yes/No	Service

¹ 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).

² 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).

- (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	King	
2	Grays Harbor	
3		
4	Spokane	
5		
6		
7		
8		
9		

F. **Network Information:**

Network Name	Type (EPO, HMO, POS, or PPO)	Tiered or Single	Date Filed
Wellpoint Washington Essential	EPO	Single	5/12/2025

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>Complete Experience:</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">Per CCIIIO, include experience data for the American Indian/Alaska Native (AIAN) population (see https://www.healthcare.gov/american-indians-alaska-natives/coverage/).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. <p>Note: per CCIIIO, 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">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.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.		
a	<p>Financial data consistency:</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>	N/A – New issuer in 2026	N/A – New issuer in 2026

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
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"> 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.) 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 Any annual risk adjustment transfer amounts, including justification of such amounts Monthly premium amounts Monthly membership 	N/A – New issuer in 2026	N/A – New issuer in 2026
c	<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"> 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. Total claims. PMPM (i.e., use monthly membership from #1.b above to calculate claims per member per month (PMPM)). Paid-to-allowed ratios of paid (incurred) claims to allowed claims. <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>	N/A – New issuer in 2026	N/A – New issuer in 2026

Washington State OIC 2026 Individual Medical Rate Filing Checklist

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.	N/A – New issuer in 2026	N/A – New issuer in 2026
	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 – New issuer in 2026	N/A – New issuer in 2026
2	Manual EHB Allowed Claims: If credibility is 100%, respond “N/A” for each item. <ul style="list-style-type: none"> 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. 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. 		
a	Manual data relevance: Explain the relevance of the data used to determine the Manual EHB Allowed Claims PMPM.	Part III Rate Filing Documentation and Actuarial Memorandum.pdf	Part III Exhibit 6 and 8
b	Manual EHB allowed claims PMPM: <ul style="list-style-type: none"> Show the detailed calculation of the Manual EHB Allowed Claims PMPM entered in URRT Worksheet 1, Section II. 	Part III Rate Filing Documentation and Actuarial Memorandum.pdf	Part III Exhibit 6 and 8

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"> 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 the cost and utilization characteristics of your individual health plan market service area in the State of Washington. Note: the manual rate must be developed in a manner consistent with 100% credibility. See #2.c below. 		
c	<p>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"> Identify the actuarially sound and appropriate credibility procedure used to develop your credibility estimate. At what level is experience determined to be more than 0% credible? How is partial credibility determined? At what level is experience determined to be 100% credible? 	Part III Rate Filing Documentation and Actuarial Memorandum.pdf	Part III Exhibit 6
d	Show how you estimated credibility of the 2024 allowed claims and member months used in rate development. Use your credibility procedure.	Part III Rate Filing Documentation and Actuarial Memorandum.pdf	Part III Exhibit 6
3	Experience in WAC 284-43-6660 Summary, and Summary of Pooled Experience with Adjustments:		
a	<p>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"> Provide data to support WAC 284-43-6660 without adjustments for Risk Adjustment and High-Cost Risk Pool (HCRP) receipts and assessments. Data should be based on the incurred years 2024, 2023, and 2022. 	WAC 284-43-6660.pdf	N/A – New issuer in 2026

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
b	<p>Summary of Pooled Experience with Adjustments:</p> <ul style="list-style-type: none"> Create a document or exhibit called "Summary of Pooled Experience with Adjustments" for calendar years 2024, 2023, and 2022. <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"> Risk Adjustment transfer amounts HCRP receipts HCRP assessments 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. Commercial reinsurance reimbursements received and expected Adjusted Gain/Loss, excluding anticipated Medical Loss Ratio (MLR) rebates, as a dollar amount Adjusted Gain/Loss, excluding anticipated MLR rebates, as a percent of premium Anticipated MLR rebates 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. <ul style="list-style-type: none"> Add a copy of this table to the Part II Written Description. Document and justify every estimated amount. 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. Note: Since the federal Reinsurance and Risk Corridor programs ended in 2016, they should not be included in the summary. 	N/A – New issuer in 2026	N/A – New issuer in 2026

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
c	Changes to prior period experience: 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.	WAC 284-43-6660 Duplicate	N/A – New issuer in 2026
4	Plan Level Experience and Current Data: Document and justify URRT Worksheet 2, Section II Experience Period and Current Plan Level Information. <ul style="list-style-type: none"> Explain whether amounts are based on each plan's experience or allocated to plans. If amounts are allocated, demonstrate and justify the allocation method. Explain any differences between totals in URRT Worksheet 2, Section II and URRT Worksheet 1, Section I. 	N/A – New issuer in 2026	N/A – New issuer in 2026
TREND FACTORS			
5	Allowed Claims Trends: Trend assumptions should reflect your best estimates by URRT Worksheet 1 benefit category and one or more categories of non-EHBs, as applicable. Rely on market-specific information for Washington State to the extent possible. Justify use of any alternative data. As indicated in URR Instructions, describe the trend development in the Part III actuarial memorandum.		
a	Allowed claims EHB trend analysis: <ul style="list-style-type: none"> 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. 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. 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 	WA Standardized Rate Filing Exhibits DUPLICATE.xlsx And Part III Rate Filing Documentation and Actuarial Memorandum.pdf	WA Exhibit 3 and Part III Exhibit 6

Washington State OIC 2026 Individual Medical Rate Filing Checklist

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	Allowed claims non-EHB trend analysis: If applicable, include an exhibit that develops the non-EHB allowed claims trend.	Part III Rate Filing Documentation and Actuarial Memorandum.pdf	Part III Exhibit 6
c	<p>Projected allowed claims trend development (EHB & non-EHB):</p> <ul style="list-style-type: none"> 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. 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"> Further break the EHB trends down into utilization, unit cost, and service mix/intensity components. Upload relevant EHB details to WA Exhibit 3; see instructions in the exhibit template. Provide supporting technical details, as needed, in issuer-created actuarial exhibits submitted separately from the exhibit template file. 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"> 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. 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. 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. 	WA Standardized Rate Filing Exhibits DUPLICATE.xlsx And Part III Rate Filing Documentation and Actuarial Memorandum.pdf	WA Exhibit 3 and Part III Exhibit 6

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
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	<ul style="list-style-type: none"> 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 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"> 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). Clarify how the various utilization and morbidity adjustments in the rate filing are independent (i.e., do not overlap nor depend on one another). 	Part III Rate Filing Documentation and Actuarial Memorandum.pdf	Part III Exhibits 6 and 8
6	<p>Incurred Claims Trends:</p> <ul style="list-style-type: none"> 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. Incurred claims trends differ from allowed claims trends in that they reflect leveraging of fixed cost-shares. Rely on market-specific information for Washington State to the extent possible. Justify use of any alternative data. Describe the trend development in the Part III actuarial memorandum. 		
a	<p>Incurred claims projected trend (EHB & non-EHB): (see also #32.c of this checklist)</p> <ul style="list-style-type: none"> 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. 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. 	WA Standardized Rate Filing Exhibits DUPLICATE.xlsx And Part III Rate Filing Documentation and Actuarial Memorandum.pdf	WA Exhibit 3 and Part III Exhibit 6

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	<ul style="list-style-type: none"> 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 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). 		
URRT WORKSHEET 1, SECTION II EXPERIENCE PERIOD and CURRENT PLAN LEVEL INFORMATION, NON-TREND EHB ADJUSTMENT FACTORS			
7	<p>URRT Worksheet 1, Section II Non-Trend EHB Factors:</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"> Morbidity Adjustment Demographic Shift Plan Design Changes Other <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>	N/A – New issuer in 2026	N/A – New issuer in 2026
URRT WORKSHEET 2, SECTION I GENERAL PRODUCT and PLAN INFORMATION, AV METAL VALUES			
8	<p>AVC Screenshots:</p> <p>(see also #9 below)</p> <ul style="list-style-type: none"> 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: https://www.cms.gov/ccio/resources/regulations-and-guidance/index.html <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</p>	<p>WAHBE 2026 Medical AV Certification.pdf And Part III Rate Filing Documentation and Actuarial Memorandum.pdf</p>	<p>WAHBE entire document and Part III Exhibit 14</p>

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	<p>actuarial memorandum and include in SERFF Supporting Documentation a copy of the Exchange's actuarial certification of AV Metal Values for standardized plans.</p> <ul style="list-style-type: none"> 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. Please reformat the "Coinsurance, if different" cells to display the same 4-decimal place accuracy as the default coinsurance for tiers 1 & 2. Also, reformat the tiered utilization percentages to more accurately indicate the weights used in the calculation. 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. <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 		
9	<p>Unique Benefit Design for AVC (Actuarial Value Calculator): Note: Address this item in conjunction with #8 above.</p> <ul style="list-style-type: none"> 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 (https://www.actuary.org/sites/default/files/files/MVPN_042314.pdf). The continuance tables in the AVC should be used, if possible, so that the adjustments are consistent with the AVC calculations. Do any plans have a unique benefit design? If yes, for each such plan, you must: <ul style="list-style-type: none"> Use one of the two methods, 45 CFR §156.135(b)(2) or 45 CFR §156.135(b)(3), to certify the Metal Value and provide the exact AV Metal Value for the plan. You must also provide detailed support for your unique plan design AVs. Please provide supporting unique AV calculations in your rate filing memorandum and exhibits. 		

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	<ul style="list-style-type: none"> ○ Include enough detail for the reviewer to determine whether the methods, assumptions, and results are appropriate and reasonable. ○ 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. • Notes About Plan Designs in the AVC: <ul style="list-style-type: none"> ○ To be consistent with the requirements in the AVC User Guide (see FAQ Q2 & 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"> ▪ Case 1: One or more of the drug tiers are subject to coinsurance (which, from our earlier assumption, apply before any deductible). ▪ Case 2: Each drug tier is either fully covered or subject to a copay. ▪ 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. ○ 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. ○ <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. 		

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	<ul style="list-style-type: none"> 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. 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. 		
	a If using the unique benefit design certification method in 45 CFR §156.135(b)(2): <ul style="list-style-type: none"> 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. Submit one AVC screenshot for each plan to show that the benefit design after the fit is a legal metal plan. 	N/A – no unique benefit designs	
	b If using the unique benefit design certification method in 45 CFR §156.135(b)(3): <ul style="list-style-type: none"> 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. 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. 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. 	N/A – no unique benefit designs	

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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.	N/A – no unique benefit designs	
	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 – no unique benefit designs	
10	AV Metal Values: (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 Standardized Rate Filing Exhibits DUPLICATE.xlsx	WA Exhibit 6
URRT WORKSHEET 2, SECTION III PLAN ADJUSTMENT FACTORS			

11	<p>AV and Cost Sharing Design of Plan Factors: (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"> • 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). • 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. • Each of these adjustments should be normalized to not double count the impact of the other factors. <p>To derive the “AV and Cost Sharing Design of Plan”:</p> <ul style="list-style-type: none"> • There are four subcomponents of the adjustment defined in WAC 284-43-6810(1); they are: <ul style="list-style-type: none"> ○ AV pricing value, ○ Induced demand factor (IDF), ○ Cost-sharing reduction (CSR) silver load (if applicable), and ○ Exclusion of funds for abortion services per 45 CFR §156.280(e) (if applicable). • Definitions of these terms and related terms can be found in WAC 284-43-6800. • 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). • 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. <p>Note the following:</p> <ul style="list-style-type: none"> • For benefit differences relate to EHB-only cost sharing. See #11.a below. 	
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	<ul style="list-style-type: none"> For expected utilization adjustments due to differences in cost-sharing (i.e., induced demand). See #11.b below. For CSR silver load and exclusion of funds for abortion services per 45 CFR §156.280(e): <ul style="list-style-type: none"> 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. 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. To determine aggregate weighted averages for items covered by this #11, unless otherwise specified, apply each plan's projected membership as weights. 		
a	<p>AV Pricing Value (a.k.a. EHB paid-to-allowed factors) by plan:</p> <ul style="list-style-type: none"> Provide the factor for each plan that shows the impact of benefit differences for EHB-only cost sharing. 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. Per WAC 284-43-6810(3): <ul style="list-style-type: none"> Rate development exhibits should demonstrate compliance with the following: <ul style="list-style-type: none"> "The AV pricing value must be within $\pm 2\%$ of a plan's designated AV metal value." "The allowable range of AV pricing value may be increased or decreased by 1% and must not result in a total adjustment exceeding $\pm 3\%$, 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." If you are requesting the expanded AV Pricing Value range of $\pm 3\%$, 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. 	<p>WA Standardized Rate Filing Exhibits DUPLICATE.xlsx And Part III Rate Filing Documentation and Actuarial Memorandum.pdf</p>	<p>WA Exhibit 9 and Part III Exhibits 10 and 14</p>

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	<ul style="list-style-type: none"> ▪ 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. ▪ 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. ○ 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"> ▪ Each plan's AV metal value, AV pricing value, and the method used to develop AV pricing values. ▪ 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. ▪ 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. 		
b	<p>Induced demand factors (IDFs) by plan:</p> <ul style="list-style-type: none"> • 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 $(AV \text{ pricing value})^2 - (AV \text{ pricing value}) + 1.24$. • Note the following: <ul style="list-style-type: none"> ○ The MAIR reflects average induced demand for the pool. ○ 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. ○ 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 $1 / (\text{aggregate impact of your pool's projected induced demand factors})$. The net impact should be 1.000. 	<p>WA Standardized Rate Filing Exhibits DUPLICATE.xlsx And Part III Rate Filing Documentation and Actuarial Memorandum.pdf</p>	<p>WA Exhibit 9 and Part III Exhibit 10</p>

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c	Cost-sharing reduction (CSR) silver load factors by plan: <ul style="list-style-type: none"> 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. Consult WAC 284-43-6820 for guidance on the uniform CSR silver load adjustment factor for plan year 2026. 	WA Standardized Rate Filing Exhibits DUPLICATE.xlsx And Part III Rate Filing Documentation and Actuarial Memorandum.pdf	WA Exhibit 9 and Part III Exhibits 10
d	Exchange plan adjustment for cost of covering certain abortion services: (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 https://www.cms.gov/files/document/qhp-abortion-faq.pdf Q3). <ul style="list-style-type: none"> Note that you must include abortion services in URRT Worksheet 1, Section II because Washington considers abortion services to be EHBs. 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. For Exchange plans: <ul style="list-style-type: none"> Include the impact as part of URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.5 Benefits in Addition to EHB. 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. 	Part III Rate Filing Documentation and Actuarial Memorandum.pdf	Part III Exhibit 10

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	<ul style="list-style-type: none"> 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 URR Worksheet 2, Section III Plan Adjustment Factors, Field 3.5 as a non-EHB. 		
e	AV and Cost Sharing Design of Plan factors: (URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.3) Discuss and demonstrate the calculation of the final plan adjustment factors used in URR 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).	Part III Rate Filing Documentation and Actuarial Memorandum.pdf	Part III Exhibit 10
f	Compare the AV Metal Value and the AV Pricing Value: Provide the comparison of the AV Metal Values and AV Pricing Values in WA Exhibits 6 and 9.	WA Standardized Rate Filing Exhibits DUPLICATE.xlsx	WA Exhibits 6 and 9
g	Base premium rates versus CPAIR: 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 URR 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)	Actuarial Memorandum Tables.pdf	Exhibit URR
h	Experience period incurred claims, allowed claims, and paid-to-allowed ratios: 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.	N/A – New issuer in 2026	N/A – New issuer in 2026
12	Provider Network Adjustment Factors: (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	N/A – One network with a 1.0000 factor	N/A – One network with a 1.0000 factor

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	<p>demonstrating the normalization (i.e., normalize the network factors such that the following amounts match):</p> <ul style="list-style-type: none"> 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. 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. <p>If applicable, include a discussion of the network for the public option plans (i.e., Cascade Select plans).</p>		
13	<p>Benefits in Addition to EHB Factors: (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 & #27 of this checklist):</p> <ul style="list-style-type: none"> Exchange plans that include coverage of abortion services for which public funding is prohibited must calculate such abortion services as non-EHBs. 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. 	Part III Rate Filing Documentation and Actuarial Memorandum.pdf	Part III Exhibit 10
14	<p>Catastrophic Adjustment Factors: (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>	Part III Rate Filing Documentation and Actuarial Memorandum.pdf	Part III Exhibit 10 (1.0000 factors since no catastrophic plans are included in this filing)

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URRT WORKSHEET 2, SECTION III PLAN ADJUSTMENT FACTORS, CALIBRATION FACTORS			
15	Age Factors and Age Calibration Factors:		
a	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.	Part III Rate Filing Documentation and Actuarial Memorandum.pdf And Actuarial Memorandum Tables.pdf	Part III Exhibit 11 and Actuarial Memorandum Tables Exhibit 12.1
b	Age calibration factors, projected versus prior: Compare the 2026 age calibration factor to the 2023, 2024, and 2025 factors.	N/A – New issuer in 2026	N/A – New issuer in 2026
c	Average age: Show the average age and provide actuarial justification for the methodology employed to calculate the average age.	Part III Rate Filing Documentation and Actuarial Memorandum.pdf	Part III Exhibit 11
16	Area Factors and Geographic Calibration Factors: 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 not 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.		
a	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:	Part III Rate Filing Documentation and Actuarial Memorandum.pdf	Part III Exhibit 12

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Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<ul style="list-style-type: none"> • Certify that the following items were not used to establish any geographic rating area factor: <ul style="list-style-type: none"> ○ Health status of enrollees or the population in an area. ○ Medical condition of enrollees or the population in an area including physical, mental, and behavioral health illnesses. ○ Claims experience. ○ Health services utilization in the area. ○ Medical history of enrollees or the population in an area. ○ Genetic information of enrollees or the population in an area. ○ Disability status of enrollees or the population in an area. ○ Other evidence of insurability applicable in the area. • 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. 		
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"> • 1.40 if offering an Exchange QHP in every county, • 1.22 if offering an Exchange QHP in every county in six or more rating areas, or • 1.15 in all other cases. 	Part III Rate Filing Documentation and Actuarial Memorandum.pdf	Part III Exhibit 12
c	<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>	N/A – New issuer in 2026	N/A – New issuer in 2026

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	d URRT geographic calibration factor: Provide the calculation of the geographic calibration factor used in URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.12. Note: each calibration factor (age, geographic, and tobacco) must be calculated independently.	Part III Rate Filing Documentation and Actuarial Memorandum.pdf And Actuarial Memorandum Tables.pdf	Part III Exhibit 11 and Actuarial Memorandum Tables Exhibit 12.2
	e Load area factors into URRT: Provide the geographic rating areas and rating factors in URRT Worksheet 3.	Part I Unified Rate Review Template.xlsm	Worksheet 3
17	Tobacco Use Factor and Tobacco Calibration Factor:		
	a Tobacco use factor development: Document and justify the 2026 Tobacco Use factor. <ul style="list-style-type: none"> The maximum factor is 1.500 (see 45 CFR §147.102(a)(1)(iv)). 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. 	N/A – no tobacco rating factor included	N/A – no tobacco rating factor included
	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.	Part III Rate Filing Documentation and Actuarial Memorandum.pdf	Part III Exhibit 11
	c Tobacco factors, projected versus prior: Compare the 2026 tobacco use factor and calibration factor to amounts for 2023, 2024, and 2025.	N/A – New issuer in 2026	N/A – New issuer in 2026
RISK ADJUSTMENT AND HIGH-COST RISK POOL (HCRP)			
18	Experience Period Risk Adjustment & HCRP:		

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
a	Experience period risk adjustment formula details: 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. REMINDER: Do NOT 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.	WA Standardized Rate Filing Exhibits DUPLICATE.xlsx	WA Exhibit 10
	b Experience period risk adjustment & HCRP by plan: (URRT Worksheet 2, Section II Experience Period and Current Plan Level Information, Field 2.7) Using formulae, please address 2024 risk adjustment transfer amounts, HCRP assessments, and HCRP receipts.	N/A – New issuer in 2026	N/A – New issuer in 2026
19	Projection Period Risk Adjustment & HCRP:		
a	Projection period incurred risk adjustment & HCRP development: (URRT Worksheet 2, Section IV Projected Plan Level Information, Fields 4.7 and 4.16) 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.	WA Standardized Rate Filing Exhibits DUPLICATE.xlsx	WA Exhibit 10
	b Projection period risk adjustment & 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) <ul style="list-style-type: none"> 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.) 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.). Describe how your projections considered the 2026 risk adjustment model changes. 	Part III Rate Filing Documentation and Actuarial Memorandum.pdf	Part III Exhibit 9

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"> Explain 2026 HCRP estimated assessments and receipts. We expect the following: <ul style="list-style-type: none"> 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. 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. 		
c	<p>Projection period risk adjustment & 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>	WA Standardized Rate Filing Exhibits DUPLICATE.xlsx	WA Exhibit 10
d	<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>	N/A – New issuer in 2026	N/A – New issuer in 2026
e	<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>	N/A – New issuer in 2026	N/A – New issuer in 2026
f	<p>Projection period risk adjustment transfers & HCRP by plan:</p> <p>Using formulae, please address 2026 projected risk adjustment transfer amounts, HCRP assessments, and HCRP receipts on an incurred basis.</p>	WA Standardized Rate Filing Exhibits DUPLICATE.xlsx	WA Exhibit 10

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
RETENTION LOADS			
URRT WORKSHEET 2, SECTION III PLAN ADJUSTMENT FACTORS, ADMINISTRATIVE COSTS			
20	<p>Administrative Expense: (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">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.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.In the Part III actuarial memorandum, describe planned quality improvement initiatives.At a minimum, include detailed calculations of the following projected amounts:<ul style="list-style-type: none">Quality improvement (QI) expensesCommissionsCommercial reinsurance premium (if applicable)Offset for anticipated investment income (if applicable)General administrative expensesNote 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. <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>	Part III Rate Filing Documentation and Actuarial Memorandum.pdf	Part III Exhibit 10

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
21	<p>Taxes and Fees: (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"> 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. 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. At a minimum, include detailed calculations of the following projected amounts: <ul style="list-style-type: none"> Premium Tax [RCW 48.14.020 or 0201] Federal Income Tax Regulatory Surcharge [RCW 48.02.190] Include a discussion of the current information available at https://www.insurance.wa.gov/regulatory-surcharge-calculation. Insurance Fraud Surcharge [RCW 48.02.190] Include a discussion of the current information available at https://www.insurance.wa.gov/fraud-surcharge-calculation. Risk Adjustment user fee The 2026 per capita risk adjustment user fee is set at \$0.20 PMPM. 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. Mitigating Inequity Fee [WAC 284-43-6590], if applicable (see also #38 of this checklist). 	Part III Rate Filing Documentation and Actuarial Memorandum.pdf	Part III Exhibit 10

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"> WSHIP assessment [RCW 48.41.090] Include a discussion of the current and projected assessment information in annual or other reports available at https://www.wship.org/ as well as the WSHIP information separately sent to you as a member plan. Note: WSHIP = Washington State Health Insurance Pool. Washington Partnership Access Line (WAPAL) assessment [WAC 182-110-0500] Include a discussion of the historical assessments paid and the current information available at https://wapalfund.org. <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>Profit & Risk Load: (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"> Profit & Risk load is the portion of the projected earned premium that is not directly associated with claims or expenses. The amount must be the same across all plans. <p>Projection period profit & risk load development: Justify that your Profit & 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"> Discuss in detail how you established your 2026 plan year load. Clarify whether your experience unpaid claims liability estimate also includes any margin or if the estimate reflects your best estimate. Explain whether other plan year 2026 rating assumptions include their own margin provisions. 	Part III Rate Filing Documentation and Actuarial Memorandum.pdf	Part III Exhibit 10
DOCUMENTATION AND EXHIBITS			

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
23	Company Rate Information and Rate Review Detail: 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"> The information should represent your initial requested rate change. 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). 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. 		
	a SERFF Company Rate Information: Provide the calculation, explanation, and/or source of the information. Note the following: <ul style="list-style-type: none"> Number of policy holders affected for this program: The number of subscribers as of March 2025. Minimum and Maximum % changes: From the initial Uniform Product Modification Justification (UPMJ) Q5 rate changes by plan. Overall % rate impact: The calculated overall average rate change in UPMJ Q5. Written Premium for this Program and Written Premium Change for this Program: Annual amounts; see Written Premium in the NAIC glossary. 	View Rate Review Detail.pdf	Entire document
	b SERFF Rate Review Detail (RRD): Provide the calculation, explanation, and/or source of the information. <ul style="list-style-type: none"> (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). (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) 	View Rate Review Detail.pdf	Entire document

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"> • Change period: Annual. • Member months: Membership for the 2024 experience period. • Min, Max, and weighted average rate change: Match the initial UPMJ Q5. <p>(v) Prior Rate:</p> <ul style="list-style-type: none"> • Total earned premium & total incurred claims: Projected earned premiums and incurred claims, respectively, for 2025. • Minimum and maximum per member per month (PMPM): Be consistent with the rates in the 2025 final Rate Schedule. • Weighted average PMPM: Be consistent with the current community rate in the initial WAC 284-43-6660 summary. <p>(vi) Requested Rate:</p> <ul style="list-style-type: none"> • Projected earned premium & projected incurred claims: For 2026, be consistent with the initial URRT Worksheet 2. • Minimum and maximum PMPM: From the initial 2026 Rate Schedule. • Weighted average PMPM: Be consistent with the weighted average PMPM premium rate consistent in the initial URRT Worksheet 2. 		

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"> • RRD Number of Covered Lives • URRT Worksheet 2, Section II Experience Period and Current Plan Level Information, Field 2.10 Current Enrollment • UPMJ Q1 Enrollment as of 3/31/2025 • Part III supporting exhibits' current enrollment <p>Explain any inconsistencies.</p>	View Rate Review Detail.pdf	Entire document
	<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"> • RRD (Projected Earned Premium) / (Requested Rate Weighted Avg. PMPM) • URRT Worksheet 2, Section IV Projected Plan Level Information, Field 4.9 Projected Member Months • Part II written explanation projected enrollment • Part III supporting exhibits' projected enrollment <p>Explain any inconsistencies.</p>	View Rate Review Detail.pdf	Entire document
24	<p>Impacts of Changes 45 CFR §154.301(a)(4):</p> <ul style="list-style-type: none"> • 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). • Note that if you change the contribution to surplus from the prior submission, you must provide additional support for why the change is warranted. • <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> 		
	<p>(i) The impact of medical cost trend <u>changes by major service category</u>. Include a discussion of the cost trend change for each specific benefit category listed in URRT Worksheet 1, Section II.</p>	N/A – New issuer in 2026	N/A – New issuer in 2026

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	(ii) The impact of utilization <u>changes by major service category</u> . Include a discussion of the utilization trend change for each specific benefit category listed in URRT Worksheet 1, Section II.	N/A – New issuer in 2026	N/A – New issuer in 2026
	(iii) The impact of cost-sharing <u>changes by major service category</u> , including actuarial values. Include a discussion of the cost-share changes for each specific benefit category listed in URRT Worksheet 1, Section II.	N/A – New issuer in 2026	N/A – New issuer in 2026
	(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.	N/A – New issuer in 2026	N/A – New issuer in 2026
	(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.	N/A – New issuer in 2026	N/A – New issuer in 2026
	(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.	N/A – New issuer in 2026	N/A – New issuer in 2026
	(vii) The impact of <u>changes in</u> reserve needs. Include a discussion of any change in reserve needs.	N/A – New issuer in 2026	N/A – New issuer in 2026
	(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.	N/A – New issuer in 2026	N/A – New issuer in 2026
	(ix) The impact of <u>changes in</u> other administrative costs. Include a discussion of any such changes.	N/A – New issuer in 2026	N/A – New issuer in 2026
	(x) The impact of <u>changes in</u> applicable taxes, licensing, or regulatory fees. Include a discussion of any such changes.	N/A – New issuer in 2026	N/A – New issuer in 2026

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<p>(xi) Medical loss ratio (MLR). Include a projected federal MLR calculation [45 CFR §158.221; see also CMS MLR Filing Instructions].</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 (xii) for the issuer's capital and surplus.</p> <p>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.</p> <ul style="list-style-type: none"> • <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> <ul style="list-style-type: none"> ○ <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)] ○ <u>Denominator:</u> Earned Premiums [45 CFR §158.130] – Taxes & 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] • <u>Issuers who are projected to be qualifying issuers and opt to follow the adjusted MLR formula, as defined in the Final 2026 Notice of Benefit and Payment Parameters (NBPP):</u> (See also the formula below written with variables, copied from the Final 2026 NBPP.) <ul style="list-style-type: none"> ○ <u>Numerator:</u> Incurred claims [45 CFR §158.140(a)] + Quality Improvement Expenses [45 CFR §158.150(a)] ○ <u>Denominator:</u> Earned Premiums [45 CFR §158.130] – Taxes & Fees [45 CFR §§ 158.161(a) and 158.162(a)(1) and (b)(1)] 	Part III Rate Filing Documentation and Actuarial Memorandum.pdf	Exhibit 13

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<p>+ Net Risk Adjustment, including HCRP amounts (receivables positive; payables negative, which means that payables add negative amounts)</p> <p>– Community Benefit Expenditures (CBE) [45 CFR §158.162(c) and 2023 MLR filing instructions]</p> <ul style="list-style-type: none"> • If CBE are included, provide justification that includes the following details: <ul style="list-style-type: none"> ○ How total CBE are allocated to lines of business (e.g., individual, small group, and large group) ○ For <u>federal tax-exempt issuers</u>: <ul style="list-style-type: none"> ▪ CBE are limited to the highest of either: <ul style="list-style-type: none"> • Three percent of earned premium; or • 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. ▪ Please address the impact, if any, of capping CBE for MLR purposes. ▪ 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. ○ For <u>non-federal tax-exempt issuers</u>: <ul style="list-style-type: none"> ▪ 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. ▪ Please address the impact, if any, of capping CBE for MLR purposes. ▪ 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 		

	<p>amount. If you are a non-federal tax-exempt issuer, please confirm this requirement has been met.</p> <ul style="list-style-type: none"> • Credibility adjustment, if any [45 CFR §158.232] • 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"> ○ Adjustments to the numerator: <ul style="list-style-type: none"> ▪ 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] ▪ 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 of the enrollee choosing to obtain health care from a lower-cost, higher-value provider. [45 CFR §158.221(b)(8)] ○ 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] ○ Quality Improvement Activity (QIA) expenses: <ul style="list-style-type: none"> ▪ 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. ▪ 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) ▪ 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] ▪ <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). ○ MLR rebate prepayment and safe harbor [45 CFR §158.240(g)]: 		
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Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<p>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).</p> <ul style="list-style-type: none"> Replacement formula for qualifying issuers (e.g., see 45 CFR §158.103 for definition of qualifying issuer), written with variables: If $(ra / p) > \text{or} = 50\%$, then: Adjusted MLR = $[(i + q - s + nc - rc) / \{(p + s - nc + rc) - t - f - (s - nc + rc) - na + ra\}] + c$ where i = incurred claims q = expenditures on quality improving activities p = earned premiums t = Federal and State taxes f = licensing and regulatory fees including \$0 for transitional reinsurance contributions s = issuer's transitional reinsurance receipts (= \$0) na = issuer's risk adjustment related payments nc = issuer's risk corridors related payments (= \$0) ra = issuer's risk adjustment related receipts rc = issuer's risk corridors related receipts (= \$0) c = credibility adjustment, if any 		
	<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>	N/A – New issuer in 2026	N/A – New issuer in 2026
	(xiii) The impacts of geographic factors and variations.	N/A – New issuer in 2026	N/A – New issuer in 2026
	(xiv) The impact of <u>changes within</u> a single risk pool to all products or plans within the risk pool.	N/A – New issuer in 2026	N/A – New issuer in 2026

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	(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.	N/A – New issuer in 2026	N/A – New issuer in 2026
25	Drug Manufacturer Support of Member Out-of-Pocket Costs: 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.	N/A – No programs implemented	N/A – No programs implemented
26	Financial Statement Analysis:		
a	Reconcile to Additional Data Statement (ADS) for the year ending December 31, 2024: <ul style="list-style-type: none"> 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. 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). 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. 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. 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. 	N/A – New issuer in 2026	N/A – New issuer in 2026

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
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, & 37)) / (Page 4, Line 20: Total (Lines 10 to 19))] * 12.</p>		
27	<p>Abortion Services for Which Public Funding is Prohibited:</p> <p>(see also #11.d & #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 & 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.pdf	Exhibit 10
<p>SEPARATE DOCUMENTS</p> <p>Address the following items together with other relevant items covered elsewhere in this checklist.</p>			
28	<p>Part I Unified Rate Review Template (URRT):</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</p>		

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<p>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>		
a	<p>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"> 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. 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. 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. 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. Ensure the amount is adjusted to reflect an allowed dollar basis as discussed in #28.b of this checklist. 	Part I Unified Rate Review Template.xlsm And Part III Rate Filing Documentation and Actuarial Memorandum.pdf	Part I Worksheet 1 And Part III Exhibit 9
b	<p>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</p>	Part III Rate Filing Documentation and Actuarial Memorandum.pdf and Actuarial	Part III Exhibit 9 and Exhibit 9.1

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	apply the plan factors through multiplication; to neutralize the overall impact, URRT Worksheet 1 needs to divide by their aggregate impact.	Memorandum Tables.pdf	
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.	N/A – New issuer in 2026	N/A – New issuer in 2026
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"> 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). 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). 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 – New issuer in 2026	N/A – New issuer in 2026
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 – New issuer in 2026	N/A – New issuer in 2026
f	URRT Worksheet 2, Section IV Projected Plan Level Information Projected allowed claims, incurred claims & premiums: <ul style="list-style-type: none"> Include an exhibit that calculates the projected dollar amounts by plan for URRT Worksheet 2, Section IV Projected Plan Level Information. For clarity, please also show calculations of the plan-specific and aggregate projected PMPM amounts for Fields 4.11 through 4.17. 	Actuarial Memorandum Tables.pdf	Exhibit URRT

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"> 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. Note that although reconciliation is expected in aggregate, differences may be reasonable for specific plans. Note that the following results are expected: <ul style="list-style-type: none"> 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)]. 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. 		
g	<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"> Explain how member months were projected by plan. Explain how URRT membership projections align with 2026 company expectations for the product line. Justify any new or renewing plans with zero projected enrollment. If the opining actuary relied on membership projections from another area of your company, please indicate as such in the reliance section of the actuarial certification. 	Part III Rate Filing Documentation and Actuarial Memorandum.pdf	Exhibit 15
h	<p>URRT projected PAIR versus premium PMPM:</p> <p>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.</p>	Actuarial Memorandum Tables.pdf	Exhibit URRT

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
i	<p>URRT controlled group renewal clarification:</p> <p>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).</p> <p>If not applicable, indicate "N/A."</p> <p>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:</p> <ul style="list-style-type: none"> • The Plan Name (Field 1.3) and Plan ID (Field 1.4) will be unique to each issuer. • Indicate the plan as a renewing plan (Field 1.7). • Include the current rate from the current issuer (Field 2.11) in the new issuer's URRT. • Use the current rate in the calculation of the rate increase (Field 1.11) in the new issuer's URRT. • For consistency across the worksheets, only include experience in the current issuer's URRT Worksheets 1 and 2. 	N/A – New issuer in 2026	N/A – New issuer in 2026
29	<p>Part II Written Description Justifying the Rate Increase:</p> <p>(a) Follow content guidance outlined in URR Instructions.</p> <p>(b) Include key drivers of the risk pool's rate increase as well as relevant plan details such as those described below.</p> <ul style="list-style-type: none"> • 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 & 4b. • 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. • Please also note the pool's projected profit & risk load. 	Part II Written Description Justifying the Rate Increase.pdf	Entire document

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
30	Part III Actuarial Memorandum and Certification: <ul style="list-style-type: none"> 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. 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. Note: The State of Washington requires that the redacted actuarial memorandum must match the unredacted actuarial memorandum. 		
	a 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.pdf	Exhibit 20
	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"> The name of the current and new issuers offering the plan. A comparison of the 2025 and 2026 HIOS Plan IDs and plan names. 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. 	N/A – New issuer in 2026	N/A – New issuer in 2026

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"> Discuss the cost-share changes to the plan and confirm that the product network type and covered benefits remain the same. 		
c	<p>UPMJ versus URRT rate changes:</p> <p>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.</p>	N/A – New issuer in 2026	N/A – New issuer in 2026
31	<p>Uniform Product Modification Justification (UPMJ):</p> <p>Review and follow the general instructions as well as the UPMJ instructions for each question. The UPMJ template can be found on the Washington State OIC website.</p>		
a	<p>UPMJ Q4a & 4b:</p> <ul style="list-style-type: none"> 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. For each cost-share amount listed in UPMJ Q4a, include dollar, comma, and percent symbols as well as numeric amounts. Spell out the first occurrence of each acronym in Q4a and Q4b. For example, “Maximum Out-of-Pocket (MOOP).” 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. 	N/A – New issuer in 2026	N/A – New issuer in 2026
b	<p>UPMJ Q5:</p> <p>(i) Column 5(d):</p> <ul style="list-style-type: none"> Only include enrollment from renewing counties. 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 	N/A – New issuer in 2026	N/A – New issuer in 2026

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<p>terminating counties. Note that UPMJ Q1 should include all enrollment before reductions for terminating counties.</p> <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"> • Ensure UPMJ Q5 rate changes are consistent with the benefit and cost-share changes in UPMJ Q4a and Q4b. • 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. • Explain how plan-specific rate changes disregard the morbidity of the population expected to enroll in each plan. • 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. • 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. • 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). 		
c	<p>Controlled group renewal clarification for UPMJ:</p> <p>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> <p>If not applicable, indicate "N/A."</p> <ul style="list-style-type: none"> • <i>Current issuer:</i> UPMJ Q4a and Q5 will be blank. 	N/A – New issuer in 2026	N/A – New issuer in 2026

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"> <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. 		
32	WAC 284-43-6660 summary: Complete and submit the template "Format – Rates – WAC 284-43-6660 Summary Duplicate" provided on the Washington State OIC website . See below for additional information.		
a	Proposed rate summary: <ul style="list-style-type: none"> 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. Percentage Change must be consistent with the overall average rate change in UPMJ Q5. Current Community Rate = (Proposed Community Rate) / (1 + Percentage Change). 	WAC 284-43-6660 Duplicate.xlsx	Page 1
b	Components of proposed community rate: <ul style="list-style-type: none"> 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). 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). 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 & Risk Load). 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. 	WAC 284-43-6660 Duplicate.xlsx	Page 1
c	Trend factor summary: (see also #6.b of this checklist)	WAC 284-43-6660 Duplicate.xlsx	Page 1

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"> 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. 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. 		
d	General Information section #4: Respond with "See Rate Schedule."	WAC 284-43-6660 Duplicate.xlsx	Page 2
33	Benefit Components: Provide a completed Benefit Components Speed-to-Market Tool. <ul style="list-style-type: none"> The file "Format - Rates - 2026 Med Benefit Components" is provided on the Washington State OIC website. 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. 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). Include the benefit components for the Exchange silver plan CSR variations. The plans should indicate integrated or separate medical and drug deductibles consistent with the AVC screenshots (see also #9 of this checklist). 	Benefit Components Duplicate.xlsm	Entire document

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
34	Mental Health and Substance Use Disorder (MH/SUD) Financial Requirement Parity:		
a	<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 Washington State OIC website.</p>	MHSUD Financial Requirement Parity Certification.pdf	Entire document
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 Washington State OIC website.</p> <ul style="list-style-type: none"> • 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. • Carriers must either test all outpatient services in one category or test both outpatient office visits and all other outpatient services separately. • 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. • 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. • 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. 	MHSUD Calculations Duplicate.xlsm	Entire document

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"> 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. Include the parity calculations for the Exchange silver plan CSR variations. 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. <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>Commission Certification: (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>https://www.cms.gov/files/document/agent-broker-compensation-and-guaranteed-availability-coverage.pdf?utm_content=&utm_medium=email&utm_name=&utm_source=govdelivery&utm_term=</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>	WA Commission Certification.pdf	Entire document

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
36	Rate Schedule: Provide a complete rate schedule using the " Format - Rates - 2026 Individual Non-grandfathered Health Plan Rate Schedule template ." Be mindful of the following: <ul style="list-style-type: none"> • Use the most current version of the template. • 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) • Submit on the Rate/Rule Schedule tab in SERFF. 	Rate Schedule.pdf	Entire document
37	Rate Example: Submit a rate calculation example on the Rate/Rule Schedule tab in SERFF. Address the following: <ul style="list-style-type: none"> • Use the rates in the Rate Schedule. • Include a statement that rates are charged to no more than the three oldest covered children under 21 for family coverage [45 CFR §147.102(c)(1)]. • 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. 	Illustrative Rate Calculation.pdf	Entire document
38	Requirements for Mitigating Inequity in the Health Insurance Market [WAC 284-43-6590]: 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	N/A

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
39	<p>Use of Artificial Intelligence, Machine Learning, and/or Predictive Modeling:</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>	N/A	N/A
40	<p>1332 waiver checklist:</p> <p>Complete and submit the file "Checklist – Rates – 2026 Individual Supplemental Checklist for 1332 Waiver Reporting."</p>	WA 1332 Waiver Reporting Checklist.pdf	Entire document

INDIVIDUAL AND SMALL GROUP FILING SUMMARY

Carrier Name	Wellpoint Washington, Inc.
Address	705 5th Avenue South
	Suite 300
	Seattle, WA 98104
Carrier Identification Number	12435

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

Proposed Rate Summary

Current community rate:		per month
Proposed community rate:	\$874.99	per month
Percentage change:		%
Portion of carrier's total enrollment affected:		%
Portion of carrier's total premium revenue affected:		%

Components of Proposed Community Rate

	Dollars Per Month	% of Total
a) Claims	\$744.83	85.12%
b) Expenses	\$88.69	10.14%
c) Contribution to surplus contingency charges, or risk charges	\$41.47	4.74%
d) Investment earnings	\$0.00	0.00%
e) Total (a + b + c - d)	\$874.99	100.00%

Summary of Pooled Experience

	Experience Period		First Prior Period		Second Prior Period	
	From	To	From	To	From	To
Member Months						
Earned Premium						
Paid Claims						
Beginning Claim Reserve						
Ending Claim Reserve						
Incurred Claims						
Expenses						
Gain/Loss						
Loss Ratio Percentage						

General Information

1. Trend Factor Summary

Types of Service	Annual Trend Assumed	Portion of Claim Dollars
Hospital	5.44%	11.10%
Professional	5.44%	29.68%
Prescription Drugs	9.39%	26.53%
Dental	0.00%	0.00%
Other	5.44%	32.69%

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

1)	<div>1/1/2026 N/A</div>	2)	<div></div>	3)	<div></div>
	<div>Date %</div>		<div>Date %</div>		<div>Date %</div>

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

Geographic Area	<div></div> Yes	<div>X</div> No
Family Size	<div></div> Yes	<div>X</div> No
Age	<div></div> Yes	<div>X</div> No
Wellness Activities	<div></div> Yes	<div>X</div> No
Other (specify) <div></div>	<div></div> Yes	<div>X</div> No

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

See Rate Schedule.

5. Attach comments or additional Information

Wellpoint is new to the Washington Individual market in 2026 and therefore has no historical experience. As this is an initial filing, there are no prior rates or rate changes associated with this filing.

6. Preparer's Information

Name:	Janelle Milner
Title:	Director & Actuary
Telephone Number:	(303) 831-2194

Uniform Product Modification Justification Documentation

Instructions:

Submit this document in the rate filing only. You must submit this "Uniform Product Modification Justification" document in both PDF and Excel formats (the PDF file must match the Excel file exactly) in the rate filing. Name the PDF document "Uniform Product Modification Justification" and the Excel document "Uniform Product Modification Justification DUPLICATE." Before submitting a completed version of this document in your rate filing, remove this instructions sheet. Please see the information below and respond to the questions (see 2nd through 6th sheets in this Excel file).

Applicable Citations:

1. Per 45 CFR §144.103, the term "*product*" means a discrete package of health insurance coverage benefits that a health insurance issuer offers using a particular product network type (e.g., health maintenance organization, preferred provider organization, exclusive provider organization, point of service, or indemnity) within a service area.
2. Per 45 CFR §147.106(e)(3), if an issuer makes changes to the product on renewal, it will be considered the same product in the individual or small group market for the renewal plan year if the health insurance coverage for the product meets **all of the following criteria**:
 - i. The product is offered by the same health insurance issuer (within the meaning of section 2791(b)(2) of the PHS Act); or if the issuer is a member of a controlled group (as described in 45 CFR §147.106(d)(4), any other health insurance issuer that is a member of such controlled group);
 - ii. The product is offered as the same product network type (for example, health maintenance organization (HMO), preferred provider organization (PPO), exclusive provider organization (EPO), point of service (POS), or indemnity);
 - iii. The product continues to cover at least a majority of the same service area;
 - iv. Within the product, each plan has the same cost-sharing structure as before the modification, except for any variation in cost sharing solely related to changes in cost and utilization of medical care, or to maintain the same metal tier level described in sections 1302(d) and (e) of the Affordable Care Act; and
 - v. The product provides the same covered benefits, except for any changes in benefits that cumulatively impact the plan-adjusted index rate for any plan within the product within an allowable variation of +/- 2 percentage points (not including changes pursuant to applicable Federal or State requirements).

General Information:

1. "Different network types" does not mean different network names. One product can include plans with different network names, as long as each network is the same network type (such as PPO).
2. If a product continues to cover more than half of the service area counties, the product continues to cover at least a majority of the same service area.
3. A renewal product must contain at least one renewal plan.
4. "Cost-sharing" means cost-sharing structure or cost-sharing option/level such as deductible, copay, coinsurance, or out-of-pocket maximum. For example, changing a \$10 office visit copay to a \$15 copay or 10% coinsurance is a change to the cost sharing. Cost-sharing is at the plan level.
5. Variation in cost sharing is allowed for renewal plans if the changes are solely related to "changes in cost and utilization of medical care, or to maintain the same metal tier level." If an issuer makes multiple cost sharing changes to a plan based on this requirement, the issuer should explain which cost-sharing changes relate to changes in cost and utilization of medical care and which cost-sharing changes relate to maintaining the same metal tier level.
6. Under the Applicable Citations section above, "variation in cost sharing solely related to changes in cost and utilization of medical care, or to maintain the same metal tier level" in item 2(iv) is not limited to +/- 2 percentage points in 2(v).
7. "Benefits" means specific services covered under a product; for example, pediatric dental services or emergency room services are benefits. Benefits are at the product level. Changes in a product's benefits means adding one or more benefits to a product or removing one or more benefits from a product. Changes in benefits has a different meaning from changes in cost-sharing.
8. Under the Applicable Citations section above, "changes in benefits that cumulatively impact the plan-adjusted index rate for any plan within the product within an allowable variation of +/- 2 percentage points" in item 2(v) does not include additional changes in benefits pursuant to applicable Federal or State requirements such as compliance with benefit changes, if any, of the EHB benchmark plan.
9. A visit limit is considered a "benefit" in the definition of "product" and NOT a "cost-sharing structure" in the definition of "plan." The following statements are from HHS Notice of Benefits and Payment Parameters for 2018 : The definition "cost sharing" includes deductibles, coinsurance, copayments, or similar charges, but excludes premiums, balance billing amounts for non-network providers, and spending for non-covered services. For purposes of consistency, we interpret "cost-sharing structure" in the definition of "plan" under 45 CFR §144.103 as being based on the same concept of "cost sharing." This definition does not include limits on benefits based on the frequency of treatment, number of visits, days of coverage, or other similar limits on the amount, scope or duration of treatment. We interpret such types of limitations, which specify the scope of benefits covered rather than the portion of the payment made to the health care provider owed by the consumer, to be features of a product's "discrete package of health insurance coverage benefits." Accordingly, each plan within a product must have the same visit or other frequency limits (if any) on the same covered benefits.

10. Under 45 CFR §144.103, a set of plans that share a discrete package of benefits and network type within a service area is considered a single product. An issuer's drug formulary is a feature of the product's "discrete package of benefits" offered to the consumer. Any limits on the scope of covered benefits, including the drug formulary, are considered product-level differences and all plans offered within each product must use the same drug formulary (within allowable rate variations as described below).

If an issuer makes changes to its drug formulary on renewal, these changes must comply with the uniform product modification justification (UPMJ) criteria under 45 CFR §147.106(e)(3), including the allowable plan-adjusted rate index variation of +/- 2 percentage points. For existing products, changes in the covered drug list may be considered a product discontinuation.

For purposes of explanation, the following are four scenarios:

Scenario 1: A New Carrier in the Marketplace

A new carrier offers two products and the only difference between the two products are their prescription drug formularies. These must be two distinct products with separate HIOS product IDs. To be considered the same product, covered items and services must be identical.

Scenario 2: Existing Carrier in Year 2; in Year 1, Product A had five plans and all five plans had the same drug formulary.

In year 2, the carrier changes only the drug formulary in each plan, everything else being the same except for the changes to the drug formulary. For all five plans, the impacts to the plan-adjusted index rate due to the changes to the drug formulary are still within an allowable variation of +/- 2 percentage points (not including changes pursuant to applicable Federal or State requirements) under 45 CFR §147.106(e)(3) (v). In this case, Product A is still a renewal Product with five renewal plans as long as changes to the drug formulary are the same for all plans within the product (so all five plans would still have the same drug formulary) regardless of the variation to the plan-adjusted index rate.

Scenario 3: Existing Carrier in Year 2; in Year 1, Product A had five plans and all five plans had the same drug formulary.

In year 2, the carrier changes only the drug formulary in each plan, everything being the same except for the changes to the drug formulary. For four plans, the impacts to the plan-adjusted index rate due to the changes to the drug formulary are still within an allowable variation of +/- 2 percentage points (not including changes pursuant to applicable Federal or State requirements) under 45 CFR §147.106(e)(3) (v). One plan, Plan 5, falls outside of an allowable variation of +/- 2 percentage points. In this case, Plan 5 no longer belongs to the same product and is discontinued. The carrier maintains the Product as a renewal product with four renewal plans. Issuers can only change the drug formulary at the product level, and the change must be made uniformly for all plans within that product in the individual and small group markets. The four renewal plans under that product would still need to use the same drug formulary.

Scenario 4: Existing Carrier in Plan Year 2; in Plan Year 1, Product A had seven plans, five of which had the same drug formulary and two of which had different drug formularies.

In order to keep Product A as a renewal product in Plan Year 2, the carrier must first determine which plans have the same drug formulary. In this scenario, the carrier can start with picking the five plans that had the same drug formulary in Plan Year 1 and then go through the exercises in Scenarios 2 and 3 above. If it is difficult to determine your renewal plans due to variations in drug formularies, we recommend picking the plans with more membership as your renewal plans.

A note about Formularies and QHP Application Templates: Please note that for plans within the same product, plans may have different formulary IDs if such differences are only due to variations in cost-sharing requirements of the plans. In other words, different formulary IDs associated with your plans in the QHP Prescription Drug and Plans & Benefits templates do not necessarily trigger different products.

Illustrative Examples:

1. An issuer creates a Year 2 product that utilizes an EPO network. All of the issuer's Year 1 plans utilize PPO networks. This EPO network product is a new product that requires a new HIOS Product ID.
2. An issuer's product offered in Year 2 has no changes in network, benefits or cost-sharing from the Year 1 product. The service area for this product covers 19 counties in Year 1. In Year 2, the product will continue to cover 10 counties out of the 19 counties. This product is a renewal product since it continues to cover at least a majority of the counties in the same service area.
3. An issuer's product offered in Year 2 has no changes in network, benefits or service area from the Year 1 product. The issuer makes the following four changes in cost-sharing: changing in-network deductible from \$500 to \$1000, changing Rx tiers (Generic/Brand) from \$10/\$40 to Rx tiers (Generic/Brand/Specialty) \$10/\$30/\$20%, changing the out-of-pocket maximum from \$6000 to \$7000, and changing the out-of-network deductible from \$1000 to \$2000. The issuer explains that the two changes in cost-sharing for in-network deductible and Rx tiers are necessary to comply with the required metal level. The issuer also explains that the changes to the out-of-pocket maximum and out-of-network deductible are related to changes in cost and utilization of medical care; i.e. the change to the out-of-pocket maximum is not required for meeting the metal level and the out-of-network deductible for this plan has always been two times the in-network deductible. This plan is a renewal plan within a renewal product.
4. An issuer has 5 plans (1, 2, 3, 4, and 5) in a Year 1 product. The product maintains the same network and service area. The plans within the products maintain the same cost-sharing. The issuer decides to remove the pediatric dental services benefit from this product and the plan-adjusted index rate for all plans except for Plan 5 are within the +/-2% threshold. If the issuer decides to "withdraw" Plan 5 and keep Plans 1 through 4, this is a renewal product. If the issuer decides to keep all 5 Plans, this will not be a renewal product and requires a new HIOS Product ID. Because the benefit change resulted in a greater than +/-2% change in the plan-adjusted index rate for one of the plans in the product, and was not the result of changes in state or federal law, the product does not meet all of the criteria for Uniform Product Modification. (See item 2.v. under "Applicable Citations" above.)

5. An issuer's two renewal products with the same benefits were considered two separate products previously. Under the current definitions of product and plan, these two renewal products are considered the same product. The issuer has the option to either retain these existing renewal products as separate renewal products or consolidate them into one product. If the issuer retains them as two separate products and the issuer wants to add a new plan, the issuer should consider adding the new plan to the renewal product that has more membership.

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

Issuer Name:	Wellpoint Washington, Inc.
HIOS Issuer ID:	12435
Market:	Individual
Plan Year:	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
12435WA0010001	N/A	Wellpoint Cascade Complete Gold	New	0
12435WA0010002	N/A	Wellpoint Cascade Vital Gold	New	0
12435WA0010003	N/A	Wellpoint Cascade Silver	New	0
Total				0

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:

N/A - All plans are new for 2026, as Wellpoint is entering the market.

Question 3:

For each 2026 plan with a new HIOS Plan ID (aka a new plan in 2026), 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:

2026 HIOS Plan ID	Plan Name	Why is this a new plan?
12435WA0010001	Wellpoint Cascade Complete Gold	Wellpoint entered the market in PY 2026.
12435WA0010002	Wellpoint Cascade Vital Gold	Wellpoint entered the market in PY 2026.
12435WA0010003	Wellpoint Cascade Silver	Wellpoint entered the market in PY 2026.

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: **N/A- All plans are new for 2026.**

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)

Question 4b:

- For each terminated plan (i.e., a plan offered in 2025 but not in 2026), please provide the following:
- 1. State the HIOS Plan ID of the terminated plan in 2025. State the applicable HIOS Plan ID on every row in the table as illustrated below.
 - 2. State the 2025 Plan Name of the terminated plan. State the plan name only once per plan as shown below.
 - 3. State the 2026 HIOS Plan ID of the plan that the terminated plan is mapped to in 2026. State the applicable HIOS Plan ID on every row in the table as illustrated below.
 - 4. State the 2026 Plan Name of the plan that the terminated plan is mapped to in 2026. State the plan name only once per plan as shown below.
 - 5. State the SERFF Tracking Number of the corresponding 2026 form filing (state only once per plan as illustrated below).
 - 6. Provide a detailed description of each benefit change from the terminated plan to the mapped 2026 plan, 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."
 - 7. Cost-Share Changes: Provide a detailed description of each cost-share change from terminated plan to the mapped 2026 plan.
 - 7.1 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.
 - 7.2 Enter the corresponding design for the 2025 plan year. Please include all applicable dollar signs (\$), commas (,) and percent signs (%) for each value.
 - 7.3 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:

N/A- All plans are new for 2026.

						Cost-Share Changes		
2025 Terminated HIOS Plan ID	2025 Terminated Plan Plan Name	2026 Mapped Plan HIOS Plan ID	2026 Mapped Plan Plan Name	2026 Mapped Plan Form Filing SERFF Tracking Number	Benefit Changes (2025 Terminated to 2026 Mapped Plan)	Cost-Share Description	From (2025)	To (2026)

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.

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

Total Enrollment 5(k):	0
Overall Average Rate Change (weighted by 03/31/2025 enrollment) 5(l):	#DIV/0!

Benefit Components

Company: Wellpoint Washington, Inc. Market: Individual Plan Year: 2026

Section 1: Plan Information					
Line 1.1	HIOS Plan ID	12435WA0010001	Line 1.3	Metal Level	Gold
Line 1.2	Plan Name	Wellpoint Cascade Complete Gold	Line 1.4	Cost-Share Reduction (CSR) Plan?	
			Line 1.5	Exchange Status	Both On and Off Exchange
			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?	
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	Wellpoint Washington Essential
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			\$1,000							
Default Coinsurance			20%							
MOOP			\$7,000							
			Copays			Coinsurance			Comments	Errors/ Warnings
Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	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										
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: Wellpoint Washington, Inc. Market: Individual Plan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	12435WA0010002	Line 1.3	Metal Level	Gold	Line 1.5	Exchange Status	Both On and Off Exchange
Line 1.2	Plan Name	Wellpoint 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?	
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	Wellpoint Washington Essential
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			\$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		Yes	\$ 800	After Deductible						
Inpatient Hospital Services (e.g., Hospital Stay)		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	\$ 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										
Non-EHB Benefits										
Drug Benefit Tiers (add/modify descriptions as necessary)	Maximum Coinsurance	Subject to Deductible?	Copays			Coinsurance			Comments	Errors/Warnings
			Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?		
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)		Yes	\$ 200	After Deductible						
Specialty Drugs (Tier 4)		Yes	\$ 200	After Deductible						

Notes

Benefit Components

Company: Wellpoint Washington, Inc. Market: Individual Plan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	12435WA0010003	Line 1.3	Metal Level	Silver	Line 1.5	Exchange Status	Both On and Off Exchange
Line 1.2	Plan Name	Wellpoint Cascade Silver	Line 1.4	Cost-Share Reduction (CSR) Plan?	No	Line 1.6	New or Renewing	New

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?	
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	Wellpoint Washington Essential
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			\$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 2	
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										
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 First two PCP office visits at \$1 copay, after which stated cost-sharing applies.
Note 2 First two MH/SUD office visits at \$1 copay, after which stated cost-sharing applies.

Benefit Components

Company: Wellpoint Washington, Inc. Market: Individual Plan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	12435WA0010003	Line 1.3	Metal Level	Silver	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	Wellpoint Cascade Silver	Line 1.4	Cost-Share Reduction (CSR) Plan?	73% AV Level Silver Plan	Line 1.6	New or Renewing	New

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?	
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	Wellpoint Washington Essential
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 2	
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										
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 First two PCP office visits at \$1 copay, after which stated cost-sharing applies.
Note 2 First two MH/SUD office visits at \$1 copay, after which stated cost-sharing applies.

Benefit Components

Company: Wellpoint Washington, Inc. Market: Individual Plan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	12435WA0010003	Line 1.3	Metal Level	Silver	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	Wellpoint Cascade Silver	Line 1.4	Cost-Share Reduction (CSR) Plan?	87% AV Level Silver Plan	Line 1.6	New or Renewing	New

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?	
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	Wellpoint Washington Essential
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			\$750	
Default Coinsurance			20%	
MOOP			\$2,850	

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	\$ 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 2	
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						
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										
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 First two PCP office visits at \$1 copay, after which stated cost-sharing applies.
Note 2 First two MH/SUD office visits at \$1 copay, after which stated cost-sharing applies.

Benefit Components

Company: Wellpoint Washington, Inc. Market: Individual Plan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	12435WA0010003	Line 1.3	Metal Level	Silver	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	Wellpoint Cascade Silver	Line 1.4	Cost-Share Reduction (CSR) Plan?	94% AV Level Silver Plan	Line 1.6	New or Renewing	New

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?	
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	Wellpoint Washington Essential
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	\$ 1	Before and After Deductible	No					
Specialist Visit		No	\$ 15	Before and After Deductible	No					
Mental Health & Substance Use Disorder Office Visits		No	\$ 1	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										
Non-EHB Benefits										
Drug Benefit Tiers (add/modify descriptions as necessary)	Maximum Coinsurance	Subject to Deductible?	Copays			Coinsurance			Comments	Errors/Warnings
			Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?		
Generic Drugs (Tier 1)		No	\$ 5	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

Actuarial Memorandum Tables
Wellpoint Washington, Inc.
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Table 8.1 Wellpoint Washington, Inc. Projection Period Index Rate Development		
Description	Value	Annotation
2024 Total Allowed Claims PMPM (Net of Risk Adjustment Transfers Underlying Manual Rate)	\$666.50	(1)
2024 Member Months Underlying Manual Rate	10,308,877	(2)
Aggregate Trend Rate	6.45%	(3)
Trend Factor 2024 to 2026	1.133	(4)
Morbidity Adjustment	0.787	(5)
Demographic Adjustment	0.999	(6)
Geographic Adjustment	1.000	(7)
Plan Design Adjustment	1.115	(8)
Projection Period Index Rate PMPM	\$661.76	(9) = (1) * (4) * (5) * (6) * (7) * (8)
Manual Rate Credibility	100%	66,000 member month full credibility threshold

Table 9.1 Wellpoint Washington, Inc. Market Adjusted Index Rate Development		
Description	Value	Annotation
2026 Index Rate PMPM	\$661.76	(1)
Market-Wide Adjustments (paid basis)		
Risk Adjustment Transfer Amount	\$96.25	(2)
Net Market Reinsurance	\$0.00	(3)
Exchange User Fees	\$4.34	(4) = \$5.11 PMPM fee * 85% on exchange membership assumed
Paid to Allowed Ratio	98.0%	(5)
Market-Wide Adjustments (allowed basis)		
Risk Adjustment Transfer Amount	\$98.20	(6) = (2) / (5)
Net Market Reinsurance	\$0.00	(7) = (3) / (5)
Exchange User Fees	\$4.43	(8) = (4) / (5)
Market-Wide Adjusted Index Rate PMPM	\$764.39	(9) = (1) + (6) + (7) + (8)

Table 10.1 Wellpoint Washington, Inc. Projection Period Plan Adjusted Index Rate Development																
Plan Name	HIOS ID	Projected Member Months	Market Adjusted Index Rate	Federal AVC AV	Pricing AV Before CSR Adj	CSR Silver AV Adj	Pricing AV After CSR Adj	Average Paid to Allowed	Unnormalized IDF	Normalized IDF	AV & Cost Sharing	Provider Network Adjustment	Benefits in Addition to EHBs	Admin Cost Fee	Catastrophic Eligibility	Plan Adjusted Index Rate
Wellpoint Cascade Complete Gold	12435WA0010001	6,410	\$764.39	81.8%	83.8%	1.000	0.838	0.872	1.104	1.040	0.871	1.000	1.002	1.168	1.000	\$778.51
Wellpoint Cascade Vital Gold	12435WA0010002	6,410	\$764.39	78.1%	80.1%	1.000	0.801	0.815	1.080	1.018	0.814	1.000	1.002	1.168	1.000	\$727.61
Wellpoint Cascade Silver	12435WA0010003	27,008	\$764.39	71.8%	73.8%	1.435	1.060	1.045	1.047	0.986	1.043	1.000	1.002	1.168	1.000	\$932.86
COMPOSITE		39,828	\$764.39	74.5%	76.5%	1.291	0.980	0.980	1.061	1.000	0.977	1.000	1.002	1.168	1.000	\$874.99

Table 10.2
Wellpoint Washington, Inc.
Illustration of Retention Expenses

Retention Description	PMPM	% Premium	Basis	Annotation
<u>Administrative Expense Load</u>				
General Admin	\$36.70	4.19%	PMPM Spread	(1)
Commission	\$11.00	1.26%	PMPM Spread	(2)
<u>Quality Improvement</u>	<u>\$5.58</u>	<u>0.64%</u>	PMPM Spread	(3)
Subtotal: Administrative Expense Load	\$53.28	6.09%		(4) = (1) + (2) + (3)
<u>Profit and Risk Load</u>				
<u>Target Post-Tax Profit</u>	<u>\$41.47</u>	<u>4.74%</u>	% Premium	(5)
Subtotal: Profit and Risk Load	\$41.47	4.74%		(6) = (5)
<u>Taxes and Fees</u>				
Risk Adjustment Admin Fee	\$0.20	0.02%	PMPM Spread	(7)
Premium Tax	\$17.50	2.00%	% Premium	(8)
Comparative Effectiveness Research Fee	\$0.31	0.04%	PMPM	(9) = \$3.77 annual fee / 12
Fraud Surcharge	\$0.09	0.01%	% Premium	(10): per www.insurance.wa.gov
Regulatory Surcharge	\$1.56	0.18%	% Premium	(11): per www.insurance.wa.gov
WAPAL Fund Assessment	\$0.06	0.01%	PMPM	(12): 2025 assessment trended one year
WSHIP Assessment	\$0.30	0.03%	PMPM	(13): 2023 assessment trended three years
<u>Federal Income Tax</u>	<u>\$11.02</u>	<u>1.26%</u>	% Premium	(14)
Subtotal: Taxes and Fees Load	\$31.06	3.55%		(15) = (7) + (8) + (9) + (10) + (11) + (12) + (13) + (14)
Total Retention	\$125.82	14.38%		(16) = (4) + (6) + (15)

Table 11.1
Wellpoint Washington, Inc.
Calibrated Plan Adjusted Index Rate Development

Plan Name	HIOS ID	Plan Adjusted Index Rate	Age Calibration Factor	Geographic Calibration Factor	Tobacco Calibration Factor	Calibration Factor	Calibrated Plan Adjusted Index Rate
Wellpoint Cascade Complete Gold	12435WA0010001	\$778.51	1.674	0.989	1.000	1.656	\$470.12
Wellpoint Cascade Vital Gold	12435WA0010002	\$727.61	1.674	0.989	1.000	1.656	\$439.38
Wellpoint Cascade Silver	12435WA0010003	\$932.86	1.674	0.989	1.000	1.656	\$563.33

Table 12.1
Wellpoint Washington, Inc.
Age and Tobacco Rating Factors

Age	Age Rating Factor	Tobacco Factor	Age Member Distribution
0	0.765	1.000	0.34%
1	0.765	1.000	0.34%
2	0.765	1.000	0.32%
3	0.765	1.000	0.32%
4	0.765	1.000	0.32%
5	0.765	1.000	0.32%
6	0.765	1.000	0.32%
7	0.765	1.000	0.43%
8	0.765	1.000	0.43%
9	0.765	1.000	0.43%
10	0.765	1.000	0.43%
11	0.765	1.000	0.43%
12	0.765	1.000	0.43%
13	0.765	1.000	0.43%
14	0.765	1.000	0.43%
15	0.833	1.000	0.43%
16	0.859	1.000	0.43%
17	0.885	1.000	0.43%
18	0.913	1.000	0.43%
19	0.941	1.000	1.39%
20	0.970	1.000	1.39%
21	1.000	1.000	1.37%
22	1.000	1.000	1.37%
23	1.000	1.000	1.37%
24	1.000	1.000	1.37%
25	1.004	1.000	1.82%
26	1.024	1.000	1.82%
27	1.048	1.000	1.82%
28	1.087	1.000	1.82%
29	1.119	1.000	1.82%
30	1.135	1.000	1.84%
31	1.159	1.000	1.84%
32	1.183	1.000	1.84%
33	1.198	1.000	1.84%
34	1.214	1.000	1.84%
35	1.222	1.000	1.84%
36	1.230	1.000	1.84%
37	1.238	1.000	1.84%
38	1.246	1.000	1.84%
39	1.262	1.000	1.84%
40	1.278	1.000	1.90%
41	1.302	1.000	1.90%
42	1.325	1.000	1.90%
43	1.357	1.000	1.90%
44	1.397	1.000	1.90%
45	1.444	1.000	1.84%
46	1.500	1.000	1.84%
47	1.563	1.000	1.84%
48	1.635	1.000	1.84%
49	1.706	1.000	1.84%
50	1.786	1.000	2.05%
51	1.865	1.000	2.05%
52	1.952	1.000	2.05%
53	2.040	1.000	2.05%
54	2.135	1.000	2.05%
55	2.230	1.000	2.39%
56	2.333	1.000	2.39%
57	2.437	1.000	2.39%
58	2.548	1.000	2.39%
59	2.603	1.000	2.39%
60	2.714	1.000	3.36%
61	2.810	1.000	3.36%
62	2.873	1.000	3.36%
63	2.952	1.000	3.36%
64+	3.000	1.000	2.41%

Composite Calibration Factors	1.674	1.000	100.00%
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Table 12.2
Wellpoint Washington, Inc.
Geographic Rating Factors

Region	Area Rating Factor	Regional Member Distribution
Rating Area 1	1.000	81.17%
Rating Area 2	0.939	3.28%
Rating Area 4	0.942	15.55%

COMPOSITE	0.989	1.000
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Commentary:	<i>The area factors listed above are prior to rounding conventions utilized for URRT and Rate Table generation.</i>	
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	<u>Ratio of Max to Min Area Factors</u>	<u>WA Ratio Test</u>
Verification of 1.15 Max WA Ratio	1.065	WAC 284-43-6681 ratio test passed

Table 12.3	
Wellpoint Washington, Inc.	
Sample Consumer Adjusted Premium Rate Calculation	
Wellpoint Cascade Complete Gold - 12435WA0010001	
Calibrated Plan Adjusted Index Rate	\$470.12
Age: 49	1.706
Area: 1	1.000
Tobacco Status: Non-Tobacco User	1.000
Consumer Adjusted Premium Rate	\$802.03
<i>NOTE: Due to URRT rounding conventions, there may be some variance in reported figures.</i>	

Table 13.1
Wellpoint Washington, Inc.
Projected Federal Medical Loss Ratio

Retention Description	Projected 2026 WA Business
Member Months	39,828
MLR Numerator Calculations	
Paid Claims PMPM	\$648.58
Claim-Related Retention (QI/Health IT) PMPM	\$5.58
Prior Rebate	\$0.00
Other Claim-Related Adjustments	\$0.00
Risk Adjustment Paid (Received) PMPM	\$96.25
Market Reinsurance Recoveries (Received) PMPM	\$0.00
MLR Numerator	\$750.41
MLR Denominator Calculations	
Premium PMPM	\$874.99
Other Premium Related Adjustments	\$0.00
Premium-Related Retention (Taxes & Fees) PMPM	\$35.40
MLR Denominator	\$839.58
Medical Loss Ratio	89.38%

Table 14.1
Wellpoint Washington, Inc.
Actuarial Values from the Federal Actuarial Value Calculator

Plan	HIOS ID	Actuarial Value	Source
Wellpoint Cascade Complete Gold	12435WA0010001	81.8%	Washington Health Benefit Exchange
Wellpoint Cascade Vital Gold	12435WA0010002	78.1%	Washington Health Benefit Exchange
Wellpoint Cascade Silver	12435WA0010003	71.8%	Washington Health Benefit Exchange

Table 15.1
Wellpoint Washington, Inc.
Projected Enrollment (Member Months) by Subsidy Level (Silver Plans)

Plan	HIOS ID	70%	73%	87%	94%	Total
Wellpoint Cascade Silver	12435WA0010003	8,413	3,673	8,953	5,969	27,008

Table URRT Supplement
Wellpoint Washington, Inc.
Reconciliation with the URRT

Section IV URRT Reconciliation

#	Section IV: Projected Plan Level Information	Total	12435WA0010001	12435WA0010002	12435WA0010003
4.1	Plan ID (Standard Component ID)				
4.2	Allowed Claims	26,356,390	\$4,413,011	\$4,317,298	\$17,626,082
4.3	Reinsurance	0	\$0	\$0	\$0
4.4	Member Cost Sharing	524,751	\$714,466	\$860,869	(\$1,050,585)
4.5	Cost Sharing Reduction	0	\$0	\$0	\$0
4.6	Incurred Claims	25,831,640	\$3,698,544	\$3,456,428	\$18,676,667
4.7	Risk Adjustment Transfer Amount	-3,833,261	(\$548,913)	(\$513,022)	(\$2,771,326)
4.8	Premium	34,848,903	\$4,990,274	\$4,663,983	\$25,194,647
4.9	Projected Member Months	39,828	6,410	6,410	27,008
4.10	Loss Ratio Per Member Per Month	83.29%	83.28%	83.27%	83.29%
4.11	Allowed Claims	\$661.76	\$688.46	\$673.53	\$652.62
4.12	Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00
4.13	Member Cost Sharing	\$13.18	\$111.46	\$134.30	(\$38.90)
4.14	Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00
4.15	Incurred Claims	\$648.58	\$577.00	\$539.22	\$691.52
4.16	Risk Adjustment Transfer Amount	(\$96.25)	(\$85.63)	(\$80.03)	(\$102.61)
4.17	Premium	\$874.99	\$778.51	\$727.61	\$932.86

URRT Projected PAIR versus URRT Premium PMPM

#	Description	Total	12435WA0010001	12435WA0010002	12435WA0010003
3.10	Plan Adjusted Index Rate (from URRT)	\$874.95	\$778.51	\$727.62	\$932.81
4.17	Premium PMPM (from URRT)	\$874.99	\$778.51	\$727.61	\$932.86
	Differences	(\$0.03)	(\$0.01)	\$0.01	(\$0.05)

Commentary:

The PAIR (Item 3.10) in the URRT shows a slight difference compared to the average premiums PMPM (Item 4.17) due to intermediate rounding that occurs in the URRT. Wellpoint uses this rounding methodology in all Individual ACA pricing states to consistently report pricing. Differences are minimal in aggregate.

URRT Projected CPAIR versus 1.0000 Rate Schedule Premium PMPM (Representative of Age 21 Rates in Rating Area 1)

#	Description	Total	12435WA0010001	12435WA0010002	12435WA0010003
3.14	Calibrated Plan Adjusted Index Rate (from URRT)	\$528.36	\$470.12	\$439.39	\$563.30
	1.0000 Rate Schedule Premium PMPM	\$528.35	\$470.13	\$439.38	\$563.28
	Differences	\$0.01	(\$0.01)	\$0.01	\$0.02

Commentary:

The CPAIR (Item 3.14) in the URRT shows a slight difference compared to the average 1.0000 Rate Schedule premiums PMPM due to intermediate rounding that occurs in the URRT. Wellpoint uses this rounding methodology in all Individual ACA pricing states to consistently report pricing. Differences are minimal in aggregate.

Wellpoint Washington, Inc.
ILLUSTRATIVE RATE CALCULATION

Individual Exchange Product / Plans
Effective January 1, 2026 – December 31, 2026

Product ID: 12435WA001
Wellpoint Cascade Complete Gold
Wellpoint Cascade Vital Gold
Wellpoint Cascade Silver

Illustrative family premium calculation: 49-year-old tobacco user enrolling in Wellpoint Cascade Complete Gold in Area 4 with four children age 17, 15, 11, and 8

\$755.69	49-year-old tobacco user, Wellpoint Cascade Complete Gold, Area 4
\$392.02	17-year-old child, Wellpoint Cascade Complete Gold, Area 4
\$368.99	15-year-old child, Wellpoint Cascade Complete Gold, Area 4
\$338.86	11-year-old child, Wellpoint Cascade Complete Gold, Area 4
\$338.86	8-year-old child, Wellpoint Cascade Complete Gold, Area 4
<hr/>	
\$1,855.56	Total Family Premium

Rates are charged to no more than the three oldest covered children under 21 for family coverage.

Wellpoint Washington, Inc.
2026 Individual Filing
View Rate Review Detail

PRODUCT ID: 12435WA001

COMPANY RATE INFORMATION

Overall % indicated change / overall % rate impact:	N/A	New filing for 2026
Written premium change for this program:	N/A	New filing for 2026
Maximum / Minimum % Change	N/A	New filing for 2026
Number of policy holders affected for this program:	N/A	New filing for 2026
Current membership	0	New filing for 2026

COMMENTS**RATE REVIEW DETAIL**

Trend Factors – Medical Utilization Trend	1.9%	Part III Exhibit 6 and WA Exh 3
Trend Factors – Medical Unit Cost Trend	3.4%	Part III Exhibit 6 and WA Exh 3
Trend Factors – Total Medical Trend	5.4%	Part III Exhibit 6 and WA Exh 3
Trend Factors – Prescription Drug Utilization Trend	4.1%	Part III Exhibit 6 and WA Exh 3
Trend Factors – Prescription Drug Unit Cost Trend	5.1%	Part III Exhibit 6 and WA Exh 3
Trend Factors – Total Prescription Drug Trend	9.4%	Part III Exhibit 6 and WA Exh 3

FORMS

New Policy Forms	WA_[ON][OFF]_HIX _EPO_01-26	New Policy Form for 2026
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REQUESTED RATE CHANGE / PRIOR RATE

N/A New filing for 2026

REQUESTED RATE

Projected earned premium (2026)	\$34,848,903.29	URRT Worksheet 2 Item 4.8
Projected incurred claims (2026)	\$25,831,639.56	URRT Worksheet 2 Item 4.6
Minimum PMPM rate	\$315.76	2026 Rate Schedule
Maximum PMPM rate	\$1,689.84	2026 Rate Schedule
Weighted average PMPM rate	\$874.99	URRT Worksheet 2 Item 4.17
Current enrollment	0	New filing for 2026

PROJECTED ENROLLMENT COMPARISONS

RRD (Projected Premium) / (Weighted Avg. PMPM)	39,828	Requested rate detail above
URRT Worksheet 2, Item 4.9 Projected Member Months	39,828	URRT Worksheet 2, Item 4.9
Part II written explanation projected enrollment	39,828	Part II
Part III supporting exhibits' projected enrollment	39,828	Actuarial Memorandum Tables.pdf (Exhibit 15)

2026 Plan Year (PY)

Individual Nongrandfathered Health Plan

Supplemental Checklist for 1332 Waiver Reporting

Instructions:

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:

General Information	
Issuer Name:	Wellpoint Washington, Inc.
Applicable Market:	Individual Medical
Plan Year:	2026

Section I – Please provide a response for each item.

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.
 - 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.

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**.

Rating Area	Member Months	Average Annual Members
Rating Area 1	32,328	2,694
Rating Area 2	1,308	109
Rating Area 4	6,192	516
Total	39,828	3,319

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.

Rating Area	Member Months	Average Annual Members
Rating Area 1	32,328	2,694
Rating Area 2	1,308	109
Rating Area 4	6,192	516
Total	39,828	3,319

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.

There are no differences between with-waiver and without-waiver assumptions. Wellpoint does not anticipate enrolling any 1332 waiver members. The table below shows enrollment projections by plan.

Plan	Member Months	Average Annual Members
12435WA0010001	6,410	534
12435WA0010002	6,410	534
12435WA0010003	27,008	2,251
Total	39,828	3,319

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.

Rating Area	Total 2026 Premiums
Rating Area 1	\$28,600,306.19
Rating Area 2	\$1,087,049.55
Rating Area 4	\$5,161,547.55
Total	\$34,848,903.29

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.

Rating Area	Total 2026 Premiums
Rating Area 1	\$28,600,306.19
Rating Area 2	\$1,087,049.55
Rating Area 4	\$5,161,547.55
Total	\$34,848,903.29

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.

There are no differences in assumptions in the development of premiums with versus without the projected 1332 waiver enrollees. Wellpoint does not anticipate enrolling any 1332 waiver members.

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.

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.

Rating Area	Total 2026 Allowed
Rating Area 1	\$21,630,546.62
Rating Area 2	\$822,140.71
Rating Area 4	\$3,903,702.78
Total	\$26,356,390.12

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.

Rating Area	Total 2026 Allowed
Rating Area 1	\$21,630,546.62
Rating Area 2	\$822,140.71
Rating Area 4	\$3,903,702.78
Total	\$26,356,390.12

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.
There are no differences in assumptions in the development of allowed costs with versus without the projected 1332 waiver enrollees. Wellpoint does not anticipate enrolling any 1332 waiver members.
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.
There are no differences in assumptions in the development of risk adjustment projections with versus without the projected 1332 waiver enrollees.
Wellpoint does not anticipate enrolling any 1332 waiver members.
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.
There are no differences in assumptions in the development of expenses with versus without the projected 1332 waiver enrollees. Wellpoint does not anticipate incurring additional administrative expenses.

Section II - For Informational Purposes as Background Information

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.



**Wellpoint Individual and Family Plans
Agent Commission Schedule
Washington**

Effective January 1, 2026

This Agent Commission Schedule will become effective January 1, 2026. It applies to Wellpoint Individual and Family Plans (also known as Qualified Health Plans) issued by Wellpoint with original effective dates **on or after** January 1, 2026.

This Agent Commission Schedule **does not apply** to Wellpoint Individual and Family policies issued with original effective dates **prior to** January 1, 2026.

Individual ACA Medical Commission Schedule

Rates per member per month	
First Year	\$20
Renewal	\$20

Note: Five member maximum based on premium received

I, Robert Ruiz-Moss, am Vice President, Individual Business of Wellpoint Washington. I certify, to the best of my knowledge, that the commission information provided above is accurate as of the rate filing submission date.

Signature: Robert Ruiz-Moss

Date: 5/12/2025

Name: Robert Ruiz-Moss

Title: Vice President, Individual Business



April 15, 2025

Christine Gibert
Policy Director
Washington Health Benefit Exchange
Via email: Christine.gibert@wahbexchange.org

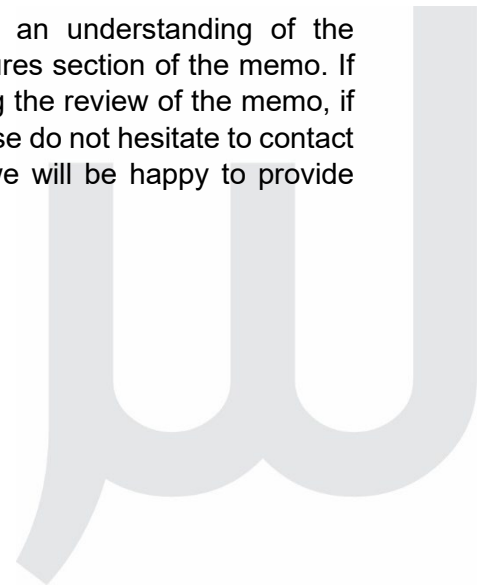
RE: CERTIFICATION FOR WAHBE 2026 STANDARD PLAN DESIGNS

At the request of the Washington Health Benefit Exchange (WAHBE), Wakely is providing an actuarial value (AV) certification and unique plan justification for the 2026 standardized plan designs. The 2026 benefit designs were modestly adjusted to fit within the parameters of the revised final 2026 federal AV calculator's (AVC) constraints and to include special cost sharing for office visits for primary care and mental health/substance use disorder (MH/SUD). For 2026, Acumen modified the 2026 standardized plan designs to fit within the actuarial value requirements and made adjustments to the federal AVC for unique plan designs that did not fit into the AVC and could be considered material. Wakely completed a review of Acumen's methodology, conducted reasonability checks, and is certifying the unique plan adjustments and plan actuarial values.

While this memo discusses Acumen's methodology at a high level, it primarily focuses on review completed by Wakely to confirm the reasonability of Acumen's AV estimates. Wakely is providing an actuarial certification for the adjusted actuarial values allowed under 45 CFR §156.135(b) (3) in Appendices A and B. The documentation that Acumen provided on their methodology can be found in the Appendix C.

Our understanding is that WAHBE will use the final certification for plan year 2026. Use of this document for other purposes may not be appropriate. This document, and any accompanying files and correspondence, are intended for WAHBE internal use only and are not meant for broad distribution. The estimates presented here are based on emerging data and information available as of the date of this report.

This memo should only be utilized by qualified individuals with an understanding of the assumptions and limitations of the analysis described in the disclosures section of the memo. If disseminated, the memo should only be shared in its entirety. During the review of the memo, if you should have any questions or would like further clarification, please do not hesitate to contact us via email or phone (contact information available below), and we will be happy to provide assistance.



Washington Health Benefit Exchange

2026 Standard Plans Actuarial Value Certification and Unique Plan Design Supporting Documentation and Justification

April 15, 2025

Prepared by:
Wakely Consulting Group, LLC

Ksenia Whittal, FSA, MAAA
Senior Consulting Actuary
Darren Johnson, FSA, MAAA
Consulting Actuary

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Appendix A – Actuarial Value Certification

Appendix B – Unique Plan Design Supporting Documentation and Justification

Appendix C – Acumen’s Actuarial Value Calculator Modification Methodology Memorandum

Appendix D – WAHBE 2026 Standard Plan Designs

Appendix E – WAHBE 2026 Standard Plans AVC Screenshots (Unadjusted and Adjusted)

Background

The Affordable Care Act (ACA) requires that non-grandfathered health care coverage provided by issuers in the individual market cover all essential health benefits (EHBs) and have actuarial values that fall under the platinum (90% AV), gold (80% AV), silver (70% AV) or bronze (60% AV) tiers. The ACA allows for a de minimis range around these target AVs. The final 2026 NBPP did not make any changes to the allowable federal AV range relative to the 2025 NBPP, however final 2026 NBPP parameters are listed here for completeness. The final 2026 NBPP finalized a range of -2% to +2% for most plans. For example, any plan design that has an AV from 78% to 82% is considered a gold plan. Similar to the final 2025 NBPP, the final 2026 NBPP is proposing a smaller range on the lower end for on-Exchange silver plans of 0% to +2% (or an AV between 70% and 72%). Off-Exchange silver plans would continue to be subject to the -2% to +2% range. Bronze plan designs meeting certain criteria are eligible for an expanded range of +5% on the higher end, allowing an AV up to 65% compared to a high end at 62%. Plans that meet these criteria include high deductible health plans and plans that cover at least one major service, other than preventive, prior to the deductible.

The ACA also defines AVs for cost-sharing reduction (CSR) plan variations that are available to individuals meeting income and other eligibility criteria and enrolling in a silver level plan in the individual market. These CSR variation AVs are 73%, 87% and 94%. The final 2026 NBPP allows for a 0% to +1% de minimis range around the target AVs for CSR plans (e.g., 73% to 74% AV for a 73% CSR plan). The plan designs developed by Acumen for 2026 comply with this proposed 2026 AV ranges.

The Center for Consumer Information and Insurance Oversight (CCIIO) provides an Actuarial Value Calculator (AVC)¹ that issuers must use to determine the AV of a plan. While CCIIO developed the AVC such to accommodate most plans, some plan designs have features which are not supported by the AVC. In these instances, an actuary can either modify the inputs to most closely represent the plan design, or an actuary can modify the results of the AVC to account for the features not supported by the AVC. An actuarial certification documenting the development of the AV for these plan designs is required.

Washington Health Benefit Exchange (WAHBE) defines standard plan designs that issuers participating on the Exchange must offer. Standard plan designs are defined for the individual market. For 2026, WAHBE is adding one additional gold standard plan design to supplement the existing three individual market designs for gold, silver (with three corresponding CSR plan levels), and expanded bronze levels.

WAHBE contracted with Acumen to assist with the development and validation of the

¹ <http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/index.html>

federal AVs for the 2026 standard plan designs. WAHBE contracted with Wakely to assist in reviewing Acumen's development of the 2026 standard plan designs for reasonability and to certify actuarial values of all standard plan designs, including any unique plan designs. Standard expanded bronze, silver and all silver CSR variants are considered to be unique plan designs. Compliance of the benefit designs in relation to other regulatory benefit design constraints has not been evaluated by Wakely.

For the 2026 standard plans, benefit changes were made to the 2025 standard plans to account for the update to trend made to the revised final 2026 federal AV calculator. 2026 standard plan designs reflect design changes requested by WAHBE and necessary updates made to remain compliant with the revised final 2026 federal AV calculator, as well as the addition of a new low cost gold plan called Vital Gold.

A summary of WAHBE's standard plan designs is in Appendix D. Most of the cost sharing features of 2026 standard plan designs can be accommodated by the revised final federal AVC. However, the plan designs have features not supported by the AVC (defined as a "unique" plan design). The unique plan designs features are:

1. Mixed cost sharing applied to Mental Health/Substance Use Disorder (MH/SUD) outpatient services. The expanded bronze and silver standard plan designs (including 73%, 87%, and 94% CSR variants) have variable cost sharing between MH/SUD services provided in an office setting and other outpatient MH/SUD services (non-office visit). As the AVC only allows a single benefit input for all outpatient MH/SUD services, this tiered design also constitutes a unique benefit design.
2. The first two PCP and MH/SUD office visits have a \$1 copay. Expanded bronze and silver standard designs (including non-94% CSR variants) include a provision for a \$1 copay for the first two PCP office visits and MH/SUD office visits. Since the AVC does not have the functionality to accommodate this design feature, this also constitutes a unique benefit design.

The adjustment made to the AVC by Acumen addresses both unique plan designs features and is described below. A summary of WAHBE's 2026 standard plan designs is included in Appendix D.

Methodology

Wakely is providing an actuarial certification for all standard plan designs, including those that utilize adjusted actuarial values allowed under 45 CFR § 165.135(b)(3) in Appendices A and B. Acumen utilized the revised final 2026 federal AVC to determine the AV for all plans, entering plan designs to the extent that they fit the AVC. Screen shots of the unadjusted AVC inputs and outputs for plan designs that were

accommodated by the AVC and the adjusted AVC screenshots provided and developed by Acumen can both be found in Appendix E. The first set of screenshots displays outputs from the revised final 2026 AVC for each standard plan design. The second set of screenshots, captioned as “Adjusted”, displays output from a custom modified version of the AVC constructed using the methodology described briefly below and in more detail in Appendix C.

Both the complete gold standard and vital gold standard plans have no features deviating from the parameters of the AVC and were entered by Acumen into the AVC with no modifications. Acumen adjusted the other resulting AVs for the plan design features that deviate from the parameters of the AVC. For the expanded bronze standard and silver standard plan designs (including 73%, 87%, and 94% CSR variants), separate cost sharing values will apply for MH/SUD services obtained in an office setting versus other outpatient services. The AVC allows for only a single benefit input for MH/SUD outpatient services. For the expanded bronze and silver standard plans (including the 73% and 87% CSR variants), the AVC does not accommodate plan designs with a specified number of upfront \$1 copay visits for MH/SUD visits or for primary care visits. The adjustment that Acumen calculated to account for both unique benefit features is described below.

To modify the AVC to account for the first two PCP and MH/SUD visits prior to the enrollee being responsible for a higher copay, Acumen modified the AVC continuance tables. In the medical and combined continuance tables in the AVC, Acumen estimated the proportion of utilization and allowed cost attributable to MH/SUD in an office setting and combined the MH/SUD office visits with primary care office visits utilization and allowed cost. Acumen then modified the cost and frequency columns associated with the number of primary care visits exceeding a specified number of visits by applying the original ratio of these quantities to total primary care columns to the modified primary care columns including MH/SUD office visits amounts.

The main assumption made by Acumen is that the number of MH/SUD office visits exceeding a specified number of visits will follow a similar distribution as the primary care visits. Data analyzed by Wakely in the past showed that the large portion of the primary care office visits utilization is between 1-2 visits per year. For MH/SUD office visits services, while utilization is lower due to fewer members seeking the services; however, for members that do use services, the number of services exceed 1-2 per year. The assumption made by Acumen that the distributions are similar results in a larger impact to the AV than it otherwise would, as \$1 copay would apply to a higher proportion of the total MH/SUD visits, thus resulting in a higher calculated AV than we think is likely to actually occur.

The sensitivity testing Wakely performed considered the lower and the upper bounds of a reasonable AV range and found the adjusted AV falling in the compliant range for the Silver 87% and 94% plans thus this assumption would not alter the AV categorization of those plans. The Silver 73%, Silver Standard and Bronze plans upper bounds were above the de minimis range and are discussed more later in this certification.

The AVC field “Begin Primary Cost-Sharing After a Set Number of Visits” effectively became “Begin Primary and MH/SUD Cost-Sharing After a Set Number of Visits” with this change, along with revising the \$0 copay associated with this feature to a \$1 copay. Acumen used the version of the AVC with revised continuance tables to calculate the adjusted AVs. This change was only made for the expanded bronze, silver, and silver CSR variants standard plans since the first two \$1 copay PCP and MH/SUD visits feature does not apply to the two gold standard plans.

Table 1 shows the actuarial values determined by the original federal revised final 2026 AVC, including the unadjusted actuarial value for the two standard gold plans that Wakely is certifying and the adjusted actuarial values for the standard silver, standard silver CSR variants, and standard expanded bronze plans, that Acumen calculated and Wakely is certifying after the application of the adjustment factor.

Table 1 – Summary of Original and Adjusted Federal AVs

Standard Plan	AV from Original AVC	AV from Acumen Adjusted AVC	Adjustment Factor
Standard Complete Gold (no adjustment needed)	81.81%		
Standard Vital Gold (no adjustment needed)	78.06%		
Standard Silver*	71.33%	71.84%	1.005
Standard Silver, 73% AV CSR Variation*	73.49%	73.95%	1.005
Standard Silver, 87% AV CSR Variation*	87.78%	87.87%	1.005
Standard Silver, 94% AV CSR Variation	94.76%	94.86%	1.005
Standard Expanded Bronze*	63.64%	64.97%	1.021

** Note that the AVs in these rows were developed with two upfront no-cost PCP visits.*

Wakely believes that the methodology that Acumen used to adjust the AVs is appropriate based on the reasonability testing of Acumen’s adjusted AVs. To determine whether the adjusted AVs were reasonable, Wakely tested three 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 ran this test for all standard plans that offer the two MH/SUD \$1 copay visits (all except the two gold designs). Two boundary designs were needed for all plans other than expanded bronze, where three boundary designs

were considered.

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 lower 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 2026 federal revised final 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). The resulting AVs are presented in the Table 2 below.

For all plans above, Acumen's 2026 adjusted AV falls within the AV range produced by the lower and upper boundary plan designs. For 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.

Table 2 – Summary of Original and Adjusted Federal AVs

Standard Plan	2026 Adjusted AV	Low Boundary Plan/s (Standard Copays on all PCP and MH/SUD Visits)	Upper Boundary Plan (Zero Cost Sharing on all MH/SUD Visits and Two PCP Visits)
Standard Silver	71.84%	71.08%	72.13%
Standard Silver, 73% AV CSR Variation	73.95%	73.27%	74.21%
Standard Silver, 87% AV CSR Variation	87.87%	87.74%	87.93%
Standard Silver, 94% AV CSR Variation	94.86%	94.76%	94.91%
Standard Bronze (a) – Ded/Coins for MH/SUD	64.97%	63.08%	65.61%
Standard Expanded Bronze (b) – Copay for MH/SUD	64.97%	64.19%	65.61%

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. However, the application of normal copays on the PCP and MH/SUD visits after the first two (and for expanded bronze, deductible/coinsurance cost sharing on OP Facility MH/SUD) would decrease the plan richness and the AV below the maximum levels (see below and Table 3 for additional detail).

To test this conclusion, Wakely tested best estimate alternative designs by calculating blended best estimate PCP and MH/SUD copay. We used a percentage of utilization of PCP office visit utilization for the first two visits (56.0% based on silver combined claim probability distribution (CPD) for PCP utilization, 59.2% based on the bronze combined CPD for PCP utilization²) and the percentage of OP MH/SUD utilization that is office visits (89.0% based on Acumen estimates and the AV Calculator CPD)³ as the starting point.

As discussed above, for this plan the Acumen assumption around MH/SUD annual utilization could potentially be impactful, as we think that assumption overstates AVs

² These values were calculated by taking the ratio of the final value in the “Silver Combined” or “Bronze combined” sheet PCP Silver Frequency column (J170) and the final value in the “Primary Care >2 Visits” column (CF170) to get the proportion of PCP visits that are the first two visits a member has.

³ Acumen stated that 90.0% of professional MH/SUD services were office visits and 63.4% of facility MH/SUD services were office visits. Using the AVC Silver Combined sheet cells AV170 and AX170 for MH/SUD facility/professional utilization split, we can see that 96.3% of total MH/SUD visits come from professional services with the remaining 3.7% coming from facility services. Taking the sum-product of those numbers gives us 89.0% of MH/SUD services that are office visits (96.3% x 90.0% + 3.7% x 63.4%).

versus actual experience which will have a lower percentage of office visits be the first two for a member in a given year. We found a revised assumption for that percentage by utilizing our WACA 2019 ACA Data (see Data and Reliance section) to calculate the proportion of MH/SUD office visit utilization that takes place in a member's first two visits (24.1%).

Using these assumptions, a revised blended cost sharing was calculated for a PCP visit for each of the three plans and is presented in Table 3 below. All final calculated AVs are within the de minimis range.

Table 3 – Summary of Calculations for Blended Copay AVs

Description		Silver 73%	Silver	Expanded Bronze	Calculation
(1)	% of PCP Visits at \$1 cost sharing	56.0%	56.0%	59.2%	
(2)	% of PCP Visits at full cost sharing	44.0%	44.0%	40.8%	1-(1)
(3)	Office Visit % of OP MH/SUD Util	89.0%	89.0%	89.0%	
(4)	All Other % of OP MH/SUD Util	11.0%	11.0%	11.0%	1-(3)
(5)	% of OP MH/SUD Office Visits at \$1 cost sharing	24.1%	24.1%	24.1%	
(6)	% of OP MH/SUD Office Visits at full cost-sharing	75.9%	75.9%	75.9%	1-(5)
(7)	PCP Copay (after first two visits)	\$20	\$20	\$40	
(8)	OP Office Visit MH/SUD Copay (after first two visits)	\$20	\$20	\$40	
(9)	OP All Other MH/SUD Cost Sharing	\$30	\$30	Deductible / 40% Coins	
(10)	Estimated Blended PCP Copay	\$9.36	\$9.36	\$16.90	$\$1 \times (1) + (7) \times (2)$
(11)	Estimated Blended OP MH/SUD Office Visit Copay	\$15.42	\$15.42	\$30.60	$\$1 \times (5) + (8) \times (6)$
(12)	Total Blended OP MH/SUD Copay	\$17.03	\$17.03	NA	$(11) \times (3) + (9) \times (4)$
(13)	AV With All Blended Copays (PCP and OP MH/SUD)	73.8%	71.7%	64.9%	
(14)	Expanded Bronze AV with Ded/Coins for OP MH/SUD	NA	NA	63.6%	
(15)	Expanded Bronze Blended AV	NA	NA	64.7%	$(13) \times (3) + (14) \times (4)$

Disclosures and Limitations

Responsible Actuary. Ksenia Whittal and Darren Johnson are the actuaries responsible for this communication. We are members of the American Academy of Actuaries and Fellows of the Society of Actuaries. We meet the Qualification Standards of the American Academy of Actuaries to issue this report.

Intended Users. This information has been prepared for the use of WAHBE, Washington Office of the Insurance Commissioner (OIC), Acumen and WAHBE issuers. Wakely does not intend to benefit third parties and assumes no duty or liability to those third parties. Any third parties receiving this work should consult their own experts in interpreting the results. This report, when distributed, must be provided in its entirety and include caveats regarding the variability of results and Wakely's reliance on information provided by WAHBE.

Risks and Uncertainties. The assumptions and resulting estimates included in this report are inherently uncertain. Users of the results should be qualified to use it and understand the results and the inherent uncertainty. Actual results may vary, potentially materially, from any estimates. Wakely does not warrant or guarantee that actual experience will tie to the AV estimated for the placement of plan designs into tiers. 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 or pricing AV used to determine premium rates. Actual AVs will vary based on a plan's specific population, utilization, unit cost, and other variables. It is the responsibility of the organization receiving this output to review the assumptions carefully and notify Wakely of any potential concerns.

Conflict of Interest. Wakely provides actuarial services to a variety of clients throughout the health industry. Our clients include commercial, Medicare, and Medicaid health plans, the federal government and state governments, medical providers, and other entities that operate in the domestic and international health insurance markets. Wakely has implemented various internal practices to reduce or eliminate conflict of interest risk in serving our various clients. Except as noted here, the responsible actuary is financially independent and free from conflict concerning all matters related to performing the actuarial services underlying this analysis. In addition, Wakely is organizationally and financially independent from WAHBE and Acumen.

Data and Reliance. Wakely relied on information supplied by Acumen and WAHBE in this assignment. Wakely has reviewed the data and methodology for reasonableness but has not performed any independent audit or otherwise verified the accuracy of the data/information. If the underlying information is incomplete or inaccurate, these estimates may be impacted, potentially significantly. Any errors in the data will affect the accuracy of the analysis and the conclusions drawn in this report. When performing financial and actuarial analyses on the current data, assumptions must be made where there is

incomplete data. Improvements in data will allow for more accurate analyses and consistent reporting. Below is a list of data and assumptions provided by others and assumptions required by law.

- The 2026 revised final federal AVC Model was relied on for the AV calculations. While reasonability tests have shown there are some assumptions and methodologies that are not consistent with expectations, the AVC was developed for plan classification and not pricing. Thus, the model is being used as such and Wakely makes no warranties for the accuracy of the AVs that result from the AVC.
- The AVC adjustment methodology provided and developed by Acumen (included in Appendix C).
- The unadjusted and adjusted AVC screenshots provided and developed by Acumen (included in Appendix E).
- 2026 WAHBE standard plan benefit designs provided by WAHBE (included in Appendix D).

In addition, we relied on the Wakely ACA Database (WACA) for our MH/SUD visit assumption. This is an aggregated database based on de-identified EDGE Server input and output files (including enrollment, claims, and pharmacy data) from the 2019 benefit year submitted through April 2020, along with supplemental risk adjustment transfer and issuer-reported financial information, representing approximately 4 million lives from the individual and small group ACA markets. The de-identification applies to identifiers specific to enrollee, issuer, and location. We performed reasonability tests on the data but did not audit or verify the data.

Potential limitations of the WACA data include but are not limited to the following:

- Results will be affected by issuer-specific data management. Omitted claims, erroneously coded claims, erroneous enrollment records, and other data issues may not reflect actual ACA cost and diagnosis experience.
- A subset of issuers nationwide submitted data to the database. We believe the database represents a fair cross-section of nationwide experience, but limitations in this regard will affect results.
- We excluded data for both enrollees in American Indian (limited/no-cost sharing) CSR plans and enrollees in Medicaid Private Option plans (these only occur in a few states).

Contents of Actuarial Report. This document and the supporting exhibits constitute the entirety of the actuarial report and supersede any previous communications on the project.

Deviations from ASOPS. Wakely completed the analysis using sound actuarial practice. To the best of my knowledge, the report and methods used in the analysis are in

compliance with the appropriate Actuarial Standards of Practice (ASOP) with no known deviations. In developing these standard plan designs and the resulting actuarial certification, Wakely followed applicable Actuarial Standards of Practice (ASOP) including:

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; and
ASOP No. 56 Modeling.

Appendix A contains the formal actuarial certification. If you have any questions regarding this letter or the certification, please contact us.

Sincerely,



Ksenia Whittal, FSA, MAAA
Senior Consulting Actuary
720-282-4965



Darren Johnson, FSA, MAAA
Consulting Actuary
720-206-1391

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

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 C - Acumen's Actuarial Value Calculator Modification Methodology Memorandum

(Begins on next page)

MEMORANDUM



TO: Christine Gibert, Kristin Villas, WAHBE
FROM: Acumen, LLC
DATE: April 4, 2025
SUBJECT: 2026 Actuarial Value Calculator Modification Methodology

Acumen utilized a modified version of the Revised Final 2026 Actuarial Value Calculator (AVC) to estimate the actuarial value (AV) of proposed 2026 standard plan designs, some of which feature unique plan designs. The plan designs in question allow issuers to set different cost sharing for mental health/substance use disorder (MHSUD) office visits and MHSUD outpatient visits as well as allow enrollees to have up to two office visits of each type (primary care and MHSUD) with a \$1 copay before the enrollee is responsible for a higher copay. While the standard AVC supports plan designs with a specified number of upfront no-copay visits for primary care, it does not support this feature for MHSUD office visits and it does not support \$1 visits followed by a different copay. By utilizing the built-in upfront cost-sharing option for primary care as a starting point, Acumen modified the AVC to account for both types of office visits and for differential copays to calculate the AV of this plan design. In a separate workbook titled “*2026Designs_Screenshots_Revised_Final_2026AVC.xlsx*”, Acumen has included the screenshots of all standard plans for all metal levels to show how these plans are entered in the modified version of the Revised Final 2026 AVC and the original Revised Final 2026 AVC.

Modifications for Office Visit Cost-Sharing

There were three steps in the primary care and MHSUD AVC modification that Acumen performed, following the same methodology utilized to make relevant adjustments to the Final AVCs in previous years. First, in each medical and combined continuance table in the AVC, Acumen estimated the proportion of utilization and spending in the MHSUD professional and facility category that was accounted for by office visits, then combined these office visits with the primary care office visits fields. Acumen then allocated this combined field among the “Primary Care > N Visits” fields to create “Primary Care > N Visits & MHSUD > N Visits” fields. Finally, Acumen modified the algorithm underlying the “Begin Primary Care Cost-Sharing After a Set Number of Visits?” special cost sharing option to instead use \$1 copays for the inputted number of visits, rather than having the visits be no-cost to the enrollee. Thus, by modifying the underlying fields and algorithm, Acumen leveraged the existing special cost-sharing feature in the AVC to calculate the AV of the plan design. The remainder of this section provides more details on each of these steps.

The MHSUD columns in each medical and combined continuance table in the AVC describe the frequency and cost of outpatient professional and facility services related to

MHSUD. Office visits are just one component of these fields, so Acumen had to first estimate the proportion of these MHSUD columns that were made up of office visits. To do this, Acumen utilized the EDGE 2021 Limited Dataset (EDGE LDS)¹, which is a claims database reflecting the individual and small group markets nationwide, available for purchase on the CMS website.

Using categorization logic similar to that used in the construction of the continuance tables underlying the AVC, Acumen first identified MHSUD-related claims in the EDGE LDS using a combination of revenue codes, place of service, HCPCs, and diagnoses appearing on the claim. Acumen then further identified the office visit claims among these by using both BETOS and Restructured BETOS Classification System (RBCS) codes. Finally, Acumen reweighted the data using the AVC standard population and calculated the proportion of MHSUD outpatient professional and facility claims that consisted of office visits. Proportions were calculated for utilization as well as costs and can be viewed in Table 1 below². These derived proportions were then applied to the “Mental Health – OP Facility”, “Avg. Mental Health – OP Facility Freq.”, “Mental Health – OP Prof”, and “Avg. Mental Health – OP Prof Freq.” columns in the AVC medical and combined continuance tables to estimate MHSUD office visit cost and frequency. Once these values were calculated, they were subtracted from the existing MHSUD columns and added to the existing “Primary Care” and “Avg. Primary Care Freq” columns in the continuance table to create modified versions of these columns.

Table 1: Percentage of MHSUD utilization and cost AVC categories calculated to involve office visits

Category	Percentage of Category Considered Office Visit
MHSUD Outpatient Facility Utilization	63.41%
MHSUD Outpatient Professional Utilization	90.02%
MHSUD Outpatient Facility Allowed Cost	54.29%
MHSUD Outpatient Professional Allowed Cost	83.23%

Next, all “Primary Care > N Visits” and “Primary Care > N Visits Freq.” columns were modified. These fields are specifically used by the AVC when an AVC user engages the “Begin

¹ Although the 2022 LDS data was the most recent EDGE LDS dataset available at the time the Revised Final 2026 AV Calculator was released, Acumen chose to use the 2021 EDGE LDS data because it corresponds to the same year of EDGE data used in the Revised Final 2026 AV Calculator.

² Compared to the 2025 calculator, MHSUD office visit facility utilization increased from 12.65% to 63.41%, and allowed costs increased from 7.6% to 54.29%. This significant increase is attributable to two factors: (1) the 2025 percentages were calculated using the 2019 EDGE LDS data, whereas the 2026 percentages were based on the 2021 EDGE LDS data; and (2), the 2021 EDGE LDS data shows a sharp decline in non-office visit facility claims, causing overall facility utilization to decline from 24.18 claims per 1,000 member-months in 2019 to 3.51 claims per 1,000 member-months in 2021. Therefore, the large increase in the percentage of MHSUD office visit facility utilization is a result of a shrinking denominator. The overall impact of this increase is small since the proportion of MHSUD facility claims is much smaller compared to MHSUD professional claims.

Primary Care Cost-Sharing After a Set Number of Visits?” special cost-sharing option. This was done by calculating the ratio of these columns to the original values of the “Primary Care” and “Avg. Primary Care Freq.” columns, respectively, then multiplying this ratio by the modified versions of the “Primary Care” and “Avg. Primary Care Freq.” columns calculated in the previous paragraph. The main assumption is that the additional office visits from MHSUD follow a pattern similar to Primary Care visits. This calculation was done separately for all rows of each medical and combined continuance table. See Figure 1 below for an example of the calculations for the combined office visit cost field and the “> 1 Visit” cost field for a single row of the silver combined continuance table from the Revised Final 2026 AVC.

Figure 1: Example Calculations for Allowed Costs for \$10,000 Row of Silver Combined Continuance Table (Revised Final 2026 AVC)

Up To	Primary Care	Primary Care >1 Visit
	Col (1)	Col (2)
\$10,000	\$155.81	\$91.95

= Col (2) / Col (1)

1-Visit Factor: 59.0%

Up To	Mental Health - OP Facility	Mental Health - OP Prof.
\$10,000	\$2.80	\$159.77

Office Visit Factors: 54.29% 83.23% *Factors from Table 1*

Office Visit Share of Cost: \$1.52 \$132.98

Total MHSUD Office Visit Cost: \$134.50

Final Calculations:

Up To	Primary Care	MHSUD Office Visits	Combined Office Visits	1-Visit Factor	Combined >1 Visit
	Col (1)	Col (2)	Col (3) = Col (1) + Col (2)	Col (4)	= Col (3) * Col (4)
\$10,000	\$155.81	\$134.50	\$290.31	59.0%	\$171.32

Once the modified versions of all these columns were calculated, Acumen replaced the original columns in the AVC with these new versions. This resulted in the primary care-related AVC special cost-sharing feature thereby being applied to the combined primary care and MHSUD office visit columns. Because the costs added to primary care were removed from the MHSUD-related columns, total cost and utilization—overall and within each row of the continuance tables—did not change. Additionally, a key feature of the Washington standard plan designs is that primary care and MHSUD cost-sharing for office visits is always the same, so no information is lost by combining these categories together.

Finally, the “Begin Primary Care Cost-Sharing After a Set Number of Visits?” special cost sharing feature was modified to instead use \$1 copays that are not subject to the deductible for the set number of visits. This feature currently works by utilizing a \$0 copay for the first few visits. By simply swapping this \$0 copay for a \$1 copay, Acumen was able to modify the algorithm to account for this bespoke plan feature.

Appendix D - WAHBE 2026 Standard Plan Designs

(Begins on next page)

WAHBE Required 2026 Standard Plan Designs

Individual Market Gold, Silver, and Bronze Plans

Benefits	2026 Standard Complete Gold	2026 Standard Vital Gold	2026 Standard Silver	2026 Standard Bronze
Deductible and Out-of-Pocket Maximum				
Medical/Pharmacy Integrated Deductible	Yes	Yes	Yes	Yes
Medical (or Integrated, if Applicable)/Pharmacy Deductibles (\$)	\$1,000	\$1,900	\$2,500	\$6,000
Medical/Pharmacy Integrated MOOP	Yes	Yes	Yes	Yes
Medical/Pharmacy Integrated MOOP (\$)	\$7,000	\$8,800	\$9,750	\$10,150
Office Visits				
Preventive Care/Screening/Immunization	\$0	\$0	\$0	\$0
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$15	\$15	\$20***	\$40***
Specialist Visit	\$40	\$40	\$65	\$100
Mental/Behavioral Health and Substance Use Disorder Outpatient Services-Office	\$15	\$15	\$20***	\$40***
Emergency/Urgent Care Services				
Emergency Care Services	\$450	\$800	\$800	40%
Urgent Care	\$35	\$35	\$65	\$100
Ambulance	\$375	\$375	\$375	40%
Outpatient Services				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$350	\$350	\$600	40%
Outpatient Surgery Physician/Surgical Services	\$75	\$75	\$200	40%
Mental/Behavioral Health and Substance Use Disorder Outpatient Services - Other	\$15	\$15	\$30	40%
Outpatient Diagnostic Tests				
Laboratory Outpatient and Professional Services	\$20	\$30	\$40	40%
X-rays and Diagnostic Imaging	\$30	\$30	\$65	40%
Advanced Imaging (CT/PET Scans, MRIs)	\$300	\$300	30%	40%
Inpatient Services				
All Inpatient Hospital Services (inc. MH/SUD, Maternity)	\$525*	\$650*	\$800*	40%
Skilled Nursing Facility	\$350**	\$350**	\$800**	40%
Pharmacy				
Generics	\$10	\$10	\$25	\$32
Preferred Brand Drugs	\$60	\$75	\$75	40%
Non-Preferred Brand Drugs	\$100	\$200	\$250	40%
Specialty Drugs (i.e. high-cost)	\$100	\$200	\$250	40%
All Other Benefits				
Speech Therapy	\$25	\$30	\$40	40%
Occupational and Physical Therapy	\$25	\$30	\$40	40%
Durable Medical Equipment (DME)	20%	20%	30%	40%
Home Health	\$15**	\$15**	\$30**	\$50**
Hospice	\$15**	\$15**	\$30**	\$50**
All Other Benefits	20%	20%	30%	40%
AV	81.81%	78.06%	71.84%	64.97%

Shaded Items are not Subject to Deductible.

* Per day copay, maximum of five copays per stay; ** Per day copay; *** Eligible for two visits at \$1 copay, after which stated cost-sharing applies.

Note: For all plans except the Complete Gold and Vital Gold standard plans, 2026 AV is based on a modified version of the revised federal 2026 AV Calculator that accounts for unique plan features. Complete Gold and Vital Gold standard plan AV is provided directly by the 2026 AV Calculator.

Individual Market Silver Plan and CSR Variations

Benefits	2026 Standard Silver 94% AV	2026 Standard Silver 87% AV	2026 Standard Silver 73% AV
Deductible and Out-of-Pocket Maximum			
Medical/Pharmacy Integrated Deductible	Yes	Yes	Yes
Medical (or Integrated, if Applicable)/Pharmacy Deductibles (\$)	\$0	\$750	\$2,500
Medical/Pharmacy Integrated MOOP	Yes	Yes	Yes
Medical/Pharmacy Integrated MOOP (\$)	\$2,400	\$2,850	\$7,950
Office Visits			
Preventive Care/Screening/Immunization	\$0	\$0	\$0
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$1	\$5***	\$20***
Specialist Visit	\$15	\$30	\$65
Mental/Behavioral Health and Substance Use Disorder Outpatient Services - Office	\$1	\$5***	\$20***
Emergency/Urgent Care Services			
Emergency Care Services	\$150	\$425	\$800
Urgent Care	\$15	\$30	\$65
Ambulance	\$75	\$175	\$325
Outpatient Services			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$100	\$325	\$600
Outpatient Surgery Physician/Surgical Services	\$25	\$120	\$200
Mental/Behavioral Health and Substance Use Disorder Outpatient Services - Other	\$5	\$10	\$30
Outpatient Diagnostic Tests			
Laboratory Outpatient and Professional Services	\$5	\$20	\$40
X-rays and Diagnostic Imaging	\$15	\$40	\$65
Advanced Imaging (CT/PET Scans, MRIs)	15%	20%	30%
Inpatient Services			
All Inpatient Hospital Services (inc. MH/SUD, Maternity)	\$100*	\$425*	\$800*
Skilled Nursing Facility	\$100**	\$425**	\$800**
Pharmacy			
Generics	\$5	\$12	\$24
Preferred Brand Drugs	\$12	\$35	\$75
Non-Preferred Brand Drugs	\$35	\$160	\$250
Specialty Drugs (i.e. high-cost)	\$35	\$160	\$250
All Other Benefits			
Speech Therapy	\$5	\$20	\$40
Occupational and Physical Therapy	\$5	\$20	\$40
Durable Medical Equipment (DME)	15%	20%	30%
Home Health	\$5**	\$10**	\$30**
Hospice	\$5**	\$10**	\$30**
All Other Benefits	15%	20%	30%
AV	94.86%	87.87%	73.95%

Shaded Items are not Subject to Deductible.

* Per day copay, maximum of five copays per stay

** Per day copay

*** Eligible for two visits at \$1 copay, after which stated cost-sharing applies.

Note: For all plans except the Complete Gold and Vital Gold standard plans, 2026 AV is based on a modified version of the revised federal 2026 AV Calculator that accounts for unique plan features. Complete Gold and Vital Gold standard plan AV is provided directly by the 2026 AV Calculator.

2026 Standard Plans Designs Appendix A

This Appendix applies to standard plan designs at all metal levels unless otherwise designated. These requirements apply only for covered services under the plan.

1. The standard plan designs outline the cost-sharing for the consumer for a given benefit category.
2. The standard plan designs do not address cost-sharing amounts for any out-of-network services except for those services required under state or federal law to have the in-network cost-share amount. For example, out of network emergency care services would have an in-network cost-sharing under the Balance Billing Protection Act.
3. For all services with a co-pay that are not subject to the deductible, the co-pay amount does not accumulate toward the deductible, but the full co-pay amount paid for the service will accumulate toward the maximum out-of-pocket amount.
4. For services with a co-pay that are subject to the deductible, the full amount of first-dollar out-of-pocket spending accrues toward the deductible.
5. Per the essential health benefit base-benchmark plan, the following services must be covered for, at minimum, the identified number of visits:
 - a. Chiropractic: 10 visits
 - b. Home health care services: 130 days
 - c. Hospice respite services: 14 days per lifetime
 - d. Outpatient rehabilitation, combined physical, occupational, and speech therapy, services: 25 visits
 - e. Outpatient habilitation services: 25 visits
 - f. Inpatient rehabilitative services: 30 days
 - g. Inpatient habilitative services: 30 days
 - h. Skilled nursing facility services: 60 days
6. Co-payments charged to a consumer may never exceed the actual cost for the service. For instance, if a co-pay is \$45 and the service is \$30, the cost-share responsibility of the consumer would be \$30.
7. For prescription drugs in any tier, the cost-share defined is for a 30-day supply. Carriers may determine to allow for mail order prescriptions at a reduced per-unit cost (e.g.; a 90-day supply).
8. Cost-sharing payments for drugs that are not on-formulary but are approved as exceptions accumulate toward the plan's in-network maximum out-of-pocket.
9. Office visits for the treatment of mental health, behavioral health, or substance use disorder conditions shall be categorized as Mental/Behavioral Health and Substance Use Disorder Outpatient - Office Visits, regardless of provider type. Other Practitioner Office Visits (Nurse, Physician Assistant) shall generally be treated as a Primary Care Visit to Treat an Injury or Illness or Preventive Care/Screening Immunization. A carrier may include in the Other Practitioner category: nurse practitioners, certified nurse midwives, respiratory therapists, clinical psychologists, licensed clinical social worker, marriage and family therapists, and applied behavior analysis therapists. A carrier is not precluded from using another comparable benefit category for a service provided by one of these practitioners. Services provided by other practitioners for the treatment of mental health or substance use disorder conditions shall be categorized as Mental/Behavioral Health and Substance Use Disorder Outpatient Services - Office

Visits or Mental/Behavioral Health and Substance Use Disorder Outpatient Services - Other. The copay for Mental/Behavioral Health and Substance Use Disorder Outpatient Office visits may be applied to Mental/Behavioral Health and Substance Use Disorder Outpatient services provided in an urgent care setting.

10. Services with a co-pay should be charged with the following methodology: one co-pay per benefit category per day per provider. For example, a charge for a lab draw and read at a primary care visit by the same provider would result in one lab co-pay and one primary care office visit co-pay for the individual.
11. For outpatient services where a facility fee and physician/surgical services are not billed separately, an issuer may apply the cost-sharing requirements for both the facility fee and the physician/surgical services to the total charge.
12. For outpatient encounters that include multiple services, an issuer may apply the cost-sharing requirements for each service provided. For instance, an outpatient encounter involving a surgeon, radiologist, and anesthesiologist would result in three cost-share payments for the consumer.
13. For instances where there is a co-pay for Skilled Nursing Facility and All Inpatient Hospital Services, it is a per-day co-pay (with a limit of five co-pays for an inpatient stay). For instance, a two-day stay would result in two co-pays for the consumer.
14. The co-pay for All Inpatient Hospital Services is a bundled fee that covers the facility fee and professional services. For instance, an individual with a one-day stay at a hospital in the Complete Gold standard plan would pay the \$525 co-pay for Inpatient Hospital Services and no charge for the Inpatient Physician and Surgical Services. Similarly, an individual in the Vital Gold standard plan would pay the \$650 co-pay before reaching the deductible. For the Silver and Bronze standard plans, any charges would first accrue to the deductible, and after the deductible is met, the individual would pay the applicable co-pay or co-insurance.
15. The cost share amount for Emergency Care Services covers facility fee and professional services.
16. Unless otherwise noted in this appendix, carriers are permitted to assign any service to any benefit category if permissible under state and federal law.
17. 2026 WA Essential Health Benefits (EHBs) additions are as follows:
 - a. Hearing Exams shall be categorized as Primary Care Visits.
 - b. Hearing Aids will be subject to the DME category co-insurance amount and will not be subject to the deductible.
 - c. Artificial Insemination shall be categorized as All Other Benefits.
 - d. Human Donor Milk will be subject to zero cost sharing (no deductible, copay, or coinsurance will apply).
18. While these 2026 standard plan designs do not specify any requirements for virtual care, HBE is exploring this option for future years and is planning to collect existing data from carriers to support this work.

2026 Standard Plans Designs Appendix B Plan and Benefit Template Standardization

These are select categories from the CMS Plan and Benefits Template that the Exchange is standardizing for 2026. Carriers shall file standard plan benefits in the (PBT) with the OIC in accordance with the below chart. The Exchange may standardize more categories in the PBT in future years. The Exchange understands different cost shares may apply depending on the specific service, but the intent is for alignment across carriers at the PBT level. Carriers may opt to file lower cost sharing on a benefit with an approved exception from the Exchange.

Benefit	Complete Gold Cost Share	Vital Gold Cost Share	Silver Cost Sharing	Bronze Cost Share
Primary Care Visit to Treat an Injury or Illness*	\$15	\$15	\$20	\$40
Specialist Visit	\$40	\$40	\$65	\$100
Other Practitioner Office Visit (Nurse, Physician Assistant)	\$15	\$15	\$20	\$40
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$350 copay after deductible	\$350 copay after deductible	\$600 copay after deductible	40% coinsurance after deductible
Outpatient Surgery Physician/Surgical Services	\$75 copay after deductible	\$75 copay after deductible	\$200 copay after deductible	40% coinsurance after deductible
Hospice	\$15 copay per day	\$15 copay per day	\$30 copay per day	\$50 copay per day
Urgent Care Centers or Facilities	\$35	\$35	\$65	\$100
Home Health Care Services	\$15 copay per day	\$15 copay per day	\$30 copay per day	\$50 copay per day
Emergency Room Services	\$450 copay after deductible	\$800 copay after deductible	\$800 copay after deductible	40% coinsurance after deductible
Emergency Transportation/Ambulance	\$375 copay	\$375 copay	\$375 copay	40% coinsurance after deductible
Inpatient Hospital Services (e.g., Hospital Stay)**	\$525 copay per day	\$650 copay per day	\$800 copay per day after deductible	40% coinsurance after deductible
Inpatient Physician and Surgical Services	No charge	No charge	No charge	40% coinsurance after deductible

Skilled Nursing Facility	\$350 copay per day after deductible	\$350 copay per day after deductible	\$800 copay per day after deductible	40% coinsurance after deductible
Prenatal and Post Natal Care	No charge	No charge	No charge	No charge
Delivery and All Inpatient Services for Maternity Care**	\$525 copay per day	\$650 copay per day	\$800 copay after deductible	40% coinsurance after deductible
Mental/Behavioral Health Office Visit*	\$15 copay	\$15 copay	\$20 copay	\$40 copay
Mental/Behavioral Health Inpatient Services**	\$525 copay per day	\$650 copay per day	\$800 copay per day after deductible	40% coinsurance after deductible
Substance Abuse Disorder Office Visit*	\$15 copay	\$15 copay	\$20 copay	\$40 copay
Substance Abuse Disorder Inpatient Services**	\$525 copay per day	\$650 copay per day	\$800 copay per day after deductible	40% coinsurance after deductible
Generic Drugs	\$10	\$10	\$25	\$32
Preferred Brand Drugs	\$60	\$75	\$75	40% coinsurance after deductible
Non-Preferred Brand Drugs	\$100	\$200 copay after deductible	\$250 copay after deductible	40% coinsurance after deductible
Specialty Drugs	\$100	\$200 copay after deductible	\$250 copay after deductible	40% coinsurance after deductible
Outpatient Rehabilitation Services	\$25	\$30	\$40	40% coinsurance after deductible
Habilitation Services	\$25	\$30	\$40	40% coinsurance after deductible
Chiropractic Care*	\$15	\$15	\$20	\$40
Durable Medical Equipment	20% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible	40% coinsurance after deductible
Hearing Aids	20% coinsurance	20% coinsurance	30% coinsurance	40% coinsurance

Imaging (CT/PET Scans, MRIs)	\$300 copay after deductible	\$300 copay after deductible	30% coinsurance after deductible	40% coinsurance after deductible
Preventive Care/Screening/Immunization	No charge	No charge	No charge	No charge
Acupuncture*	\$15	\$15	\$20	\$40
Routine Eye Exam for Children	No charge	No charge	No charge	No charge
Eye Glasses for Children	No charge	No charge	No charge	No charge
Rehabilitative Speech Therapy	\$25	\$30	\$40	40% coinsurance after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$25	\$30	\$40	40% coinsurance after deductible
Well Baby Visits and Care	No charge	No charge	No charge	No charge
Laboratory Outpatient and Professional Services	\$20	\$30	\$40	40% coinsurance after deductible
X-Rays and Diagnostic Imaging	\$30	\$30	\$65	40% coinsurance after deductible
Abortion for Which Public Funding is Prohibited	No charge	No charge	No charge	No charge
Transplant**	\$525 copay per day	\$650 copay per day	\$800 copay after deductible	40% coinsurance after deductible
Diabetes Education	No charge	No charge	No charge	No charge
Prosthetic Devices	20% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible	40% coinsurance after deductible
Nutritional Counseling	No charge	No charge	No charge	No charge
Diabetes Care Management	No charge	No charge	No charge	No charge

*Carrier shall administer benefit such that the first two Primary Care Visits and the first two Mental/Behavioral Health Visits are \$1 for Silver and Bronze plans.

**Carrier shall administer copay per day up to 5 days like Inpatient Hospitals for Complete Gold, Vital Gold and Silver plans.

Appendix E – WAHBE 2026 Standard Plans AVC Screenshots (Unadjusted and Adjusted)

(Begins on next page)

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?	
Medical	<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"/>
Drugs	<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?	
Medical	<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"/>
Drugs	<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 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 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?	
Medical	<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"/>
Drugs	<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

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised Final 2026 AV Calculator

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).

0.1172 seconds

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?	
Medical	<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"/>
Drugs	<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?
Medical	<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"/>
Drugs	<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?
Medical	<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"/>
Drugs	<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?	
Medical	<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"/>
Drugs	<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

[Calculate](#)

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?	
Medical	<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"/>
Drugs	<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?	
Medical	<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"/>
Drugs	<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?	
Medical	<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"/>
Drugs	<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			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$0.00			
		85.00%			
		\$2,400.00			



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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?		Copay applies only after deductible?		
Medical	<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"/>		
Drugs	<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



[Click Here for Important Instructions](#)

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 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"/>
Drugs	<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

Mental Health/Substance Use Disorder (MHSUD) Financial Requirement Parity Workbook for Plan Year (PY) 2026 Individual or Small Group Market Rate Filing

Last Updated: 4/7/2025

Purpose

- Issuers and plans must comply with the federal Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) and related regulations and guidance such as Chapter 284-43 WAC Subchapter K, Mental Health and Substance Use Disorder. For ease of reference highlighted excerpts of relevant citations are included at the bottom of this page.
- 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 workbook provides a framework to demonstrate compliance with these financial requirements.
- Populate this workbook in addition to the Word document that further certifies parity of Mental Health and Substance Use Disorder Financial Requirements.

'Summary' Worksheet

- Populate only one 'Summary' worksheet for each Excel file.
Unless file size limitations dictate otherwise, only create one Excel file per filing.
See specific instructions on the 'Summary' worksheet.
- Note that the [GENERATE TESTING TEMPLATES] macro button on the Summary worksheet creates one testing worksheet per plan, using the HIOS Plan ID field for the tab names.

'Data Information' Worksheet

- Populate only one 'Data Information' worksheet for each Excel file.
See specific instructions on the 'Data Information' worksheet.

'Mapping Information' Worksheet

- Populate only one 'Mapping Information' worksheet for each Excel file.
See specific instructions on the 'Mapping Information' worksheet.

'Template' Worksheet - One worksheet for each plan

- PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION
 - **Results By Benefit Classification:**
For each benefit classification, make a selection in the second column (labeled column "B"). Select "Yes" if all cost shares for medical/surgical services in the benefit classification are the same as those for MH/SUD services in the benefit classification; consider cost shares in terms of deductible, copay, coinsurance, and out-of-pocket maximum.

Note: The remaining columns will auto-update based on entries here and elsewhere in the file.

---- IMPORTANT ----
Test results will appear in this table after all PART 1 and PART 2 entries are made in the worksheet.
No Benefit Classification results should reflect "Fail" after all PART 1 and 2 entries have been made.
If any result still reflects "Fail" after all entries have been made, please revisit PART 1 and 2 entries. Check that information was entered accurately and flows through as expected. If needed, edit the plan's medical/surgical and/or MHSUD service financial requirements to bring the results into compliance.

- **Testing Options** (located to the right of Results by Benefit Classification):

- Out-of-network Tier?

- If out-of-network benefits apply, select "Yes;" if not, select "No."

- When "No," you can leave blank the corresponding out-of-network section(s) in the upcoming PARTS 1 and 2.

- Outpatient Benefit Testing:

- Indicate whether outpatient parity will be demonstrated "All Combined" or with "Office Visits Separate."

- Select "All Combined" to use the single outpatient classification.

- Select "Office Visits Separate" to use the subclassifications described in WAC 284-43-7020(6),

- namely (i) Office visits (a.k.a. Outpatient - Office visits) and

- (ii) All other outpatient items and services (a.k.a. Outpatient - all other).

- Note: If "Office Visits Separate" is selected, testing must be performed for both subclassifications.**

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

For each benefit classification/subclassification that requires testing (see table Results by Benefit Classification):

List services and cost shares for covered medical/surgical benefits + other embedded non-MHSUD benefits like pediatric dental.

Include every possible financial requirement type and level for each benefit classification/subclassification.

Include preventive services and other services with no cost shares.

- **Service Description:**

Briefly describe the service.

Be consistent with what is in the 'Mapping Information' worksheet in this file, the Form filing, the Plans and Benefits Template (PBT) in the Binder filing, the Benefit Components file, and other information in this rate filing.

- **Cost-Share Description:**

Describe the member's cost-shares.

Be consistent with what is in the Form filing, the Plans and Benefits Template (PBT) in the Binder filing, the Benefit Components file, and other information in this rate filing.

This entry should contain the wording "Before Deductible", "After Deductible", or "Before and After Deductible" to describe when the cost shares apply, similarly to the Benefit Components file.

This entry should contain the wording "Accrues towards deductible" if the cost share accrues towards the deductible.

If the cost share does not accrue towards the deductible, the entry should not contain the word "Accrues" at all.

- **Plan Projected Allowed Amount:**

Enter a projected "allowed" dollar amount for each plan and listed service.

Reminder: Dollar amounts should reflect what the plan "allows," before accounting for enrollee cost sharing and should be consistent with projections for the rate filing. The amounts should generally be specific to each plan.

[WAC 284-43-7040(1)(c)]

- **Deductible:**

Enter the deductible level that applies to each service. If not subject to deductible, enter "N/A".

Every row in PART 1 should have a deductible value entered of "N/A" or greater than \$0.

In other words: The deductible should only be blank in extra data rows

or if an entire benefit classification section is not used (e.g., when there are no out-of-network benefits).

- **Copayment:**

Enter the copayment level that applies to each service. If not applicable, enter "N/A".

- **Coinsurance:**

Enter the coinsurance level that applies to each service. If not applicable, enter "N/A".

- **Out-of-Pocket Maximum (OOPM):**

Enter the OOPM level that applies to each service. If not applicable, enter "N/A".

- **No Cost Share:**

Leave this column blank unless the member has no cost share for the service.

If no cost share applies, enter "x" in this column and enter "N/A" for Deductible, Copayment, Coinsurance, and OOPM.

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

Note: the remaining columns of the top table will auto-populate after entries are made throughout PARTS 1 and 2.

For each benefit classification/subclassification that requires testing (see table Results by Benefit Classification):

- **MHSUD Cost Shares in Plan Design:**

Indicate the plan design's MHSUD benefit financial requirements for each benefit classification/subclassification.

If a particular type of financial requirement does not apply, enter "N/A".

- **Step 1 Substantially All:**

This table will auto-populate from PARTS 1 and 2.

Confirm details appear as expected. If not, revisit information entered elsewhere in PARTS 1 and 2.

- **Step 2 Predominant Level:**

For each financial type that passed the Step 1 Substantially All test:

Inputs are required in each section.

Enter every unique amount (a.k.a. level), from smallest to largest, separately by financial requirement type (i.e., deductible, copayment, coinsurance, and OOPM).

If a particular type of financial requirement does not apply, simply leave blank those value fields.

If you need room to enter additional unique amounts for a particular type of financial requirement, you can insert rows.

For example, to enter an additional deductible amount, insert a row above the "Total" row in the deductible table; to do so, click in the bottom-right white cell of the deductible section and click [Tab].

The remaining fields will auto-populate using other information from PARTS 1 and 2.

Confirm details flow through as expected. If not, revisit information entered elsewhere in PARTS 1 and 2.

Sample of Relevant Requirements, Citations, and Definitions

1. Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) and Chapter 284-43 WAC Subchapter K, Mental Health and Substance Use Disorder:
Financial requirements applicable to mental health/substance use disorder (MHSUD) benefits cannot be more restrictive than those applicable to medical/surgical benefits.
2. Financial requirements:
[WAC 284-43-7010] Financial requirements are cost sharing measures such as deductibles, copayments, coinsurance, and out-of-pocket maximums but do not include aggregate lifetime or annual dollar limits.
3. See WAC 284-43-7010 for descriptions of "Medical/surgical benefits," "Mental health benefits," and "Substance use disorder benefits."
4. Substantially all:
[WAC 284-43-7010] A type of financial requirement or quantitative treatment limitation is considered to apply to substantially all medical/surgical benefits in a classification of benefits 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).
5. Predominant level:
[WAC 284-43-7010] If a type of financial requirement or quantitative treatment limitation 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 or quantitative treatment limitation.
6. Data used in the calculations:
[WAC 284-43-7040(1)(c)] The determination of the portion of medical/surgical benefits in a classification of benefits subject to a financial requirement or quantitative treatment limitation (or subject to any level of a financial requirement or quantitative treatment limitation) is based on the dollar amount of all plan payments for medical/surgical benefits in the classification expected to be paid under the plan for the plan year .
See WAC 284-43-7040(1)(c) (i) and (ii) for additional details.

7. Classification of Benefits [WAC 284-43-7020]:

a) Inpatient, in-network:

Benefits furnished on an inpatient basis and within a network of providers established or recognized under a plan or health insurance coverage.

b) Inpatient, out-of-network:

Benefits furnished on an inpatient basis and outside any network of providers established or recognized under a plan or health insurance coverage; also includes inpatient benefits under a plan (or health insurance coverage) that has no network of providers.

c) Outpatient, in-network:

Benefits furnished on an outpatient basis and within a network of providers established or recognized under a plan or health insurance coverage.

Note: outpatient can optionally be subclassified into "Office Visits" and "All Other Outpatient Items and Services."

d) Outpatient, out-of-network:

Benefits furnished on an outpatient basis and outside any network of providers established or recognized under a plan or health insurance coverage; also includes outpatient benefits under a plan (or health insurance coverage) that has no network of providers.

Note: outpatient can optionally be subclassified into "Office Visits" and "All Other Outpatient Items and Services."

e) Emergency care:

Benefits for treatment of an emergency condition related to a mental health or substance use disorder.

Such benefits must comply with the requirements for emergency medical services in RCW 48.43.093.

Medically necessary detoxification must be covered as an emergency medical condition according to RCW 48.43.093, and may be provided in hospitals licensed under chapter 70.41 RCW. Medically necessary detoxification services must not require prenotification.

f) Prescription drugs:

Benefits for prescription drugs.

MHSUD Financial Requirement Parity Testing -- Summary

Issuer and Filing Information

Issuer Name:	Wellpoint Washington, Inc.
HIOS Issuer ID:	12435
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
12435WA0010001-0	Wellpoint Gold EPO 1000	Pass	
12435WA0010001-1	Wellpoint Cascade Complete Gold	Pass	
12435WA0010001-3	Wellpoint Cascade Complete Gold	Pass	
12435WA0010002-0	Wellpoint Gold EPO 1900	Pass	
12435WA0010002-1	Wellpoint Cascade Vital Gold	Pass	
12435WA0010002-3	Wellpoint Cascade Vital Gold	Pass	
12435WA0010003-0	Wellpoint Silver EPO 2500	Pass	
12435WA0010003-1	Wellpoint Cascade Silver	Pass	
12435WA0010003-3	Wellpoint Cascade Silver	Pass	
12435WA0010003-4	Wellpoint Cascade Silver	Pass	
12435WA0010003-5	Wellpoint Cascade Silver	Pass	
12435WA0010003-6	Wellpoint Cascade Silver	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>The basis of the projected claims is Elevance's Individual HMO market experience from 11 states in which Elevance currently offers products. These states are Colorado, Connecticut, Georgia, Indiana, Kentucky, Missouri, Nevada, New Hampshire, Ohio, Virginia, and Wisconsin.</u></p>
2	<p>Identify the period (i.e., date range) represented in the data.</p> <p><u>The allowed claims that form the basis of the manual rate include a full year of 2024 incurred claims paid through February 2025 (including adjustments for claims incurred but not yet paid as of February 28, 2025).</u></p>
3	<p>Address the credibility of the data used in your MHSUD financial requirement parity testing.</p> <p><u>Because we do not have credible Washington-specific data, we have used our Individual HMO experience for the states listed in Question 1. This data is fully credible.</u></p>
4	<p>Identify whether the data is consistent with the data in your URRT.</p> <p>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>The data ties to the total experience claims dollars used in rating. To determine the expected claims dollars by benefit category used in the QTL testing, we then layer on assumptions to allocate the claims into the benefit categories, as QTL testing requires more granular categories than rating.</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>

Elevance does not have Washington-specific claims data to perform the Substantially All and Predominant Tests because we are new entrants into the Washington Marketplace. Therefore, we used experience for the states listed in Question 1 where we are participants in their Individual market.

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 to Treat an Injury or Illness	Outpatient - Office Visits	Primary Care Visit to Treat an Injury or Illness	
Specialist Visit	Outpatient - Office Visits	Specialist Visit	
Other Practitioner Office Visit (Nurse, Physician Assistant)	Outpatient - Office Visits	Primary Care Visit to Treat an Injury or Illness	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Outpatient - All Other	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	
Outpatient Surgery Physician/Surgical Services	Outpatient - All Other	Outpatient Surgery Physician/Surgical Services	
Hospice	Outpatient - All Other	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	
Urgent Care Centers or Facilities	Outpatient - All Other	Urgent Care	
Home Health Care Services	Outpatient - All Other	Outpatient Surgery Physician/Surgical Services	
Emergency Room Services	Emergency Care	Emergency Room Services	
Emergency Transportation/Ambulance	Emergency Care	Emergency Transportation	
Emergency Room Physician Services	Emergency Care	Emergency Room Services	
Mental/Behavioral Health Emergency Room	Emergency Care	Emergency Room Services	
Substance Abuse Disorder Emergency Room	Emergency Care	Emergency Room Services	

Inpatient Hospital Services (e.g., Hospital Stay)	Inpatient	Inpatient Hospital Services (e.g., Hospital Stay)	
Inpatient Physician and Surgical Services	Inpatient	Inpatient Hospital Services (e.g., Hospital Stay)	
Skilled Nursing Facility	Inpatient	Skilled Nursing Facility	
Prenatal and Post Natal Care	Inpatient	Inpatient Hospital Services (e.g., Hospital Stay)	
Delivery and All Inpatient Services for Maternity Care	Inpatient	Inpatient Hospital Services (e.g., Hospital Stay)	
Mental/Behavioral Health Office Visit	Outpatient - Office Visits	Mental Health & Substance Use Disorder Office Visits	
Mental/Behavioral Health Inpatient Services	Inpatient	Inpatient Hospital Services (e.g., Hospital Stay)	
Substance Abuse Disorder Office Visit	Outpatient - Office Visits	Mental Health & Substance Use Disorder Office Visits	
Substance Abuse Disorder Inpatient Services	Inpatient	Inpatient Hospital Services (e.g., Hospital Stay)	
Mental/Behavioral Health Outpatient Facility	Outpatient - All Other	Mental Health & Substance Use Disorder All Other OP Services	
Substance Abuse Disorder Outpatient Facility	Outpatient - All Other	Mental Health & Substance Use Disorder All Other OP Services	
Generic Drugs	Prescription Drugs	Generic Drugs (Tier 1)	
Preferred Brand Drugs	Prescription Drugs	Preferred Brand Drugs (Tier 2)	
Non-Preferred Brand Drugs	Prescription Drugs	Non-Preferred Brand Drugs (Tier 3)	
Specialty Drugs	Prescription Drugs	Specialty Drugs (Tier 4)	
Outpatient Rehabilitation Services	Outpatient - All Other	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	
Habilitation Services	Outpatient - All Other	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	
Chiropractic Care	Outpatient - Office Visits	Primary Care Visit to Treat an Injury or Illness	
Durable Medical Equipment	Outpatient - All Other	Outpatient Surgery Physician/Surgical Services	
Hearing Aids	Outpatient - All Other	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	
Imaging (CT/PET Scans, MRIs)	Outpatient - All Other	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	
Preventive Care/Screening/Immunization	Outpatient - All Other	Preventive Care/Screening/Immunization	
Acupuncture	Outpatient - All Other	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	
Routine Eye Exam for Children	Outpatient - Office Visits	Preventive Care/Screening/Immunization	
Eye Glasses for Children	Outpatient - Office Visits	Preventive Care/Screening/Immunization	
Rehabilitative Speech Therapy	Outpatient - Office Visits	Rehabilitative Speech Therapy	
Rehabilitative Occupational and Rehabilitative Physical Therapy	Outpatient - Office Visits	Rehabilitative Occupational and Rehabilitative Physical Therapy	
Well Baby Visits and Care	Inpatient	Inpatient Hospital Services (e.g., Hospital Stay)	
Laboratory Outpatient and Professional Services	Outpatient - All Other	Laboratory Outpatient and Professional Services	
X-Rays and Diagnostic Imaging	Outpatient - All Other	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	
Abortion for Which Public Funding is Prohibited	Outpatient - All Other	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	
Transplant	Inpatient	Inpatient Hospital Services (e.g., Hospital Stay)	
Diabetes Education	Outpatient - All Other	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	
Prosthetic Devices	Outpatient - All Other	Outpatient Surgery Physician/Surgical Services	
Nutritional Counseling	Outpatient - Office Visits	Preventive Care/Screening/Immunization	

Diabetes Care Management	Outpatient - Office Visits	Preventive Care/Screening/Immunization	
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MHSUD Financial Requirement (a.k.a. Cost Share) Parity Testing

Issuer / Market: Wellpoint Washington, Inc.
Market: Individual

Workbook Info

[Link back to Summary Sheet](#)
[User Inputs Cell Format](#)
See the Example worksheet for additional details.

PLAN INFORMATION

Plan Name: <<<<This will auto populate from summary sheet macro

Plan ID: <<<<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.

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result: Fail

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 IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

Testing Options

Option	Selection
Out-of-Network Tier?	Select Input
Outpatient Benefit Testing	Select Input

Column Options
Update Columns
Hide/Unhide All Columns

No Errors found?
TRUE

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		E. Test Results
					D1. In-Network	D2. Out-of-Network	
Inpatient	Select Input	Yes			Fail		Fail
Outpatient							
Outpatient - All Services Combined							
Outpatient - Office Visits Separate							
Outpatient - Office Visits							
Outpatient - All Other							
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	Select Input	Yes	Fail				
Prescription Drugs	Select Input	Yes	Fail				

Benefit Classification (1) Inpatient, In-Network (IP INN)

Click>>>>>

[Home](#)

Errors found:

0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

Benefit Classification (2) Inpatient, Out-of-Network (IP OON)

Click>>>>>

[Home](#)

Errors found:

0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

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

Benefit Classification (1) Inpatient, In-Network (IP INN)

Classification	Inpatient	IP
Network (In/Out)	In-Network	INN
Classification Code	1	IP INN
Table Name	tbl_IPINN_P1	

Number of Rows6

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 (OOPM)	No Cost-Share (If true, enter "x")
Total Row		\$0.00					

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

Financial Parity for (1) Inpatient, In-Network (IP INN)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible		Fail	Fail
Copayment		Fail	Fail
Coinsurance		Fail	Fail
OOPM		Fail	Fail
Overall			Fail

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)

Deductible	\$0.00	Fail
Copayment	\$0.00	Fail
Coinsurance	\$0.00	Fail
OOPM	\$0.00	Fail
Total Projected	\$0.00	

Step 2 Predominant Level

Deductible ---- (1) Inpatient, In-Network (IP INN) Errors found: 0

If testing is required for this benefit classification:
Please ensure each different cost-share combination is entered above in PART 1.

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

Copayment ---- (1) Inpatient, In-Network (IP INN) Errors found: 0

If testing is required for this benefit classification:
Please ensure each different cost-share combination is entered above in PART 1.

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

Coinsurance ---- (1) Inpatient, In-Network (IP INN) Errors found: 0

If testing is required for this benefit classification:
Please ensure each different cost-share combination is entered above in PART 1.

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

OOPM ---- (1) Inpatient, In-Network (IP INN) Errors found: 0

If testing is required for this benefit classification:
Please ensure each different cost-share combination is entered above in PART 1.

OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$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 (2) Inpatient, Out-of-Network (IP OON)

Classification	Inpatient	IP
Network (In/Out)	Out-of-Network	OON
Classification Code	2	IP OON
Table Name	tbl_IPOON_P1	

Number of Rows6

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 (OOPM)	No Cost-Share (If true, enter "x")
<<Enter description>>	<<Enter description>>						
Total Row		\$0.00					

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

Financial Parity for (2) Inpatient, Out-of-Network (IP OON)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible		N/A	N/A
Copayment		N/A	N/A
Coinsurance		N/A	N/A
OOPM		N/A	N/A
Overall			Pass

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)

Deductible	\$0.00	N/A
Copayment	\$0.00	N/A
Coinsurance	\$0.00	N/A
OOPM	\$0.00	N/A
Total Projected	\$0.00	

Step 2 Predominant Level

Deductible ---- (2) Inpatient, Out-of-Network (IP OON) Errors found: 0

If testing is required for this benefit classification:
Please ensure each different cost-share combination is entered above in PART 1.

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

Copayment ---- (2) Inpatient, Out-of-Network (IP OON) Errors found: 0

If testing is required for this benefit classification:
Please ensure each different cost-share combination is entered above in PART 1.

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

Coinsurance ---- (2) Inpatient, Out-of-Network (IP OON) Errors found: 0

If testing is required for this benefit classification:
Please ensure each different cost-share combination is entered above in PART 1.

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

OOPM ---- (2) Inpatient, Out-of-Network (IP OON) Errors found: 0

If testing is required for this benefit classification:
Please ensure each different cost-share combination is entered above in PART 1.

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

Click>>>>> [Home](#) Errors found: 0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

Click>>>>> [Home](#) Errors found: 0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV IN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (3) Outpatient, In-Network (OP INN)
Notes: Use this table if you are testing all outpatient services combined.

Classification	Outpatient	OP
Network (In/Out)	In-Network	INN
Classification Code	3	OP INN
Table Name	tbl_OPINN_P1	

Number of Rows6

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 (OOPM)	No Cost-Share (If true, enter "x")
<<Enter description>>	<<Enter description>>						
Total Row		\$0.00					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (3) Outpatient, In-Network (OP INN)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible		N/A	N/A
Copayment		N/A	N/A
Coinsurance		N/A	N/A
OOPM		N/A	N/A
Overall			Pass

*If not applicable, enter "N/A"

Enter Footnotes (as needed) about xx

Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)

Deductible	\$0.00	N/A
Copayment	\$0.00	N/A
Coinsurance	\$0.00	N/A
OOPM	\$0.00	N/A
Total Projected	\$0.00	

Step 2 Predominant Level

Deductible ---- (3) Outpatient, In-Network (OP INN) Errors found: 0

If testing is required for this benefit classification:
Please ensure each different cost-share combination is entered above in PART 1.

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

Copayment ---- (3) Outpatient, In-Network (OP INN) Errors found: 0

If testing is required for this benefit classification:
Please ensure each different cost-share combination is entered above in PART 1.

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

Coinsurance ---- (3) Outpatient, In-Network (OP INN) Errors found: 0

If testing is required for this benefit classification:
Please ensure each different cost-share combination is entered above in PART 1.

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

OOPM ---- (3) Outpatient, In-Network (OP INN) Errors found: 0

If testing is required for this benefit classification:
Please ensure each different cost-share combination is entered above in PART 1.

OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$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 (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 Vis	OP-OV
Network (In/Out)	In-Network	INN
Classification Code	3a	OP-OV INN
Table Name	tbl_OPOVINN_P1	

Number of Rows6

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 (OOPM)	No Cost-Share (If true, enter "x")
<<Enter description>>	<<Enter description>>						
Total Row		\$0.00					

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 Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible		N/A	N/A
Copayment		N/A	N/A
Coinsurance		N/A	N/A
OOPM		N/A	N/A
Overall			Pass

*If not applicable, enter "N/A"

Enter Footnotes (as needed) about xx

Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)

Deductible	\$0.00	N/A
Copayment	\$0.00	N/A
Coinsurance	\$0.00	N/A
OOPM	\$0.00	N/A
Total Projected	\$0.00	

Step 2 Predominant Level

Deductible ---- (3a) Outpatient - Office Visits, In-Network (OP-OV INN) Errors found: 0

If testing is required for this benefit classification:
Please ensure each different cost-share combination is entered above in PART 1.

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

Copayment ---- (3a) Outpatient - Office Visits, In-Network (OP-OV INN) Errors found: 0

If testing is required for this benefit classification:
Please ensure each different cost-share combination is entered above in PART 1.

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

Coinsurance ---- (3a) Outpatient - Office Visits, In-Network (OP-OV INN) Errors found: 0

If testing is required for this benefit classification:
Please ensure each different cost-share combination is entered above in PART 1.

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

OOPM ---- (3a) Outpatient - Office Visits, In-Network (OP-OV INN) Errors found: 0

If testing is required for this benefit classification:
Please ensure each different cost-share combination is entered above in PART 1.

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

Benefit Classification (3b) Outpatient - All Other, In-Network (OP-AO INN)

Click>>>>

Home

Errors found:

0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

Benefit Classification (4) Outpatient, Out-of-Network (OP OON)

Click>>>>

Home

Errors found:

0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

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 testing outpatient office visits and all other outpatient services.

Classification	Outpatient - All Other	OP-AO
Network (In/Out)	In-Network	INN
Classification Code	3b	OP-AO INN
Table Name		tbl_OPAOINN_P1

Number of Rows6

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 (OOPM)	No Cost-Share (If true, enter "x")
<<Enter description>>	<<Enter description>>						
Total Row		\$0.00					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (3b) Outpatient - All Other, In-Network (OP-AO INN)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible		N/A N/A	
Copayment		N/A N/A	
Coinsurance		N/A N/A	
OOPM		N/A N/A	
Overall			Pass

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)

Deductible	\$0.00	N/A
Copayment	\$0.00	N/A
Coinsurance	\$0.00	N/A
OOPM	\$0.00	N/A
Total Projected	\$0.00	

Step 2 Predominant Level

Deductible ---- (3b) Outpatient - All Other, In-Network (OP-AO INN) Errors found: 0

If testing is required for this benefit classification:
Please ensure each different cost-share combination is entered above in PART 1.

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

Copayment ---- (3b) Outpatient - All Other, In-Network (OP-AO INN) Errors found: 0

If testing is required for this benefit classification:
Please ensure each different cost-share combination is entered above in PART 1.

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

Coinsurance ---- (3b) Outpatient - All Other, In-Network (OP-AO INN) Errors found: 0

If testing is required for this benefit classification:
Please ensure each different cost-share combination is entered above in PART 1.

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

OOPM ---- (3b) Outpatient - All Other, In-Network (OP-AO INN) Errors found: 0

If testing is required for this benefit classification:
Please ensure each different cost-share combination is entered above in PART 1.

OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$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 (4) Outpatient, Out-of-Network (OP OON)

Notes: Use this table if you are testing all outpatient services combined.

Classification	Outpatient	OP
Network (In/Out)	Out-of-Network	OON
Classification Code	4	OP OON
Table Name		tbl_OPOON_P1

Number of Rows6

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 (OOPM)	No Cost-Share (If true, enter "x")
<<Enter description>>	<<Enter description>>						
Total Row		\$0.00					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (4) Outpatient, Out-of-Network (OP OON)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible		N/A N/A	
Copayment		N/A N/A	
Coinsurance		N/A N/A	
OOPM		N/A N/A	
Overall			Pass

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)

Deductible	\$0.00	N/A
Copayment	\$0.00	N/A
Coinsurance	\$0.00	N/A
OOPM	\$0.00	N/A
Total Projected	\$0.00	

Step 2 Predominant Level

Deductible ---- (4) Outpatient, Out-of-Network (OP OON) Errors found: 0

If testing is required for this benefit classification:
Please ensure each different cost-share combination is entered above in PART 1.

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

Copayment ---- (4) Outpatient, Out-of-Network (OP OON) Errors found: 0

If testing is required for this benefit classification:
Please ensure each different cost-share combination is entered above in PART 1.

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

Coinsurance ---- (4) Outpatient, Out-of-Network (OP OON) Errors found: 0

If testing is required for this benefit classification:
Please ensure each different cost-share combination is entered above in PART 1.

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

OOPM ---- (4) Outpatient, Out-of-Network (OP OON) Errors found: 0

If testing is required for this benefit classification:
Please ensure each different cost-share combination is entered above in PART 1.

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

Click>>>>>

Home

Errors found:

0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

Click>>>>>

Home

Errors found:

0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (4a) Outpatient - Office Visits, Out-of-Network (OP-OV OON)

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)	Out-of-Network	OON
Classification Code	4a	OP-OV OON
Table Name		tbl_OPOVOON_P1

Number of Rows 6

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 (OOPM)	No Cost-Share (If true, enter "x")
<<Enter description>>	<<Enter description>>						
Total Row		\$0.00					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (4a) Outpatient - Office Visits, Out-of-Network (OP-OV OON)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible		N/A N/A	N/A
Copayment		N/A N/A	N/A
Coinsurance		N/A N/A	N/A
OOPM		N/A N/A	N/A
Overall			Pass

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)

Deductible	\$0.00	N/A
Copayment	\$0.00	N/A
Coinsurance	\$0.00	N/A
OOPM	\$0.00	N/A
Total Projected	\$0.00	

Step 2 Predominant Level

Deductible ---- (4a) Outpatient - Office Visits, Out-of-Network (OP-OV OON) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

Copayment ---- (4a) Outpatient - Office Visits, Out-of-Network (OP-OV OON) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

Coinsurance ---- (4a) Outpatient - Office Visits, Out-of-Network (OP-OV OON) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

OOPM ---- (4a) Outpatient - Office Visits, Out-of-Network (OP-OV OON) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$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 (4b) Outpatient - All Other, Out-of-Network (OP-AO OON)

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

Classification	Outpatient - All Other	OP-AO
Network (In/Out)	Out-of-Network	OON
Classification Code	4b	OP-AO OON
Table Name		tbl_OPAOON_P1

Number of Rows 6

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 (OOPM)	No Cost-Share (If true, enter "x")
<<Enter description>>	<<Enter description>>						
Total Row		\$0.00					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (4b) Outpatient - All Other, Out-of-Network (OP-AO OON)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible		N/A N/A	N/A
Copayment		N/A N/A	N/A
Coinsurance		N/A N/A	N/A
OOPM		N/A N/A	N/A
Overall			Pass

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)

Deductible	\$0.00	N/A
Copayment	\$0.00	N/A
Coinsurance	\$0.00	N/A
OOPM	\$0.00	N/A
Total Projected	\$0.00	

Step 2 Predominant Level

Deductible ---- (4b) Outpatient - All Other, Out-of-Network (OP-AO OON) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

Copayment ---- (4b) Outpatient - All Other, Out-of-Network (OP-AO OON) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

Coinsurance ---- (4b) Outpatient - All Other, Out-of-Network (OP-AO OON) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

OOPM ---- (4b) Outpatient - All Other, Out-of-Network (OP-AO OON) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

Click>>>>> [Home](#) Errors found: 0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP QON	Move to OP-OV QON	Move to OP-AO QON	Move to ER	Move to RX

Click>>>>> [Home](#) Errors found: 0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP QON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP QON	Move to OP-OV QON	Move to OP-AO QON	Move to ER	Move to RX

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (5) Emergency Care, (ER)

Classification	Emergency Care	ER
Network (In/Out)	N/A	
Classification Code	5	ER
Table Name	tbl_ER_P1	

Number of Rows6

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 (OOPM)	No Cost-Share (If true, enter "x")
<<Enter description>>	<<Enter description>>						
Total Row		\$0.00					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (5) Emergency Care, (ER)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible		Fail	Fail
Copayment		Fail	Fail
Coinsurance		Fail	Fail
OOPM		Fail	Fail
Overall			Fail

Enter Footnotes (as needed) about xx

Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)

Deductible	\$0.00	Fail
Copayment	\$0.00	Fail
Coinsurance	\$0.00	Fail
OOPM	\$0.00	Fail
Total Projected	\$0.00	

Step 2 Predominant Level

Deductible ---- (5) Emergency Care, (ER)				Errors found:	0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.					
Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking	
	\$0.00				
	\$0.00				
Total	\$0.00	0.00%			

Copayment ---- (5) Emergency Care, (ER)				Errors found:	0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.					
Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checkine	
	\$0.00				
	\$0.00				
	\$0.00				
	\$0.00				
Total	\$0.00	0.00%			

Coinsurance ---- (5) Emergency Care, (ER)				Errors found:	0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.					
Coinsurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking	
	\$0.00				
	\$0.00				
	\$0.00				
	\$0.00				
Total	\$0.00	0.00%			

OOPM ---- (5) Emergency Care, (ER)				Errors found:	0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.					
OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking	
	\$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 (6) Prescription Drugs, (RX)

Classification	Prescription Drugs	RX
Network (In/Out)	N/A	
Classification Code	6	RX
Table Name	tbl_RX_P1	

Number of Rows6

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 (OOPM)	No Cost-Share (If true, enter "x")
<<Enter description>>	<<Enter description>>						
Total Row		\$0.00					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (6) Prescription Drugs, (RX)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible		Fail	Fail
Copayment		Fail	Fail
Coinsurance		Fail	Fail
OOPM		Fail	Fail
Overall			Fail

Enter Footnotes (as needed) about xx

Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)

Deductible	\$0.00	Fail
Copayment	\$0.00	Fail
Coinsurance	\$0.00	Fail
OOPM	\$0.00	Fail
Total Projected	\$0.00	

Step 2 Predominant Level

Deductible ---- (6) Prescription Drugs, (RX)				Errors found:	0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.					
Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking	
	\$0.00				
	\$0.00				
Total	\$0.00	0.00%			

Copayment ---- (6) Prescription Drugs, (RX)				Errors found:	0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.					
Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checkine	
	\$0.00				
	\$0.00				
	\$0.00				
	\$0.00				
Total	\$0.00	0.00%			

Coinsurance ---- (6) Prescription Drugs, (RX)				Errors found:	0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.					
Coinsurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking	
	\$0.00				
	\$0.00				
	\$0.00				
	\$0.00				
Total	\$0.00	0.00%			

OOPM ---- (6) Prescription Drugs, (RX)				Errors found:	0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.					
OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking	
	\$0.00				
	\$0.00				
	\$0.00				
	\$0.00				
Total	\$0.00	0.00%			

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

Issuer / Market: Wellpoint Washington, Inc.
Market: Individual

Workbook Info

[Link back to Summary Sheet](#)
[User Inputs Cell Format](#)
See the Example worksheet for additional details.

PLAN INFORMATION

Plan Name: Wellpoint Gold EPO 1000
Plan ID: 12435WA0010001-0
CSR Variant Description:

<<<<This will auto populate from summary sheet macro
<<<<This will auto populate from summary sheet macro
<<<<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 cells below to scroll directly to the stated section>>>>

[Move to IP INN](#)
[Move to OP OON](#)

[Move to IP OON](#)
[Move to OP-OV OON](#)

[Move to OP INN](#)
[Move to OP-AO OON](#)

[Move to OP-OV INN](#)
[Move to ER](#)

[Move to OP-AO INN](#)
[Move to RX](#)

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

[Update Columns](#)
[Hide/Unhide All Columns](#)

No Errors found?
TRUE

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		E. Test Results
					D1. In-Network	D2. Out-of-Network	
Inpatient	No	Yes			Pass		Pass
Outpatient							
Outpatient – All Services Combined							
Outpatient – Office Visits Separate							
Outpatient – Office Visits	No	Yes			Pass		Pass
Outpatient - All Other	No	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	No	Yes	Pass				
Prescription Drugs	Yes	No	Pass				

Click>>>>>>

Home

Errors found:0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

Click>>>>>>

Home

Errors found:0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (1) Inpatient, In-Network (IP INN)

Classification	Inpatient	IP
Network (In/Out)	In-Network	INN
Classification Code	1	IP INN
Table Name	tbl_IPINN_P1	

Number of Rows7

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 (OOPM)	No Cost-Share (If true, enter "x")
Inpatient Hospital Services (e.g., Hospital Stay)	Before Deductible	\$506,822.00	N/A	\$525.00	N/A	\$7,000.00	
Inpatient Physician and Surgical Services	Before Deductible	\$85,391.15	N/A	N/A	N/A	\$7,000.00	
Skilled Nursing Facility	After Deductible	\$2,093.55	\$1,000.00	\$350.00	N/A	\$7,000.00	
Prenatal and Post Natal Care	Before Deductible	\$66,181.19	N/A	N/A	N/A	\$7,000.00	
Delivery and All Inpatient Services for Maternity Care	Before Deductible	\$127,763.47	N/A	\$525.00	N/A	\$7,000.00	
Well Baby Visits and Care	Before Deductible	\$9,492.21	N/A	N/A	N/A	\$7,000.00	
Transplant	Before Deductible	\$599.45	N/A	\$525.00	N/A	\$7,000.00	
Total Row		\$798,339.02					

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (2) Inpatient, Out-of-Network (IP OON)

Classification	Inpatient	IP
Network (In/Out)	Out-of-Network	OON
Classification Code	2	IP OON
Table Name	tbl_IPOON_P1	

Number of Rows6

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 (OOPM)	No Cost-Share (If true, enter "x")
<<Enter description>>	<<Enter description>>						
Total Row		\$0.00					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (1) Inpatient, In-Network (IP INN)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible	N/A	Fail	Pass
Copayment	\$525.00	\$525.00	Pass
Coinsurance	N/A	Fail	Pass
OOPM	\$7,000.00	\$7,000.00	Pass
Overall			Pass

*If not applicable, enter "N/A"

Deductible	\$2,093.55	0.26%	Fail
Copayment	\$637,274.47	79.83%	IP INN Copayment
Coinsurance	\$0.00	0.00%	Fail
OOPM	\$798,339.02	100.00%	IP INN OOPM
Total Projected	\$798,339.02		

Enter Footnotes (as needed) about xx

Step 1 Substantially All (i.e., ≥ ¾ of medical/surgical benefits)

Step 2 Predominant Level

Deductible — (1) Inpatient, In-Network (IP INN)				Errors found:	0
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				
Total	\$0.00	0.00%			

Copayment — (1) Inpatient, In-Network (IP INN)				Errors found:	0
Applies to substantially all medical/surgical benefits in this classification. ENTER different copayment amounts from smallest to largest.					
Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking	
\$350.00	\$2,093.55	0.33%	\$350.00		
\$525.00	\$635,180.92	99.67%	\$525.00		
	\$0.00				
	\$0.00				
Total	\$637,274.47	100.00%			

Coinsurance — (1) Inpatient, In-Network (IP INN)				Errors found:	0
Does not apply to substantially all medical/surgical benefits in this classification. DELETE any values in the left-hand column below.					
Coinsurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking	
	\$0.00				
	\$0.00				
	\$0.00				
Total	\$0.00	0.00%			

OOPM — (1) Inpatient, In-Network (IP 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	
\$7,000.00	\$798,339.02	100.00%	\$7,000.00		
	\$0.00				
	\$0.00				
Total	\$798,339.02	100.00%			

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (2) Inpatient, Out-of-Network (IP OON)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible		N/A	N/A
Copayment		N/A	N/A
Coinsurance		N/A	N/A
OOPM		N/A	N/A
Overall			Pass

*If not applicable, enter "N/A"

Deductible	\$0.00	N/A
Copayment	\$0.00	N/A
Coinsurance	\$0.00	N/A
OOPM	\$0.00	N/A
Total Projected	\$0.00	

Enter Footnotes (as needed) about xx

Step 1 Substantially All (i.e., ≥ ¾ of medical/surgical benefits)

Step 2 Predominant Level

Deductible — (2) Inpatient, Out-of-Network (IP OON)				Errors found:	0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.					
Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking	
	\$0.00				
	\$0.00				
Total	\$0.00	0.00%			

Copayment — (2) Inpatient, Out-of-Network (IP OON)				Errors found:	0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.					
Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking	
	\$0.00				
	\$0.00				
	\$0.00				
	\$0.00				
Total	\$0.00	0.00%			

Coinsurance — (2) Inpatient, Out-of-Network (IP OON)				Errors found:	0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.					
Coinsurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking	
	\$0.00				
	\$0.00				
	\$0.00				
Total	\$0.00	0.00%			

OOPM — (2) Inpatient, Out-of-Network (IP OON)				Errors found:	0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.					
OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking	
	\$0.00				
	\$0.00				
	\$0.00				
Total	\$0.00	0.00%			

Click>>>>>>

Home

Errors found:0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

Click>>>>>>

Home

Errors found:0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (3) Outpatient, In-Network (OP INN)

Notes: Use this table if you are testing all outpatient services combined.

Classification	Outpatient	OP
Network (In/Out)	In-Network	INN
Classification Code	3	OP INN
Table Name	tbl_OPINN_P1	

Number of Rows6

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 (OOPM)	No Cost-Share (If true, enter "x")
<<Enter description>>	<<Enter description>>						
Total Row		\$0.00					

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

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 Visits	OP-OV
Network (In/Out)	In-Network	INN
Classification Code	3a	OP-OV INN
Table Name	tbl_OPOVINN_P1	

Number of Rows10

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 (OOPM)	No Cost-Share (If true, enter "x")
Primary Care Visit to Treat an Injury or Illness	Before Deductible	\$8,935.23	N/A	15	N/A	\$7,000.00	
Other Practitioner Office Visit (Nurse, Physician Assistant)	Before Deductible	\$3,831.98	N/A	15	N/A	\$7,000.00	
Specialist Visit	Before Deductible	\$141,174.79	N/A	40	N/A	\$7,000.00	
Chiropractic Care	Before Deductible	\$4,315.94	N/A	15	N/A	\$7,000.00	
Rehabilitative Speech Therapy	Before Deductible	\$3,056.09	N/A	25	N/A	\$7,000.00	
Rehabilitative Occupational and Rehabilitative Physical Therapy	Before Deductible	\$46,324.45	N/A	25	N/A	\$7,000.00	
Routine Eye Exam for Children	Before Deductible	\$3,162.41	N/A	N/A	N/A	\$7,000.00	
Eye Glasses for Children	Before Deductible	\$4,273.95	N/A	N/A	N/A	\$7,000.00	
Nutritional Counseling	Before Deductible	\$17,091.80	N/A	N/A	N/A	\$7,000.00	
Diabetes Care Management	Before Deductible	\$21,364.75	N/A	N/A	N/A	\$7,000.00	
Total Row		\$333,530.40					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (3) Outpatient, In-Network (OP INN)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible		N/A	N/A
Copayment		N/A	N/A
Coinsurance		N/A	N/A
OOPM		N/A	N/A
Overall			Pass

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ % of medical/surgical benefits)

Deductible	\$0.00	N/A
Copayment	\$0.00	N/A
Coinsurance	\$0.00	N/A
OOPM	\$0.00	N/A
Total Projected	\$0.00	

Step 2 Predominant Level

Deductible ---- (3) Outpatient, In-Network (OP INN) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

Copayment ---- (3) Outpatient, In-Network (OP INN) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

Coinsurance ---- (3) Outpatient, In-Network (OP INN) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

OOPM ---- (3) Outpatient, In-Network (OP INN) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

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 Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible	N/A	Fail	Pass
Copayment	\$15.00	\$25.00	Pass
Coinsurance	N/A	Fail	Pass
OOPM	\$7,000.00	\$7,000.00	Pass
Overall			Pass

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ % of medical/surgical benefits)

Deductible	\$0.00	0.00%	Fail
Copayment	\$287,638.48	86.24%	OP-OV INN Copayment
Coinsurance	\$0.00	0.00%	Fail
OOPM	\$333,530.40	100.00%	OP-OV INN OOPM
Total Projected	\$333,530.40		

Step 2 Predominant Level

Deductible ---- (3a) Outpatient - Office Visits, In-Network (OP-OV INN) Errors found: 0

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 &	Error Checking
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

Copayment ---- (3a) Outpatient - Office Visits, In-Network (OP-OV INN) Errors found: 0

Applies to substantially all medical/surgical benefits in this classification.

ENTER different copayment amounts from smallest to largest.

Copayment	Allowed Claims	Portion	Predominant &	Error Checking
\$15.00	\$97,083.15	33.75%	\$15.00	
\$25.00	\$49,380.54	17.17%	\$25.00	
\$40.00	\$141,174.79	49.08%		
	\$0.00			
Total	\$287,638.48	100.00%		

Coinsurance ---- (3a) Outpatient - Office Visits, In-Network (OP-OV INN) Errors found: 0

Does not apply to substantially all medical/surgical benefits in this classification.

DELETE any values in the left-hand column below.

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

OOPM ---- (3a) Outpatient - Office Visits, In-Network (OP-OV 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 &	Error Checking
\$7,000.00	\$333,530.40	100.00%	\$7,000.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$333,530.40	100.00%		

Benefit Classification (3b) Outpatient - All Other, In-Network (OP-AO INN)

Click>>>>>

Home

Errors found:0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

Benefit Classification (4) Outpatient, Out-of-Network (OP OON)

Click>>>>>

Home

Errors found:0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

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 testing outpatient office visits and all other outpatient services.

Classification	Outpatient - All Other	OP-AO
Network (In/Out)	In-Network	INN
Classification Code	3b	OP-AO INN
Table Name	tbl_OPADINN_P1	

Number of Rows17

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 (OOPM)	No Cost-Share (If true, enter "x")
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	After Deductible	\$668,238.27	\$1,000.00	\$50	N/A	\$7,000.00	
Outpatient Surgery Physician/Surgical Services	After Deductible	\$348,676.04	\$1,000.00	75	N/A	\$7,000.00	
Hospice	Before Deductible	\$3,939.41	N/A	15	N/A	\$7,000.00	
Urgent Care Centers or Facilities	Before Deductible	\$19,653.36	N/A	35	N/A	\$7,000.00	
Home Health Care Services	Before Deductible	\$5,715.24	N/A	15	N/A	\$7,000.00	
Outpatient Rehabilitation Services	Before Deductible	\$15,244.73	N/A	25	N/A	\$7,000.00	
Rehabilitation Services	Before Deductible	\$1,693.86	N/A	25	N/A	\$7,000.00	
Durable Medical	After Deductible	\$23,870.71	\$1,000.00	N/A	20%	\$7,000.00	
Hearing Aids	After Deductible	\$4,596.77	\$1,000.00	N/A	20%	\$7,000.00	
Imaging (CT/PET Scans, MRIs)	After Deductible	\$72,976.24	\$1,000.00	300	N/A	\$7,000.00	
Preventive Care/Screening/Immunization	Before Deductible	\$104,016.57	N/A	N/A	N/A	N/A	X
Acupuncture	Before Deductible	\$3,355.80	N/A	15	N/A	\$7,000.00	
Laboratory Outpatient and Professional Services	Before Deductible	\$87,838.31	N/A	20	N/A	\$7,000.00	
X-Rays and Diagnostic Imaging	Before Deductible	\$47,947.41	N/A	30	N/A	\$7,000.00	
Abortion for Which Public Funding is Prohibited	Before Deductible	\$3,501.70	N/A	N/A	N/A	\$7,000.00	
Diabetes Education	Before Deductible	\$3,793.51	N/A	N/A	N/A	\$7,000.00	
Prosthetic Devices	After Deductible	\$1,705.42	\$1,000.00	N/A	20%	\$7,000.00	
Total Row		\$1,416,763.34					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (3b) Outpatient - All Other, In-Network (OP-AO INN)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible	N/A	\$1,000.00	Pass
Copayment	\$15.00	\$350.00	Pass
Coinsurance	N/A	Fail	Pass
OOPM	\$7,000.00	\$7,000.00	Pass
Overall			Pass

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)

Deductible	\$1,120,063.44	79.06%	OP-AO INN Deductible
Copayment	\$1,275,278.66	90.01%	OP-AO INN Copayment
Coinsurance	\$30,172.90	2.13%	Fail
OOPM	\$1,312,746.76	92.66%	OP-AO INN OOPM
Total Projected	\$1,416,763.34		

Step 2 Predominant Level

Deductible ---- (3b) Outpatient - All Other, In-Network (OP-AO INN)

Applies to substantially all medical/surgical benefits in this classification.

ENTER different deductible amounts from smallest to largest.

Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$1,000.00	\$1,120,063.44	100.00%	\$1,000.00	
\$0.00				
Total	\$1,120,063.44	100.00%		

Copayment ---- (3b) Outpatient - All Other, In-Network (OP-AO INN)

Applies to substantially all medical/surgical benefits in this classification.

ENTER different copayment amounts from smallest to largest.

Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$15.00	\$13,010.45	1.02%	\$15.00	
\$20.00	\$87,838.31	6.89%	\$20.00	
\$25.00	\$16,938.59	1.33%	\$25.00	
\$30.00	\$47,947.41	3.76%	\$30.00	
\$35.00	\$19,653.36	1.54%	\$35.00	
\$75.00	\$348,676.04	27.34%	\$75.00	
\$300.00	\$72,976.24	5.72%	\$300.00	
\$350.00	\$668,238.27	52.40%	\$350.00	
Total	\$1,275,278.66	100.00%		

Coinsurance ---- (3b) Outpatient - All Other, In-Network (OP-AO INN)

Does not apply to substantially all medical/surgical benefits in this classification.

DELETE any values in the left-hand column below.

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

OOPM ---- (3b) Outpatient - All Other, In-Network (OP-AO INN)

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
\$7,000.00	\$1,312,746.76	100.00%	\$7,000.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$1,312,746.76	100.00%		

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (4) Outpatient, Out-of-Network (OP OON)

Notes: Use this table if you are testing all outpatient services combined.

Classification	Outpatient	OP
Network (In/Out)	Out-of-Network	OON
Classification Code	4	OP OON
Table Name	tbl_OPOON_P1	

Number of Rows6

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 (OOPM)	No Cost-Share (If true, enter "x")
<<Enter description>>	<<Enter description>>						
Total Row		\$0.00					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (4) Outpatient, Out-of-Network (OP OON)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible		N/A	N/A
Copayment		N/A	N/A
Coinsurance		N/A	N/A
OOPM		N/A	N/A
Overall			Pass

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)

Deductible	\$0.00	N/A
Copayment	\$0.00	N/A
Coinsurance	\$0.00	N/A
OOPM	\$0.00	N/A
Total Projected	\$0.00	

Step 2 Predominant Level

Deductible ---- (4) Outpatient, Out-of-Network (OP OON)

Applies to substantially all medical/surgical benefits in this classification.

ENTER different deductible amounts from smallest to largest.

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

Copayment ---- (4) Outpatient, Out-of-Network (OP OON)

Applies to substantially all medical/surgical benefits in this 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			
Total	\$0.00	0.00%		

Coinsurance ---- (4) Outpatient, Out-of-Network (OP OON)

Applies to substantially all medical/surgical benefits in this classification.

ENTER different coinsurance amounts from smallest to largest.

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

OOPM ---- (4) Outpatient, Out-of-Network (OP OON)

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
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Classification	Outpatient - Office Visits	OP-OV
Network (In/Out)	Out-of-Network	OON
Classification Code	4a	OP-OV OON
Table Name		tbl_OPOVOON_P1

Number of Rows

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 (OOPM)	No Cost-Share (if true, enter "x")
<<Enter description>>	<<Enter description>>						
Total Row		\$0.00					

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Classification	Outpatient - All Other	OP-AO
Network (In/Out)	Out-of-Network	OON
Classification Code	4b	OP-AO OON
Table Name		tbl_OPAOON_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 (OOPM)	No Cost-Share (if true, enter "x")
<<Enter description>>	<<Enter description>>						
Total Row		\$0.00					

Number of Rows: 6

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 Parity Result	Enter Footnotes (as needed) about
Deductible		N/A	N/A	xx
Copayment		N/A	N/A	
Coinurance		N/A	N/A	
OOPM		N/A	N/A	
Overall		Pass		
*If not applicable, enter "N/A"				
Step 1 Substantially All (i.e., $\geq \frac{2}{3}$ of medical/surgical benefits)				
Deductible	\$0.00		N/A	
Copayment	\$0.00		N/A	
Coinurance	\$0.00		N/A	
OOPM	\$0.00		N/A	
Total Projected	\$0.00			

Deductible — (4a) Outpatient - Office Visits, Out-of-Network (OP-OV OON)			Errors found:		0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.					
Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking	
	\$0.00				
	\$0.00				
	\$0.00				
Total	\$0.00	0.00%			
Copayment — (4a) Outpatient - Office Visits, Out-of-Network (OP-OV OON)			Errors found:		0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.					
Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking	
	\$0.00				
	\$0.00				
	\$0.00				
	\$0.00				
Total	\$0.00	0.00%			
Coinsurance — (4a) Outpatient - Office Visits, Out-of-Network (OP-OV OON)			Errors found:		0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.					
Coinsurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking	
	\$0.00				
	\$0.00				
	\$0.00				
	\$0.00				
Total	\$0.00	0.00%			
OOPM — (4a) Outpatient - Office Visits, Out-of-Network (OP-OV OON)			Errors found:		0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.					
OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking	
	\$0.00				
	\$0.00				
	\$0.00				
	\$0.00				
Total	\$0.00	0.00%			

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 Parity Result
Deductible		N/A	N/A
Copayment		N/A	N/A
Coinsurance		N/A	N/A
ODPM		N/A	N/A
Overall			Pass

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., $\geq 80\%$ of medical/surgical benefits)

Deductible	\$0.00		N/A
Copayment	\$0.00		N/A
Coinsurance	\$0.00		N/A
ODPM	\$0.00		N/A
Total Projected	\$0.00		

Deductible ---- (4b) Outpatient - All Other, Out-of-Network (OP-AO OON)		Errors found:		0	
If testing is required for this benefit classification:					
Please ensure each different cost-share combination is entered above in PART 1.					
Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking	
	\$0.00				
	\$0.00				
	\$0.00				
Total	\$0.00	0.00%			
Copayment ---- (4b) Outpatient - All Other, Out-of-Network (OP-AO OON)					
Errors found:		0			
If testing is required for this benefit classification:					
Please ensure each different cost-share combination is entered above in PART 1.					
Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking	
	\$0.00				
	\$0.00				
	\$0.00				
	\$0.00				
Total	\$0.00	0.00%			
Coinurance ---- (4b) Outpatient - All Other, Out-of-Network (OP-AO OON)					
Errors found:		0			
If testing is required for this benefit classification:					
Please ensure each different cost-share combination is entered above in PART 1.					
Coinurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking	
	\$0.00				
	\$0.00				
	\$0.00				
	\$0.00				
Total	\$0.00	0.00%			
OOPM ---- (4b) Outpatient - All Other, Out-of-Network (OP-AO OON)					
Errors found:		0			
If testing is required for this benefit classification:					
Please ensure each different cost-share combination is entered above in PART 1.					
OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking	
	\$0.00				
	\$0.00				
	\$0.00				
	\$0.00				
Total	\$0.00	0.00%			

Click>>>>>

Home

Errors found:

0

<<<Click the links in the cells below to scroll directly to the stated section>>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

Click>>>>>

Home

Errors found:

0

<<<Click the links in the cells below to scroll directly to the stated section>>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (5) Emergency Care, (ER)

Classification	Emergency Care	ER	
Network (In/Out)	N/A		
Classification Code	5	ER	
Table Name	tbl_ER_P1		

Number of Rows3

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 (OOPM)	No Cost-Share (If true, enter "x")
Emergency Room Services	After Deductible	\$321,988.33	\$1,000.00	\$450.00	N/A	\$7,000.00	
Emergency Transportation/Ambulance	Before Deductible	\$12,629.95	N/A	\$375.00	N/A	\$7,000.00	
Emergency Room Physician Services	After Deductible	\$19,664.69	\$1,000.00	N/A	N/A	\$7,000.00	
Total Row		\$354,282.97					

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (6) Prescription Drugs, (RX)

Classification	Prescription Drugs	RX	
Network (In/Out)	N/A		
Classification Code	6	RX	
Table Name	tbl_RX_P1		

Number of Rows6

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 (OOPM)	No Cost-Share (If true, enter "x")
<<Enter description>>	<<Enter description>>						
Total Row		\$0.00					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (5) Emergency Care, (ER)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible	\$1,000.00	\$1,000.00	Pass
Copayment	N/A	\$450.00	Pass
Coinsurance	N/A	Fail	Pass
OOPM	\$7,000.00	\$7,000.00	Pass
Overall			Pass

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ % of medical/surgical benefits)

Deductible	\$341,653.02	96.44%	ER Deductible
Copayment	\$334,618.28	94.45%	ER Copayment
Coinsurance	\$0.00	0.00%	Fail
OOPM	\$354,282.97	100.00%	ER OOPM
Total Projected	\$354,282.97		

Step 2 Predominant Level

Deductible ---- (5) Emergency Care, (ER) Errors found: 0

Applies to substantially all medical/surgical benefits in this classification. ENTER different deductible amounts from smallest to largest.

Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$1,000.00	\$341,653.02	100.00%	\$1,000.00	
\$0.00				
Total	\$341,653.02	100.00%		

Copayment ---- (5) Emergency Care, (ER)

Applies to substantially all medical/surgical benefits in this classification. ENTER different copayment amounts from smallest to largest.

Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$375.00	\$12,629.95	3.77%	\$375.00	
\$450.00	\$321,988.33	96.23%	\$450.00	
\$0.00				
\$0.00				
Total	\$334,618.28	100.00%		

Coinsurance ---- (5) Emergency Care, (ER)

Does not apply to substantially all medical/surgical benefits in this classification. DELETE any values in the left-hand column below.

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

OOPM ---- (5) Emergency Care, (ER)

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
\$7,000.00	\$354,282.97	100.00%	\$7,000.00	
\$0.00				
\$0.00				
\$0.00				
Total	\$354,282.97	100.00%		

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (6) Prescription Drugs, (RX)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible		N/A	N/A
Copayment		N/A	N/A
Coinsurance		N/A	N/A
OOPM		N/A	N/A
Overall			Pass

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ % of medical/surgical benefits)

Deductible	\$0.00		N/A
Copayment	\$0.00		N/A
Coinsurance	\$0.00		N/A
OOPM	\$0.00		N/A
Total Projected	\$0.00		

Step 2 Predominant Level

Deductible ---- (6) Prescription Drugs, (RX) Errors found: 0

If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.

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

Copayment ---- (6) Prescription Drugs, (RX)

If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.

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

Coinsurance ---- (6) Prescription Drugs, (RX)

If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.

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

OOPM ---- (6) Prescription Drugs, (RX)

If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.

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

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

Issuer / Market: Wellpoint Washington, Inc.
Market: Individual

Workbook Info

[Link back to Summary Sheet](#)
[User Inputs Cell Format](#)
See the Example worksheet for additional details.

PLAN INFORMATION

Plan Name: Wellpoint Cascade Complete Gold
Plan ID: 12435WA0010001-1
CSR Variant Description: 1

<<<<This will auto populate from summary sheet macro
<<<<This will auto populate from summary sheet macro
<<<<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 cells below to scroll directly to the stated section>>>>

[Move to IP INN](#)
[Move to OP OON](#)

[Move to IP OON](#)
[Move to OP-OV OON](#)

[Move to OP INN](#)
[Move to OP-AO OON](#)

[Move to OP-OV INN](#)
[Move to ER](#)

[Move to OP-AO INN](#)
[Move to RX](#)

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

[Update Columns](#)
[Hide/Unhide All Columns](#)

No Errors found?
TRUE

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		E. Test Results
					D1. In-Network	D2. Out-of-Network	
Inpatient	No	Yes			Pass		Pass
Outpatient							
Outpatient – All Services Combined							
Outpatient – Office Visits Separate							
Outpatient – Office Visits	No	Yes			Pass		Pass
Outpatient - All Other	No	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	No	Yes	Pass				
Prescription Drugs	Yes	No	Pass				

Benefit Classification (1) Inpatient, In-Network (IP INN)

Click>>>>>

Home

Errors found:0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

Benefit Classification (2) Inpatient, Out-of-Network (IP OON)

Click>>>>>

Home

Errors found:0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (1) Inpatient, In-Network (IP INN)

Classification	Inpatient	IP
Network (In/Out)	In-Network	INN
Classification Code	1	IP INN
Table Name	tbl_IPINN_P1	

Number of Rows7

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 (OOPM)	No Cost-Share (If true, enter "x")
Inpatient Hospital Services (e.g., Hospital Stay)	Before Deductible	\$506,822.00	N/A	\$525.00	N/A	\$7,000.00	
Inpatient Physician and Surgical Services	Before Deductible	\$85,391.15	N/A	N/A	N/A	\$7,000.00	
Skilled Nursing Facility	After Deductible	\$2,093.55	\$1,000.00	\$350.00	N/A	\$7,000.00	
Prenatal and Post Natal Care	Before Deductible	\$66,181.19	N/A	N/A	N/A	\$7,000.00	
Delivery and All Inpatient Services for Maternity Care	Before Deductible	\$127,763.47	N/A	\$525.00	N/A	\$7,000.00	
Well Baby Visits and Care	Before Deductible	\$9,492.21	N/A	N/A	N/A	\$7,000.00	
Transplant	Before Deductible	\$599.45	N/A	\$525.00	N/A	\$7,000.00	
Total Row		\$798,339.02					

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (2) Inpatient, Out-of-Network (IP OON)

Classification	Inpatient	IP
Network (In/Out)	Out-of-Network	OON
Classification Code	2	IP OON
Table Name	tbl_IPOON_P1	

Number of Rows6

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 (OOPM)	No Cost-Share (If true, enter "x")
<<Enter description>>	<<Enter description>>						
Total Row		\$0.00					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (1) Inpatient, In-Network (IP INN)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible	N/A	Fail	Pass
Copayment	\$525.00	\$525.00	Pass
Coinsurance	N/A	Fail	Pass
OOPM	\$7,000.00	\$7,000.00	Pass
Overall			Pass

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ¾ of medical/surgical benefits)

Deductible	\$2,093.55	0.26%	Fail
Copayment	\$637,274.47	79.83%	IP INN Copayment
Coinsurance	\$0.00	0.00%	Fail
OOPM	\$798,339.02	100.00%	IP INN OOPM
Total Projected	\$798,339.02		

Step 2 Predominant Level

Deductible — (1) Inpatient, In-Network (IP INN) Errors found: 0

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			
Total	\$0.00	0.00%		

Copayment — (1) Inpatient, In-Network (IP INN) Errors found: 0

Applies to substantially all medical/surgical benefits in this classification. ENTER different copayment amounts from smallest to largest.

Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$350.00	\$2,093.55	0.33%	\$350.00	
\$525.00	\$635,180.92	99.67%	\$525.00	
	\$0.00			
	\$0.00			
Total	\$637,274.47	100.00%		

Coinsurance — (1) Inpatient, In-Network (IP INN) Errors found: 0

Does not apply to substantially all medical/surgical benefits in this classification. DELETE any values in the left-hand column below.

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

OOPM — (1) Inpatient, In-Network (IP 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
\$7,000.00	\$798,339.02	100.00%	\$7,000.00	
	\$0.00			
	\$0.00			
Total	\$798,339.02	100.00%		

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (2) Inpatient, Out-of-Network (IP OON)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible		N/A	N/A
Copayment		N/A	N/A
Coinsurance		N/A	N/A
OOPM		N/A	N/A
Overall			Pass

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ¾ of medical/surgical benefits)

Deductible	\$0.00	N/A
Copayment	\$0.00	N/A
Coinsurance	\$0.00	N/A
OOPM	\$0.00	N/A
Total Projected	\$0.00	

Step 2 Predominant Level

Deductible — (2) Inpatient, Out-of-Network (IP OON) Errors found: 0

If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.

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

Copayment — (2) Inpatient, Out-of-Network (IP OON) Errors found: 0

If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.

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

Coinsurance — (2) Inpatient, Out-of-Network (IP OON) Errors found: 0

If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.

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

OOPM — (2) Inpatient, Out-of-Network (IP OON) Errors found: 0

If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.

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

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

Errors found: 0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

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

Errors found: 0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Classification	Outpatient	OP
Network (In/Out)	In-Network	INN
Classification Code	3	OP INN
Table Name		tbi_OPINN_P1

Number of Rows

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 (OOPM)	No Cost-Share (If true, enter "x")
<<Enter description>>	<<Enter description>>						

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 Parity Result
Deductible		N/A	N/A
Copayment		N/A	N/A
Coinurance		N/A	N/A
OOPM		N/A	N/A
Overall			Pass

Enter Footnotes (as needed) about
XX

Step 1 Substantially All (i.e., $\geq \frac{2}{3}$ of medical/surgical benefits)

Deductible	\$0.00	N/A
Copayment	\$0.00	N/A
Coinsurance	\$0.00	N/A
OOPM	\$0.00	N/A
Total Projected	\$0.00	

Deductible ---- (3) Outpatient, In-Network (OP INN)

Deductible ----- (3) Outpatient, In-Network (OP INN)	Errors found:	0
If testing is required for this benefit classification:		
Please ensure each different cost-share combination is entered above in PART 1.		

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

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

If testing is required for this benefit classification

Please ensure each different cost-share combination is entered above in PART 1.

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

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Classification	Outpatient - Office Visits	OP-OV
Network (In/Out)	In-Network	INN
Classification Code	3a	OP-OV INN
Table Name		tbl_OPOVINN_P1

Number of Rows 10

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 (OOPM)	No Cost-Share (if true, enter "x")
Primary Care Visit to Treat an Injury or Illness	Before Deductible	\$88,935.23	N/A	\$15.00	N/A	\$7,000.00	
Other Practitioner Office Visit (Nurse, Physician Assistant)	Before Deductible	\$3,831.98	N/A	\$15.00	N/A	\$7,000.00	
Specialist Visit	Before Deductible	\$141,174.79	N/A	\$40.00	N/A	\$7,000.00	
Chiropractic Care	Before Deductible	\$4,315.94	N/A	\$15.00	N/A	\$7,000.00	
Rehabilitative Speech Therapy	Before Deductible	\$3,056.09	N/A	\$25.00	N/A	\$7,000.00	
Rehabilitative Occupational and Rehabilitative Physical Therapy	Before Deductible	\$46,324.45	N/A	\$25.00	N/A	\$7,000.00	
Routine Eye Exam for Children	Before Deductible	\$3,162.41	N/A	N/A	N/A	\$7,000.00	
Eye Glasses for Children	Before Deductible	\$4,272.95	N/A	N/A	N/A	\$7,000.00	
Nutritional Counseling	Before Deductible	\$17,091.80	N/A	N/A	N/A	\$7,000.00	
Diabetes Care Management	Before Deductible	\$21,364.75	N/A	N/A	N/A	\$7,000.00	
Total Row		\$333,530.40					

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 Parity Result
Deductible	N/A	Fail	Pass
Copayment	\$15.00	\$25.00	Pass
Coinsurance	N/A	Fail	Pass
OOPM	\$7,000.00	\$7,000.00	Pass
Overall			Pass

Enter Footnotes (as needed) about
xx

Step 1 Substantially All (i.e., $\geq \frac{2}{3}$ of medical/surgical benefits)

Deductible	\$0.00	0.00%	Fail
Copayment	\$287,638.48	86.24%	OP-OV INN Copayment
Coinsurance	\$0.00	0.00%	Fail
OOPM	\$333,530.40	100.00%	OP-OV INN OOPM
Total Projected	\$333,530.40		

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

Deductible ---- (3a) Outpatient - Office Visits, In-Network (OP-OV INN)	Errors found:	0
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 &	Error Checking
	\$0.00			
Total	\$0.00	0.00%		

Applies to substantially all medical/surgical benefits

ENTER different copayment amounts from smallest to largest.

Copayment	Allowed Claims	Portion	Predominant &	Error Checking
\$15.00	\$97,083.15	33.75%	\$15.00	
\$25.00	\$49,380.54	17.17%	\$25.00	
\$40.00	\$141,174.79	49.08%		
	\$0.00			
Total	\$287,638.48	100.00%		

Does not apply to substantially all medical/surgical b

DELETE any values in the left-hand column below.

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

Applies to substantially all medical/surgical benefits

ENTER different oopm amounts from smallest to largest.

OOPM	Allowed Claims	Portion	Predominant &	Error Checking
\$7,000.00	\$333,530.40	100.00%	\$7,000.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$333,530.40	100.00%		

Click>>>>>>>

Home

Errors found:0

<<<<Click the links in the cells below to scroll directly to the stated section>>>></td><td colspan=				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

Click>>>>>>>

Home

Errors found:0

<<<<Click the links in the cells below to scroll directly to the stated section>>>></td><td colspan=				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

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 testing outpatient office visits and all other outpatient services.

Classification	Outpatient - All Other	OP-AO
Network (In/Out)	In-Network	INN
Classification Code	3b	OP-AO INN
Table Name	tbl_OPADINN_P1	

Number of Rows17

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 (OOPM)	No Cost-Share (If true, enter "x")
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	After Deductible	\$668,238.27	\$1,000.00	\$350.00	N/A	\$7,000.00	
Outpatient Surgery Physician/Surgical Services	After Deductible	\$348,676.04	\$1,000.00	\$75.00	N/A	\$7,000.00	
Hospice	Before Deductible	\$3,939.41	N/A	\$15.00	N/A	\$7,000.00	
Urgent Care Centers or Facilities	Before Deductible	\$19,653.36	N/A	\$35.00	N/A	\$7,000.00	
Home Health Care Services	Before Deductible	\$5,715.24	N/A	\$15.00	N/A	\$7,000.00	
Outpatient Rehabilitation Services	Before Deductible	\$15,244.73	N/A	\$25.00	N/A	\$7,000.00	
Rehabilitation Services	Before Deductible	\$1,693.86	N/A	\$25.00	N/A	\$7,000.00	
Durable Medical	After Deductible	\$23,870.71	\$1,000.00	N/A	20%	\$7,000.00	
Hearing Aids	After Deductible	\$4,596.77	\$1,000.00	N/A	20%	\$7,000.00	
Imaging (CT/PET Scans, MRIs)	After Deductible	\$72,976.24	\$1,000.00	\$300.00	N/A	\$7,000.00	
Preventive Care/Screening/Immunization	Before Deductible	\$104,016.57	N/A	N/A	N/A	\$7,000.00	X
Acupuncture	Before Deductible	\$3,355.80	N/A	\$15.00	N/A	\$7,000.00	
Laboratory Outpatient and Professional Services	Before Deductible	\$87,838.31	N/A	\$20.00	N/A	\$7,000.00	
X-Rays and Diagnostic Imaging	Before Deductible	\$47,947.41	N/A	\$30.00	N/A	\$7,000.00	
Abortion for Which Public Funding is Prohibited	Before Deductible	\$3,501.70	N/A	N/A	N/A	\$7,000.00	X
Diabetes Education	Before Deductible	\$3,793.51	N/A	N/A	N/A	\$7,000.00	X
Prosthetic Devices	After Deductible	\$1,705.42	\$1,000.00	N/A	20%	\$7,000.00	
Total Row		\$1,416,763.34					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (3b) Outpatient - All Other, In-Network (OP-AO INN)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result	Enter Footnotes (as needed) about xx
Deductible	N/A	\$1,000.00	Pass	
Copayment	\$15.00	\$350.00	Pass	
Coinsurance	N/A	Fail	Pass	
OOPM	\$7,000.00	\$7,000.00	Pass	
Overall			Pass	

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)			
Deductible	\$1,120,063.44	79.06%	OP-AO INN Deductible
Copayment	\$1,275,278.66	90.01%	OP-AO INN Copayment
Coinsurance	\$30,172.90	2.13%	Fail
OOPM	\$1,416,763.34	100.00%	OP-AO INN OOPM
Total Projected	\$1,416,763.34		

Step 2 Predominant Level

Deductible ---- (3b) Outpatient - All Other, In-Network (OP-AO INN)			Errors found:		0
Applies to substantially all medical/surgical benefits in this classification. ENTER different deductible amounts from smallest to largest.					
Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking	
\$1,000.00	\$1,120,063.44	100.00%	\$1,000.00		
	\$0.00				
Total	\$1,120,063.44	100.00%			
Copayment ---- (3b) Outpatient - All Other, In-Network (OP-AO INN)			Errors found:		0
Applies to substantially all medical/surgical benefits in this classification. ENTER different copayment amounts from smallest to largest.					
Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking	
\$15.00	\$13,010.45	1.02%	\$15.00		
\$20.00	\$87,838.31	6.89%	\$20.00		
\$25.00	\$16,938.59	1.33%	\$25.00		
\$30.00	\$47,947.41	3.76%	\$30.00		
\$35.00	\$19,653.36	1.54%	\$35.00		
\$75.00	\$348,676.04	27.34%	\$75.00		
\$300.00	\$72,976.24	5.72%	\$300.00		
\$350.00	\$668,238.27	52.40%	\$350.00		
Total	\$1,275,278.66	100.00%			
Coinsurance ---- (3b) Outpatient - All Other, In-Network (OP-AO INN)			Errors found:		0
Does not apply to substantially all medical/surgical benefits in this classification. DELETE any values in the left-hand column below.					
Coinsurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking	
	\$0.00				
	\$0.00				
	\$0.00				
	\$0.00				
Total	\$0.00	0.00%			
OOPM ---- (3b) Outpatient - All Other, In-Network (OP-AO 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	
\$7,000.00	\$1,416,763.34	100.00%	\$7,000.00		
	\$0.00				
	\$0.00				
	\$0.00				
Total	\$1,416,763.34	100.00%			

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (4) Outpatient, Out-of-Network (OP OON)
Notes: Use this table if you are testing all outpatient services combined.

Classification	Outpatient	OP
Network (In/Out)	Out-of-Network	OON
Classification Code	4	OP OON
Table Name	tbl_OPOON_P1	

Number of Rows6

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 (OOPM)	No Cost-Share (If true, enter "x")
<<Enter description>>	<<Enter description>>						
Total Row		\$0.00					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (4) Outpatient, Out-of-Network (OP OON)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible		N/A	N/A
Copayment		N/A	N/A
Coinsurance		N/A	N/A
OOPM		N/A	N/A
Overall			Pass

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)			
Deductible	\$0.00		N/A
Copayment	\$0.00		N/A
Coinsurance	\$0.00		N/A
OOPM	\$0.00		N/A
Total Projected	\$0.00		

Enter Footnotes (as needed) about xx

Step 2 Predominant Level

Deductible ---- (4) Outpatient, Out-of-Network (OP OON)		Errors found:		0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.				
Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		
Copayment ---- (4) Outpatient, Out-of-Network (OP OON)		Errors found:		0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.				
Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		
Coinsurance ---- (4) Outpatient, Out-of-Network (OP OON)		Errors found:		0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.				
Coinsurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		
OOPM ---- (4) Outpatient, Out-of-Network (OP OON)		Errors found:		0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.				
OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

Click>>>>>

Home

Errors found:0

<<<<Click the links in the cells below to scroll directly to the stated section>>>></td><td colspan=				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

Click>>>>>

Home

Errors found:0

<<<<Click the links in the cells below to scroll directly to the stated section>>>></td><td colspan=				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (4a) Outpatient - Office Visits, Out-of-Network (OP-OV OON)
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)	Out-of-Network	OON
Classification Code	4a	OP-OV OON
Table Name	tbl_OPOVOON_P1	

Number of Rows6

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 (OOPM)	No Cost-Share (If true, enter "x")
<<Enter description>>	<<Enter description>>						
Total Row		\$0.00					

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (4b) Outpatient - All Other, Out-of-Network (OP-AO OON)
Notes: Use this table if you are separately testing outpatient office visits and all other outpatient services.

Classification	Outpatient - All Other	OP-AO
Network (In/Out)	Out-of-Network	OON
Classification Code	4b	OP-AO OON
Table Name	tbl_OPADOON_P1	

Number of Rows6

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 (OOPM)	No Cost-Share (If true, enter "x")
<<Enter description>>	<<Enter description>>						
Total Row		\$0.00					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (4a) Outpatient - Office Visits, Out-of-Network (OP-OV OON)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible		N/A	N/A
Copayment		N/A	N/A
Coinsurance		N/A	N/A
OOPM		N/A	N/A
Overall			Pass

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)			
Deductible	\$0.00		N/A
Copayment	\$0.00		N/A
Coinsurance	\$0.00		N/A
OOPM	\$0.00		N/A
Total Projected	\$0.00		

Enter Footnotes (as needed) about xx

Step 2 Predominant Level

Deductible ---- (4a) Outpatient - Office Visits, Out-of-Network (OP-OV OON)		Errors found:		0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.				
Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

Copayment ---- (4a) Outpatient - Office Visits, Out-of-Network (OP-OV OON)		Errors found:		0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.				
Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

Coinsurance ---- (4a) Outpatient - Office Visits, Out-of-Network (OP-OV OON)		Errors found:		0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.				
Coinsurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

OOPM ---- (4a) Outpatient - Office Visits, Out-of-Network (OP-OV OON)		Errors found:		0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.				
OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

Financial Parity for (4b) Outpatient - All Other, Out-of-Network (OP-AO OON)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible		N/A	N/A
Copayment		N/A	N/A
Coinsurance		N/A	N/A
OOPM		N/A	N/A
Overall			Pass

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)			
Deductible	\$0.00		N/A
Copayment	\$0.00		N/A
Coinsurance	\$0.00		N/A
OOPM	\$0.00		N/A
Total Projected	\$0.00		

Enter Footnotes (as needed) about xx

Step 2 Predominant Level

Deductible ---- (4b) Outpatient - All Other, Out-of-Network (OP-AO OON)			Errors found:		0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.					
Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking	
	\$0.00				
	\$0.00				
Total	\$0.00	0.00%			

Copayment ---- (4b) Outpatient - All Other, Out-of-Network (OP-AO OON)			Errors found:		0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.					
Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking	
	\$0.00				
	\$0.00				
	\$0.00				
	\$0.00				
Total	\$0.00	0.00%			

Coinsurance ---- (4b) Outpatient - All Other, Out-of-Network (OP-AO OON)			Errors found:		0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.					
Coinsurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking	
	\$0.00				
	\$0.00				
	\$0.00				
	\$0.00				
Total	\$0.00	0.00%			

OOPM ---- (4b) Outpatient - All Other, Out-of-Network (OP-AO OON)			Errors found:		0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.					
OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking	
	\$0.00				
	\$0.00				
	\$0.00				
	\$0.00				
Total	\$0.00	0.00%			

Click>>>>

[Home](#)

Errors found:

0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

Click>>>>

[Home](#)

Errors found:

0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

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

Benefit Classification (5) Emergency Care, (ER)

Classification	Emergency Care	ER
Network (In/Out)	N/A	
Classification Code	5	ER
Table Name	tbl_ER_P1	

Number of Rows3

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 (OOPM)	No Cost-Share (If true, enter "x")
Emergency Room Services	After Deductible	\$321,988.33	\$1,000.00	\$450.00	N/A	\$7,000.00	
Emergency Transportation/Ambulance	Before Deductible	\$12,629.95	N/A	\$375.00	N/A	\$7,000.00	
Emergency Room Physician Services	After Deductible	\$19,664.69	\$1,000.00	N/A	N/A	\$7,000.00	
Total Row		\$354,282.97					

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

Benefit Classification (6) Prescription Drugs, (RX)

Classification	Prescription Drugs	RX
Network (In/Out)	N/A	
Classification Code	6	RX
Table Name	tbl_RX_P1	

Number of Rows6

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 (OOPM)	No Cost-Share (If true, enter "x")
<<Enter description>>	<<Enter description>>						
Total Row		\$0.00					

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

Financial Parity for (5) Emergency Care, (ER)

Cost-Share Type	MHSUD Cost-Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible	\$1,000.00	\$1,000.00	Pass
Copayment	N/A	\$450.00	Pass
Coinsurance	N/A	Fail	Pass
OOPM	\$7,000.00	\$7,000.00	Pass
Overall			Pass

*If not applicable, enter "N/A"

Cost-Share Type	MHSUD Cost-Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible	\$341,653.02	96.44%	ER Deductible
Copayment	\$334,618.28	94.45%	ER Copayment
Coinsurance	\$0.00	0.00%	Fail
OOPM	\$354,282.97	100.00%	ER OOPM
Total Projected	\$354,282.97		

Enter Footnotes (as needed) about xx

Step 2 Predominant Level

Deductible — (5) Emergency Care, (ER)		Errors found:		0
Applies to substantially all medical/surgical benefits in this classification. ENTER different deductible amounts from smallest to largest.				
Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$1,000.00	\$341,653.02	100.00%	\$1,000.00	
\$0.00				
Total	\$341,653.02	100.00%		

Copayment — (5) Emergency Care, (ER)		Errors found:		0
Applies to substantially all medical/surgical benefits in this classification. ENTER different copayment amounts from smallest to largest.				
Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$375.00	\$12,629.95	3.77%	\$375.00	
\$450.00	\$321,988.33	96.23%	\$450.00	
\$0.00				
\$0.00				
Total	\$334,618.28	100.00%		

Coinsurance — (5) Emergency Care, (ER)		Errors found:		0
Does not apply to substantially all medical/surgical benefits in this classification. DELETE any values in the left-hand column below.				
Coinsurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

OOPM — (5) Emergency Care, (ER)		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
\$7,000.00	\$354,282.97	100.00%	\$7,000.00	
\$0.00				
\$0.00				
\$0.00				
Total	\$354,282.97	100.00%		

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

Financial Parity for (6) Prescription Drugs, (RX)

Cost-Share Type	MHSUD Cost-Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible		N/A	N/A
Copayment		N/A	N/A
Coinsurance		N/A	N/A
OOPM		N/A	N/A
Overall			Pass

*If not applicable, enter "N/A"

Cost-Share Type	MHSUD Cost-Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible	\$0.00		N/A
Copayment	\$0.00		N/A
Coinsurance	\$0.00		N/A
OOPM	\$0.00		N/A
Total Projected	\$0.00		

Enter Footnotes (as needed) about xx

Step 2 Predominant Level

Deductible — (6) Prescription Drugs, (RX)		Errors found:		0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.				
Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

Copayment — (6) Prescription Drugs, (RX)		Errors found:		0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.				
Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

Coinsurance — (6) Prescription Drugs, (RX)		Errors found:		0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.				
Coinsurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

OOPM — (6) Prescription Drugs, (RX)		Errors found:		0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.				
OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

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

Issuer / Market: Wellpoint Washington, Inc.
Market: Individual

Workbook Info

[Link back to Summary Sheet](#)
[User Inputs Cell Format](#)
See the Example worksheet for additional details.

PLAN INFORMATION

Plan Name: Wellpoint Cascade Complete Gold
Plan ID: 12435WA0010001-3

<<<<This will auto populate from summary sheet macro
<<<<This will auto populate from summary sheet macro

CSR Variant Description: 3 <<<<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 cells below to scroll directly to the stated section>>>>

[Move to IP INN](#)
[Move to OP OON](#)

[Move to IP OON](#)
[Move to OP-OV OON](#)

[Move to OP INN](#)
[Move to OP-AO OON](#)

[Move to OP-OV INN](#)
[Move to ER](#)

[Move to OP-AO INN](#)
[Move to RX](#)

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

[Update Columns](#)
[Hide/Unhide All Columns](#)

No Errors found?

TRUE

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		E. Test Results
					D1. In-Network	D2. Out-of-Network	
Inpatient	No	Yes			Pass		Pass
Outpatient							
Outpatient – All Services Combined							
Outpatient – Office Visits Separate							
Outpatient – Office Visits	No	Yes			Pass		Pass
Outpatient - All Other	No	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	No	Yes	Pass				
Prescription Drugs	Yes	No	Pass				

Benefit Classification (1) Inpatient, In-Network (IP INN)

Click>>>>>>

Home

Errors found:0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

Benefit Classification (2) Inpatient, Out-of-Network (IP OON)

Click>>>>>>

Home

Errors found:0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (1) Inpatient, In-Network (IP INN)

Classification	Inpatient	IP
Network (In/Out)	In-Network	INN
Classification Code	1	IP INN
Table Name	tbl_IPINN_P1	

Number of Rows7

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 (OOPM)	No Cost-Share (If true, enter "x")
Inpatient Hospital Services (e.g., Hospital Stay)	Before Deductible	\$506,822.00	N/A	\$525.00	N/A	\$7,000.00	
Inpatient Physician and Surgical Services	Before Deductible	\$85,391.15	N/A	N/A	N/A	\$7,000.00	
Skilled Nursing Facility	After Deductible	\$2,093.55	\$1,000.00	\$350.00	N/A	\$7,000.00	
Prenatal and Post Natal Care	Before Deductible	\$66,181.19	N/A	N/A	N/A	\$7,000.00	
Delivery and All Inpatient Services for Maternity Care	Before Deductible	\$127,763.47	N/A	\$525.00	N/A	\$7,000.00	
Well Baby Visits and Care	Before Deductible	\$9,492.21	N/A	N/A	N/A	\$7,000.00	
Transplant	Before Deductible	\$599.45	N/A	\$525.00	N/A	\$7,000.00	
Total Row		\$798,339.02					

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (2) Inpatient, Out-of-Network (IP OON)

Classification	Inpatient	IP
Network (In/Out)	Out-of-Network	OON
Classification Code	2	IP OON
Table Name	tbl_IPOON_P1	

Number of Rows6

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 (OOPM)	No Cost-Share (If true, enter "x")
<<Enter description>>	<<Enter description>>						
Total Row		\$0.00					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (1) Inpatient, In-Network (IP INN)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible	N/A	Fail	Pass
Copayment	\$525.00	\$525.00	Pass
Coinsurance	N/A	Fail	Pass
OOPM	\$7,000.00	\$7,000.00	Pass
Overall			Pass

*If not applicable, enter "N/A"

Deductible	\$2,093.55	0.26%	Fail
Copayment	\$637,274.47	79.83%	IP INN Copayment
Coinsurance	\$0.00	0.00%	Fail
OOPM	\$798,339.02	100.00%	IP INN OOPM
Total Projected	\$798,339.02		

Enter Footnotes (as needed) about xx

Step 1 Substantially All (i.e., ≥ ¾ of medical/surgical benefits)

Deductible	\$2,093.55	0.26%	Fail
Copayment	\$637,274.47	79.83%	IP INN Copayment
Coinsurance	\$0.00	0.00%	Fail
OOPM	\$798,339.02	100.00%	IP INN OOPM
Total Projected	\$798,339.02		

Step 2 Predominant Level

Deductible — (1) Inpatient, In-Network (IP INN)		Errors found:		0
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			
Total	\$0.00	0.00%		
Copayment — (1) Inpatient, In-Network (IP INN)		Errors found:		0
Applies to substantially all medical/surgical benefits in this classification. ENTER different copayment amounts from smallest to largest.				
Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$350.00	\$2,093.55	0.33%	\$350.00	
\$525.00	\$635,180.92	99.67%	\$525.00	
	\$0.00			
	\$0.00			
Total	\$637,274.47	100.00%		
Coinsurance — (1) Inpatient, In-Network (IP INN)		Errors found:		0
Does not apply to substantially all medical/surgical benefits in this classification. DELETE any values in the left-hand column below.				
Coinsurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		
OOPM — (1) Inpatient, In-Network (IP 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
\$7,000.00	\$798,339.02	100.00%	\$7,000.00	
	\$0.00			
	\$0.00			
Total	\$798,339.02	100.00%		

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (2) Inpatient, Out-of-Network (IP OON)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible	N/A	N/A	N/A
Copayment	N/A	N/A	N/A
Coinsurance	N/A	N/A	N/A
OOPM	N/A	N/A	N/A
Overall			Pass

*If not applicable, enter "N/A"

Deductible	\$0.00	N/A
Copayment	\$0.00	N/A
Coinsurance	\$0.00	N/A
OOPM	\$0.00	N/A
Total Projected	\$0.00	

Enter Footnotes (as needed) about xx

Step 1 Substantially All (i.e., ≥ ¾ of medical/surgical benefits)

Deductible	\$0.00	N/A
Copayment	\$0.00	N/A
Coinsurance	\$0.00	N/A
OOPM	\$0.00	N/A
Total Projected	\$0.00	

Step 2 Predominant Level

Deductible — (2) Inpatient, Out-of-Network (IP OON)		Errors found:		0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.				
Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		
Copayment — (2) Inpatient, Out-of-Network (IP OON)		Errors found:		0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.				
Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		
Coinsurance — (2) Inpatient, Out-of-Network (IP OON)		Errors found:		0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.				
Coinsurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		
OOPM — (2) Inpatient, Out-of-Network (IP OON)		Errors found:		0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.				
OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

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

Errors found: 0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

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

Errors found: 0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (3) Outpatient, In-Network (OP INN)

Notes: Use this table if you are testing all outpatient services combined.

Classification	Outpatient	OP
Network (In/Out)	In-Network	INN
Classification Code	3	OP INN
Table Name	tbl_OPINN_P1	

Number of Rows6

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 (OOPM)	No Cost-Share (If true, enter "x")
<<Enter description>>	<<Enter description>>						
Total Row		\$0.00					

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

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 Visits	OP-OV
Network (In/Out)	In-Network	INN
Classification Code	3a	OP-OV INN
Table Name	tbl_OPOVINN_P1	

Number of Rows10

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 (OOPM)	No Cost-Share (If true, enter "x")
Primary Care Visit to Treat an Injury or Illness	Before Deductible	\$88,935.23	N/A	\$15.00	N/A	\$7,000.00	
Other Practitioner Office Visit (Nurse, Physician Assistant)	Before Deductible	\$3,831.98	N/A	\$15.00	N/A	\$7,000.00	
Specialist Visit	Before Deductible	\$141,174.79	N/A	\$40.00	N/A	\$7,000.00	
Chiropractic Care	Before Deductible	\$4,315.94	N/A	\$15.00	N/A	\$7,000.00	
Rehabilitative Speech Therapy	Before Deductible	\$3,056.09	N/A	\$25.00	N/A	\$7,000.00	
Rehabilitative Occupational and Rehabilitative Physical Therapy	Before Deductible	\$46,324.45	N/A	\$25.00	N/A	\$7,000.00	
Routine Eye Exam for Children	Before Deductible	\$3,162.41	N/A	N/A	N/A	\$7,000.00	
Eye Glasses for Children	Before Deductible	\$4,272.95	N/A	N/A	N/A	\$7,000.00	
Nutritional Counseling	Before Deductible	\$17,091.80	N/A	N/A	N/A	\$7,000.00	
Diabetes Care Management	Before Deductible	\$21,364.75	N/A	N/A	N/A	\$7,000.00	
Total Row		\$333,530.40					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (3) Outpatient, In-Network (OP INN)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible	N/A	N/A	N/A
Copayment		N/A	N/A
Coinsurance	N/A	N/A	N/A
OOPM	N/A	N/A	N/A
Overall			Pass

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)

Deductible	\$0.00	N/A
Copayment	\$0.00	N/A
Coinsurance	\$0.00	N/A
OOPM	\$0.00	N/A
Total Projected	\$0.00	

Step 2 Predominant Level

Deductible ---- (3) Outpatient, In-Network (OP INN) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

Copayment ---- (3) Outpatient, In-Network (OP INN)

Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

Coinsurance ---- (3) Outpatient, In-Network (OP INN)

Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

OOPM ---- (3) Outpatient, In-Network (OP INN)

Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

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 Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible	N/A	Fail	Pass
Copayment	\$15.00	\$25.00	Pass
Coinsurance	N/A	Fail	Pass
OOPM	\$7,000.00	\$7,000.00	Pass
Overall			Pass

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)

Deductible	\$0.00	0.00%	Fail
Copayment	\$287,638.48	86.24%	OP-OV INN Copayment
Coinsurance	\$0.00	0.00%	Fail
OOPM	\$333,530.40	100.00%	OP-OV INN OOPM
Total Projected	\$333,530.40		

Step 2 Predominant Level

Deductible ---- (3a) Outpatient - Office Visits, In-Network (OP-OV INN) Errors found: 0

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 &	Error Checking
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

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

Errors found: 0

Applies to substantially all medical/surgical benefits in this classification.

ENTER different copayment amounts from smallest to largest.

Copayment	Allowed Claims	Portion	Predominant &	Error Checking
\$15.00	\$97,083.15	33.75%	\$15.00	
\$25.00	\$49,380.54	17.17%	\$25.00	
\$40.00	\$141,174.79	49.08%		
	\$0.00			
Total	\$287,638.48	100.00%		

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

Errors found: 0

Does not apply to substantially all medical/surgical benefits in this classification.

DELETE any values in the left-hand column below.

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

OOPM ---- (3a) Outpatient - Office Visits, In-Network (OP-OV 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 &	Error Checking
\$7,000.00	\$333,530.40	100.00%	\$7,000.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$333,530.40	100.00%		

Click>>>>>>

Home

Errors found:0

<<<<Click the links in the cells below to scroll directly to the stated section>>>></td><td></td><td></td><td></td><td></td></tr><tr><td>Move to IP INN</td><td>Move to IP OON</td><td>Move to OP INN</td><td>Move to OP-OV INN</td><td>Move to OP-AO INN</td></tr><tr><td>Move to OP OON</td><td>Move to OP-OV OON</td><td>Move to OP-AO OON</td><td>Move to ER</td><td>Move to RX</td></tr></table></div><div data-bbox="513 95 620 103" data-label="Page-Header"><p>Benefit Classification (4) Outpatient, Out-of-Network (OP OON)</p></div><div data-bbox="513 156 726 201" data-label="Complex-Block"><div>Click>>>>>><div>Home</div><div>Errors found:0</div></div><table><tr><td colspan="5"><<<<Click the links in the cells below to scroll directly to the stated section>>>></td><td></td><td></td><td></td><td></td></tr><tr><td>Move to IP INN</td><td>Move to IP OON</td><td>Move to OP INN</td><td>Move to OP-OV INN</td><td>Move to OP-AO INN</td></tr><tr><td>Move to OP OON</td><td>Move to OP-OV OON</td><td>Move to OP-AO OON</td><td>Move to ER</td><td>Move to RX</td></tr></table></div></div><div data-bbox="23 934 76 941" data-label="Page-Footer"><p>MHSUD Calculations Duplicate.xlsm</p></div><div data-bbox="489 934 511 941" data-label="Page-Footer"><p>Page 55 of 174</p></div><div data-bbox="923 934 977 941" data-label="Page-Footer"><p>12435WA0010001-3 Worksheet</p></div></div>				
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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 testing outpatient office visits and all other outpatient services.

Classification	Outpatient - All Other	OP-AO
Network (In/Out)	In-Network	INN
Classification Code	3b	OP-AO INN
Table Name	tbl_OPADINN_P1	

Number of Rows17

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 (OOPM)	No Cost-Share (If true, enter "x")
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	After Deductible	\$668,238.27	\$1,000.00	\$350.00	N/A	\$7,000.00	
Outpatient Surgery Physician/Surgical Services	After Deductible	\$348,676.04	\$1,000.00	\$75.00	N/A	\$7,000.00	
Hospice	Before Deductible	\$3,939.41	N/A	\$15.00	N/A	\$7,000.00	
Urgent Care Centers or Facilities	Before Deductible	\$19,653.36	N/A	\$35.00	N/A	\$7,000.00	
Home Health Care Services	Before Deductible	\$5,715.24	N/A	\$15.00	N/A	\$7,000.00	
Outpatient Rehabilitation Services	Before Deductible	\$15,244.73	N/A	\$25.00	N/A	\$7,000.00	
Rehabilitation Services	Before Deductible	\$1,693.86	N/A	\$25.00	N/A	\$7,000.00	
Durable Medical	After Deductible	\$23,870.71	\$1,000.00	N/A	20%	\$7,000.00	
Hearing Aids	After Deductible	\$4,596.77	\$1,000.00	N/A	20%	\$7,000.00	
Imaging (CT/PET Scans, MRIs)	After Deductible	\$72,976.24	\$1,000.00	\$300.00	N/A	\$7,000.00	
Preventive Care/Screening/Immunization	Before Deductible	\$104,016.57	N/A	N/A	N/A	\$7,000.00	X
Acupuncture	Before Deductible	\$3,355.80	N/A	\$15.00	N/A	\$7,000.00	
Laboratory Outpatient and Professional Services	Before Deductible	\$87,838.31	N/A	\$20.00	N/A	\$7,000.00	
X-Rays and Diagnostic Imaging	Before Deductible	\$47,947.41	N/A	\$30.00	N/A	\$7,000.00	
Abortion for Which Public Funding is Prohibited	Before Deductible	\$3,501.70	N/A	N/A	N/A	\$7,000.00	
Diabetes Education	Before Deductible	\$3,793.51	N/A	N/A	N/A	\$7,000.00	
Prosthetic Devices	After Deductible	\$1,705.42	\$1,000.00	N/A	20%	\$7,000.00	
Total Row		\$1,416,763.34					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (3b) Outpatient - All Other, In-Network (OP-AO INN)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result	Enter Footnotes (as needed) about xx
Deductible	N/A	\$1,000.00	Pass	
Copayment	\$15.00	\$350.00	Pass	
Coinsurance	N/A	Fail	Pass	
OOPM	\$7,000.00	\$7,000.00	Pass	
Overall			Pass	

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)			
Deductible	\$1,120,063.44	79.06%	OP-AO INN Deductible
Copayment	\$1,275,278.66	90.01%	OP-AO INN Copayment
Coinsurance	\$30,172.90	2.13%	Fail
OOPM	\$1,416,763.34	100.00%	OP-AO INN OOPM
Total Projected	\$1,416,763.34		

Step 2 Predominant Level

Deductible ---- (3b) Outpatient - All Other, In-Network (OP-AO INN)			Errors found:		0
Applies to substantially all medical/surgical benefits in this classification. ENTER different deductible amounts from smallest to largest.					
Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking	
\$1,000.00	\$1,120,063.44	100.00%	\$1,000.00		
	\$0.00				
Total	\$1,120,063.44	100.00%			
Copayment ---- (3b) Outpatient - All Other, In-Network (OP-AO INN)			Errors found:		0
Applies to substantially all medical/surgical benefits in this classification. ENTER different copayment amounts from smallest to largest.					
Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking	
\$15.00	\$13,010.45	1.02%	\$15.00		
\$20.00	\$87,838.31	6.89%	\$20.00		
\$25.00	\$16,938.59	1.33%	\$25.00		
\$30.00	\$47,947.41	3.76%	\$30.00		
\$35.00	\$19,653.36	1.54%	\$35.00		
\$75.00	\$348,676.04	27.34%	\$75.00		
\$300.00	\$72,976.24	5.72%	\$300.00		
\$350.00	\$668,238.27	52.40%	\$350.00		
Total	\$1,275,278.66	100.00%			
Coinsurance ---- (3b) Outpatient - All Other, In-Network (OP-AO INN)			Errors found:		0
Does not apply to substantially all medical/surgical benefits in this classification. DELETE any values in the left-hand column below.					
Coinsurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking	
	\$0.00				
	\$0.00				
	\$0.00				
	\$0.00				
Total	\$0.00	0.00%			
OOPM ---- (3b) Outpatient - All Other, In-Network (OP-AO 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	
\$7,000.00	\$1,416,763.34	100.00%	\$7,000.00		
	\$0.00				
	\$0.00				
	\$0.00				
Total	\$1,416,763.34	100.00%			

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (4) Outpatient, Out-of-Network (OP OON)
Notes: Use this table if you are testing all outpatient services combined.

Classification	Outpatient	OP
Network (In/Out)	Out-of-Network	OON
Classification Code	4	OP OON
Table Name	tbl_OP00ON_P1	

Number of Rows6

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 (OOPM)	No Cost-Share (If true, enter "x")
<<Enter description>>	<<Enter description>>						
Total Row		\$0.00					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (4) Outpatient, Out-of-Network (OP OON)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible		N/A	N/A
Copayment		N/A	N/A
Coinsurance		N/A	N/A
OOPM		N/A	N/A
Overall			Pass

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)			
Deductible	\$0.00		N/A
Copayment	\$0.00		N/A
Coinsurance	\$0.00		N/A
OOPM	\$0.00		N/A
Total Projected	\$0.00		

Enter Footnotes (as needed) about xx

Step 2 Predominant Level

Deductible ---- (4) Outpatient, Out-of-Network (OP OON)		Errors found:		0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.				
Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		
Copayment ---- (4) Outpatient, Out-of-Network (OP OON)		Errors found:		0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.				
Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		
Coinsurance ---- (4) Outpatient, Out-of-Network (OP OON)		Errors found:		0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.				
Coinsurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		
OOPM ---- (4) Outpatient, Out-of-Network (OP OON)		Errors found:		0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.				
OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

Click>>>>>>

Home

Errors found:0

<<<<Click the links in the cells below to scroll directly to the stated section>>>></td><td colspan=				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

Click>>>>>>

Home

Errors found:0

<<<<Click the links in the cells below to scroll directly to the stated section>>>></td><td colspan=				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (4a) Outpatient - Office Visits, Out-of-Network (OP-OV OON)

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)	Out-of-Network	OON
Classification Code	4a	OP-OV OON
Table Name		tbl_OPOVOON_P1

Number of Rows 6

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 (OOPM)	No Cost-Share (If true, enter "x")
<<Enter description>>	<<Enter description>>						
Total Row		\$0.00					

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (4b) Outpatient - All Other, Out-of-Network (OP-AO OON)

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

Classification	Outpatient - All Other	OP-AO
Network (In/Out)	Out-of-Network	OON
Classification Code	4b	OP-AO OON
Table Name		tbl_OPADOON_P1

Number of Rows 6

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 (OOPM)	No Cost-Share (If true, enter "x")
<<Enter description>>	<<Enter description>>						
Total Row		\$0.00					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (4a) Outpatient - Office Visits, Out-of-Network (OP-OV OON)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible		N/A	N/A
Copayment		N/A	N/A
Coinsurance		N/A	N/A
OOPM		N/A	N/A
Overall			Pass

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)

Deductible	\$0.00	N/A
Copayment	\$0.00	N/A
Coinsurance	\$0.00	N/A
OOPM	\$0.00	N/A
Total Projected	\$0.00	

Step 2 Predominant Level

Deductible ---- (4a) Outpatient - Office Visits, Out-of-Network (OP-OV OON)

Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

Copayment ---- (4a) Outpatient - Office Visits, Out-of-Network (OP-OV OON)

Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

Coinsurance ---- (4a) Outpatient - Office Visits, Out-of-Network (OP-OV OON)

Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

OOPM ---- (4a) Outpatient - Office Visits, Out-of-Network (OP-OV OON)

Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (4b) Outpatient - All Other, Out-of-Network (OP-AO OON)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible		N/A	N/A
Copayment		N/A	N/A
Coinsurance		N/A	N/A
OOPM		N/A	N/A
Overall			Pass

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)

Deductible	\$0.00	N/A
Copayment	\$0.00	N/A
Coinsurance	\$0.00	N/A
OOPM	\$0.00	N/A
Total Projected	\$0.00	

Step 2 Predominant Level

Deductible ---- (4b) Outpatient - All Other, Out-of-Network (OP-AO OON)

Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

Copayment ---- (4b) Outpatient - All Other, Out-of-Network (OP-AO OON)

Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

Coinsurance ---- (4b) Outpatient - All Other, Out-of-Network (OP-AO OON)

Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

OOPM ---- (4b) Outpatient - All Other, Out-of-Network (OP-AO OON)

Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

Click>>>>

[Home](#)

Errors found:

0

<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

Click>>>>

[Home](#)

Errors found:

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<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (5) Emergency Care, (ER)

Classification

Emergency Care

ER

Network (In/Out)

N/A

Classification Code

5

ER

Table Name

tbl_ER_P1

Number of Rows3

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 (OOPM)	No Cost-Share (If true, enter "x")
Emergency Room Services	After Deductible	\$321,988.33	\$1,000.00	\$450.00	N/A	\$7,000.00	
Emergency Transportation/Ambulance	Before Deductible	\$12,629.95	N/A	\$375.00	N/A	\$7,000.00	
Emergency Room Physician Services	After Deductible	\$19,664.69	\$1,000.00	N/A	N/A	\$7,000.00	
Total Row		\$354,282.97					

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (6) Prescription Drugs, (RX)

Classification

Prescription Drugs

RX

Network (In/Out)

N/A

Classification Code

6

RX

Table Name

tbl_RX_P1

Number of Rows6

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 (OOPM)	No Cost-Share (If true, enter "x")
<<Enter description>>	<<Enter description>>						
Total Row		\$0.00					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (5) Emergency Care, (ER)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible	\$1,000.00	\$1,000.00	Pass
Copayment	N/A	\$450.00	Pass
Coinsurance	N/A	Fail	Pass
OOPM	\$7,000.00	\$7,000.00	Pass
Overall			Pass

Enter Footnotes (as needed) about xx

Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)

Deductible	\$341,653.02	96.44%	ER Deductible
Copayment	\$334,618.28	94.45%	ER Copayment
Coinsurance	\$0.00	0.00%	Fail
OOPM	\$354,282.97	100.00%	ER OOPM
Total Projected	\$354,282.97		

Financial Parity for (6) Prescription Drugs, (RX)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible		N/A	N/A
Copayment		N/A	N/A
Coinsurance		N/A	N/A
OOPM		N/A	N/A
Overall			Pass

Enter Footnotes (as needed) about xx

Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)

Deductible	\$0.00	N/A
Copayment	\$0.00	N/A
Coinsurance	\$0.00	N/A
OOPM	\$0.00	N/A
Total Projected	\$0.00	

Step 2 Predominant Level

Deductible — (5) Emergency Care, (ER)

Errors found:

0

Applies to substantially all medical/surgical benefits in this classification.
ENTER different deductible amounts from smallest to largest.

Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$1,000.00	\$341,653.02	100.00%	\$1,000.00	
\$0.00				
Total	\$341,653.02	100.00%		

Copayment — (5) Emergency Care, (ER)

Errors found:

0

Applies to substantially all medical/surgical benefits in this classification.
ENTER different copayment amounts from smallest to largest.

Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$375.00	\$12,629.95	3.77%	\$375.00	
\$450.00	\$321,988.33	96.23%	\$450.00	
\$0.00				
\$0.00				
Total	\$334,618.28	100.00%		

Coinsurance — (5) Emergency Care, (ER)

Errors found:

0

Does not apply to substantially all medical/surgical benefits in this classification.
DELETE any values in the left-hand column below.

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

OOPM — (5) Emergency Care, (ER)

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
\$7,000.00	\$354,282.97	100.00%	\$7,000.00	
\$0.00				
\$0.00				
\$0.00				
Total	\$354,282.97	100.00%		

Step 2 Predominant Level

Deductible — (6) Prescription Drugs, (RX)

Errors found:

0

If testing is required for this benefit classification:
Please ensure each different cost-share combination is entered above in PART 1.

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

Copayment — (6) Prescription Drugs, (RX)

Errors found:

0

If testing is required for this benefit classification:
Please ensure each different cost-share combination is entered above in PART 1.

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

Coinsurance — (6) Prescription Drugs, (RX)

Errors found:

0

If testing is required for this benefit classification:
Please ensure each different cost-share combination is entered above in PART 1.

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

OOPM — (6) Prescription Drugs, (RX)

Errors found:

0

If testing is required for this benefit classification:
Please ensure each different cost-share combination is entered above in PART 1.

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

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

Issuer / Market: Wellpoint Washington, Inc.
Market: Individual

Workbook Info

[Link back to Summary Sheet](#)
[User Inputs Cell Format](#)
See the Example worksheet for additional details.

PLAN INFORMATION

Plan Name: Wellpoint Gold EPO 1900
Plan ID: 12435WA0010002-0
CSR Variant Description: <<<<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 cells below to scroll directly to the stated section>>>>

[Move to IP INN](#)[Move to IP OON](#)[Move to OP INN](#)[Move to OP-OV INN](#)[Move to OP-AO INN](#)[Move to OP OON](#)[Move to OP-OV OON](#)[Move to OP-AO OON](#)[Move to ER](#)[Move to RX](#)

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

[Update Columns](#)
[Hide/Unhide All Columns](#)

No Errors found?

TRUE

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		E. Test Results
					D1. In-Network	D2. Out-of-Network	
Inpatient	No	Yes			Pass		Pass
Outpatient							
Outpatient - All Services Combined							
Outpatient - Office Visits Separate							
Outpatient - Office Visits	No	Yes			Pass		Pass
Outpatient - All Other	No	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	No	Yes	Pass				
Prescription Drugs	Yes	No	Pass				

Benefit Classification (1) Inpatient, In-Network (IP INN)

Click>>>>>

Home

Errors found:

0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

Benefit Classification (2) Inpatient, Out-of-Network (IP OON)

Click>>>>>

Home

Errors found:

0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (1) Inpatient, In-Network (IP INN)

Classification	Inpatient	IP
Network (In/Out)	In-Network	INN
Classification Code	1	IP INN
Table Name	tbl_IPINN_P1	

Number of Rows7

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 (OOPM)	No Cost-Share (If true, enter "x")
Inpatient Hospital Services (e.g., Hospital Stay)	Before Deductible	\$510,367.26	N/A	\$650.00	N/A	\$8,800.00	
Inpatient Physician and Surgical Services	Before Deductible	\$85,826.73	N/A	N/A	N/A	\$8,800.00	
Skilled Nursing Facility	After Deductible	\$2,117.35	\$1,900.00	\$350.00	N/A	\$8,800.00	
Prenatal and Post Natal Care	Before Deductible	\$66,918.19	N/A	N/A	N/A	\$8,800.00	
Delivery and All Inpatient Services for Maternity Care	Before Deductible	\$129,141.54	N/A	\$650.00	N/A	\$8,800.00	
Well Baby Visits and Care	Before Deductible	\$9,600.11	N/A	N/A	N/A	\$8,800.00	
Transplant	Before Deductible	\$741.52	N/A	\$650.00	N/A	\$8,800.00	
Total Row		\$804,712.69					

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (2) Inpatient, Out-of-Network (IP OON)

Classification	Inpatient	IP
Network (In/Out)	Out-of-Network	OON
Classification Code	2	IP OON
Table Name	tbl_IPOON_P1	

Number of Rows6

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 (OOPM)	No Cost-Share (If true, enter "x")
<<Enter description>>	<<Enter description>>						
Total Row		\$0.00					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (1) Inpatient, In-Network (IP INN)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result	Enter Footnotes (as needed) about
Deductible	N/A	Fail	Pass	xx
Copayment	\$650.00	\$650.00	Pass	
Coinsurance	N/A	Fail	Pass	
OOPM	\$8,800.00	\$8,800.00	Pass	
Overall			Pass	

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)

Deductible	\$2,117.35	0.26%	Fail
Copayment	\$642,367.66	79.83%	IP INN Copayment
Coinsurance	\$0.00	0.00%	Fail
OOPM	\$804,712.69	100.00%	IP INN OOPM
Total Projected	\$804,712.69		

Step 2 Predominant Level

Deductible ---- (1) Inpatient, In-Network (IP INN)		Errors found:		0
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			
Total	\$0.00	0.00%		
Copayment ---- (1) Inpatient, In-Network (IP INN)		Errors found:		0
Applies to substantially all medical/surgical benefits in this classification. ENTER different copayment amounts from smallest to largest.				
Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$350.00	\$2,117.35	0.33%	\$350.00	
\$650.00	\$640,250.31	99.67%	\$650.00	
	\$0.00			
Total	\$642,367.66	100.00%		
Coinsurance ---- (1) Inpatient, In-Network (IP INN)		Errors found:		0
Does not apply to substantially all medical/surgical benefits in this classification. DELETE any values in the left-hand column below.				
Coinsurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		
OOPM ---- (1) Inpatient, In-Network (IP 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
\$8,800.00	\$804,712.69	100.00%	\$8,800.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$804,712.69	100.00%		

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (2) Inpatient, Out-of-Network (IP OON)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result	Enter Footnotes (as needed) about
Deductible		N/A	N/A	xx
Copayment		N/A	N/A	
Coinsurance		N/A	N/A	
OOPM		N/A	N/A	
Overall			Pass	

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)

Deductible	\$0.00		N/A
Copayment	\$0.00		N/A
Coinsurance	\$0.00		N/A
OOPM	\$0.00		N/A
Total Projected	\$0.00		

Step 2 Predominant Level

Deductible ---- (2) Inpatient, Out-of-Network (IP OON)		Errors found:		
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.				
Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		
Copayment ---- (2) Inpatient, Out-of-Network (IP OON)		Errors found:		
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.				
Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		
Coinsurance ---- (2) Inpatient, Out-of-Network (IP OON)		Errors found:		
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.				
Coinsurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		
OOPM ---- (2) Inpatient, Out-of-Network (IP OON)		Errors found:		
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.				
OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

Click>>>>>

Home

Errors found:

0

<<<<Click the links in the cells below to scroll directly to the stated section>>>></td><td></td></tr><tr><td>Move to IP INN</td><td>Move to IP OON</td><td>Move to OP INN</td><td>Move to OP-OV INN</td><td>Move to OP-AO INN</td></tr><tr><td>Move to OP OON</td><td>Move to OP-OV OON</td><td>Move to OP-AO OON</td><td>Move to ER</td><td>Move to RX</td></tr></table></div><div data-bbox="540 95 675 104" data-label="Page-Header"><p>Benefit Classification (3a) Outpatient - Office Visits, In-Network (OP-OV INN)</p></div><div data-bbox="557 161 713 170" data-label="Text"><p>Click>>>>> <div>Home</div> <div>Errors found:</div> <div>0</div></p></div><div data-bbox="524 182 718 207" data-label="Table"><table><tr><td data-cs= <div data-bbox="62 2039 228 2055" data-label="Page-Footer"><p>MHSUD Calculations Duplicate.xlsm</p></div> <div data-bbox="1393 2039 1462 2055" data-label="Page-Footer"><p>Page 65 of 174</p></div> <div data-bbox="2633 2039 2793 2055" data-label="Page-Footer"><p>12435WA0010002-0 Worksheet</p></div>

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (3) Outpatient, In-Network (OP INN)
Notes: Use this table if you are testing all outpatient services combined.

Classification	Outpatient	OP
Network (In/Out)	In-Network	INN
Classification Code	3	OP INN
Table Name	tbl_OPINN_P1	

Number of Rows6

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 (OOPM)	No Cost-Share (If true, enter "x")
<<Enter description>>	<<Enter description>>						
Total Row		\$0.00					

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

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 Vis	OP-OV
Network (In/Out)	In-Network	INN
Classification Code	3a	OP-OV INN
Table Name	tbl_OPOVINN_P1	

Number of Rows10

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 (OOPM)	No Cost-Share (If true, enter "x")
Primary Care Visit to Treat an Injury or Illness	Before Deductible	\$90,549.63	N/A	\$15.00	N/A	\$8,800.00	
Other Practitioner Office Visit (Nurse, Physician Assistant)	Before Deductible	\$3,879.72	N/A	\$15.00	N/A	\$8,800.00	
Specialist Visit	Before Deductible	\$143,756.02	N/A	\$40.00	N/A	\$8,800.00	
Chiropractic Care	Before Deductible	\$4,395.95	N/A	\$15.00	N/A	\$8,800.00	
Rehabilitative Speech Therapy	Before Deductible	\$2,989.99	N/A	\$30.00	N/A	\$8,800.00	
Rehabilitative Occupational and Rehabilitative Physical Therapy	Before Deductible	\$45,322.47	N/A	\$30.00	N/A	\$8,800.00	
Routine Eye Exam for Children	Before Deductible	\$3,217.33	N/A	N/A	N/A	\$8,800.00	
Eye Glasses for Children	Before Deductible	\$4,347.16	N/A	N/A	N/A	\$8,800.00	
Nutritional Counseling	Before Deductible	\$17,388.62	N/A	N/A	N/A	\$8,800.00	
Diabetes Care Management	Before Deductible	\$21,735.78	N/A	N/A	N/A	\$8,800.00	
Total Row		\$337,582.66					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (3) Outpatient, In-Network (OP INN)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible		N/A	N/A
Copayment		N/A	N/A
Coinsurance		N/A	N/A
OOPM		N/A	N/A
Overall			Pass

Enter Footnotes (as needed) about xx

*If not applicable, enter "N/A"

Deductible	\$0.00		N/A
Copayment	\$0.00		N/A
Coinsurance	\$0.00		N/A
OOPM	\$0.00		N/A
Total Projected	\$0.00		

Step 2 Predominant Level

Deductible ---- (3) Outpatient, In-Network (OP INN)		Errors found:		0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.				
Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

Copayment ---- (3) Outpatient, In-Network (OP INN)		Errors found:		0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.				
Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

Coinsurance ---- (3) Outpatient, In-Network (OP INN)		Errors found:		0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.				
Coinsurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

OOPM ---- (3) Outpatient, In-Network (OP INN)		Errors found:		0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.				
OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

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 Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible	N/A	Fail	Pass
Copayment	\$15.00	\$30.00	Pass
Coinsurance	N/A	Fail	Pass
OOPM	\$8,800.00	\$8,800.00	Pass
Overall			Pass

Enter Footnotes (as needed) about xx

*If not applicable, enter "N/A"

Deductible	\$0.00	0.00%	Fail
Copayment	\$290,893.78	86.17%	OP-OV INN Copayment
Coinsurance	\$0.00	0.00%	Fail
OOPM	\$337,582.66	100.00%	OP-OV INN OOPM
Total Projected	\$337,582.66		

Step 2 Predominant Level

Deductible ---- (3a) Outpatient - Office Visits, In-Network (OP-OV INN)		Errors found:			0
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 &	Error Checking	
	\$0.00				
	\$0.00				
Total	\$0.00	0.00%			

Copayment ---- (3a) Outpatient - Office Visits, In-Network (OP-OV INN)		Errors found:			0
Applies to substantially all medical/surgical benefits in this classification. ENTER different copayment amounts from smallest to largest.					
Copayment	Allowed Claims	Portion	Predominant &	Error Checking	
\$15.00	\$98,825.30	33.97%	\$15.00		
\$30.00	\$48,312.46	16.61%	\$30.00		
\$40.00	\$143,756.02	49.42%			
	\$0.00				
Total	\$290,893.78	100.00%			

Coinsurance ---- (3a) Outpatient - Office Visits, In-Network (OP-OV INN)		Errors found:			0
Does not apply to substantially all medical/surgical benefits in this classification. DELETE any values in the left-hand column below.					
Coinsurance	Allowed Claims	Portion	Predominant &	Error Checking	
	\$0.00				
	\$0.00				
	\$0.00				
	\$0.00				
Total	\$0.00	0.00%			

OOPM ---- (3a) Outpatient - Office Visits, In-Network (OP-OV 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 &	Error Checking	
\$8,800.00	\$337,582.66	100.00%	\$8,800.00		
	\$0.00				
	\$0.00				
	\$0.00				
Total	\$337,582.66	100.00%			

Click>>>>

Home

Errors found:

0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

Click>>>>

Home

Errors found:

0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

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 testing outpatient office visits and all other outpatient services.

Classification	Outpatient - All Other	OP-AO
Network (In/Out)	In-Network	INN
Classification Code	3b	OP-AO INN
Table Name	tbl_OPAOINN_P1	

Number of Rows17

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 (OOPM)	No Cost-Share (If true, enter "x")
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	After Deductible	\$673,349.73	\$1,900.00	\$350.00	N/A	\$8,800.00	
Outpatient Surgery Physician/Surgical Services	After Deductible	\$349,909.34	\$1,900.00	\$75.00	N/A	\$8,800.00	
Hospice	Before Deductible	\$3,971.07	N/A	\$15.00	N/A	\$8,800.00	
Urgent Care Centers or Facilities	Before Deductible	\$20,014.01	N/A	\$35.00	N/A	\$8,800.00	
Home Health Care Services	Before Deductible	\$5,817.21	N/A	\$15.00	N/A	\$8,800.00	
Outpatient Rehabilitation Services	Before Deductible	\$15,348.26	N/A	\$30.00	N/A	\$8,800.00	
Habilitation Services	Before Deductible	\$1,705.36	N/A	\$30.00	N/A	\$8,800.00	
Durable Medical	After Deductible	\$23,779.03	\$1,900.00	N/A	20%	\$8,800.00	
Hearing Aids	After Deductible	\$4,676.60	\$1,900.00	N/A	20%	\$8,800.00	
Imaging (CT/PET Scans, MRIs)	After Deductible	\$73,967.84	\$1,900.00	\$300.00	N/A	\$8,800.00	
Preventive Care/Screening/Immunization	Before Deductible	\$105,353.65	N/A	N/A	N/A	\$8,800.00	X
Acupuncture	Before Deductible	\$3,382.76	N/A	\$15.00	N/A	\$8,800.00	
Laboratory Outpatient and Professional Services	Before Deductible	\$88,206.47	N/A	\$30.00	N/A	\$8,800.00	
X-Rays and Diagnostic Imaging	Before Deductible	\$48,561.60	N/A	\$30.00	N/A	\$8,800.00	
Abortion for Which Public Funding is Prohibited	Before Deductible	\$3,529.84	N/A	N/A	N/A	\$8,800.00	
Diabetes Education	Before Deductible	\$3,823.99	N/A	N/A	N/A	\$8,800.00	
Prosthetic Devices	After Deductible	\$1,698.87	\$1,900.00	N/A	20%	\$8,800.00	
Total Row		\$1,427,095.61					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (3b) Outpatient - All Other, In-Network (OP-AO INN)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible	N/A	\$1,900.00	Pass
Copayment	\$15.00	\$350.00	Pass
Coinsurance	N/A	Fail	Pass
OOPM	\$8,800.00	\$8,800.00	Pass
Overall			Pass

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)

Deductible	\$1,127,381.40	79.00%	OP-AO INN Deductible
Copayment	\$1,284,233.64	89.99%	OP-AO INN Copayment
Coinsurance	\$30,154.49	2.11%	Fail
OOPM	\$1,427,095.61	100.00%	OP-AO INN OOPM
Total Projected	\$1,427,095.61		

Step 2 Predominant Level

Deductible ---- (3b) Outpatient - All Other, In-Network (OP-AO INN) Errors found: 0

Applies to substantially all medical/surgical benefits in this classification. ENTER different deductible amounts from smallest to largest.

Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$1,900.00	\$1,127,381.40	100.00%	\$1,900.00	
	\$0.00			
Total	\$1,127,381.40	100.00%		

Copayment ---- (3b) Outpatient - All Other, In-Network (OP-AO INN) Errors found: 0

Applies to substantially all medical/surgical benefits in this classification. ENTER different copayment amounts from smallest to largest.

Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$15.00	\$13,171.04	1.03%	\$15.00	
\$30.00	\$153,821.68	11.98%	\$30.00	
\$35.00	\$20,014.01	1.56%	\$35.00	
\$75.00	\$349,909.34	27.25%	\$75.00	
\$300.00	\$73,967.84	5.76%	\$300.00	
\$350.00	\$673,349.73	52.43%	\$350.00	
Total	\$1,284,233.64	100.00%		

Coinsurance ---- (3b) Outpatient - All Other, In-Network (OP-AO INN) Errors found: 0

Does not apply to substantially all medical/surgical benefits in this classification. DELETE any values in the left-hand column below.

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

OOPM ---- (3b) Outpatient - All Other, In-Network (OP-AO 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
\$8,800.00	\$1,427,095.61	100.00%	\$8,800.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$1,427,095.61	100.00%		

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (4) Outpatient, Out-of-Network (OP OON)

Notes: Use this table if you are testing all outpatient services combined.

Classification	Outpatient	OP
Network (In/Out)	Out-of-Network	OON
Classification Code	4	OP OON
Table Name	tbl_OPOON_P1	

Number of Rows6

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 (OOPM)	No Cost-Share (If true, enter "x")
<<Enter description>>	<<Enter description>>						
Total Row		\$0.00					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (4) Outpatient, Out-of-Network (OP OON)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible		N/A	N/A
Copayment		N/A	N/A
Coinsurance		N/A	N/A
OOPM		N/A	N/A
Overall			Pass

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)

Deductible	\$0.00		N/A
Copayment	\$0.00		N/A
Coinsurance	\$0.00		N/A
OOPM	\$0.00		N/A
Total Projected	\$0.00		

Step 2 Predominant Level

Deductible ---- (4) Outpatient, Out-of-Network (OP OON) Errors found: 0

If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.

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

Copayment ---- (4) Outpatient, Out-of-Network (OP OON) Errors found: 0

If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.

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

Coinsurance ---- (4) Outpatient, Out-of-Network (OP OON) Errors found: 0

If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.

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

OOPM ---- (4) Outpatient, Out-of-Network (OP OON) Errors found: 0

If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.

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

Click>>>>>

Home

Errors found:

0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

Click>>>>>

Home

Errors found:

0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (4a) Outpatient - Office Visits, Out-of-Network (OP-OV OON)

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)	Out-of-Network	OON
Classification Code	4a	OP-OV OON
Table Name		tbl_OPOVOON_P1

Number of Rows 6

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 (OOPM)	No Cost-Share (If true, enter "x")
<<Enter description>>	<<Enter description>>						
Total Row		\$0.00					

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (4b) Outpatient - All Other, Out-of-Network (OP-AO OON)

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

Classification	Outpatient - All Other	OP-AO
Network (In/Out)	Out-of-Network	OON
Classification Code	4b	OP-AO OON
Table Name		tbl_OPAAOON_P1

Number of Rows 6

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 (OOPM)	No Cost-Share (If true, enter "x")
<<Enter description>>	<<Enter description>>						
Total Row		\$0.00					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (4a) Outpatient - Office Visits, Out-of-Network (OP-OV OON)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible		N/A N/A	
Copayment		N/A N/A	
Coinsurance		N/A N/A	
OOPM		N/A N/A	
Overall			Pass

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ¾ of medical/surgical benefits)

Deductible	\$0.00	N/A
Copayment	\$0.00	N/A
Coinsurance	\$0.00	N/A
OOPM	\$0.00	N/A
Total Projected	\$0.00	

Step 2 Predominant Level

Deductible ---- (4a) Outpatient - Office Visits, Out-of-Network (OP-OV OON) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

Copayment ---- (4a) Outpatient - Office Visits, Out-of-Network (OP-OV OON) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

Coinsurance ---- (4a) Outpatient - Office Visits, Out-of-Network (OP-OV OON) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

OOPM ---- (4a) Outpatient - Office Visits, Out-of-Network (OP-OV OON) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (4b) Outpatient - All Other, Out-of-Network (OP-AO OON)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible		N/A N/A	
Copayment		N/A N/A	
Coinsurance		N/A N/A	
OOPM		N/A N/A	
Overall			Pass

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ¾ of medical/surgical benefits)

Deductible	\$0.00	N/A
Copayment	\$0.00	N/A
Coinsurance	\$0.00	N/A
OOPM	\$0.00	N/A
Total Projected	\$0.00	

Step 2 Predominant Level

Deductible ---- (4b) Outpatient - All Other, Out-of-Network (OP-AO OON) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

Copayment ---- (4b) Outpatient - All Other, Out-of-Network (OP-AO OON) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

Coinsurance ---- (4b) Outpatient - All Other, Out-of-Network (OP-AO OON) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

OOPM ---- (4b) Outpatient - All Other, Out-of-Network (OP-AO OON) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

Click>>>>> [Home](#) Errors found: 0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP QON	Move to OP-OV QON	Move to OP-AO QON	Move to ER	Move to RX

Click>>>>> [Home](#) Errors found: 0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP QON	Move to OP-OV QON	Move to OP-AO QON	Move to ER	Move to RX

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

Benefit Classification (5) Emergency Care, (ER)

Classification	Emergency Care	ER					
Network (In/Out)	N/A						
Classification Code	5	ER	Number of Rows <div>3</div>				
Table Name	tbl_ER_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 (OOPM)	No Cost-Share (If true, enter "x")
Emergency Room Services	After Deductible	\$324,579.35	\$1,900.00	\$800.00	N/A	\$8,800.00	
Emergency Transportation/Ambulance	Before Deductible	\$12,855.29	N/A	\$375.00	N/A	\$8,800.00	
Emergency Room Physician Services	After Deductible	\$19,258.04	\$1,900.00	N/A	N/A	\$8,800.00	
Total Row		\$356,692.68					

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

Benefit Classification (6) Prescription Drugs, (RX)

Classification

Prescription Drugs

RX

Network (In/Out)

N/A

Classification Code

6

RX

Table Name

tbl_RX_P1

Number of Rows

6

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 (OOPM)	No Cost-Share (If true, enter "x")
<<Enter description>>	<<Enter description>>						
Total Row		\$0.00					

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

Financial Parity for (5) Emergency Care, (ER)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result	Enter Footnotes (as needed) about
Deductible	\$1,900.00	\$1,900.00	Pass	xx
Copayment	N/A	\$800.00	Pass	
Coinsurance	N/A		Fail	
OOPM	\$8,800.00	\$8,800.00	Pass	
Overall			Pass	
*If not applicable, enter "N/A"				
Step 1 Substantially All (i.e., ≥ % of medical/surgical benefits)				
Deductible	\$343,837.39	96.40%	ER Deductible	
Copayment	\$337,434.64	94.60%	ER Copayment	
Coinsurance	\$0.00	0.00%	Fail	
OOPM	\$356,692.68	100.00%	ER OOPM	
Total Projected	\$356,692.68			

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

Financial Parity for (6) Prescription Drugs, (RX)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result	Enter Footnotes (as needed) about
Deductible		N/A	N/A	xx
Copayment		N/A	N/A	
Coinsurance		N/A	N/A	
OOPM		N/A	N/A	
Overall			Pass	
*If not applicable, enter "N/A"				
Step 1 Substantially All (i.e., ≥ 3% of medical/surgical benefits)				
Deductible	\$0.00		N/A	
Copayment	\$0.00		N/A	
Coinsurance	\$0.00		N/A	
OOPM	\$0.00		N/A	
Total Projected	\$0.00			

Step 2 Predominant Level

Deductible ---- (5) Emergency Care, (ER)			Errors found:		0
Applies to substantially all medical/surgical benefits in this classification.					
ENTER different deductible amounts from smallest to largest.					
Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking	
\$1,900.00	\$343,837.39	100.00%	\$1,900.00		
	\$0.00				
Total	\$343,837.39	100.00%			
Copayment ---- (5) Emergency Care, (ER)			Errors found:		0
Applies to substantially all medical/surgical benefits in this classification.					
ENTER different copayment amounts from smallest to largest.					
Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking	
\$375.00	\$12,855.29	3.81%	\$375.00		
\$800.00	\$324,579.35	96.19%	\$800.00		
	\$0.00				
	\$0.00				
Total	\$337,434.64	100.00%			
Coinsurance ---- (5) Emergency Care, (ER)			Errors found:		0
Does not apply to substantially all medical/surgical benefits in this classification.					
DELETE any values in the left-hand column below.					
Coinsurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking	
	\$0.00				
	\$0.00				
	\$0.00				
	\$0.00				
Total	\$0.00	0.00%			
OOPM ---- (5) Emergency Care, (ER)			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	
\$8,800.00	\$356,692.68	100.00%	\$8,800.00		
	\$0.00				
	\$0.00				
	\$0.00				
Total	\$356,692.68	100.00%			

Step 2 Predominant Level

Deductible ---- (6) Prescription Drugs, (RX)		Errors found:		0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.				
Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		
Copayment ---- (6) Prescription Drugs, (RX)		Errors found:		0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.				
Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		
Coinsurance ---- (6) Prescription Drugs, (RX)		Errors found:		0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.				
Coinsurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		
OOPM ---- (6) Prescription Drugs, (RX)		Errors found:		0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.				
OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

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

Issuer / Market: Wellpoint Washington, Inc.
Market: Individual

Workbook Info

[Link back to Summary Sheet](#)
[User Inputs Cell Format](#)
See the Example worksheet for additional details.

PLAN INFORMATION

Plan Name: Wellpoint Cascade Vital Gold
Plan ID: 12435WA0010002-1
CSR Variant Description: 1

<<<<This will auto populate from summary sheet macro
<<<<This will auto populate from summary sheet macro
<<<<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 cells below to scroll directly to the stated section>>>>

Move to IP INNMove to IP OONMove to OP INNMove to OP-OV INNMove to OP-AO INNMove to OP OONMove to OP-OV OONMove to OP-AO OONMove to ERMove to RX

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
Update Columns
Hide/Unhide All Columns

No Errors found?
TRUE

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		E. Test Results
					D1. In-Network	D2. Out-of-Network	
Inpatient	No	Yes			Pass		Pass
Outpatient							
Outpatient - All Services Combined							
Outpatient - Office Visits Separate							
Outpatient - Office Visits	No	Yes			Pass		Pass
Outpatient - All Other	No	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	No	Yes	Pass				
Prescription Drugs	Yes	No	Pass				

Benefit Classification (1) Inpatient, In-Network (IP INN)

Click>>>>>

[Home](#)

Errors found:

0

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

Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AQ INN
Move to OP OON	Move to OP-OV OON	Move to OP-AQ OON	Move to ER	Move to RX

Benefit Classification (2) Inpatient, Out-of-Network (IP OON)

Click>>>>>

[Home](#)

Errors found:

0

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

Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (1) Inpatient, In-Network (IP INN)

Classification	Inpatient	IP
Network (In/Out)	In-Network	INN
Classification Code	1	IP INN
Table Name	tbl_IPINN_P1	

Number of Rows 7

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 (OOPM)	No Cost-Share (If true, enter "x")
Inpatient Hospital Services (e.g., Hospital Stay)	Before Deductible	\$510,367.26	N/A	\$650.00	N/A	\$8,800.00	
Inpatient Physician and Surgical Services	Before Deductible	\$85,826.73	N/A	N/A	N/A	\$8,800.00	
Skilled Nursing Facility	After Deductible	\$2,117.35	\$1,900.00	\$350.00	N/A	\$8,800.00	
Prenatal and Post Natal Care	Before Deductible	\$66,918.19	N/A	N/A	N/A	\$8,800.00	
Delivery and All Inpatient Services for Maternity Care	Before Deductible	\$129,141.54	N/A	\$650.00	N/A	\$8,800.00	
Well Baby Visits and Care	Before Deductible	\$9,600.11	N/A	N/A	N/A	\$8,800.00	
Transplant	Before Deductible	\$741.52	N/A	\$650.00	N/A	\$8,800.00	
Total Row		\$804,712.69					

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (2) Inpatient, Out-of-Network (IP OON)

Classification	Inpatient	IP
Network (In/Out)	Out-of-Network	OON
Classification Code	2	IP OON
Table Name	tbl_IPOON_P1	

Number of Rows 6

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 (OOPM)	No Cost-Share (If true, enter "x")
<<Enter description>>	<<Enter description>>						
Total Row		\$0.00					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (1) Inpatient, In-Network (IP INN)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible	N/A	Fail	Pass
Copayment	\$650.00	\$650.00	Pass
Coinsurance	N/A	Fail	Pass
OOPM	\$8,800.00	\$8,800.00	Pass
Overall			Pass

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)

Deductible	\$2,117.35	0.26%	Fail
Copayment	\$642,367.66	79.83%	IP INN Copayment
Coinsurance	\$0.00	0.00%	Fail
OOPM	\$804,712.69	100.00%	IP INN OOPM
Total Projected	\$804,712.69		

Step 2 Predominant Level

Deductible ---- (1) Inpatient, In-Network (IP INN) Errors found: 0

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			
Total	\$0.00	0.00%		

Copayment ---- (1) Inpatient, In-Network (IP INN) Errors found: 0

Applies to substantially all medical/surgical benefits in this classification. ENTER different copayment amounts from smallest to largest.

Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$350.00	\$2,117.35	0.33%	\$350.00	
\$650.00	\$640,250.31	99.67%	\$650.00	
	\$0.00			
	\$0.00			
Total	\$642,367.66	100.00%		

Coinsurance ---- (1) Inpatient, In-Network (IP INN) Errors found: 0

Does not apply to substantially all medical/surgical benefits in this classification. DELETE any values in the left-hand column below.

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

OOPM ---- (1) Inpatient, In-Network (IP 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
\$8,800.00	\$804,712.69	100.00%	\$8,800.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$804,712.69	100.00%		

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (2) Inpatient, Out-of-Network (IP OON)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible		N/A	N/A
Copayment		N/A	N/A
Coinsurance		N/A	N/A
OOPM		N/A	N/A
Overall			Pass

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)

Deductible	\$0.00		N/A
Copayment	\$0.00		N/A
Coinsurance	\$0.00		N/A
OOPM	\$0.00		N/A
Total Projected	\$0.00		

Step 2 Predominant Level

Deductible ---- (2) Inpatient, Out-of-Network (IP OON) Errors found: 0

If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.

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

Copayment ---- (2) Inpatient, Out-of-Network (IP OON) Errors found: 0

If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.

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

Coinsurance ---- (2) Inpatient, Out-of-Network (IP OON) Errors found: 0

If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.

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

OOPM ---- (2) Inpatient, Out-of-Network (IP OON) Errors found: 0

If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.

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

Benefit Classification (3) Outpatient, In-Network (OP INN)

Click>>>>>

[Home](#)

Errors found:

0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AQ INN
Move to OP OON	Move to OP-OV OON	Move to OP-AQ OON	Move to ER	Move to RX

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

Click>>>>>

[Home](#)

Errors found:

0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OC	Move to ER	Move to RX

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (3) Outpatient, In-Network (OP INN)
Notes: Use this table if you are testing all outpatient services combined.

Classification	Outpatient	OP
Network (In/Out)	In-Network	INN
Classification Code	3	OP INN
Table Name	tbl_OPINN_P1	

Number of Rows6

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 (OOPM)	No Cost-Share (If true, enter "x")
<<Enter description>>	<<Enter description>>						
Total Row		\$0.00					

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

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 Vis	OP-OV
Network (In/Out)	In-Network	INN
Classification Code	3a	OP-OV INN
Table Name	tbl_OPOVINN_P1	

Number of Rows10

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 (OOPM)	No Cost-Share (If true, enter "x")
Primary Care Visit to Treat an Injury or Illness	Before Deductible	\$90,549.63	N/A	\$15.00	N/A	\$8,800.00	
Other Practitioner Office Visit (Nurse, Physician Assistant)	Before Deductible	\$3,879.72	N/A	\$15.00	N/A	\$8,800.00	
Specialist Visit	Before Deductible	\$143,756.02	N/A	\$40.00	N/A	\$8,800.00	
Chiropractic Care	Before Deductible	\$4,395.95	N/A	\$15.00	N/A	\$8,800.00	
Rehabilitative Speech Therapy	Before Deductible	\$2,989.99	N/A	\$30.00	N/A	\$8,800.00	
Rehabilitative Occupational and Rehabilitative Physical Therapy	Before Deductible	\$45,322.47	N/A	\$30.00	N/A	\$8,800.00	
Routine Eye Exam for Children	Before Deductible	\$3,217.33	N/A	N/A	N/A	\$8,800.00	
Eye Glasses for Children	Before Deductible	\$4,347.16	N/A	N/A	N/A	\$8,800.00	
Nutritional Counseling	Before Deductible	\$17,388.62	N/A	N/A	N/A	\$8,800.00	
Diabetes Care Management	Before Deductible	\$21,735.78	N/A	N/A	N/A	\$8,800.00	
Total Row		\$337,582.66					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (3) Outpatient, In-Network (OP INN)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible		N/A N/A	
Copayment		N/A N/A	
Coinsurance		N/A N/A	
OOPM		N/A N/A	
Overall			Pass

Enter Footnotes (as needed) about xx

*If not applicable, enter "N/A"

Deductible	\$0.00		N/A
Copayment	\$0.00		N/A
Coinsurance	\$0.00		N/A
OOPM	\$0.00		N/A
Total Projected	\$0.00		

Step 2 Predominant Level

Deductible ---- (3) Outpatient, In-Network (OP INN)		Errors found:		0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.				
Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

Copayment ---- (3) Outpatient, In-Network (OP INN)		Errors found:		0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.				
Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

Coinsurance ---- (3) Outpatient, In-Network (OP INN)		Errors found:		0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.				
Coinsurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

OOPM ---- (3) Outpatient, In-Network (OP INN)		Errors found:		0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.				
OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

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 Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible	N/A	Fail	Pass
Copayment	\$15.00	\$30.00	Pass
Coinsurance	N/A	Fail	Pass
OOPM	\$8,800.00	\$8,800.00	Pass
Overall			Pass

Enter Footnotes (as needed) about xx

*If not applicable, enter "N/A"

Deductible	\$0.00	0.00%	Fail
Copayment	\$290,893.78	86.17%	OP-OV INN Copayment
Coinsurance	\$0.00	0.00%	Fail
OOPM	\$337,582.66	100.00%	OP-OV INN OOPM
Total Projected	\$337,582.66		

Step 2 Predominant Level

Deductible ---- (3a) Outpatient - Office Visits, In-Network (OP-OV INN)		Errors found:			0
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 &	Error Checking	
	\$0.00				
	\$0.00				
Total	\$0.00	0.00%			

Copayment ---- (3a) Outpatient - Office Visits, In-Network (OP-OV INN)		Errors found:			0
Applies to substantially all medical/surgical benefits in this classification. ENTER different copayment amounts from smallest to largest.					
Copayment	Allowed Claims	Portion	Predominant &	Error Checking	
\$15.00	\$98,825.30	33.97%	\$15.00		
\$30.00	\$48,312.46	16.61%	\$30.00		
\$40.00	\$143,756.02	49.42%			
	\$0.00				
Total	\$290,893.78	100.00%			

Coinsurance ---- (3a) Outpatient - Office Visits, In-Network (OP-OV INN)		Errors found:			0
Does not apply to substantially all medical/surgical benefits in this classification. DELETE any values in the left-hand column below.					
Coinsurance	Allowed Claims	Portion	Predominant &	Error Checking	
	\$0.00				
	\$0.00				
	\$0.00				
	\$0.00				
Total	\$0.00	0.00%			

OOPM ---- (3a) Outpatient - Office Visits, In-Network (OP-OV 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 &	Error Checking	
\$8,800.00	\$337,582.66	100.00%	\$8,800.00		
	\$0.00				
	\$0.00				
	\$0.00				
Total	\$337,582.66	100.00%			

Click>>>>

Home

Errors found:

0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

Click>>>>

Home

Errors found:

0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

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 testing outpatient office visits and all other outpatient services.

Classification	Outpatient - All Other	OP-AO
Network (In/Out)	In-Network	INN
Classification Code	3b	OP-AO INN
Table Name	tbl_OPAOINN_P1	

Number of Rows17

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 (OOPM)	No Cost-Share (If true, enter "x")
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	After Deductible	\$673,349.73	\$1,900.00	\$350.00	N/A	\$8,800.00	
Outpatient Surgery Physician/Surgical Services	After Deductible	\$349,909.34	\$1,900.00	\$75.00	N/A	\$8,800.00	
Hospice	Before Deductible	\$3,971.07	N/A	\$15.00	N/A	\$8,800.00	
Urgent Care Centers or Facilities	Before Deductible	\$20,014.01	N/A	\$35.00	N/A	\$8,800.00	
Home Health Care Services	Before Deductible	\$5,817.21	N/A	\$15.00	N/A	\$8,800.00	
Outpatient Rehabilitation Services	Before Deductible	\$15,348.26	N/A	\$30.00	N/A	\$8,800.00	
Habilitation Services	Before Deductible	\$1,705.36	N/A	\$30.00	N/A	\$8,800.00	
Durable Medical	After Deductible	\$23,779.03	\$1,900.00	N/A	20%	\$8,800.00	
Hearing Aids	After Deductible	\$4,676.60	\$1,900.00	N/A	20%	\$8,800.00	
Imaging (CT/PET Scans, MRIs)	After Deductible	\$73,967.84	\$1,900.00	\$300.00	N/A	\$8,800.00	
Preventive Care/Screening/Immunization	Before Deductible	\$105,353.65	N/A	N/A	N/A	\$8,800.00	X
Acupuncture	Before Deductible	\$3,382.76	N/A	\$15.00	N/A	\$8,800.00	
Laboratory Outpatient and Professional Services	Before Deductible	\$88,206.47	N/A	\$30.00	N/A	\$8,800.00	
X-Rays and Diagnostic Imaging	Before Deductible	\$48,561.60	N/A	\$30.00	N/A	\$8,800.00	
Abortion for Which Public Funding is Prohibited	Before Deductible	\$3,529.84	N/A	N/A	N/A	\$8,800.00	
Diabetes Education	Before Deductible	\$3,823.99	N/A	N/A	N/A	\$8,800.00	
Prosthetic Devices	After Deductible	\$1,698.87	\$1,900.00	N/A	20%	\$8,800.00	
Total Row		\$1,427,095.61					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (3b) Outpatient - All Other, In-Network (OP-AO INN)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible	N/A	\$1,900.00	Pass
Copayment	\$15.00	\$350.00	Pass
Coinsurance	N/A	Fail	Pass
OOPM	\$8,800.00	\$8,800.00	Pass
Overall			Pass

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)

Deductible	\$1,127,381.40	79.00%	OP-AO INN Deductible
Copayment	\$1,284,233.64	89.99%	OP-AO INN Copayment
Coinsurance	\$30,154.49	2.11%	Fail
OOPM	\$1,427,095.61	100.00%	OP-AO INN OOPM
Total Projected	\$1,427,095.61		

Step 2 Predominant Level

Deductible ---- (3b) Outpatient - All Other, In-Network (OP-AO INN) Errors found: 0

Applies to substantially all medical/surgical benefits in this classification. ENTER different deductible amounts from smallest to largest.

Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$1,900.00	\$1,127,381.40	100.00%	\$1,900.00	
	\$0.00			
Total	\$1,127,381.40	100.00%		

Copayment ---- (3b) Outpatient - All Other, In-Network (OP-AO INN) Errors found: 0

Applies to substantially all medical/surgical benefits in this classification. ENTER different copayment amounts from smallest to largest.

Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$15.00	\$13,171.04	1.03%	\$15.00	
\$30.00	\$153,821.68	11.98%	\$30.00	
\$35.00	\$20,014.01	1.56%	\$35.00	
\$75.00	\$349,909.34	27.25%	\$75.00	
\$300.00	\$73,967.84	5.76%	\$300.00	
\$350.00	\$673,349.73	52.43%	\$350.00	
Total	\$1,284,233.64	100.00%		

Coinsurance ---- (3b) Outpatient - All Other, In-Network (OP-AO INN) Errors found: 0

Does not apply to substantially all medical/surgical benefits in this classification. DELETE any values in the left-hand column below.

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

OOPM ---- (3b) Outpatient - All Other, In-Network (OP-AO 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
\$8,800.00	\$1,427,095.61	100.00%	\$8,800.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$1,427,095.61	100.00%		

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (4) Outpatient, Out-of-Network (OP OON)

Notes: Use this table if you are testing all outpatient services combined.

Classification	Outpatient	OP
Network (In/Out)	Out-of-Network	OON
Classification Code	4	OP OON
Table Name	tbl_OPOON_P1	

Number of Rows6

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 (OOPM)	No Cost-Share (If true, enter "x")
<<Enter description>>	<<Enter description>>						
Total Row		\$0.00					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (4) Outpatient, Out-of-Network (OP OON)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible		N/A	N/A
Copayment		N/A	N/A
Coinsurance		N/A	N/A
OOPM		N/A	N/A
Overall			Pass

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)

Deductible	\$0.00		N/A
Copayment	\$0.00		N/A
Coinsurance	\$0.00		N/A
OOPM	\$0.00		N/A
Total Projected	\$0.00		

Step 2 Predominant Level

Deductible ---- (4) Outpatient, Out-of-Network (OP OON) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

Copayment ---- (4) Outpatient, Out-of-Network (OP OON) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

Coinsurance ---- (4) Outpatient, Out-of-Network (OP OON) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

OOPM ---- (4) Outpatient, Out-of-Network (OP OON) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

Benefit Classification (4a) Outpatient - Office Visits, Out-of-Network (OP-OV OON)

Click>>>>

Home

Errors found:

0

<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

Benefit Classification (4b) Outpatient - All Other, Out-of-Network (OP-AO OON)

Click>>>>

Home

Errors found:

0

<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (4a) Outpatient - Office Visits, Out-of-Network (OP-OV OON)

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)	Out-of-Network	OON
Classification Code	4a	OP-OV OON
Table Name		tbl_OPOVOON_P1

Number of Rows 6

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 (OOPM)	No Cost-Share (If true, enter "x")
<<Enter description>>	<<Enter description>>						
Total Row		\$0.00					

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (4b) Outpatient - All Other, Out-of-Network (OP-AO OON)

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

Classification	Outpatient - All Other	OP-AO
Network (In/Out)	Out-of-Network	OON
Classification Code	4b	OP-AO OON
Table Name		tbl_OPAAOON_P1

Number of Rows 6

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 (OOPM)	No Cost-Share (If true, enter "x")
<<Enter description>>	<<Enter description>>						
Total Row		\$0.00					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (4a) Outpatient - Office Visits, Out-of-Network (OP-OV OON)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible		N/A N/A	
Copayment		N/A N/A	
Coinsurance		N/A N/A	
OOPM		N/A N/A	
Overall			Pass

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)

Deductible	\$0.00	N/A
Copayment	\$0.00	N/A
Coinsurance	\$0.00	N/A
OOPM	\$0.00	N/A
Total Projected	\$0.00	

Step 2 Predominant Level

Deductible ---- (4a) Outpatient - Office Visits, Out-of-Network (OP-OV OON) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

Copayment ---- (4a) Outpatient - Office Visits, Out-of-Network (OP-OV OON) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

Coinsurance ---- (4a) Outpatient - Office Visits, Out-of-Network (OP-OV OON) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

OOPM ---- (4a) Outpatient - Office Visits, Out-of-Network (OP-OV OON) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (4b) Outpatient - All Other, Out-of-Network (OP-AO OON)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible		N/A N/A	
Copayment		N/A N/A	
Coinsurance		N/A N/A	
OOPM		N/A N/A	
Overall			Pass

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)

Deductible	\$0.00	N/A
Copayment	\$0.00	N/A
Coinsurance	\$0.00	N/A
OOPM	\$0.00	N/A
Total Projected	\$0.00	

Step 2 Predominant Level

Deductible ---- (4b) Outpatient - All Other, Out-of-Network (OP-AO OON) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

Copayment ---- (4b) Outpatient - All Other, Out-of-Network (OP-AO OON) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

Coinsurance ---- (4b) Outpatient - All Other, Out-of-Network (OP-AO OON) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

OOPM ---- (4b) Outpatient - All Other, Out-of-Network (OP-AO OON) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

Click>>>>> [Home](#) Errors found: 0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP QON	Move to OP-OV QON	Move to OP-AO QON	Move to ER	Move to RX

Click>>>>> [Home](#) Errors found: 0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP QON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP QON	Move to OP-OV QON	Move to OP-AO QON	Move to ER	Move to RX

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

Benefit Classification (5) Emergency Care, (ER)

Classification	Emergency Care	ER					
Network (In/Out)	N/A						
Classification Code	5	ER	Number of Rows <div>3</div>				
Table Name	tbl_ER_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 (OOPM)	No Cost-Share (If true, enter "x")
Emergency Room Services	After Deductible	\$324,579.35	\$1,900.00	\$800.00	N/A	\$8,800.00	
Emergency Transportation/Ambulance	Before Deductible	\$12,855.29	N/A	\$375.00	N/A	\$8,800.00	
Emergency Room Physician Services	After Deductible	\$19,258.04	\$1,900.00	N/A	N/A	\$8,800.00	
Total Row		\$356,692.68					

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

Benefit Classification (6) Prescription Drugs, (RX)

Classification	Prescription Drugs	RX					
Network (In/Out)	N/A						
Classification Code	6	RX					
Table Name	tbl_RX_P1						
For each cost share, if it does not apply, enter "N/A".			Number of Rows 6				
Service Description	Cost-Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of-Pocket Maximum (OOPM)	No Cost-Share (If true, enter "x")
<<Enter description>>	<<Enter description>>						

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

Financial Parity for (5) Emergency Care, (ER)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result	Enter Footnotes (as needed) about
Deductible	\$1,900.00	\$1,900.00	Pass	xx
Copayment	N/A	\$800.00	Pass	
Coinsurance	N/A	Fail	Pass	
OOPM	\$8,800.00	\$8,800.00	Pass	
Overall			Pass	
*If not applicable, enter "N/A"				
Step 1 Substantially All (i.e., ≥ % of medical/surgical benefits)				
Deductible	\$343,837.39	96.40%	ER Deductible	
Copayment	\$337,434.64	94.60%	ER Copayment	
Coinsurance	\$0.00	0.00%	Fail	
OOPM	\$356,692.68	100.00%	ER OOPM	
Total Projected	\$356,692.68			

Financial Parity for (6) Prescription Drugs, (RX)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result	Enter Footnotes (as needed) about
Deductible		N/A	N/A	xx
Copayment		N/A	N/A	
Coinsurance		N/A	N/A	
OOPM		N/A	N/A	
Overall			Pass	
*If not applicable, enter "N/A"				

Step 1 Substantially All (i.e., ≥ ¾ of medical/surgical benefits)

Deductible	\$0.00	N/A
Copayment	\$0.00	N/A
Coinsurance	\$0.00	N/A
OOPM	\$0.00	N/A
Total Projected	\$0.00	

Step 2 Predominant Level

Deductible ---- (5) Emergency Care, (ER)			Errors found:		0
Applies to substantially all medical/surgical benefits in this classification.					
ENTER different deductible amounts from smallest to largest.					
Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking	
\$1,900.00	\$343,837.39	100.00%	\$1,900.00		
	\$0.00				
Total	\$343,837.39	100.00%			
Copayment ---- (5) Emergency Care, (ER)			Errors found:		0
Applies to substantially all medical/surgical benefits in this classification.					
ENTER different copayment amounts from smallest to largest.					
Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking	
\$375.00	\$12,855.29	3.81%	\$375.00		
\$800.00	\$324,579.35	96.19%	\$800.00		
	\$0.00				
	\$0.00				
Total	\$337,434.64	100.00%			
Coinsurance ---- (5) Emergency Care, (ER)			Errors found:		0
Does not apply to substantially all medical/surgical benefits in this classification.					
DELETE any values in the left-hand column below.					
Coinsurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking	
	\$0.00				
	\$0.00				
	\$0.00				
	\$0.00				
Total	\$0.00	0.00%			
OOPM ---- (5) Emergency Care, (ER)			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	
\$8,800.00	\$356,692.68	100.00%	\$8,800.00		
	\$0.00				
	\$0.00				
	\$0.00				
Total	\$356,692.68	100.00%			

Step 2 Predominant Level

Deductible ---- (6) Prescription Drugs, (RX)		Errors found:		0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.				
Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		
Copayment ---- (6) Prescription Drugs, (RX)		Errors found:		0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.				
Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		
Coinsurance ---- (6) Prescription Drugs, (RX)		Errors found:		0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.				
Coinsurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		
OOPM ---- (6) Prescription Drugs, (RX)		Errors found:		0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.				
OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

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

Issuer / Market: Wellpoint Washington, Inc.
Market: Individual

Workbook Info

[Link back to Summary Sheet](#)
[User Inputs Cell Format](#)
See the Example worksheet for additional details.

PLAN INFORMATION

Plan Name: Wellpoint Cascade Vital Gold
Plan ID: 12435WA0010002-3
CSR Variant Description: 3

<<<<This will auto populate from summary sheet macro
<<<<This will auto populate from summary sheet macro
<<<<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 cells below to scroll directly to the stated section>>>>

Move to IP INNMove to IP OONMove to OP INNMove to OP-OV INNMove to OP-AO INN
Move to OP OONMove to OP-OV OONMove to OP-AO OONMove to ERMove to RX

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
Update Columns
Hide/Unhide All Columns

No Errors found?
TRUE

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		E. Test Results
					D1. In-Network	D2. Out-of-Network	
Inpatient	No	Yes			Pass		Pass
Outpatient							
Outpatient - All Services Combined							
Outpatient - Office Visits Separate							
Outpatient - Office Visits	No	Yes			Pass		Pass
Outpatient - All Other	No	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	No	Yes	Pass				
Prescription Drugs	Yes	No	Pass				

Benefit Classification (1) Inpatient, In-Network (IP INN)

Click>>>>

Home

Errors found:

0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

Benefit Classification (2) Inpatient, Out-of-Network (IP OON)

Click>>>>

Home

Errors found:

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<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (1) Inpatient, In-Network (IP INN)

Classification	Inpatient	IP
Network (In/Out)	In-Network	INN
Classification Code	1	IP INN
Table Name	tbl_IPINN_P1	

Number of Rows7

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 (OOPM)	No Cost-Share (If true, enter "x")
Inpatient Hospital Services (e.g., Hospital Stay)	Before Deductible	\$510,367.26	N/A	\$650.00	N/A	\$8,800.00	
Inpatient Physician and Surgical Services	Before Deductible	\$85,826.73	N/A	N/A	N/A	\$8,800.00	
Skilled Nursing Facility	After Deductible	\$2,117.35	\$1,900.00	\$350.00	N/A	\$8,800.00	
Prenatal and Post Natal Care	Before Deductible	\$66,918.19	N/A	N/A	N/A	\$8,800.00	
Delivery and All Inpatient Services for Maternity Care	Before Deductible	\$129,141.54	N/A	\$650.00	N/A	\$8,800.00	
Well Baby Visits and Care	Before Deductible	\$9,600.11	N/A	N/A	N/A	\$8,800.00	
Transplant	Before Deductible	\$741.52	N/A	\$650.00	N/A	\$8,800.00	
Total Row		\$804,712.69					

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (2) Inpatient, Out-of-Network (IP OON)

Classification	Inpatient	IP
Network (In/Out)	Out-of-Network	OON
Classification Code	2	IP OON
Table Name	tbl_IPOON_P1	

Number of Rows6

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 (OOPM)	No Cost-Share (If true, enter "x")
<<Enter description>>	<<Enter description>>						
Total Row		\$0.00					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (1) Inpatient, In-Network (IP INN)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible	N/A	Fail	Pass
Copayment	\$650.00	\$650.00	Pass
Coinsurance	N/A	Fail	Pass
OOPM	\$8,800.00	\$8,800.00	Pass
Overall			Pass

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)

Deductible	\$2,117.35	0.26%	Fail
Copayment	\$642,367.66	79.83%	IP INN Copayment
Coinsurance	\$0.00	0.00%	Fail
OOPM	\$804,712.69	100.00%	IP INN OOPM
Total Projected	\$804,712.69		

Step 2 Predominant Level

Deductible ---- (1) Inpatient, In-Network (IP INN) Errors found: 0

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			
Total	\$0.00	0.00%		

Copayment ---- (1) Inpatient, In-Network (IP INN) Errors found: 0

Applies to substantially all medical/surgical benefits in this classification. ENTER different copayment amounts from smallest to largest.

Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$350.00	\$2,117.35	0.33%	\$350.00	
\$650.00	\$640,250.31	99.67%	\$650.00	
	\$0.00			
	\$0.00			
Total	\$642,367.66	100.00%		

Coinsurance ---- (1) Inpatient, In-Network (IP INN) Errors found: 0

Does not apply to substantially all medical/surgical benefits in this classification. DELETE any values in the left-hand column below.

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

OOPM ---- (1) Inpatient, In-Network (IP 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
\$8,800.00	\$804,712.69	100.00%	\$8,800.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$804,712.69	100.00%		

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (2) Inpatient, Out-of-Network (IP OON)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible		N/A	N/A
Copayment		N/A	N/A
Coinsurance		N/A	N/A
OOPM		N/A	N/A
Overall			Pass

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)

Deductible	\$0.00		N/A
Copayment	\$0.00		N/A
Coinsurance	\$0.00		N/A
OOPM	\$0.00		N/A
Total Projected	\$0.00		

Step 2 Predominant Level

Deductible ---- (2) Inpatient, Out-of-Network (IP OON) Errors found: 0

If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.

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

Copayment ---- (2) Inpatient, Out-of-Network (IP OON) Errors found: 0

If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.

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

Coinsurance ---- (2) Inpatient, Out-of-Network (IP OON) Errors found: 0

If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.

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

OOPM ---- (2) Inpatient, Out-of-Network (IP OON) Errors found: 0

If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.

OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$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 (3) Outpatient, In-Network (OP INN)
Notes: Use this table if you are testing all outpatient services combined.

Classification	Outpatient	OP
Network (In/Out)	In-Network	INN
Classification Code	3	OP INN
Table Name	tbl_OPINN_P1	

Number of Rows6

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 (OOPM)	No Cost-Share (If true, enter "x")
<<Enter description>>	<<Enter description>>						
Total Row		\$0.00					

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

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 Vis	OP-OV
Network (In/Out)	In-Network	INN
Classification Code	3a	OP-OV INN
Table Name	tbl_OPOVINN_P1	

Number of Rows10

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 (OOPM)	No Cost-Share (If true, enter "x")
Primary Care Visit to Treat an Injury or Illness	Before Deductible	\$90,549.63	N/A	\$15.00	N/A	\$8,800.00	
Other Practitioner Office Visit (Nurse, Physician Assistant)	Before Deductible	\$3,879.72	N/A	\$15.00	N/A	\$8,800.00	
Specialist Visit	Before Deductible	\$143,756.02	N/A	\$40.00	N/A	\$8,800.00	
Chiropractic Care	Before Deductible	\$4,395.95	N/A	\$15.00	N/A	\$8,800.00	
Rehabilitative Speech Therapy	Before Deductible	\$2,989.99	N/A	\$30.00	N/A	\$8,800.00	
Rehabilitative Occupational and Rehabilitative Physical Therapy	Before Deductible	\$45,322.47	N/A	\$30.00	N/A	\$8,800.00	
Routine Eye Exam for Children	Before Deductible	\$3,217.33	N/A	N/A	N/A	\$8,800.00	
Eye Glasses for Children	Before Deductible	\$4,347.16	N/A	N/A	N/A	\$8,800.00	
Nutritional Counseling	Before Deductible	\$17,388.62	N/A	N/A	N/A	\$8,800.00	
Diabetes Care Management	Before Deductible	\$21,735.78	N/A	N/A	N/A	\$8,800.00	
Total Row		\$337,582.66					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (3) Outpatient, In-Network (OP INN)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible		N/A	N/A
Copayment		N/A	N/A
Coinsurance		N/A	N/A
OOPM		N/A	N/A
Overall			Pass

Enter Footnotes (as needed) about xx

*If not applicable, enter "N/A"

Deductible	\$0.00		N/A
Copayment	\$0.00		N/A
Coinsurance	\$0.00		N/A
OOPM	\$0.00		N/A
Total Projected	\$0.00		

Step 2 Predominant Level

Deductible ---- (3) Outpatient, In-Network (OP INN)		Errors found:		0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.				
Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

Copayment ---- (3) Outpatient, In-Network (OP INN)		Errors found:		0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.				
Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

Coinsurance ---- (3) Outpatient, In-Network (OP INN)		Errors found:		0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.				
Coinsurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

OOPM ---- (3) Outpatient, In-Network (OP INN)		Errors found:		0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.				
OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

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 Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible	N/A	Fail	Pass
Copayment	\$15.00	\$30.00	Pass
Coinsurance	N/A	Fail	Pass
OOPM	\$8,800.00	\$8,800.00	Pass
Overall			Pass

Enter Footnotes (as needed) about xx

*If not applicable, enter "N/A"

Deductible	\$0.00	0.00%	Fail
Copayment	\$290,893.78	86.17%	OP-OV INN Copayment
Coinsurance	\$0.00	0.00%	Fail
OOPM	\$337,582.66	100.00%	OP-OV INN OOPM
Total Projected	\$337,582.66		

Step 2 Predominant Level

Deductible ---- (3a) Outpatient - Office Visits, In-Network (OP-OV INN)		Errors found:			0
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 &	Error Checking	
	\$0.00				
	\$0.00				
Total	\$0.00	0.00%			

Copayment ---- (3a) Outpatient - Office Visits, In-Network (OP-OV INN)		Errors found:			0
Applies to substantially all medical/surgical benefits in this classification.					
ENTER different copayment amounts from smallest to largest.					
Copayment	Allowed Claims	Portion	Predominant &	Error Checking	
\$15.00	\$98,825.30	33.97%	\$15.00		
\$30.00	\$48,312.46	16.61%	\$30.00		
\$40.00	\$143,756.02	49.42%			
	\$0.00				
Total	\$290,893.78	100.00%			

Coinsurance ---- (3a) Outpatient - Office Visits, In-Network (OP-OV INN)		Errors found:			0
Does not apply to substantially all medical/surgical benefits in this classification.					
DELETE any values in the left-hand column below.					
Coinsurance	Allowed Claims	Portion	Predominant &	Error Checking	
	\$0.00				
	\$0.00				
	\$0.00				
	\$0.00				
Total	\$0.00	0.00%			

OOPM ---- (3a) Outpatient - Office Visits, In-Network (OP-OV 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 &	Error Checking	
\$8,800.00	\$337,582.66	100.00%	\$8,800.00		
	\$0.00				
	\$0.00				
	\$0.00				
Total	\$337,582.66	100.00%			

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 testing outpatient office visits and all other outpatient services.

Classification	Outpatient - All Other	OP-AO
Network (In/Out)	In-Network	INN
Classification Code	3b	OP-AO INN
Table Name	tbl_OPAOINN_P1	

Number of Rows17

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 (OOPM)	No Cost-Share (If true, enter "x")
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	After Deductible	\$673,349.73	\$1,900.00	\$350.00	N/A	\$8,800.00	
Outpatient Surgery Physician/Surgical Services	After Deductible	\$349,909.34	\$1,900.00	\$75.00	N/A	\$8,800.00	
Hospice	Before Deductible	\$3,971.07	N/A	\$15.00	N/A	\$8,800.00	
Urgent Care Centers or Facilities	Before Deductible	\$20,014.01	N/A	\$35.00	N/A	\$8,800.00	
Home Health Care Services	Before Deductible	\$5,817.21	N/A	\$15.00	N/A	\$8,800.00	
Outpatient Rehabilitation Services	Before Deductible	\$15,348.26	N/A	\$30.00	N/A	\$8,800.00	
Habilitation Services	Before Deductible	\$1,705.36	N/A	\$30.00	N/A	\$8,800.00	
Durable Medical	After Deductible	\$23,779.03	\$1,900.00	N/A	20%	\$8,800.00	
Hearing Aids	After Deductible	\$4,676.60	\$1,900.00	N/A	20%	\$8,800.00	
Imaging (CT/PET Scans, MRIs)	After Deductible	\$73,967.84	\$1,900.00	\$300.00	N/A	\$8,800.00	
Preventive Care/Screening/Immunization	Before Deductible	\$105,353.65	N/A	N/A	N/A	\$8,800.00	X
Acupuncture	Before Deductible	\$3,382.76	N/A	\$15.00	N/A	\$8,800.00	
Laboratory Outpatient and Professional Services	Before Deductible	\$88,206.47	N/A	\$30.00	N/A	\$8,800.00	
X-Rays and Diagnostic Imaging	Before Deductible	\$48,561.60	N/A	\$30.00	N/A	\$8,800.00	
Abortion for Which Public Funding is Prohibited	Before Deductible	\$3,529.84	N/A	N/A	N/A	\$8,800.00	
Diabetes Education	Before Deductible	\$3,823.99	N/A	N/A	N/A	\$8,800.00	
Prosthetic Devices	After Deductible	\$1,698.87	\$1,900.00	N/A	20%	\$8,800.00	
Total Row		\$1,427,095.61					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (3b) Outpatient - All Other, In-Network (OP-AO INN)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible	N/A	\$1,900.00	Pass
Copayment	\$15.00	\$350.00	Pass
Coinsurance	N/A	Fail	Pass
OOPM	\$8,800.00	\$8,800.00	Pass
Overall			Pass

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)

Deductible	\$1,127,381.40	79.00%	OP-AO INN Deductible
Copayment	\$1,284,233.64	89.99%	OP-AO INN Copayment
Coinsurance	\$30,154.49	2.11%	Fail
OOPM	\$1,427,095.61	100.00%	OP-AO INN OOPM
Total Projected	\$1,427,095.61		

Step 2 Predominant Level

Deductible ---- (3b) Outpatient - All Other, In-Network (OP-AO INN) Errors found: 0

Applies to substantially all medical/surgical benefits in this classification. ENTER different deductible amounts from smallest to largest.

Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$1,900.00	\$1,127,381.40	100.00%	\$1,900.00	
	\$0.00			
Total	\$1,127,381.40	100.00%		

Copayment ---- (3b) Outpatient - All Other, In-Network (OP-AO INN) Errors found: 0

Applies to substantially all medical/surgical benefits in this classification. ENTER different copayment amounts from smallest to largest.

Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$15.00	\$13,171.04	1.03%	\$15.00	
\$30.00	\$153,821.68	11.98%	\$30.00	
\$35.00	\$20,014.01	1.56%	\$35.00	
\$75.00	\$349,909.34	27.25%	\$75.00	
\$300.00	\$73,967.84	5.76%	\$300.00	
\$350.00	\$673,349.73	52.43%	\$350.00	
Total	\$1,284,233.64	100.00%		

Coinsurance ---- (3b) Outpatient - All Other, In-Network (OP-AO INN) Errors found: 0

Does not apply to substantially all medical/surgical benefits in this classification. DELETE any values in the left-hand column below.

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

OOPM ---- (3b) Outpatient - All Other, In-Network (OP-AO 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
\$8,800.00	\$1,427,095.61	100.00%	\$8,800.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$1,427,095.61	100.00%		

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (4) Outpatient, Out-of-Network (OP OON)

Notes: Use this table if you are testing all outpatient services combined.

Classification	Outpatient	OP
Network (In/Out)	Out-of-Network	OON
Classification Code	4	OP OON
Table Name	tbl_OPOON_P1	

Number of Rows6

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 (OOPM)	No Cost-Share (If true, enter "x")
<<Enter description>>	<<Enter description>>						
Total Row		\$0.00					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (4) Outpatient, Out-of-Network (OP OON)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible		N/A	N/A
Copayment		N/A	N/A
Coinsurance		N/A	N/A
OOPM		N/A	N/A
Overall			Pass

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)

Deductible	\$0.00		N/A
Copayment	\$0.00		N/A
Coinsurance	\$0.00		N/A
OOPM	\$0.00		N/A
Total Projected	\$0.00		

Step 2 Predominant Level

Deductible ---- (4) Outpatient, Out-of-Network (OP OON) Errors found: 0

If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.

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

Copayment ---- (4) Outpatient, Out-of-Network (OP OON) Errors found: 0

If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.

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

Coinsurance ---- (4) Outpatient, Out-of-Network (OP OON) Errors found: 0

If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.

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

OOPM ---- (4) Outpatient, Out-of-Network (OP OON) Errors found: 0

If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.

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

Click>>>>>

Home

Errors found:

0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

Click>>>>>

Home

Errors found:

0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (4a) Outpatient - Office Visits, Out-of-Network (OP-OV OON)

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)	Out-of-Network	OON
Classification Code	4a	OP-OV OON
Table Name		tbl_OPOVOON_P1

Number of Rows 6

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 (OOPM)	No Cost-Share (If true, enter "x")
<<Enter description>>	<<Enter description>>						
Total Row		\$0.00					

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (4b) Outpatient - All Other, Out-of-Network (OP-AO OON)

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

Classification	Outpatient - All Other	OP-AO
Network (In/Out)	Out-of-Network	OON
Classification Code	4b	OP-AO OON
Table Name		tbl_OPAAOON_P1

Number of Rows 6

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 (OOPM)	No Cost-Share (If true, enter "x")
<<Enter description>>	<<Enter description>>						
Total Row		\$0.00					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (4a) Outpatient - Office Visits, Out-of-Network (OP-OV OON)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible		N/A N/A	
Copayment		N/A N/A	
Coinsurance		N/A N/A	
OOPM		N/A N/A	
Overall			Pass

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)

Deductible	\$0.00	N/A
Copayment	\$0.00	N/A
Coinsurance	\$0.00	N/A
OOPM	\$0.00	N/A
Total Projected	\$0.00	

Step 2 Predominant Level

Deductible ---- (4a) Outpatient - Office Visits, Out-of-Network (OP-OV OON) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

Copayment ---- (4a) Outpatient - Office Visits, Out-of-Network (OP-OV OON) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

Coinsurance ---- (4a) Outpatient - Office Visits, Out-of-Network (OP-OV OON) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

OOPM ---- (4a) Outpatient - Office Visits, Out-of-Network (OP-OV OON) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (4b) Outpatient - All Other, Out-of-Network (OP-AO OON)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible		N/A N/A	
Copayment		N/A N/A	
Coinsurance		N/A N/A	
OOPM		N/A N/A	
Overall			Pass

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)

Deductible	\$0.00	N/A
Copayment	\$0.00	N/A
Coinsurance	\$0.00	N/A
OOPM	\$0.00	N/A
Total Projected	\$0.00	

Step 2 Predominant Level

Deductible ---- (4b) Outpatient - All Other, Out-of-Network (OP-AO OON) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

Copayment ---- (4b) Outpatient - All Other, Out-of-Network (OP-AO OON) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

Coinsurance ---- (4b) Outpatient - All Other, Out-of-Network (OP-AO OON) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

OOPM ---- (4b) Outpatient - All Other, Out-of-Network (OP-AO OON) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP QON	Move to OP-OV QON	Move to OP-AO QON	Move to ER	Move to RX

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP QON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP QON	Move to OP-OV QON	Move to OP-AO QON	Move to ER	Move to RX

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

Benefit Classification (5) Emergency Care, (ER)

Classification	Emergency Care	ER					
Network (In/Out)	N/A						
Classification Code	5	ER	Number of Rows <div>3</div>				
Table Name	tbl_ER_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 (OOPM)	No Cost-Share (If true, enter "x")
Emergency Room Services	After Deductible	\$324,579.35	\$1,900.00	\$800.00	N/A	\$8,800.00	
Emergency Transportation/Ambulance	Before Deductible	\$12,855.29	N/A	\$375.00	N/A	\$8,800.00	
Emergency Room Physician Services	After Deductible	\$19,258.04	\$1,900.00	N/A	N/A	\$8,800.00	
Total Row		\$356,692.68					

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

Benefit Classification (6) Prescription Drugs, (RX)

Classification	Prescription Drugs	RX					
Network (In/Out)	N/A						
Classification Code	6	RX					
Table Name	tbl_RX_P1						
For each cost share, if it does not apply, enter "N/A".			Number of Rows 6				
Service Description	Cost-Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of-Pocket Maximum (OOPM)	No Cost-Share (If true, enter "x")
<<Enter description>>	<<Enter description>>						

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

Financial Parity for (5) Emergency Care, (ER)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result	Enter Footnotes (as needed) about
Deductible	\$1,900.00	\$1,900.00	Pass	xx
Copayment	N/A	\$800.00	Pass	
Coinsurance	N/A	Fail	Pass	
OOPM	\$8,800.00	\$8,800.00	Pass	
Overall			Pass	
*If not applicable, enter "N/A"				
Step 1 Substantially All (i.e., ≥ % of medical/surgical benefits)				
Deductible	\$343,837.39	96.40%	ER Deductible	
Copayment	\$337,434.64	94.60%	ER Copayment	
Coinsurance	\$0.00	0.00%	Fail	
OOPM	\$356,692.68	100.00%	ER OOPM	
Total Projected	\$356,692.68			

Step 2 Predominant Level

Deductible ---- (5) Emergency Care, (ER)		Errors found:		0
Applies to substantially all medical/surgical benefits in this classification. ENTER different deductible amounts from smallest to largest.				
Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$1,900.00	\$343,837.39	100.00%	\$1,900.00	
	\$0.00			
Total	\$343,837.39	100.00%		
Copayment ---- (5) Emergency Care, (ER)		Errors found:		0
Applies to substantially all medical/surgical benefits in this classification. ENTER different copayment amounts from smallest to largest.				
Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$375.00	\$12,855.29	3.81%	\$375.00	
\$800.00	\$324,579.35	96.19%	\$800.00	
	\$0.00			
	\$0.00			
Total	\$337,434.64	100.00%		
Coinsurance ---- (5) Emergency Care, (ER)		Errors found:		0
Does not apply to substantially all medical/surgical benefits in this classification. DELETE any values in the left-hand column below.				
Coinsurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		
OOPM ---- (5) Emergency Care, (ER)		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
\$8,800.00	\$356,692.68	100.00%	\$8,800.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$356,692.68	100.00%		

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

Financial Parity for (6) Prescription Drugs, (RX)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result	Enter Footnotes (as needed) about
Deductible		N/A	N/A	xx
Copayment		N/A	N/A	
Coinsurance		N/A	N/A	
OOPM		N/A	N/A	
Overall			Pass	
*If not applicable, enter "N/A"				
Step 1 Substantially All (i.e., ≥ ¾ of medical/surgical benefits)				
Deductible	\$0.00		N/A	
Copayment	\$0.00		N/A	
Coinsurance	\$0.00		N/A	
OOPM	\$0.00		N/A	
Total Projected	\$0.00			

Step 2 Predominant Level

Deductible ---- (6) Prescription Drugs, (RX)		Errors found:		0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.				
Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		
Copayment ---- (6) Prescription Drugs, (RX)		Errors found:		0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.				
Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		
Coinsurance ---- (6) Prescription Drugs, (RX)		Errors found:		0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.				
Coinsurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		
OOPM ---- (6) Prescription Drugs, (RX)		Errors found:		0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.				
OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

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

Issuer / Market: Wellpoint Washington, Inc.
Market: Individual

Workbook Info

[Link back to Summary Sheet](#)
[User Inputs Cell Format](#)
See the Example worksheet for additional details.

PLAN INFORMATION

Plan Name: Wellpoint Silver EPO 2500
Plan ID: 12435WA0010003-0
CSR Variant Description:
 <<<<This will auto populate from summary sheet macro
 <<<<This will auto populate from summary sheet macro
 <<<<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 cells below to scroll directly to the stated section>>>>

Move to IP INNMove to IP OONMove to OP INNMove to OP-OV INNMove to OP-AO INNMove to OP OONMove to OP-OV OONMove to OP-AO OONMove to ERMove to RX

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
Update Columns
Hide/Unhide All Columns

No Errors found?
TRUE

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		E. Test Results
					D1. In-Network	D2. Out-of-Network	
Inpatient	No	Yes			Pass		Pass
Outpatient							
Outpatient - All Services Combined							
Outpatient - Office Visits Separate							
Outpatient - Office Visits	No	Yes			Pass		Pass
Outpatient - All Other	No	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	No	Yes	Pass				
Prescription Drugs	Yes	No	Pass				

Benefit Classification (1) Inpatient, In-Network (IP INN)

Click>>>>

Home

Errors found:

0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

Benefit Classification (2) Inpatient, Out-of-Network (IP OON)

Click>>>>

Home

Errors found:

0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

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

Benefit Classification (1) Inpatient, In-Network (IP INN)

Classification	Inpatient	IP
Network (In/Out)	In-Network	INN
Classification Code	1	IP INN
Table Name	tbl_IPINN_P1	

Number of Rows7

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 (OOPM)	No Cost-Share (If true, enter "x")
Inpatient Hospital Services (e.g., Hospital Stay)	After Deductible	\$2,085,849.45	\$2,500.00	\$800.00	N/A	\$9,750.00	
Inpatient Physician and Surgical Services	Before Deductible	\$354,825.70	\$2,500.00	N/A	N/A	\$9,750.00	
Skilled Nursing Facility	After Deductible	\$8,547.57	\$2,500.00	\$800.00	N/A	\$9,750.00	
Prenatal and Post Natal Care	Before Deductible	\$276,136.79	N/A	N/A	N/A	\$9,750.00	
Delivery and All Inpatient Services for Maternity Care	After Deductible	\$536,228.96	\$2,500.00	\$800.00	N/A	\$9,750.00	
Well Baby Visits and Care	Before Deductible	\$39,707.01	N/A	N/A	N/A	\$9,750.00	
Transplant	After Deductible	\$5,728.01	\$2,500.00	\$800.00	N/A	\$9,750.00	
Total Row		\$3,307,023.50					

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

Benefit Classification (2) Inpatient, Out-of-Network (IP OON)

Classification	Inpatient	IP
Network (In/Out)	Out-of-Network	OON
Classification Code	2	IP OON
Table Name	tbl_IPOON_P1	

Number of Rows6

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 (OOPM)	No Cost-Share (If true, enter "x")
<<Enter description>>	<<Enter description>>						
Total Row		\$0.00					

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

Financial Parity for (1) Inpatient, In-Network (IP INN)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result	Enter Footnotes (as needed) about
Deductible	\$2,500.00	\$2,500.00	Pass	xx
Copayment	\$800.00	\$800.00	Pass	
Coinsurance	N/A	Fail	Pass	
OOPM	\$9,750.00	\$9,750.00	Pass	
Overall			Pass	

*If not applicable, enter "N/A"

Deductible	\$2,991,179.69	90.45%	IP INN Deductible
Copayment	\$2,636,353.99	79.72%	IP INN Copayment
Coinsurance	\$0.00	0.00%	Fail
OOPM	\$3,307,023.50	100.00%	IP INN OOPM
Total Projected	\$3,307,023.50		

Step 2 Predominant Level

Deductible ---- (1) Inpatient, In-Network (IP INN)		Errors found:		0
Applies to substantially all medical/surgical benefits in this classification. ENTER different deductible amounts from smallest to largest.				
Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$2,500.00	\$2,991,179.69	100.00%	\$2,500.00	
	\$0.00			
Total	\$2,991,179.69	100.00%		
Copayment ---- (1) Inpatient, In-Network (IP INN)		Errors found:		0
Applies to substantially all medical/surgical benefits in this classification. ENTER different copayment amounts from smallest to largest.				
Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$800.00	\$2,636,353.99	100.00%	\$800.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$2,636,353.99	100.00%		
Coinsurance ---- (1) Inpatient, In-Network (IP INN)		Errors found:		0
Does not apply to substantially all medical/surgical benefits in this classification. DELETE any values in the left-hand column below.				
Coinsurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		
OOPM ---- (1) Inpatient, In-Network (IP 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
\$9,750.00	\$3,307,023.50	100.00%	\$9,750.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$3,307,023.50	100.00%		

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

Financial Parity for (2) Inpatient, Out-of-Network (IP OON)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result	Enter Footnotes (as needed) about
Deductible		N/A	N/A	xx
Copayment		N/A	N/A	
Coinsurance		N/A	N/A	
OOPM		N/A	N/A	
Overall			Pass	

*If not applicable, enter "N/A"

Deductible	\$0.00		N/A
Copayment	\$0.00		N/A
Coinsurance	\$0.00		N/A
OOPM	\$0.00		N/A
Total Projected	\$0.00		

Step 2 Predominant Level

Deductible ---- (2) Inpatient, Out-of-Network (IP OON)		Errors found:		
If testing is required for this benefit classification:				
Please ensure each different cost-share combination is entered above in PART 1.				
Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		
Copayment ---- (2) Inpatient, Out-of-Network (IP OON)		Errors found:		
If testing is required for this benefit classification:				
Please ensure each different cost-share combination is entered above in PART 1.				
Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		
Coinsurance ---- (2) Inpatient, Out-of-Network (IP OON)		Errors found:		
If testing is required for this benefit classification:				
Please ensure each different cost-share combination is entered above in PART 1.				
Coinsurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		
OOPM ---- (2) Inpatient, Out-of-Network (IP OON)		Errors found:		
If testing is required for this benefit classification:				
Please ensure each different cost-share combination is entered above in PART 1.				
OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (3) Outpatient, In-Network (OP INN)
Notes: Use this table if you are testing all outpatient services combined.

Classification	Outpatient	OP
Network (In/Out)	In-Network	INN
Classification Code	3	OP INN
Table Name	tbl_OPINN_P1	

Number of Rows6

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 (OOPM)	No Cost-Share (If true, enter "x")
<<Enter description>>	<<Enter description>>						
Total Row		\$0.00					

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

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 Vis	OP-OV
Network (In/Out)	In-Network	INN
Classification Code	3a	OP-OV INN
Table Name	tbl_OPOVINN_P1	

Number of Rows10

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 (OOPM)	No Cost-Share (If true, enter "x")
Primary Care Visit to Treat an Injury or Illness	Before Deductible	\$400,467.17	N/A	\$20.00	N/A	\$9,750.00	
Other Practitioner Office Visit (Nurse, Physician Assistant)	Before Deductible	\$16,667.52	N/A	\$20.00	N/A	\$9,750.00	
Specialist Visit	Before Deductible	\$560,576.65	N/A	\$65.00	N/A	\$9,750.00	
Chiropractic Care	Before Deductible	\$17,666.54	N/A	\$20.00	N/A	\$9,750.00	
Rehabilitative Speech Therapy	Before Deductible	\$11,645.67	N/A	\$40.00	N/A	\$9,750.00	
Rehabilitative Occupational and Rehabilitative Physical Therapy	Before Deductible	\$176,525.75	N/A	\$40.00	N/A	\$9,750.00	
Routine Eye Exam for Children	Before Deductible	\$13,540.79	N/A	N/A	N/A	\$9,750.00	
Eye Glasses for Children	Before Deductible	\$18,295.87	N/A	N/A	N/A	\$9,750.00	
Nutritional Counseling	Before Deductible	\$73,183.49	N/A	N/A	N/A	\$9,750.00	
Diabetes Care Management	Before Deductible	\$91,479.37	N/A	N/A	N/A	\$9,750.00	
Total Row		\$1,380,048.82					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (3) Outpatient, In-Network (OP INN)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible		N/A	N/A
Copayment		N/A	N/A
Coinsurance		N/A	N/A
OOPM		N/A	N/A
Overall			Pass

Enter Footnotes (as needed) about xx

*If not applicable, enter "N/A"

Deductible	\$0.00		N/A
Copayment	\$0.00		N/A
Coinsurance	\$0.00		N/A
OOPM	\$0.00		N/A
Total Projected	\$0.00		

Step 2 Predominant Level

Deductible ---- (3) Outpatient, In-Network (OP INN)		Errors found:	0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.			
Deductible	Allowed Claims	Portion	Predominant & Smaller
	\$0.00		
	\$0.00		
Total	\$0.00	0.00%	

Copayment ---- (3) Outpatient, In-Network (OP INN)		Errors found:	0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.			
Copayment	Allowed Claims	Portion	Predominant & Smaller
	\$0.00		
	\$0.00		
	\$0.00		
	\$0.00		
Total	\$0.00	0.00%	

Coinsurance ---- (3) Outpatient, In-Network (OP INN)		Errors found:	0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.			
Coinsurance	Allowed Claims	Portion	Predominant & Smaller
	\$0.00		
	\$0.00		
	\$0.00		
	\$0.00		
Total	\$0.00	0.00%	

OOPM ---- (3) Outpatient, In-Network (OP INN)		Errors found:	0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.			
OOPM	Allowed Claims	Portion	Predominant & Smaller
	\$0.00		
	\$0.00		
	\$0.00		
	\$0.00		
Total	\$0.00	0.00%	

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 Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible	N/A	Fail	Pass
Copayment	\$20.00	\$40.00	Pass
Coinsurance	N/A	Fail	Pass
OOPM	\$9,750.00	\$9,750.00	Pass
Overall			Pass

Enter Footnotes (as needed) about xx

*If not applicable, enter "N/A"

Deductible	\$0.00	0.00%	Fail
Copayment	\$1,183,549.30	85.76%	OP-OV INN Copayment
Coinsurance	\$0.00	0.00%	Fail
OOPM	\$1,380,048.82	100.00%	OP-OV INN OOPM
Total Projected	\$1,380,048.82		

Step 2 Predominant Level

Deductible ---- (3a) Outpatient - Office Visits, In-Network (OP-OV INN)		Errors found:	0
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 &
	\$0.00		
	\$0.00		
Total	\$0.00	0.00%	

Copayment ---- (3a) Outpatient - Office Visits, In-Network (OP-OV INN)		Errors found:	0
Applies to substantially all medical/surgical benefits in this classification. ENTER different copayment amounts from smallest to largest.			
Copayment	Allowed Claims	Portion	Predominant &
\$20.00	\$434,801.23	36.74%	\$20.00
\$40.00	\$188,171.42	15.90%	\$40.00
\$65.00	\$560,576.65	47.36%	
	\$0.00		
Total	\$1,183,549.30	100.00%	

Coinsurance ---- (3a) Outpatient - Office Visits, In-Network (OP-OV INN)		Errors found:	0
Does not apply to substantially all medical/surgical benefits in this classification. DELETE any values in the left-hand column below.			
Coinsurance	Allowed Claims	Portion	Predominant &
	\$0.00		
	\$0.00		
	\$0.00		
	\$0.00		
	\$0.00		
Total	\$0.00	0.00%	

OOPM ---- (3a) Outpatient - Office Visits, In-Network (OP-OV 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 &
\$9,750.00	\$1,380,048.82	100.00%	\$9,750.00
	\$0.00		
	\$0.00		
	\$0.00		
Total	\$1,380,048.82	100.00%	

Click>>>>

Home

Errors found:

0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

Click>>>>

Home

Errors found:

0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

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 testing outpatient office visits and all other outpatient services.

Classification	Outpatient - All Other	OP-AO
Network (In/Out)	In-Network	INN
Classification Code	3b	OP-AO INN
Table Name	tbl_OPAOINN_P1	

Number of Rows17

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 (OOPM)	No Cost-Share (If true, enter "x")
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	After Deductible	\$2,749,656.92	\$2,500.00	\$600.00	N/A	\$9,750.00	
Outpatient Surgery Physician/Surgical Services	After Deductible	\$1,425,340.87	\$2,500.00	\$200.00	N/A	\$9,750.00	
Hospice	Before Deductible	\$16,269.47	N/A	\$30.00	N/A	\$9,750.00	
Urgent Care Centers or Facilities	Before Deductible	\$76,839.56	N/A	\$65.00	N/A	\$9,750.00	
Home Health Care Services	Before Deductible	\$24,073.08	N/A	\$30.00	N/A	\$9,750.00	
Outpatient Rehabilitation Services	Before Deductible	\$64,751.84	N/A	\$40.00	N/A	\$9,750.00	
Habilitation Services	Before Deductible	\$7,194.65	N/A	\$40.00	N/A	\$9,750.00	
Durable Medical	After Deductible	\$96,208.65	\$2,500.00	N/A	30%	\$9,750.00	
Hearing Aids	After Deductible	\$18,842.23	\$2,500.00	N/A	30%	\$9,750.00	
Imaging (CT/PET Scans, MRIs)	After Deductible	\$312,641.65	\$2,500.00	N/A	30%	\$9,750.00	
Preventive Care/Screening/Immunization	Before Deductible	\$439,516.40	N/A	N/A	N/A	\$9,750.00	X
Acupuncture	Before Deductible	\$13,859.18	N/A	\$20.00	N/A	\$9,750.00	
Laboratory Outpatient and Professional Services	Before Deductible	\$360,352.06	N/A	\$40.00	N/A	\$9,750.00	
X-Rays and Diagnostic Imaging	Before Deductible	\$194,584.65	N/A	\$65.00	N/A	\$9,750.00	
Abortion for Which Public Funding is Prohibited	Before Deductible	\$14,461.75	N/A	N/A	N/A	\$9,750.00	
Diabetes Education	Before Deductible	\$15,666.89	N/A	N/A	N/A	\$9,750.00	
Prosthetic Devices	After Deductible	\$6,873.52	\$2,500.00	N/A	30%	\$9,750.00	
Total Row		\$5,837,133.37					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (3b) Outpatient - All Other, In-Network (OP-AO INN)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible	N/A	\$2,500.00	Pass
Copayment	\$30.00	\$600.00	Pass
Coinsurance	N/A	Fail	Pass
OOPM	\$9,750.00	\$9,750.00	Pass
Overall			Pass

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)

Deductible	\$4,609,563.84	78.97%	OP-AO INN Deductible
Copayment	\$4,932,922.28	84.51%	OP-AO INN Copayment
Coinsurance	\$434,566.04	7.44%	Fail
OOPM	\$5,837,133.37	100.00%	OP-AO INN OOPM
Total Projected	\$5,837,133.37		

Step 2 Predominant Level

Deductible ---- (3b) Outpatient - All Other, In-Network (OP-AO INN)

Errors found:0

Applies to substantially all medical/surgical benefits in this classification. ENTER different deductible amounts from smallest to largest.

Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$2,500.00	\$4,609,563.84	100.00%	\$2,500.00	
	\$0.00			
Total	\$4,609,563.84	100.00%		

Copayment ---- (3b) Outpatient - All Other, In-Network (OP-AO INN)

Errors found:0

Applies to substantially all medical/surgical benefits in this classification. ENTER different copayment amounts from smallest to largest.

Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$20.00	\$13,859.18	0.28%	\$20.00	
\$30.00	\$40,342.55	0.82%	\$30.00	
\$40.00	\$432,298.56	8.76%	\$40.00	
\$65.00	\$271,424.21	5.50%	\$65.00	
\$200.00	\$1,425,340.87	28.89%	\$200.00	
\$600.00	\$2,749,656.92	55.74%	\$600.00	
Total	\$4,932,922.28	100.00%		

Coinsurance ---- (3b) Outpatient - All Other, In-Network (OP-AO INN)

Errors found:0

Does not apply to substantially all medical/surgical benefits in this classification. DELETE any values in the left-hand column below.

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

OOPM ---- (3b) Outpatient - All Other, In-Network (OP-AO 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
\$9,750.00	\$5,837,133.37	100.00%	\$9,750.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$5,837,133.37	100.00%		

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (4) Outpatient, Out-of-Network (OP OON)

Notes: Use this table if you are testing all outpatient services combined.

Classification	Outpatient	OP
Network (In/Out)	Out-of-Network	OON
Classification Code	4	OP OON
Table Name	tbl_OPOON_P1	

Number of Rows6

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 (OOPM)	No Cost-Share (If true, enter "x")
<<Enter description>>	<<Enter description>>						
Total Row		\$0.00					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (4) Outpatient, Out-of-Network (OP OON)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible		N/A	N/A
Copayment		N/A	N/A
Coinsurance		N/A	N/A
OOPM		N/A	N/A
Overall			Pass

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)

Deductible	\$0.00	N/A
Copayment	\$0.00	N/A
Coinsurance	\$0.00	N/A
OOPM	\$0.00	N/A
Total Projected	\$0.00	

Step 2 Predominant Level

Deductible ---- (4) Outpatient, Out-of-Network (OP OON)

Errors found:0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

Copayment ---- (4) Outpatient, Out-of-Network (OP OON)

Errors found:0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

Coinsurance ---- (4) Outpatient, Out-of-Network (OP OON)

Errors found:0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

OOPM ---- (4) Outpatient, Out-of-Network (OP OON)

Errors found:0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

Click>>>>

Home

Errors found:

0

<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

Click>>>>

Home

Errors found:

0

<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (4a) Outpatient - Office Visits, Out-of-Network (OP-OV OON)

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)	Out-of-Network	OON
Classification Code	4a	OP-OV OON
Table Name		tbl_OPOVOON_P1

Number of Rows 6

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 (OOPM)	No Cost-Share (If true, enter "x")
<<Enter description>>	<<Enter description>>						
Total Row		\$0.00					

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (4b) Outpatient - All Other, Out-of-Network (OP-AO OON)

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

Classification	Outpatient - All Other	OP-AO
Network (In/Out)	Out-of-Network	OON
Classification Code	4b	OP-AO OON
Table Name		tbl_OPAAOON_P1

Number of Rows 6

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 (OOPM)	No Cost-Share (If true, enter "x")
<<Enter description>>	<<Enter description>>						
Total Row		\$0.00					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (4a) Outpatient - Office Visits, Out-of-Network (OP-OV OON)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible		N/A	N/A
Copayment		N/A	N/A
Coinsurance		N/A	N/A
OOPM		N/A	N/A
Overall			Pass

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)

Deductible	\$0.00	N/A
Copayment	\$0.00	N/A
Coinsurance	\$0.00	N/A
OOPM	\$0.00	N/A
Total Projected	\$0.00	

Step 2 Predominant Level

Deductible ---- (4a) Outpatient - Office Visits, Out-of-Network (OP-OV OON) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

Copayment ---- (4a) Outpatient - Office Visits, Out-of-Network (OP-OV OON) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

Coinsurance ---- (4a) Outpatient - Office Visits, Out-of-Network (OP-OV OON) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

OOPM ---- (4a) Outpatient - Office Visits, Out-of-Network (OP-OV OON) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (4b) Outpatient - All Other, Out-of-Network (OP-AO OON)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible		N/A	N/A
Copayment		N/A	N/A
Coinsurance		N/A	N/A
OOPM		N/A	N/A
Overall			Pass

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)

Deductible	\$0.00	N/A
Copayment	\$0.00	N/A
Coinsurance	\$0.00	N/A
OOPM	\$0.00	N/A
Total Projected	\$0.00	

Step 2 Predominant Level

Deductible ---- (4b) Outpatient - All Other, Out-of-Network (OP-AO OON) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

Copayment ---- (4b) Outpatient - All Other, Out-of-Network (OP-AO OON) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

Coinsurance ---- (4b) Outpatient - All Other, Out-of-Network (OP-AO OON) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

OOPM ---- (4b) Outpatient - All Other, Out-of-Network (OP-AO OON) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

Click>>>>> [Home](#) Errors found: 0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP QON	Move to OP-OV QON	Move to OP-AO QON	Move to ER	Move to RX

Click>>>>> [Home](#) Errors found: 0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP QON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP QON	Move to OP-OV QON	Move to OP-AO QON	Move to ER	Move to RX

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

Benefit Classification (5) Emergency Care, (ER)

Classification	Emergency Care	ER					
Network (In/Out)	N/A						
Classification Code	5	ER	Number of Rows <div>3</div>				
Table Name	tbl_ER_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 (OOPM)	No Cost-Share (If true, enter "x")
Emergency Room Services	After Deductible	\$1,329,711.81	\$2,500.00	\$800.00	N/A	\$9,750.00	
Emergency Transportation/Ambulance	Before Deductible	\$53,198.48	N/A	\$375.00	N/A	\$9,750.00	
Emergency Room Physician Services	After Deductible	\$79,007.25	\$2,500.00	N/A	N/A	\$9,750.00	
Total Row		\$1,461,917.55					

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

Benefit Classification (6) Prescription Drugs, (RX)

Classification	Prescription Drugs		RX
Network (In/Out)	N/A		
Classification Code	6	RX	
Table Name	tbl_RX_P1		

Number of Rows

6

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 (OOPM)	No Cost-Share (If true, enter "x")
<<Enter description>>	<<Enter description>>						
Total Row		\$0.00					

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

Financial Parity for (5) Emergency Care, (ER)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result	Enter Footnotes (as needed) about
Deductible	\$2,500.00	\$2,500.00	Pass	xx
Copayment	N/A	\$800.00	Pass	
Coinsurance	N/A	Fail	Pass	
OOPM	\$9,750.00	\$9,750.00	Pass	
Overall			Pass	
*If not applicable, enter "N/A"				
Step 1 Substantially All (i.e., ≥ % of medical/surgical benefits)				
Deductible	\$1,408,719.06	96.36%	ER Deductible	
Copayment	\$1,382,910.30	94.60%	ER Copayment	
Coinsurance	\$0.00	0.00%	Fail	
OOPM	\$1,461,917.55	100.00%	ER OOPM	
Total Projected	\$1,461,917.55			

Step 2 Predominant Level				
Deductible ---- (5) Emergency Care, (ER)			Errors found:	0
Applies to substantially all medical/surgical benefits in this classification. ENTER different deductible amounts from smallest to largest.				
Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$2,500.00	\$1,408,719.06	100.00%	\$2,500.00	
	\$0.00			
Total	\$1,408,719.06	100.00%		
Copayment ---- (5) Emergency Care, (ER)				
Copayment ---- (5) Emergency Care, (ER)			Errors found:	0
Applies to substantially all medical/surgical benefits in this classification. ENTER different copayment amounts from smallest to largest.				
Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$375.00	\$53,198.48	3.85%	\$375.00	
\$800.00	\$1,329,711.81	96.15%	\$800.00	
	\$0.00			
	\$0.00			
Total	\$1,382,910.30	100.00%		
Coinsurance ---- (5) Emergency Care, (ER)				
Coinsurance ---- (5) Emergency Care, (ER)			Errors found:	0
Does not apply to substantially all medical/surgical benefits in this classification. DELETE any values in the left-hand column below.				
Coinsurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		
OOPM ---- (5) Emergency Care, (ER)				
OOPM ---- (5) Emergency Care, (ER)			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
\$9,750.00	\$1,461,917.55	100.00%	\$9,750.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$1,461,917.55	100.00%		

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

Financial Parity for (6) Prescription Drugs, (RX)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result	Enter Footnotes (as needed) about
Deductible		N/A	N/A	xx
Copayment		N/A	N/A	
Coinsurance		N/A	N/A	
OOPM		N/A	N/A	
Overall			Pass	
*If not applicable, enter "N/A"				
Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)				
Deductible	\$0.00		N/A	
Copayment	\$0.00		N/A	
Coinsurance	\$0.00		N/A	
OOPM	\$0.00		N/A	
Total Projected	\$0.00			

Step 2 Predominant Level				
Deductible ---- (6) Prescription Drugs, (RX)			Errors found:	0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.				
Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		
Copayment ---- (6) Prescription Drugs, (RX)				
Copayment ---- (6) Prescription Drugs, (RX)			Errors found:	0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.				
Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		
Coinsurance ---- (6) Prescription Drugs, (RX)				
Coinsurance ---- (6) Prescription Drugs, (RX)			Errors found:	0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.				
Coinsurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		
OOPM ---- (6) Prescription Drugs, (RX)				
OOPM ---- (6) Prescription Drugs, (RX)			Errors found:	0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.				
OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

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

Issuer / Market: Wellpoint Washington, Inc.
Market: Individual

Workbook Info

[Link back to Summary Sheet](#)
[User Inputs Cell Format](#)
See the Example worksheet for additional details.

PLAN INFORMATION

Plan Name: Wellpoint Cascade Silver
Plan ID: 12435WA0010003-1
CSR Variant Description: 1

<<<<This will auto populate from summary sheet macro
<<<<This will auto populate from summary sheet macro
<<<<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 cells below to scroll directly to the stated section>>>>

[Move to IP INN](#)
[Move to OP OON](#)

[Move to IP OON](#)
[Move to OP-OV OON](#)

[Move to OP INN](#)
[Move to OP-AO OON](#)

[Move to OP-OV INN](#)
[Move to ER](#)

[Move to OP-AO INN](#)
[Move to RX](#)

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

[Update Columns](#)
[Hide/Unhide All Columns](#)

No Errors found?
TRUE

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		E. Test Results
					D1. In-Network	D2. Out-of-Network	
Inpatient	No	Yes			Pass		Pass
Outpatient							
Outpatient – All Services Combined							
Outpatient – Office Visits Separate							
Outpatient – Office Visits	No	Yes			Pass		Pass
Outpatient - All Other	No	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	No	Yes	Pass				
Prescription Drugs	Yes	No	Pass				

Click>>>>>

Home

Errors found:

0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

Click>>>>>

Home

Errors found:

0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (1) Inpatient, In-Network (IP INN)

Classification	Inpatient	IP
Network (In/Out)	In-Network	INN
Classification Code	1	IP INN
Table Name	tbl_IPINN_P1	

Number of Rows7

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 (OOPM)	No Cost-Share (If true, enter "x")
Inpatient Hospital Services (e.g., Hospital Stay)	After Deductible	\$2,085,849.45	\$2,500.00	\$800.00	N/A	\$9,750.00	
Inpatient Physician and Surgical Services	Before Deductible	\$354,825.70	\$2,500.00	N/A	N/A	\$9,750.00	
Skilled Nursing Facility	After Deductible	\$8,547.57	\$2,500.00	\$800.00	N/A	\$9,750.00	
Prenatal and Post Natal Care	Before Deductible	\$276,136.79	N/A	N/A	N/A	\$9,750.00	
Delivery and All Inpatient Services for Maternity Care	After Deductible	\$536,228.96	\$2,500.00	\$800.00	N/A	\$9,750.00	
Well Baby Visits and Care	Before Deductible	\$39,707.01	N/A	N/A	N/A	\$9,750.00	
Transplant	After Deductible	\$5,779.01	\$2,500.00	\$800.00	N/A	\$9,750.00	
Total Row		\$3,307,023.50					

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (2) Inpatient, Out-of-Network (IP OON)

Classification	Inpatient	IP
Network (In/Out)	Out-of-Network	OON
Classification Code	2	IP OON
Table Name	tbl_IPOON_P1	

Number of Rows6

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 (OOPM)	No Cost-Share (If true, enter "x")
<<Enter description>>	<<Enter description>>						
Total Row		\$0.00					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (1) Inpatient, In-Network (IP INN)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible	\$2,500.00	\$2,500.00	Pass
Copayment	\$800.00	\$800.00	Pass
Coinsurance	N/A	Fail	Pass
OOPM	\$9,750.00	\$9,750.00	Pass
Overall			Pass

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ¾ of medical/surgical benefits)

Deductible	\$2,991,179.69	90.45%	IP INN Deductible
Copayment	\$2,636,353.99	79.72%	IP INN Copayment
Coinsurance	\$0.00	0.00%	Fail
OOPM	\$3,307,023.50	100.00%	IP INN OOPM
Total Projected	\$3,307,023.50		

Step 2 Predominant Level

Deductible ---- (1) Inpatient, In-Network (IP INN)		Errors found:	0
Applies to substantially all medical/surgical benefits in this classification. ENTER different deductible amounts from smallest to largest.			
Deductible	Allowed Claims	Portion	Predominant & Smaller
\$2,500.00	\$2,991,179.69	100.00%	\$2,500.00
\$0.00			
Total	\$2,991,179.69	100.00%	

Copayment ---- (1) Inpatient, In-Network (IP INN)		Errors found:	0
Applies to substantially all medical/surgical benefits in this classification. ENTER different copayment amounts from smallest to largest.			
Copayment	Allowed Claims	Portion	Predominant & Smaller
\$800.00	\$2,636,353.99	100.00%	\$800.00
\$0.00			
\$0.00			
\$0.00			
Total	\$2,636,353.99	100.00%	

Coinsurance ---- (1) Inpatient, In-Network (IP INN)		Errors found:	0
Does not apply to substantially all medical/surgical benefits in this classification. DELETE any values in the left-hand column below.			
Coinsurance	Allowed Claims	Portion	Predominant & Smaller
\$0.00	\$0.00		
\$0.00	\$0.00		
\$0.00	\$0.00		
\$0.00	\$0.00		
Total	\$0.00	0.00%	

OOPM ---- (1) Inpatient, In-Network (IP 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
\$9,750.00	\$3,307,023.50	100.00%	\$9,750.00
\$0.00			
\$0.00			
\$0.00			
Total	\$3,307,023.50	100.00%	

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (2) Inpatient, Out-of-Network (IP OON)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible		N/A	N/A
Copayment		N/A	N/A
Coinsurance		N/A	N/A
OOPM		N/A	N/A
Overall			Pass

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ¾ of medical/surgical benefits)

Deductible	\$0.00	N/A
Copayment	\$0.00	N/A
Coinsurance	\$0.00	N/A
OOPM	\$0.00	N/A
Total Projected	\$0.00	

Step 2 Predominant Level

Deductible ---- (2) Inpatient, Out-of-Network (IP OON)		Errors found:	0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.			
Deductible	Allowed Claims	Portion	Predominant & Smaller
	\$0.00		
	\$0.00		
Total	\$0.00	0.00%	

Copayment ---- (2) Inpatient, Out-of-Network (IP OON)		Errors found:	0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.			
Copayment	Allowed Claims	Portion	Predominant & Smaller
	\$0.00		
	\$0.00		
	\$0.00		
	\$0.00		
Total	\$0.00	0.00%	

Coinsurance ---- (2) Inpatient, Out-of-Network (IP OON)		Errors found:	0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.			
Coinsurance	Allowed Claims	Portion	Predominant & Smaller
	\$0.00		
	\$0.00		
	\$0.00		
	\$0.00		
Total	\$0.00	0.00%	

OOPM ---- (2) Inpatient, Out-of-Network (IP OON)		Errors found:	0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.			
OOPM	Allowed Claims	Portion	Predominant & Smaller
	\$0.00		
	\$0.00		
	\$0.00		
	\$0.00		
Total	\$0.00	0.00%	

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

Errors found: 0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

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

Errors found: 0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (3) Outpatient, In-Network (OP INN)

Notes: Use this table if you are testing all outpatient services combined.

Classification	Outpatient	OP
Network (In/Out)	In-Network	INN
Classification Code	3	OP INN
Table Name	tbl_OPINN_P1	

Number of Rows6

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 (OOPM)	No Cost-Share (If true, enter "x")
<<Enter description>>	<<Enter description>>						
Total Row		\$0.00					

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

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 Visits	OP-OV
Network (In/Out)	In-Network	INN
Classification Code	3a	OP-OV INN
Table Name	tbl_OPOVINN_P1	

Number of Rows10

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 (OOPM)	No Cost-Share (If true, enter "x")
Primary Care Visit to Treat an Injury or Illness	Before Deductible	\$400,467.17	N/A	\$20.00	N/A	\$9,750.00	
Other Practitioner Office Visit (Nurse, Physician Assistant)	Before Deductible	\$16,667.52	N/A	\$20.00	N/A	\$9,750.00	
Specialist Visit	Before Deductible	\$560,576.65	N/A	\$65.00	N/A	\$9,750.00	
Chiropractic Care	Before Deductible	\$17,666.54	N/A	\$20.00	N/A	\$9,750.00	
Rehabilitative Speech Therapy	Before Deductible	\$11,045.67	N/A	\$40.00	N/A	\$9,750.00	
Rehabilitative Occupational and Rehabilitative Physical Therapy	Before Deductible	\$176,525.75	N/A	\$40.00	N/A	\$9,750.00	
Routine Eye Exam for Children	Before Deductible	\$13,540.79	N/A	N/A	N/A	\$9,750.00	
Eye Glasses for Children	Before Deductible	\$18,295.87	N/A	N/A	N/A	\$9,750.00	
Nutritional Counseling	Before Deductible	\$73,183.49	N/A	N/A	N/A	\$9,750.00	
Diabetes Care Management	Before Deductible	\$91,479.37	N/A	N/A	N/A	\$9,750.00	
Total Row		\$1,380,048.82					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (3) Outpatient, In-Network (OP INN)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible	N/A	N/A	N/A
Copayment		N/A	N/A
Coinsurance	N/A	N/A	N/A
OOPM	N/A	N/A	N/A
Overall			Pass

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)

Deductible	\$0.00	N/A
Copayment	\$0.00	N/A
Coinsurance	\$0.00	N/A
OOPM	\$0.00	N/A
Total Projected	\$0.00	

Step 2 Predominant Level

Deductible ---- (3) Outpatient, In-Network (OP INN) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

Copayment ---- (3) Outpatient, In-Network (OP INN)

Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

Coinsurance ---- (3) Outpatient, In-Network (OP INN)

Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

OOPM ---- (3) Outpatient, In-Network (OP INN)

Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

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 Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible	N/A	Fail	Pass
Copayment	\$20.00	\$40.00	Pass
Coinsurance	N/A	Fail	Pass
OOPM	\$9,750.00	\$9,750.00	Pass
Overall			Pass

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)

Deductible	\$0.00	0.00%	Fail
Copayment	\$1,183,549.30	85.76%	OP-OV INN Copayment
Coinsurance	\$0.00	0.00%	Fail
OOPM	\$1,380,048.82	100.00%	OP-OV INN OOPM
Total Projected	\$1,380,048.82		

Step 2 Predominant Level

Deductible ---- (3a) Outpatient - Office Visits, In-Network (OP-OV INN) Errors found: 0

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 &	Error Checking
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

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

Errors found: 0

Applies to substantially all medical/surgical benefits in this classification.

ENTER different copayment amounts from smallest to largest.

Copayment	Allowed Claims	Portion	Predominant &	Error Checking
\$20.00	\$434,801.23	36.74%	\$20.00	
\$40.00	\$188,171.42	15.90%	\$40.00	
\$65.00	\$560,576.65	47.36%		
	\$0.00			
Total	\$1,183,549.30	100.00%		

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

Errors found: 0

Does not apply to substantially all medical/surgical benefits in this classification.

DELETE any values in the left-hand column below.

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

OOPM ---- (3a) Outpatient - Office Visits, In-Network (OP-OV 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 &	Error Checking
\$9,750.00	\$1,380,048.82	100.00%	\$9,750.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$1,380,048.82	100.00%		

Benefit Classification (3b) Outpatient - All Other, In-Network (OP-AO INN)

Click>>>>>>

Home

Errors found:0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

Benefit Classification (4) Outpatient, Out-of-Network (OP OON)

Click>>>>>>

Home

Errors found:0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

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 testing outpatient office visits and all other outpatient services.

Classification	Outpatient - All Other	OP-AO
Network (In/Out)	In-Network	INN
Classification Code	3b	OP-AO INN
Table Name	tbl_OPADINN_P1	

Number of Rows17

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 (OOPM)	No Cost-Share (If true, enter "x")
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	After Deductible	\$2,749,656.92	\$2,500.00	\$600.00	N/A	\$9,750.00	
Outpatient Surgery Physician/Surgical Services	After Deductible	\$1,425,340.87	\$2,500.00	\$200.00	N/A	\$9,750.00	
Hospice	Before Deductible	\$16,269.47	N/A	\$30.00	N/A	\$9,750.00	
Urgent Care Centers or Facilities	Before Deductible	\$76,839.56	N/A	\$65.00	N/A	\$9,750.00	
Home Health Care Services	Before Deductible	\$24,073.08	N/A	\$30.00	N/A	\$9,750.00	
Outpatient Rehabilitation Services	Before Deductible	\$64,751.84	N/A	\$40.00	N/A	\$9,750.00	
Rehabilitation Services	Before Deductible	\$7,194.65	N/A	\$40.00	N/A	\$9,750.00	
Durable Medical	After Deductible	\$96,208.65	\$2,500.00	N/A	30%	\$9,750.00	
Hearing Aids	After Deductible	\$18,842.23	\$2,500.00	N/A	30%	\$9,750.00	
Imaging (CT/PET Scans, MRIs)	After Deductible	\$312,641.65	\$2,500.00	N/A	30%	\$9,750.00	
Preventive Care/Screening/Immunization	Before Deductible	\$439,516.40	N/A	N/A	N/A	\$9,750.00	X
Acupuncture	Before Deductible	\$13,859.18	N/A	\$20.00	N/A	\$9,750.00	
Laboratory Outpatient and Professional Services	Before Deductible	\$360,352.06	N/A	\$40.00	N/A	\$9,750.00	
X-Rays and Diagnostic Imaging	Before Deductible	\$194,584.65	N/A	\$65.00	N/A	\$9,750.00	
Abortion for Which Public Funding is Prohibited	Before Deductible	\$14,461.75	N/A	N/A	N/A	\$9,750.00	
Diabetes Education	Before Deductible	\$15,666.89	N/A	N/A	N/A	\$9,750.00	
Prosthetic Devices	After Deductible	\$6,873.52	\$2,500.00	N/A	30%	\$9,750.00	
Total Row		\$5,837,133.37					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (3b) Outpatient - All Other, In-Network (OP-AO INN)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible	N/A	\$2,500.00	Pass
Copayment	\$30.00	\$600.00	Pass
Coinsurance	N/A	Fail	Pass
OOPM	\$9,750.00	\$9,750.00	Pass
Overall			Pass

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)

Deductible	\$4,609,563.84	78.97%	OP-AO INN Deductible
Copayment	\$4,932,922.28	84.51%	OP-AO INN Copayment
Coinsurance	\$434,566.04	7.44%	Fail
OOPM	\$5,837,133.37	100.00%	OP-AO INN OOPM
Total Projected	\$5,837,133.37		

Step 2 Predominant Level

Deductible ---- (3b) Outpatient - All Other, In-Network (OP-AO INN) Errors found: 0

Applies to substantially all medical/surgical benefits in this classification. ENTER different deductible amounts from smallest to largest.

Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$2,500.00	\$4,609,563.84	100.00%	\$2,500.00	
\$0.00				
Total	\$4,609,563.84	100.00%		

Copayment ---- (3b) Outpatient - All Other, In-Network (OP-AO INN) Errors found: 0

Applies to substantially all medical/surgical benefits in this classification. ENTER different copayment amounts from smallest to largest.

Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$20.00	\$13,859.18	0.28%	\$200.00	
\$30.00	\$40,342.55	0.82%	\$30.00	
\$40.00	\$432,298.56	8.76%	\$40.00	
\$65.00	\$271,424.21	5.50%	\$65.00	
\$200.00	\$1,425,340.87	28.89%	\$200.00	
\$600.00	\$2,749,656.92	55.74%	\$600.00	
Total	\$4,932,922.28	100.00%		

Coinsurance ---- (3b) Outpatient - All Other, In-Network (OP-AO INN) Errors found: 0

Does not apply to substantially all medical/surgical benefits in this classification. DELETE any values in the left-hand column below.

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

OOPM ---- (3b) Outpatient - All Other, In-Network (OP-AO 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
\$9,750.00	\$5,837,133.37	100.00%	\$9,750.00	
\$0.00				
\$0.00				
\$0.00				
Total	\$5,837,133.37	100.00%		

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (4) Outpatient, Out-of-Network (OP OON)

Notes: Use this table if you are testing all outpatient services combined.

Classification	Outpatient	OP
Network (In/Out)	Out-of-Network	OON
Classification Code	4	OP OON
Table Name	tbl_OP00N_P1	

Number of Rows6

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 (OOPM)	No Cost-Share (If true, enter "x")
<<Enter description>>	<<Enter description>>						
Total Row		\$0.00					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (4) Outpatient, Out-of-Network (OP OON)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible		N/A	N/A
Copayment		N/A	N/A
Coinsurance		N/A	N/A
OOPM		N/A	N/A
Overall			Pass

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)

Deductible	\$0.00	N/A
Copayment	\$0.00	N/A
Coinsurance	\$0.00	N/A
OOPM	\$0.00	N/A
Total Projected	\$0.00	

Step 2 Predominant Level

Deductible ---- (4) Outpatient, Out-of-Network (OP OON) Errors found: 0

If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.

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

Copayment ---- (4) Outpatient, Out-of-Network (OP OON) Errors found: 0

If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.

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

Coinsurance ---- (4) Outpatient, Out-of-Network (OP OON) Errors found: 0

If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.

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

OOPM ---- (4) Outpatient, Out-of-Network (OP OON) Errors found: 0

If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.

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

Click>>>>>

Home

Errors found:0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

Click>>>>>

Home

Errors found:0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (4a) Outpatient - Office Visits, Out-of-Network (OP-OV OON)

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)	Out-of-Network	OON
Classification Code	4a	OP-OV OON
Table Name		tbl_OPOVOON_P1

Number of Rows 6

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 (OOPM)	No Cost-Share (If true, enter "x")
<<Enter description>>	<<Enter description>>						
Total Row		\$0.00					

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (4b) Outpatient - All Other, Out-of-Network (OP-AO OON)

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

Classification	Outpatient - All Other	OP-AO
Network (In/Out)	Out-of-Network	OON
Classification Code	4b	OP-AO OON
Table Name		tbl_OPADOON_P1

Number of Rows 6

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 (OOPM)	No Cost-Share (If true, enter "x")
<<Enter description>>	<<Enter description>>						
Total Row		\$0.00					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (4a) Outpatient - Office Visits, Out-of-Network (OP-OV OON)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible		N/A	N/A
Copayment		N/A	N/A
Coinsurance		N/A	N/A
OOPM		N/A	N/A
Overall			Pass

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)

Deductible	\$0.00	N/A
Copayment	\$0.00	N/A
Coinsurance	\$0.00	N/A
OOPM	\$0.00	N/A
Total Projected	\$0.00	

Step 2 Predominant Level

Deductible ---- (4a) Outpatient - Office Visits, Out-of-Network (OP-OV OON)

Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

Copayment ---- (4a) Outpatient - Office Visits, Out-of-Network (OP-OV OON)

Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

Coinsurance ---- (4a) Outpatient - Office Visits, Out-of-Network (OP-OV OON)

Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

OOPM ---- (4a) Outpatient - Office Visits, Out-of-Network (OP-OV OON)

Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (4b) Outpatient - All Other, Out-of-Network (OP-AO OON)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible		N/A	N/A
Copayment		N/A	N/A
Coinsurance		N/A	N/A
OOPM		N/A	N/A
Overall			Pass

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)

Deductible	\$0.00	N/A
Copayment	\$0.00	N/A
Coinsurance	\$0.00	N/A
OOPM	\$0.00	N/A
Total Projected	\$0.00	

Step 2 Predominant Level

Deductible ---- (4b) Outpatient - All Other, Out-of-Network (OP-AO OON)

Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

Copayment ---- (4b) Outpatient - All Other, Out-of-Network (OP-AO OON)

Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

Coinsurance ---- (4b) Outpatient - All Other, Out-of-Network (OP-AO OON)

Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

OOPM ---- (4b) Outpatient - All Other, Out-of-Network (OP-AO OON)

Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

Click>>>>

[Home](#)

Errors found:

0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

Click>>>>

[Home](#)

Errors found:

0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

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

Benefit Classification (5) Emergency Care, (ER)

Classification	Emergency Care	ER	
Network (In/Out)	N/A		
Classification Code	5	ER	
Table Name	tbl_ER_P1		

Number of Rows3

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 (OOPM)	No Cost-Share (If true, enter "x")
Emergency Room Services	After Deductible	\$1,329,711.81	\$2,500.00	\$800.00	N/A	\$9,750.00	
Emergency Transportation/Ambulance	Before Deductible	\$53,198.48	N/A	\$375.00	N/A	\$9,750.00	
Emergency Room Physician Services	After Deductible	\$79,007.25	\$2,500.00	N/A	N/A	\$9,750.00	
Total Row		\$1,461,917.55					

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

Benefit Classification (6) Prescription Drugs, (RX)

Classification	Prescription Drugs	RX	
Network (In/Out)	N/A		
Classification Code	6	RX	
Table Name	tbl_RX_P1		

Number of Rows6

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 (OOPM)	No Cost-Share (If true, enter "x")
<<Enter description>>	<<Enter description>>						
Total Row		\$0.00					

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

Financial Parity for (5) Emergency Care, (ER)

Cost-Share Type	MHSUD Cost-Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible	\$2,500.00	\$2,500.00	Pass
Copayment	N/A	\$800.00	Pass
Coinsurance	N/A	Fail	Pass
OOPM	\$9,750.00	\$9,750.00	Pass
Overall			Pass

*If not applicable, enter "N/A"

Cost-Share Type	MHSUD Cost-Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible	\$1,408,719.06	96.36%	ER Deductible
Copayment	\$1,382,910.30	94.60%	ER Copayment
Coinsurance	\$0.00	0.00%	Fail
OOPM	\$1,461,917.55	100.00%	ER OOPM
Total Projected	\$1,461,917.55		

Enter Footnotes (as needed) about xx

Step 2 Predominant Level

Deductible ---- (5) Emergency Care, (ER)				Errors found:	0
Applies to substantially all medical/surgical benefits in this classification. ENTER different deductible amounts from smallest to largest.					
Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking	
\$2,500.00	\$1,408,719.06	100.00%	\$2,500.00		
	\$0.00				
Total	\$1,408,719.06	100.00%			

Copayment ---- (5) Emergency Care, (ER)				Errors found:	0
Applies to substantially all medical/surgical benefits in this classification. ENTER different copayment amounts from smallest to largest.					
Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking	
\$375.00	\$53,198.48	3.85%	\$375.00		
\$800.00	\$1,329,711.81	96.15%	\$800.00		
	\$0.00				
	\$0.00				
Total	\$1,382,910.30	100.00%			

Coinsurance ---- (5) Emergency Care, (ER)				Errors found:	0
Does not apply to substantially all medical/surgical benefits in this classification. DELETE any values in the left-hand column below.					
Coinsurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking	
	\$0.00				
	\$0.00				
	\$0.00				
	\$0.00				
Total	\$0.00	0.00%			

OOPM ---- (5) Emergency Care, (ER)				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	
\$9,750.00	\$1,461,917.55	100.00%	\$9,750.00		
	\$0.00				
	\$0.00				
	\$0.00				
Total	\$1,461,917.55	100.00%			

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

Financial Parity for (6) Prescription Drugs, (RX)

Cost-Share Type	MHSUD Cost-Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible		N/A	N/A
Copayment		N/A	N/A
Coinsurance		N/A	N/A
OOPM		N/A	N/A
Overall			Pass

*If not applicable, enter "N/A"

Cost-Share Type	MHSUD Cost-Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible	\$0.00		N/A
Copayment	\$0.00		N/A
Coinsurance	\$0.00		N/A
OOPM	\$0.00		N/A
Total Projected	\$0.00		

Enter Footnotes (as needed) about xx

Step 2 Predominant Level

Deductible ---- (6) Prescription Drugs, (RX)			Errors found:	0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.				
Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

Copayment ---- (6) Prescription Drugs, (RX)			Errors found:	0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.				
Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

Coinsurance ---- (6) Prescription Drugs, (RX)			Errors found:	0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.				
Coinsurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

OOPM ---- (6) Prescription Drugs, (RX)			Errors found:	0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.				
OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

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

Issuer / Market: Wellpoint Washington, Inc.
Market: Individual

Workbook Info

[Link back to Summary Sheet](#)
[User Inputs Cell Format](#)
See the Example worksheet for additional details.

PLAN INFORMATION

Plan Name: Wellpoint Cascade Silver
Plan ID: 12435WA0010003-3
CSR Variant Description: 3

<<<<This will auto populate from summary sheet macro
<<<<This will auto populate from summary sheet macro
<<<<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 cells below to scroll directly to the stated section>>>>

Move to IP INNMove to IP OONMove to OP INNMove to OP-OV INNMove to OP-AO INN
Move to OP OONMove to OP-OV OONMove to OP-AO OONMove to ERMove to RX

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
Update Columns
Hide/Unhide All Columns

No Errors found?
TRUE

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		E. Test Results
					D1. In-Network	D2. Out-of-Network	
Inpatient	No	Yes			Pass		Pass
Outpatient							
Outpatient - All Services Combined							
Outpatient - Office Visits Separate							
Outpatient - Office Visits	No	Yes			Pass		Pass
Outpatient - All Other	No	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	No	Yes	Pass				
Prescription Drugs	Yes	No	Pass				

Benefit Classification (1) Inpatient, In-Network (IP INN)

Click>>>>>

Home

Errors found:

0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

Benefit Classification (2) Inpatient, Out-of-Network (IP OON)

Click>>>>>

Home

Errors found:

0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

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

Benefit Classification (1) Inpatient, In-Network (IP INN)

Classification	Inpatient	IP
Network (In/Out)	In-Network	INN
Classification Code	1	IP INN
Table Name	tbl_IPINN_P1	

Number of Rows7

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 (OOPM)	No Cost-Share (If true, enter "x")
Inpatient Hospital Services (e.g., Hospital Stay)	After Deductible	\$2,085,849.45	\$2,500.00	\$800.00	N/A	\$9,750.00	
Inpatient Physician and Surgical Services	Before Deductible	\$354,825.70	\$2,500.00	N/A	N/A	\$9,750.00	
Skilled Nursing Facility	After Deductible	\$8,547.57	\$2,500.00	\$800.00	N/A	\$9,750.00	
Prenatal and Post Natal Care	Before Deductible	\$276,136.79	N/A	N/A	N/A	\$9,750.00	
Delivery and All Inpatient Services for Maternity Care	After Deductible	\$536,228.96	\$2,500.00	\$800.00	N/A	\$9,750.00	
Well Baby Visits and Care	Before Deductible	\$39,707.01	N/A	N/A	N/A	\$9,750.00	
Transplant	After Deductible	\$5,728.01	\$2,500.00	\$800.00	N/A	\$9,750.00	
Total Row		\$3,307,023.50					

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

Benefit Classification (2) Inpatient, Out-of-Network (IP OON)

Classification	Inpatient	IP
Network (In/Out)	Out-of-Network	OON
Classification Code	2	IP OON
Table Name	tbl_IPOON_P1	

Number of Rows6

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 (OOPM)	No Cost-Share (If true, enter "x")
<<Enter description>>	<<Enter description>>						
Total Row		\$0.00					

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

Financial Parity for (1) Inpatient, In-Network (IP INN)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result	Enter Footnotes (as needed) about
Deductible	\$2,500.00	\$2,500.00	Pass	xx
Copayment	\$800.00	\$800.00	Pass	
Coinsurance	N/A	Fail	Pass	
OOPM	\$9,750.00	\$9,750.00	Pass	
Overall			Pass	

*If not applicable, enter "N/A"

Deductible	\$2,991,179.69	90.45%	IP INN Deductible
Copayment	\$2,636,353.99	79.72%	IP INN Copayment
Coinsurance	\$0.00	0.00%	Fail
OOPM	\$3,307,023.50	100.00%	IP INN OOPM
Total Projected	\$3,307,023.50		

Step 2 Predominant Level

Deductible ---- (1) Inpatient, In-Network (IP INN)		Errors found:		0
Applies to substantially all medical/surgical benefits in this classification. ENTER different deductible amounts from smallest to largest.				
Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$2,500.00	\$2,991,179.69	100.00%	\$2,500.00	
	\$0.00			
Total	\$2,991,179.69	100.00%		

Copayment ---- (1) Inpatient, In-Network (IP INN)		Errors found:		0
Applies to substantially all medical/surgical benefits in this classification. ENTER different copayment amounts from smallest to largest.				
Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$800.00	\$2,636,353.99	100.00%	\$800.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$2,636,353.99	100.00%		

Coinsurance ---- (1) Inpatient, In-Network (IP INN)		Errors found:		0
Does not apply to substantially all medical/surgical benefits in this classification. DELETE any values in the left-hand column below.				
Coinsurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

OOPM ---- (1) Inpatient, In-Network (IP 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
\$9,750.00	\$3,307,023.50	100.00%	\$9,750.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$3,307,023.50	100.00%		

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

Financial Parity for (2) Inpatient, Out-of-Network (IP OON)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result	Enter Footnotes (as needed) about
Deductible		N/A	N/A	xx
Copayment		N/A	N/A	
Coinsurance		N/A	N/A	
OOPM		N/A	N/A	
Overall			Pass	

*If not applicable, enter "N/A"

Deductible	\$0.00		N/A
Copayment	\$0.00		N/A
Coinsurance	\$0.00		N/A
OOPM	\$0.00		N/A
Total Projected	\$0.00		

Step 2 Predominant Level

<u>Deductible ---- (2) Inpatient, Out-of-Network (IP OON)</u>		Errors found:		
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.				
Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

<u>Copayment ---- (2) Inpatient, Out-of-Network (IP OON)</u>		Errors found:		
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.				
Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

<u>Coinsurance ---- (2) Inpatient, Out-of-Network (IP OON)</u>		Errors found:		
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.				
Coinsurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

<u>OOPM ---- (2) Inpatient, Out-of-Network (IP OON)</u>		Errors found:		
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.				
OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

Benefit Classification (3) Outpatient, In-Network (OP INN)

Click>>>> [Home](#)

Errors found:

0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

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

Click>>>>>

[Home](#)

Errors found:

0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-QV IN	Move to QP-AO INN
Move to OP QON	Move to OP-QV QON	Move to QP-AO QO	Move to ER	Move to RX

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (3) Outpatient, In-Network (OP INN)
Notes: Use this table if you are testing all outpatient services combined.

Classification	Outpatient	OP
Network (In/Out)	In-Network	INN
Classification Code	3	OP INN
Table Name	tbl_OPINN_P1	

Number of Rows6

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 (OOPM)	No Cost-Share (If true, enter "x")
<<Enter description>>	<<Enter description>>						
Total Row		\$0.00					

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

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 Vis	OP-OV
Network (In/Out)	In-Network	INN
Classification Code	3a	OP-OV INN
Table Name	tbl_OPOVINN_P1	

Number of Rows10

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 (OOPM)	No Cost-Share (If true, enter "x")
Primary Care Visit to Treat an Injury or Illness	Before Deductible	\$400,467.17	N/A	\$20.00	N/A	\$9,750.00	
Other Practitioner Office Visit (Nurse, Physician Assistant)	Before Deductible	\$16,667.52	N/A	\$20.00	N/A	\$9,750.00	
Specialist Visit	Before Deductible	\$560,576.65	N/A	\$65.00	N/A	\$9,750.00	
Chiropractic Care	Before Deductible	\$17,666.54	N/A	\$20.00	N/A	\$9,750.00	
Rehabilitative Speech Therapy	Before Deductible	\$11,645.67	N/A	\$40.00	N/A	\$9,750.00	
Rehabilitative Occupational and Rehabilitative Physical Therapy	Before Deductible	\$176,525.75	N/A	\$40.00	N/A	\$9,750.00	
Routine Eye Exam for Children	Before Deductible	\$13,540.79	N/A	N/A	N/A	\$9,750.00	
Eye Glasses for Children	Before Deductible	\$18,295.87	N/A	N/A	N/A	\$9,750.00	
Nutritional Counseling	Before Deductible	\$73,183.49	N/A	N/A	N/A	\$9,750.00	
Diabetes Care Management	Before Deductible	\$91,479.37	N/A	N/A	N/A	\$9,750.00	
Total Row		\$1,380,048.82					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (3) Outpatient, In-Network (OP INN)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible		N/A	N/A
Copayment		N/A	N/A
Coinsurance		N/A	N/A
OOPM		N/A	N/A
Overall			Pass

Enter Footnotes (as needed) about xx

*If not applicable, enter "N/A"

Deductible	\$0.00		N/A
Copayment	\$0.00		N/A
Coinsurance	\$0.00		N/A
OOPM	\$0.00		N/A
Total Projected	\$0.00		

Step 2 Predominant Level

Deductible ---- (3) Outpatient, In-Network (OP INN)		Errors found:	0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.			
Deductible	Allowed Claims	Portion	Predominant & Smaller
	\$0.00		
	\$0.00		
Total	\$0.00	0.00%	

Copayment ---- (3) Outpatient, In-Network (OP INN)		Errors found:	0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.			
Copayment	Allowed Claims	Portion	Predominant & Smaller
	\$0.00		
	\$0.00		
	\$0.00		
	\$0.00		
Total	\$0.00	0.00%	

Coinsurance ---- (3) Outpatient, In-Network (OP INN)		Errors found:	0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.			
Coinsurance	Allowed Claims	Portion	Predominant & Smaller
	\$0.00		
	\$0.00		
	\$0.00		
	\$0.00		
Total	\$0.00	0.00%	

OOPM ---- (3) Outpatient, In-Network (OP INN)		Errors found:	0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.			
OOPM	Allowed Claims	Portion	Predominant & Smaller
	\$0.00		
	\$0.00		
	\$0.00		
	\$0.00		
Total	\$0.00	0.00%	

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 Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible	N/A	Fail	Pass
Copayment	\$20.00	\$40.00	Pass
Coinsurance	N/A	Fail	Pass
OOPM	\$9,750.00	\$9,750.00	Pass
Overall			Pass

Enter Footnotes (as needed) about xx

*If not applicable, enter "N/A"

Deductible	\$0.00	0.00%	Fail
Copayment	\$1,183,549.30	85.76%	OP-OV INN Copayment
Coinsurance	\$0.00	0.00%	Fail
OOPM	\$1,380,048.82	100.00%	OP-OV INN OOPM
Total Projected	\$1,380,048.82		

Step 2 Predominant Level

Deductible ---- (3a) Outpatient - Office Visits, In-Network (OP-OV INN)		Errors found:	0
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 &
	\$0.00		
	\$0.00		
Total	\$0.00	0.00%	

Copayment ---- (3a) Outpatient - Office Visits, In-Network (OP-OV INN)		Errors found:	0
Applies to substantially all medical/surgical benefits in this classification. ENTER different copayment amounts from smallest to largest.			
Copayment	Allowed Claims	Portion	Predominant &
\$20.00	\$434,801.23	36.74%	\$20.00
\$40.00	\$188,171.42	15.90%	\$40.00
\$65.00	\$560,576.65	47.36%	
	\$0.00		
Total	\$1,183,549.30	100.00%	

Coinsurance ---- (3a) Outpatient - Office Visits, In-Network (OP-OV INN)		Errors found:	0
Does not apply to substantially all medical/surgical benefits in this classification. DELETE any values in the left-hand column below.			
Coinsurance	Allowed Claims	Portion	Predominant &
	\$0.00		
	\$0.00		
	\$0.00		
	\$0.00		
	\$0.00		
Total	\$0.00	0.00%	

OOPM ---- (3a) Outpatient - Office Visits, In-Network (OP-OV 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 &
\$9,750.00	\$1,380,048.82	100.00%	\$9,750.00
	\$0.00		
	\$0.00		
	\$0.00		
Total	\$1,380,048.82	100.00%	

Benefit Classification (3b) Outpatient - All Other, In-Network (OP-AO INN)

Click>>>>

Home

Errors found:

0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

Benefit Classification (4) Outpatient, Out-of-Network (OP OON)

Click>>>>

Home

Errors found:

0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

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 testing outpatient office visits and all other outpatient services.

Classification	Outpatient - All Other	OP-AO
Network (In/Out)	In-Network	INN
Classification Code	3b	OP-AO INN
Table Name	tbl_OPAOINN_P1	

Number of Rows17

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 (OOPM)	No Cost-Share (If true, enter "x")
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	After Deductible	\$2,749,656.92	\$2,500.00	\$600.00	N/A	\$9,750.00	
Outpatient Surgery Physician/Surgical Services	After Deductible	\$1,425,340.87	\$2,500.00	\$200.00	N/A	\$9,750.00	
Hospice	Before Deductible	\$16,269.47	N/A	\$30.00	N/A	\$9,750.00	
Urgent Care Centers or Facilities	Before Deductible	\$76,839.56	N/A	\$65.00	N/A	\$9,750.00	
Home Health Care Services	Before Deductible	\$24,073.08	N/A	\$30.00	N/A	\$9,750.00	
Outpatient Rehabilitation Services	Before Deductible	\$64,751.84	N/A	\$40.00	N/A	\$9,750.00	
Habilitation Services	Before Deductible	\$7,194.65	N/A	\$40.00	N/A	\$9,750.00	
Durable Medical	After Deductible	\$96,208.65	\$2,500.00	N/A	30%	\$9,750.00	
Hearing Aids	After Deductible	\$18,842.23	\$2,500.00	N/A	30%	\$9,750.00	
Imaging (CT/PET Scans, MRIs)	After Deductible	\$312,641.65	\$2,500.00	N/A	30%	\$9,750.00	
Preventive Care/Screening/Immunization	Before Deductible	\$439,516.40	N/A	N/A	N/A	\$9,750.00	X
Acupuncture	Before Deductible	\$13,859.18	N/A	\$20.00	N/A	\$9,750.00	
Laboratory Outpatient and Professional Services	Before Deductible	\$360,352.06	N/A	\$40.00	N/A	\$9,750.00	
X-Rays and Diagnostic Imaging	Before Deductible	\$194,584.65	N/A	\$65.00	N/A	\$9,750.00	
Abortion for Which Public Funding is Prohibited	Before Deductible	\$14,461.75	N/A	N/A	N/A	\$9,750.00	
Diabetes Education	Before Deductible	\$15,666.89	N/A	N/A	N/A	\$9,750.00	
Prosthetic Devices	After Deductible	\$6,873.52	\$2,500.00	N/A	30%	\$9,750.00	
Total Row		\$5,837,133.37					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (3b) Outpatient - All Other, In-Network (OP-AO INN)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible	N/A	\$2,500.00	Pass
Copayment	\$30.00	\$600.00	Pass
Coinsurance	N/A	Fail	Pass
OOPM	\$9,750.00	\$9,750.00	Pass
Overall			Pass

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)

Deductible	\$4,609,563.84	78.97%	OP-AO INN Deductible
Copayment	\$4,932,922.28	84.51%	OP-AO INN Copayment
Coinsurance	\$434,566.04	7.44%	Fail
OOPM	\$5,837,133.37	100.00%	OP-AO INN OOPM
Total Projected	\$5,837,133.37		

Step 2 Predominant Level

Deductible ---- (3b) Outpatient - All Other, In-Network (OP-AO INN)

Errors found:

0

Applies to substantially all medical/surgical benefits in this classification. ENTER different deductible amounts from smallest to largest.

Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$2,500.00	\$4,609,563.84	100.00%	\$2,500.00	
	\$0.00			
Total	\$4,609,563.84	100.00%		

Copayment ---- (3b) Outpatient - All Other, In-Network (OP-AO INN)

Errors found:

0

Applies to substantially all medical/surgical benefits in this classification. ENTER different copayment amounts from smallest to largest.

Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$20.00	\$13,859.18	0.28%	\$20.00	
\$30.00	\$40,342.55	0.82%	\$30.00	
\$40.00	\$432,298.56	8.76%	\$40.00	
\$65.00	\$271,424.21	5.50%	\$65.00	
\$200.00	\$1,425,340.87	28.89%	\$200.00	
\$600.00	\$2,749,656.92	55.74%	\$600.00	
Total	\$4,932,922.28	100.00%		

Coinsurance ---- (3b) Outpatient - All Other, In-Network (OP-AO INN)

Errors found:

0

Does not apply to substantially all medical/surgical benefits in this classification. DELETE any values in the left-hand column below.

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

OOPM ---- (3b) Outpatient - All Other, In-Network (OP-AO 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
\$9,750.00	\$5,837,133.37	100.00%	\$9,750.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$5,837,133.37	100.00%		

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (4) Outpatient, Out-of-Network (OP OON)

Notes: Use this table if you are testing all outpatient services combined.

Classification	Outpatient	OP
Network (In/Out)	Out-of-Network	OON
Classification Code	4	OP OON
Table Name	tbl_OPOON_P1	

Number of Rows6

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 (OOPM)	No Cost-Share (If true, enter "x")
<<Enter description>>	<<Enter description>>						
Total Row		\$0.00					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (4) Outpatient, Out-of-Network (OP OON)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible		N/A	N/A
Copayment		N/A	N/A
Coinsurance		N/A	N/A
OOPM		N/A	N/A
Overall			Pass

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)

Deductible	\$0.00	N/A
Copayment	\$0.00	N/A
Coinsurance	\$0.00	N/A
OOPM	\$0.00	N/A
Total Projected	\$0.00	

Step 2 Predominant Level

Deductible ---- (4) Outpatient, Out-of-Network (OP OON)

Errors found:

0

If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.

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

Copayment ---- (4) Outpatient, Out-of-Network (OP OON)

Errors found:

0

If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.

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

Coinsurance ---- (4) Outpatient, Out-of-Network (OP OON)

Errors found:

0

If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.

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

OOPM ---- (4) Outpatient, Out-of-Network (OP OON)

Errors found:

0

If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.

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

Click>>>>

Home

Errors found:

0

<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

Click>>>>

Home

Errors found:

0

<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (4a) Outpatient - Office Visits, Out-of-Network (OP-OV OON)

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)	Out-of-Network	OON
Classification Code	4a	OP-OV OON
Table Name		tbl_OPOVOON_P1

Number of Rows 6

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 (OOPM)	No Cost-Share (If true, enter "x")
<<Enter description>>	<<Enter description>>						
Total Row		\$0.00					

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (4b) Outpatient - All Other, Out-of-Network (OP-AO OON)

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

Classification	Outpatient - All Other	OP-AO
Network (In/Out)	Out-of-Network	OON
Classification Code	4b	OP-AO OON
Table Name		tbl_OPAAOON_P1

Number of Rows 6

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 (OOPM)	No Cost-Share (If true, enter "x")
<<Enter description>>	<<Enter description>>						
Total Row		\$0.00					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (4a) Outpatient - Office Visits, Out-of-Network (OP-OV OON)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible		N/A	N/A
Copayment		N/A	N/A
Coinsurance		N/A	N/A
OOPM		N/A	N/A
Overall			Pass

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)

Deductible	\$0.00	N/A
Copayment	\$0.00	N/A
Coinsurance	\$0.00	N/A
OOPM	\$0.00	N/A
Total Projected	\$0.00	

Step 2 Predominant Level

Deductible ---- (4a) Outpatient - Office Visits, Out-of-Network (OP-OV OON) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

Copayment ---- (4a) Outpatient - Office Visits, Out-of-Network (OP-OV OON) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

Coinsurance ---- (4a) Outpatient - Office Visits, Out-of-Network (OP-OV OON) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

OOPM ---- (4a) Outpatient - Office Visits, Out-of-Network (OP-OV OON) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (4b) Outpatient - All Other, Out-of-Network (OP-AO OON)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible		N/A	N/A
Copayment		N/A	N/A
Coinsurance		N/A	N/A
OOPM		N/A	N/A
Overall			Pass

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)

Deductible	\$0.00	N/A
Copayment	\$0.00	N/A
Coinsurance	\$0.00	N/A
OOPM	\$0.00	N/A
Total Projected	\$0.00	

Step 2 Predominant Level

Deductible ---- (4b) Outpatient - All Other, Out-of-Network (OP-AO OON) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

Copayment ---- (4b) Outpatient - All Other, Out-of-Network (OP-AO OON) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

Coinsurance ---- (4b) Outpatient - All Other, Out-of-Network (OP-AO OON) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

OOPM ---- (4b) Outpatient - All Other, Out-of-Network (OP-AO OON) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

Click>>>>> [Home](#) Errors found: 0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

Click>>>>> [Home](#) Errors found: 0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

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

Benefit Classification (5) Emergency Care, (ER)

Classification	Emergency Care	ER					
Network (In/Out)	N/A						
Classification Code	5	ER	Number of Rows <div>3</div>				
Table Name	tbl_ER_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 (OOPM)	No Cost-Share (If true, enter "x")
Emergency Room Services	After Deductible	\$1,329,711.81	\$2,500.00	\$800.00	N/A	\$9,750.00	
Emergency Transportation/Ambulance	Before Deductible	\$53,198.48	N/A	\$375.00	N/A	\$9,750.00	
Emergency Room Physician Services	After Deductible	\$79,007.25	\$2,500.00	N/A	N/A	\$9,750.00	
Total Row		\$1,461,917.55					

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

Benefit Classification (6) Prescription Drugs, (RX)

Classification	Prescription Drugs	RX					
Network (In/Out)	N/A						
Classification Code	6	RX					
Table Name	tbl_RX_P1						
For each cost share, if it does not apply, enter "N/A".			Number of Rows 6				
Service Description	Cost-Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of-Pocket Maximum (OOPM)	No Cost-Share (If true, enter "x")
<<Enter description>>	<<Enter description>>						

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

Financial Parity for (5) Emergency Care, (ER)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result	Enter Footnotes (as needed) about
Deductible	\$2,500.00	\$2,500.00	Pass	xx
Copayment	N/A	\$800.00	Pass	
Coinsurance	N/A	Fail	Pass	
OOPM	\$9,750.00	\$9,750.00	Pass	
Overall			Pass	
*If not applicable, enter "N/A"				
Deductible	\$1,408,719.06	96.36%	ER Deductible	
Copayment	\$1,382,910.30	94.60%	ER Copayment	
Coinsurance	\$0.00	0.00%	Fail	
OOPM	\$1,461,917.55	100.00%	ER OOPM	
Total Projected	\$1,461,917.55			

Financial Parity for (6) Prescription Drugs, (RX)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result	Enter Footnotes (as needed) about
Deductible		N/A	N/A	xx
Copayment		N/A	N/A	
Coinsurance		N/A	N/A	
OOPM		N/A	N/A	
Overall			Pass	
*If not applicable, enter "N/A"				
Deductible	\$0.00		N/A	
Copayment	\$0.00		N/A	
Coinsurance	\$0.00		N/A	
OOPM	\$0.00		N/A	
Total Projected	\$0.00			

Step 2 Predominant Level				
Deductible ---- (5) Emergency Care, (ER)		Errors found:		0
Applies to substantially all medical/surgical benefits in this classification. ENTER different deductible amounts from smallest to largest.				
Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$2,500.00	\$1,408,719.06	100.00%	\$2,500.00	
	\$0.00			
Total	\$1,408,719.06	100.00%		
Copayment ---- (5) Emergency Care, (ER)		Errors found:		0
Applies to substantially all medical/surgical benefits in this classification. ENTER different copayment amounts from smallest to largest.				
Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$375.00	\$53,198.48	3.85%	\$375.00	
\$800.00	\$1,329,711.81	96.15%	\$800.00	
	\$0.00			
	\$0.00			
Total	\$1,382,910.30	100.00%		
Coinsurance ---- (5) Emergency Care, (ER)		Errors found:		0
Does not apply to substantially all medical/surgical benefits in this classification. DELETE any values in the left-hand column below.				
Coinsurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		
OOPM ---- (5) Emergency Care, (ER)		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
\$9,750.00	\$1,461,917.55	100.00%	\$9,750.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$1,461,917.55	100.00%		

Step 2 Predominant Level

Deductible ---- (6) Prescription Drugs, (RX)

Errors found:

0

If testing is required for this benefit classification:
Please ensure each different cost-share combination is entered above in PART 1.

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

Copayment ---- (6) Prescription Drugs, (RX)

Errors found:

0

If testing is required for this benefit classification:
Please ensure each different cost-share combination is entered above in PART 1.

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

Coinsurance ---- (6) Prescription Drugs, (RX)

Errors found:

0

If testing is required for this benefit classification:
Please ensure each different cost-share combination is entered above in PART 1.

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

OOPM ---- (6) Prescription Drugs, (RX)

Errors found:

0

If testing is required for this benefit classification:
Please ensure each different cost-share combination is entered above in PART 1.

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

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

Issuer / Market: Wellpoint Washington, Inc.
Market: Individual

Workbook Info

[Link back to Summary Sheet](#)
[User Inputs Cell Format](#)
See the Example worksheet for additional details.

PLAN INFORMATION

Plan Name: Wellpoint Cascade Silver
Plan ID: 12435WA0010003-4
CSR Variant Description: 4

<<<<This will auto populate from summary sheet macro
<<<<This will auto populate from summary sheet macro
<<<<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 cells below to scroll directly to the stated section>>>>

Move to IP INNMove to IP OONMove to OP INNMove to OP-OV INNMove to OP-AO INN
Move to OP OONMove to OP-OV OONMove to OP-AO OONMove to ERMove to RX

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
Update Columns
Hide/Unhide All Columns

No Errors found?
TRUE

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		E. Test Results
					D1. In-Network	D2. Out-of-Network	
Inpatient	No	Yes			Pass		Pass
Outpatient							
Outpatient - All Services Combined							
Outpatient - Office Visits Separate							
Outpatient - Office Visits	No	Yes			Pass		Pass
Outpatient - All Other	No	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	No	Yes	Pass				
Prescription Drugs	Yes	No	Pass				

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (1) Inpatient, In-Network (IP INN)

Classification	Inpatient	IP
Network (In/Out)	In-Network	INN
Classification Code	1	IP INN
Table Name	tbl_IPINN_P1	

Number of Rows7

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 (OOPM)	No Cost-Share (If true, enter "x")
Inpatient Hospital Services (e.g., Hospital Stay)	After Deductible	\$2,085,849.45	\$2,500.00	\$800.00	N/A	\$7,950.00	
Inpatient Physician and Surgical Services	Before Deductible	\$354,825.70	\$2,500.00	N/A	N/A	\$7,950.00	
Skilled Nursing Facility	After Deductible	\$8,547.57	\$2,500.00	\$800.00	N/A	\$7,950.00	
Prenatal and Post Natal Care	Before Deductible	\$276,136.79	N/A	N/A	N/A	\$7,950.00	
Delivery and All Inpatient Services for Maternity Care	After Deductible	\$536,228.96	\$2,500.00	\$800.00	N/A	\$7,950.00	
Well Baby Visits and Care	Before Deductible	\$39,707.01	N/A	N/A	N/A	\$7,950.00	
Transplant	After Deductible	\$5,728.01	\$2,500.00	\$800.00	N/A	\$7,950.00	
Total Row		\$3,307,023.50					

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (2) Inpatient, Out-of-Network (IP OON)

Classification	Inpatient	IP
Network (In/Out)	Out-of-Network	OON
Classification Code	2	IP OON
Table Name	tbl_IPOON_P1	

Number of Rows6

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 (OOPM)	No Cost-Share (If true, enter "x")
<<Enter description>>	<<Enter description>>						
Total Row		\$0.00					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (1) Inpatient, In-Network (IP INN)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible	\$2,500.00	\$2,500.00	Pass
Copayment	\$800.00	\$800.00	Pass
Coinsurance	N/A	Fail	Pass
OOPM	\$7,950.00	\$7,950.00	Pass
Overall			Pass

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)

Deductible	\$2,991,179.69	90.45%	IP INN Deductible
Copayment	\$2,636,353.99	79.72%	IP INN Copayment
Coinsurance	\$0.00	0.00%	Fail
OOPM	\$3,307,023.50	100.00%	IP INN OOPM
Total Projected	\$3,307,023.50		

Step 2 Predominant Level

Deductible ---- (1) Inpatient, In-Network (IP INN)			Errors found:		0
Applies to substantially all medical/surgical benefits in this classification. ENTER different deductible amounts from smallest to largest.					
Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking	
\$2,500.00	\$2,991,179.69	100.00%	\$2,500.00		
	\$0.00				
Total	\$2,991,179.69	100.00%			
Copayment ---- (1) Inpatient, In-Network (IP INN)			Errors found:		0
Applies to substantially all medical/surgical benefits in this classification. ENTER different copayment amounts from smallest to largest.					
Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking	
\$800.00	\$2,636,353.99	100.00%	\$800.00		
	\$0.00				
	\$0.00				
	\$0.00				
Total	\$2,636,353.99	100.00%			
Coinsurance ---- (1) Inpatient, In-Network (IP INN)			Errors found:		0
Does not apply to substantially all medical/surgical benefits in this classification. DELETE any values in the left-hand column below.					
Coinsurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking	
	\$0.00				
	\$0.00				
	\$0.00				
	\$0.00				
Total	\$0.00	0.00%			
OOPM ---- (1) Inpatient, In-Network (IP 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	
\$7,950.00	\$3,307,023.50	100.00%	\$7,950.00		
	\$0.00				
	\$0.00				
	\$0.00				
Total	\$3,307,023.50	100.00%			

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (2) Inpatient, Out-of-Network (IP OON)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible		N/A	N/A
Copayment		N/A	N/A
Coinsurance		N/A	N/A
OOPM		N/A	N/A
Overall			Pass

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)

Deductible	\$0.00		N/A
Copayment	\$0.00		N/A
Coinsurance	\$0.00		N/A
OOPM	\$0.00		N/A
Total Projected	\$0.00		

Step 2 Predominant Level

Deductible ---- (2) Inpatient, Out-of-Network (IP OON)				Errors found:		
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.						
Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking		
	\$0.00					
	\$0.00					
Total	\$0.00	0.00%				
Copayment ---- (2) Inpatient, Out-of-Network (IP OON)				Errors found:		
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.						
Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking		
	\$0.00					
	\$0.00					
	\$0.00					
Total	\$0.00	0.00%				
Coinsurance ---- (2) Inpatient, Out-of-Network (IP OON)				Errors found:		
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.						
Coinsurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking		
	\$0.00					
	\$0.00					
	\$0.00					
Total	\$0.00	0.00%				
OOPM ---- (2) Inpatient, Out-of-Network (IP OON)				Errors found:		
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.						
OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking		
	\$0.00					
	\$0.00					
	\$0.00					
Total	\$0.00	0.00%				

Click>>>>>>>

Home

Errors found:

0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

Click>>>>>>>

Home

Errors found:

0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

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

Benefit Classification (3) Outpatient, In-Network (OP INN)
Notes: Use this table if you are testing all outpatient services combined.

Classification	Outpatient	OP
Network (In/Out)	In-Network	INN
Classification Code	3	OP INN
Table Name	tbl_OPINN_P1	

Number of Rows6

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 (OOPM)	No Cost-Share (If true, enter "x")
<<Enter description>>	<<Enter description>>						
Total Row		\$0.00					

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

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 Visits	OP-OV
Network (In/Out)	In-Network	INN
Classification Code	3a	OP-OV INN
Table Name	tbl_OPOVINN_P1	

Number of Rows10

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 (OOPM)	No Cost-Share (If true, enter "x")
Primary Care Visit to Treat an Injury or Illness	Before Deductible	\$400,467.17	N/A	\$20.00	N/A	\$7,950.00	
Other Practitioner Office Visit (Nurse, Physician Assistant)	Before Deductible	\$16,667.52	N/A	\$20.00	N/A	\$7,950.00	
Specialist Visit	Before Deductible	\$560,576.65	N/A	\$65.00	N/A	\$7,950.00	
Chiropractic Care	Before Deductible	\$17,666.54	N/A	\$20.00	N/A	\$7,950.00	
Rehabilitative Speech Therapy	Before Deductible	\$11,645.67	N/A	\$40.00	N/A	\$7,950.00	
Rehabilitative Occupational and Rehabilitative Physical Therapy	Before Deductible	\$176,525.75	N/A	\$40.00	N/A	\$7,950.00	
Routine Eye Exam for Children	Before Deductible	\$13,540.79	N/A	N/A	N/A	\$7,950.00	
Eye Glasses for Children	Before Deductible	\$18,295.87	N/A	N/A	N/A	\$7,950.00	
Nutritional Counseling	Before Deductible	\$73,183.49	N/A	N/A	N/A	\$7,950.00	
Diabetes Care Management	Before Deductible	\$91,479.37	N/A	N/A	N/A	\$7,950.00	
Total Row		\$1,380,048.82					

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

Financial Parity for (3) Outpatient, In-Network (OP INN)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible		N/A	N/A
Copayment		N/A	N/A
Coinsurance		N/A	N/A
OOPM		N/A	N/A
Overall			Pass

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ¾ of medical/surgical benefits)

Deductible	\$0.00	N/A
Copayment	\$0.00	N/A
Coinsurance	\$0.00	N/A
OOPM	\$0.00	N/A
Total Projected	\$0.00	

Step 2 Predominant Level

Deductible ---- (3) Outpatient, In-Network (OP INN) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

Copayment ---- (3) Outpatient, In-Network (OP INN)

Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

Coinsurance ---- (3) Outpatient, In-Network (OP INN)

Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

OOPM ---- (3) Outpatient, In-Network (OP INN)

Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

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 Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible	N/A	Fail	Pass
Copayment	\$20.00	\$40.00	Pass
Coinsurance	N/A	Fail	Pass
OOPM	\$7,950.00	\$7,950.00	Pass
Overall			Pass

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ¾ of medical/surgical benefits)

Deductible	\$0.00	0.00%	Fail
Copayment	\$1,183,549.30	85.76%	OP-OV INN Copayment
Coinsurance	\$0.00	0.00%	Fail
OOPM	\$1,380,048.82	100.00%	OP-OV INN OOPM
Total Projected	\$1,380,048.82		

Step 2 Predominant Level

Deductible ---- (3a) Outpatient - Office Visits, In-Network (OP-OV INN) Errors found: 0

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 &	Error Checking
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

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

Errors found: 0

Applies to substantially all medical/surgical benefits in this classification.

ENTER different copayment amounts from smallest to largest.

Copayment	Allowed Claims	Portion	Predominant &	Error Checking
\$20.00	\$434,801.23	36.74%	\$20.00	
\$40.00	\$188,171.42	15.90%	\$40.00	
\$65.00	\$560,576.65	47.36%		
	\$0.00			
Total	\$1,183,549.30	100.00%		

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

Errors found: 0

Does not apply to substantially all medical/surgical benefits in this classification.

DELETE any values in the left-hand column below.

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

OOPM ---- (3a) Outpatient - Office Visits, In-Network (OP-OV 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 &	Error Checking
\$7,950.00	\$1,380,048.82	100.00%	\$7,950.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$1,380,048.82	100.00%		

Benefit Classification (3b) Outpatient - All Other, In-Network (OP-AO INN)

Click>>>>

Home

Errors found:

0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

Benefit Classification (4) Outpatient, Out-of-Network (OP OON)

Click>>>>

Home

Errors found:

0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

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 testing outpatient office visits and all other outpatient services.

Classification	Outpatient - All Other	OP-AO
Network (In/Out)	In-Network	INN
Classification Code	3b	OP-AO INN
Table Name	tbl_OPAOINN_P1	

Number of Rows17

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 (OOPM)	No Cost-Share (If true, enter "x")
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	After Deductible	\$2,749,656.92	\$2,500.00	\$600.00	N/A	\$7,950.00	
Outpatient Surgery Physician/Surgical Services	After Deductible	\$1,425,340.87	\$2,500.00	\$200.00	N/A	\$7,950.00	
Hospice	Before Deductible	\$16,269.47	N/A	\$30.00	N/A	\$7,950.00	
Urgent Care Centers or Facilities	Before Deductible	\$76,839.56	N/A	\$65.00	N/A	\$7,950.00	
Home Health Care Services	Before Deductible	\$24,073.08	N/A	\$30.00	N/A	\$7,950.00	
Outpatient Rehabilitation Services	Before Deductible	\$64,751.84	N/A	\$40.00	N/A	\$7,950.00	
Habilitation Services	Before Deductible	\$7,194.65	N/A	\$40.00	N/A	\$7,950.00	
Durable Medical	After Deductible	\$96,208.65	\$2,500.00	N/A	30%	\$7,950.00	
Hearing Aids	After Deductible	\$18,842.23	\$2,500.00	N/A	30%	\$7,950.00	
Imaging (CT/PET Scans, MRIs)	After Deductible	\$312,641.65	\$2,500.00	N/A	30%	\$7,950.00	
Preventive Care/Screening/Immunization	Before Deductible	\$439,516.40	N/A	N/A	N/A	\$7,950.00	X
Acupuncture	Before Deductible	\$13,859.18	N/A	\$20.00	N/A	\$7,950.00	
Laboratory Outpatient and Professional Services	Before Deductible	\$360,352.06	N/A	\$40.00	N/A	\$7,950.00	
X-Rays and Diagnostic Imaging	Before Deductible	\$194,584.65	N/A	\$65.00	N/A	\$7,950.00	
Abortion for Which Public Funding is Prohibited	Before Deductible	\$14,461.75	N/A	N/A	N/A	\$7,950.00	
Diabetes Education	Before Deductible	\$15,666.89	N/A	N/A	N/A	\$7,950.00	
Prosthetic Devices	After Deductible	\$6,873.52	\$2,500.00	N/A	30%	\$7,950.00	
Total Row		\$5,837,133.37					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (3b) Outpatient - All Other, In-Network (OP-AO INN)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible	N/A	\$2,500.00	Pass
Copayment	\$30.00	\$600.00	Pass
Coinsurance	N/A	Fail	Pass
OOPM	\$7,950.00	\$7,950.00	Pass
Overall			Pass

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)

Deductible	\$4,609,563.84	78.97%	OP-AO INN Deductible
Copayment	\$4,932,922.28	84.51%	OP-AO INN Copayment
Coinsurance	\$434,566.04	7.44%	Fail
OOPM	\$5,837,133.37	100.00%	OP-AO INN OOPM
Total Projected	\$5,837,133.37		

Step 2 Predominant Level

Deductible ---- (3b) Outpatient - All Other, In-Network (OP-AO INN)

Errors found:0

Applies to substantially all medical/surgical benefits in this classification. ENTER different deductible amounts from smallest to largest.

Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$2,500.00	\$4,609,563.84	100.00%	\$2,500.00	
	\$0.00			
Total	\$4,609,563.84	100.00%		

Copayment ---- (3b) Outpatient - All Other, In-Network (OP-AO INN)

Errors found:0

Applies to substantially all medical/surgical benefits in this classification. ENTER different copayment amounts from smallest to largest.

Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$20.00	\$13,859.18	0.28%	\$20.00	
\$30.00	\$40,342.55	0.82%	\$30.00	
\$40.00	\$432,298.56	8.76%	\$40.00	
\$65.00	\$271,424.21	5.50%	\$65.00	
\$200.00	\$1,425,340.87	28.89%	\$200.00	
\$600.00	\$2,749,656.92	55.74%	\$600.00	
Total	\$4,932,922.28	100.00%		

Coinsurance ---- (3b) Outpatient - All Other, In-Network (OP-AO INN)

Errors found:0

Does not apply to substantially all medical/surgical benefits in this classification. DELETE any values in the left-hand column below.

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

OOPM ---- (3b) Outpatient - All Other, In-Network (OP-AO 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
\$7,950.00	\$5,837,133.37	100.00%	\$7,950.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$5,837,133.37	100.00%		

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (4) Outpatient, Out-of-Network (OP OON)

Notes: Use this table if you are testing all outpatient services combined.

Classification	Outpatient	OP
Network (In/Out)	Out-of-Network	OON
Classification Code	4	OP OON
Table Name	tbl_OPOON_P1	

Number of Rows6

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 (OOPM)	No Cost-Share (If true, enter "x")
<<Enter description>>	<<Enter description>>						
Total Row		\$0.00					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (4) Outpatient, Out-of-Network (OP OON)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible		N/A	N/A
Copayment		N/A	N/A
Coinsurance		N/A	N/A
OOPM		N/A	N/A
Overall			Pass

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)

Deductible	\$0.00	N/A
Copayment	\$0.00	N/A
Coinsurance	\$0.00	N/A
OOPM	\$0.00	N/A
Total Projected	\$0.00	

Step 2 Predominant Level

Deductible ---- (4) Outpatient, Out-of-Network (OP OON)

Errors found:0

If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.

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

Copayment ---- (4) Outpatient, Out-of-Network (OP OON)

Errors found:0

If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.

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

Coinsurance ---- (4) Outpatient, Out-of-Network (OP OON)

Errors found:0

If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.

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

OOPM ---- (4) Outpatient, Out-of-Network (OP OON)

Errors found:0

If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.

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

Click>>>>

Home

Errors found:

0

<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

Click>>>>

Home

Errors found:

0

<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (4a) Outpatient - Office Visits, Out-of-Network (OP-OV OON)

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)	Out-of-Network	OON
Classification Code	4a	OP-OV OON
Table Name		tbl_OPOVOON_P1

Number of Rows 6

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 (OOPM)	No Cost-Share (If true, enter "x")
<<Enter description>>	<<Enter description>>						
Total Row		\$0.00					

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (4b) Outpatient - All Other, Out-of-Network (OP-AO OON)

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

Classification	Outpatient - All Other	OP-AO
Network (In/Out)	Out-of-Network	OON
Classification Code	4b	OP-AO OON
Table Name		tbl_OPAAOON_P1

Number of Rows 6

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 (OOPM)	No Cost-Share (If true, enter "x")
<<Enter description>>	<<Enter description>>						
Total Row		\$0.00					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (4a) Outpatient - Office Visits, Out-of-Network (OP-OV OON)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible		N/A	N/A
Copayment		N/A	N/A
Coinsurance		N/A	N/A
OOPM		N/A	N/A
Overall			Pass

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)

Deductible	\$0.00	N/A
Copayment	\$0.00	N/A
Coinsurance	\$0.00	N/A
OOPM	\$0.00	N/A
Total Projected	\$0.00	

Step 2 Predominant Level

Deductible ---- (4a) Outpatient - Office Visits, Out-of-Network (OP-OV OON) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

Copayment ---- (4a) Outpatient - Office Visits, Out-of-Network (OP-OV OON) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

Coinsurance ---- (4a) Outpatient - Office Visits, Out-of-Network (OP-OV OON) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

OOPM ---- (4a) Outpatient - Office Visits, Out-of-Network (OP-OV OON) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (4b) Outpatient - All Other, Out-of-Network (OP-AO OON)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible		N/A	N/A
Copayment		N/A	N/A
Coinsurance		N/A	N/A
OOPM		N/A	N/A
Overall			Pass

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)

Deductible	\$0.00	N/A
Copayment	\$0.00	N/A
Coinsurance	\$0.00	N/A
OOPM	\$0.00	N/A
Total Projected	\$0.00	

Step 2 Predominant Level

Deductible ---- (4b) Outpatient - All Other, Out-of-Network (OP-AO OON) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

Copayment ---- (4b) Outpatient - All Other, Out-of-Network (OP-AO OON) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

Coinsurance ---- (4b) Outpatient - All Other, Out-of-Network (OP-AO OON) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

OOPM ---- (4b) Outpatient - All Other, Out-of-Network (OP-AO OON) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

Click>>>>> [Home](#) Errors found: 0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP QON	Move to OP-OV QON	Move to OP-AO QON	Move to ER	Move to RX

Click>>>>> [Home](#) Errors found: 0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP QON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP QON	Move to OP-OV QON	Move to OP-AO QON	Move to ER	Move to RX

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

Benefit Classification (5) Emergency Care, (ER)

Classification	Emergency Care	ER					
Network (In/Out)	N/A						
Classification Code	5	ER	Number of Rows <div>3</div>				
Table Name	tbl_ER_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 (OOPM)	No Cost-Share (If true, enter "x")
Emergency Room Services	After Deductible	\$1,329,711.81	\$2,500.00	\$800.00	N/A	\$7,950.00	
Emergency Transportation/Ambulance	Before Deductible	\$53,198.48	N/A	\$325.00	N/A	\$7,950.00	
Emergency Room Physician Services	After Deductible	\$79,007.25	\$2,500.00	N/A	N/A	\$7,950.00	
Total Row		\$1,461,917.55					

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

Benefit Classification (6) Prescription Drugs, (RX)

Classification	Prescription Drugs	RX					
Network (In/Out)	N/A						
Classification Code	6	RX					
Table Name	tbl_RX_P1						
For each cost share, if it does not apply, enter "N/A".			Number of Rows 6				
Service Description	Cost-Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of-Pocket Maximum (OOPM)	No Cost-Share (If true, enter "x")
<<Enter description>>	<<Enter description>>						
</							

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

Financial Parity for (5) Emergency Care, (ER)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result	Enter Footnotes (as needed) about
Deductible	\$2,500.00	\$2,500.00	Pass	xx
Copayment	N/A	\$800.00	Pass	
Coinsurance	N/A	Fail	Pass	
OOPM	\$7,950.00	\$7,950.00	Pass	
Overall			Pass	

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ % of medical/surgical benefits)

Deductible	\$1,408,719.06	96.36%	ER Deductible
Copayment	\$1,382,910.30	94.60%	ER Copayment
Coinsurance	\$0.00	0.00%	Fail
OOPM	\$1,461,917.55	100.00%	ER OOPM
Total Projected	\$1,461,917.55		

Step 2 Predominant Level				
Deductible ---- (5) Emergency Care, (ER)			Errors found:	0
Applies to substantially all medical/surgical benefits in this classification. ENTER different deductible amounts from smallest to largest.				
Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$2,500.00	\$1,408,719.06	100.00%	\$2,500.00	
	\$0.00			
Total	\$1,408,719.06	100.00%		
Copayment ---- (5) Emergency Care, (ER)				
Copayment ---- (5) Emergency Care, (ER)			Errors found:	0
Applies to substantially all medical/surgical benefits in this classification. ENTER different copayment amounts from smallest to largest.				
Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$325.00	\$53,198.48	3.85%	\$325.00	
\$800.00	\$1,329,711.81	96.15%	\$800.00	
	\$0.00			
	\$0.00			
Total	\$1,382,910.30	100.00%		
Coinsurance ---- (5) Emergency Care, (ER)				
Coinsurance ---- (5) Emergency Care, (ER)			Errors found:	0
Does not apply to substantially all medical/surgical benefits in this classification. DELETE any values in the left-hand column below.				
Coinsurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		
OOPM ---- (5) Emergency Care, (ER)				
OOPM ---- (5) Emergency Care, (ER)			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
\$7,950.00	\$1,461,917.55	100.00%	\$7,950.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$1,461,917.55	100.00%		

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

Financial Parity for (6) Prescription Drugs, (RX)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result	Enter Footnotes (as needed) about
Deductible		N/A	N/A	xx
Copayment		N/A	N/A	
Coinsurance		N/A	N/A	
OOPM		N/A	N/A	
Overall			Pass	
*If not applicable, enter "N/A"				
Step 1 Substantially All (i.e., ≥ ¾ of medical/surgical benefits)				
Deductible	\$0.00		N/A	
Copayment	\$0.00		N/A	
Coinsurance	\$0.00		N/A	
OOPM	\$0.00		N/A	
Total Projected	\$0.00			

Step 2 Predominant Level				
Deductible ---- (6) Prescription Drugs, (RX)			Errors found:	0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.				
Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		
Copayment ---- (6) Prescription Drugs, (RX)				
Copayment ---- (6) Prescription Drugs, (RX)			Errors found:	0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.				
Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		
Coinsurance ---- (6) Prescription Drugs, (RX)				
Coinsurance ---- (6) Prescription Drugs, (RX)			Errors found:	0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.				
Coinsurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		
OOPM ---- (6) Prescription Drugs, (RX)				
OOPM ---- (6) Prescription Drugs, (RX)			Errors found:	0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.				
OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

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

Issuer / Market: Wellpoint Washington, Inc.
Market: Individual

Workbook Info

[Link back to Summary Sheet](#)
[User Inputs Cell Format](#)
See the Example worksheet for additional details.

PLAN INFORMATION

Plan Name: Wellpoint Cascade Silver
Plan ID: 12435WA0010003-5
CSR Variant Description: 5

<<<<This will auto populate from summary sheet macro
<<<<This will auto populate from summary sheet macro
<<<<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 cells below to scroll directly to the stated section>>>>

[Move to IP INN](#)
[Move to OP INN](#)

[Move to IP OON](#)
[Move to OP OON](#)

[Move to OP INN](#)
[Move to OP-OV OON](#)

[Move to OP-OV INN](#)
[Move to OP-AO OON](#)

[Move to OP-AO INN](#)
[Move to ER](#)

[Move to RX](#)

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

[Update Columns](#)
[Hide/Unhide All Columns](#)

No Errors found?

TRUE

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		E. Test Results
					D1. In-Network	D2. Out-of-Network	
Inpatient	No	Yes			Pass		Pass
Outpatient							
Outpatient – All Services Combined							
Outpatient – Office Visits Separate							
Outpatient – Office Visits	No	Yes			Pass		Pass
Outpatient - All Other	No	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	No	Yes	Pass				
Prescription Drugs	Yes	No	Pass				

Benefit Classification (1) Inpatient, In-Network (IP INN)

Click>>>>>>

Home

Errors found:0

<<<<Click the links in the cells below to scroll directly to the stated section>>>></td></tr><tr><td>Move to IP INN</td><td>Move to IP OON</td><td>Move to OP INN</td><td>Move to OP-OV INN</td><td>Move to OP-AO INN</td></tr><tr><td>Move to OP OON</td><td>Move to OP-OV OON</td><td>Move to OP-AO OON</td><td>Move to ER</td><td>Move to RX</td></tr></table></div><div data-bbox="519 94 621 103" data-label="Text"><p>Benefit Classification (2) Inpatient, Out-of-Network (IP OON)</p></div><div data-bbox="514 156 731 201" data-label="Complex-Block"><div>Click>>>>>><div>Home</div><div>Errors found:0</div></div><table><tr><td colspan="5"><<<<Click the links in the cells below to scroll directly to the stated section>>>></td></tr><tr><td>Move to IP INN</td><td>Move to IP OON</td><td>Move to OP INN</td><td>Move to OP-OV INN</td><td>Move to OP-AO INN</td></tr><tr><td>Move to OP OON</td><td>Move to OP-OV OON</td><td>Move to OP-AO OON</td><td>Move to ER</td><td>Move to RX</td></tr></table></div></div>				
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PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (1) Inpatient, In-Network (IP INN)

Classification	Inpatient	IP
Network (In/Out)	In-Network	INN
Classification Code	1	IP INN
Table Name	tbl_IPINN_P1	

Number of Rows7

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 (OOPM)	No Cost-Share (If true, enter "x")
Inpatient Hospital Services (e.g., Hospital Stay)	After Deductible	\$2,085,849.45	\$750.00	\$425.00	N/A	\$2,850.00	
Inpatient Physician and Surgical Services	Before Deductible	\$354,825.70	\$750.00	N/A	N/A	\$2,850.00	
Skilled Nursing Facility	After Deductible	\$8,547.57	\$750.00	\$425.00	N/A	\$2,850.00	
Prenatal and Post Natal Care	Before Deductible	\$276,136.79	N/A	N/A	N/A	\$2,850.00	
Delivery and All Inpatient Services for Maternity Care	After Deductible	\$536,228.96	\$750.00	\$425.00	N/A	\$2,850.00	
Well Baby Visits and Care	Before Deductible	\$39,707.01	N/A	N/A	N/A	\$2,850.00	
Transplant	After Deductible	\$5,779.01	\$750.00	\$425.00	N/A	\$2,850.00	
Total Row		\$3,307,023.50					

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (2) Inpatient, Out-of-Network (IP OON)

Classification	Inpatient	IP
Network (In/Out)	Out-of-Network	OON
Classification Code	2	IP OON
Table Name	tbl_IPOON_P1	

Number of Rows6

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 (OOPM)	No Cost-Share (If true, enter "x")
<<Enter description>>	<<Enter description>>						
Total Row		\$0.00					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (1) Inpatient, In-Network (IP INN)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible	\$750.00	\$750.00	Pass
Copayment	\$425.00	\$425.00	Pass
Coinsurance	N/A	Fail	Pass
OOPM	\$2,850.00	\$2,850.00	Pass
Overall			Pass

*If not applicable, enter "N/A"

Deductible	\$2,991,179.69	90.45%	IP INN Deductible
Copayment	\$2,636,353.99	79.72%	IP INN Copayment
Coinsurance	\$0.00	0.00%	Fail
OOPM	\$3,307,023.50	100.00%	IP INN OOPM
Total Projected	\$3,307,023.50		

Enter Footnotes (as needed) about xx

Step 1 Substantially All (i.e., ≥ ¾ of medical/surgical benefits)

Step 2 Predominant Level

Deductible ---- (1) Inpatient, In-Network (IP INN)				Errors found:	0
Applies to substantially all medical/surgical benefits in this classification. ENTER different deductible amounts from smallest to largest.					
Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking	
\$750.00	\$2,991,179.69	100.00%	\$750.00		
	\$0.00				
Total	\$2,991,179.69	100.00%			

Copayment ---- (1) Inpatient, In-Network (IP INN)				Errors found:	0
Applies to substantially all medical/surgical benefits in this classification. ENTER different copayment amounts from smallest to largest.					
Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking	
\$425.00	\$2,636,353.99	100.00%	\$425.00		
	\$0.00				
	\$0.00				
	\$0.00				
Total	\$2,636,353.99	100.00%			

Coinsurance ---- (1) Inpatient, In-Network (IP INN)				Errors found:	0
Does not apply to substantially all medical/surgical benefits in this classification. DELETE any values in the left-hand column below.					
Coinsurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking	
	\$0.00				
	\$0.00				
	\$0.00				
	\$0.00				
Total	\$0.00	0.00%			

OOPM ---- (1) Inpatient, In-Network (IP 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	
\$2,850.00	\$3,307,023.50	100.00%	\$2,850.00		
	\$0.00				
	\$0.00				
	\$0.00				
Total	\$3,307,023.50	100.00%			

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (2) Inpatient, Out-of-Network (IP OON)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible		N/A	N/A
Copayment		N/A	N/A
Coinsurance		N/A	N/A
OOPM		N/A	N/A
Overall			Pass

*If not applicable, enter "N/A"

Deductible	\$0.00		N/A
Copayment	\$0.00		N/A
Coinsurance	\$0.00		N/A
OOPM	\$0.00		N/A
Total Projected	\$0.00		

Enter Footnotes (as needed) about xx

Step 1 Substantially All (i.e., ≥ ¾ of medical/surgical benefits)

Step 2 Predominant Level

Deductible ---- (2) Inpatient, Out-of-Network (IP OON)

Errors found:

0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

Copayment ---- (2) Inpatient, Out-of-Network (IP OON)

Errors found:

0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

Coinsurance ---- (2) Inpatient, Out-of-Network (IP OON)

Errors found:

0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

OOPM ---- (2) Inpatient, Out-of-Network (IP OON)

Errors found:

0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

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

Errors found: 0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

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

Errors found: 0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (3) Outpatient, In-Network (OP INN)

Notes: Use this table if you are testing all outpatient services combined.

Classification	Outpatient	OP
Network (In/Out)	In-Network	INN
Classification Code	3	OP INN
Table Name	tbl_OPINN_P1	

Number of Rows6

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 (OOPM)	No Cost-Share (If true, enter "x")
<<Enter description>>	<<Enter description>>						
Total Row		\$0.00					

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

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 Visits	OP-OV
Network (In/Out)	In-Network	INN
Classification Code	3a	OP-OV INN
Table Name	tbl_OPOVINN_P1	

Number of Rows10

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 (OOPM)	No Cost-Share (If true, enter "x")
Primary Care Visit to Treat an Injury or Illness	Before Deductible	\$400,467.17	N/A	\$5.00	N/A	\$2,850.00	
Other Practitioner Office Visit (Nurse, Physician Assistant)	Before Deductible	\$16,667.52	N/A	\$5.00	N/A	\$2,850.00	
Specialist Visit	Before Deductible	\$560,576.65	N/A	\$30.00	N/A	\$2,850.00	
Chiropractic Care	Before Deductible	\$17,666.54	N/A	\$5.00	N/A	\$2,850.00	
Rehabilitative Speech Therapy	Before Deductible	\$11,045.67	N/A	\$20.00	N/A	\$2,850.00	
Rehabilitative Occupational and Rehabilitative Physical Therapy	Before Deductible	\$176,525.75	N/A	\$20.00	N/A	\$2,850.00	
Routine Eye Exam for Children	Before Deductible	\$13,540.79	N/A	N/A	N/A	\$2,850.00	
Eye Glasses for Children	Before Deductible	\$18,295.87	N/A	N/A	N/A	\$2,850.00	
Nutritional Counseling	Before Deductible	\$73,183.49	N/A	N/A	N/A	\$2,850.00	
Diabetes Care Management	Before Deductible	\$91,479.37	N/A	N/A	N/A	\$2,850.00	
Total Row		\$1,380,048.82					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (3) Outpatient, In-Network (OP INN)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible	N/A	N/A	N/A
Copayment		N/A	N/A
Coinsurance	N/A	N/A	N/A
OOPM	N/A	N/A	N/A
Overall			Pass

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)

Deductible	\$0.00	N/A
Copayment	\$0.00	N/A
Coinsurance	\$0.00	N/A
OOPM	\$0.00	N/A
Total Projected	\$0.00	

Step 2 Predominant Level

Deductible ---- (3) Outpatient, In-Network (OP INN) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

Copayment ---- (3) Outpatient, In-Network (OP INN)

Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

Coinsurance ---- (3) Outpatient, In-Network (OP INN)

Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

OOPM ---- (3) Outpatient, In-Network (OP INN)

Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

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 Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible	N/A	Fail	Pass
Copayment	\$5.00	\$20.00	Pass
Coinsurance	N/A	Fail	Pass
OOPM	\$2,850.00	\$2,850.00	Pass
Overall			Pass

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)

Deductible	\$0.00	0.00%	Fail
Copayment	\$1,183,549.30	85.76%	OP-OV INN Copayment
Coinsurance	\$0.00	0.00%	Fail
OOPM	\$1,380,048.82	100.00%	OP-OV INN OOPM
Total Projected	\$1,380,048.82		

Step 2 Predominant Level

Deductible ---- (3a) Outpatient - Office Visits, In-Network (OP-OV INN) Errors found: 0

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 &	Error Checking
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

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

Errors found: 0

Applies to substantially all medical/surgical benefits in this classification.

ENTER different copayment amounts from smallest to largest.

Copayment	Allowed Claims	Portion	Predominant &	Error Checking
\$5.00	\$434,801.23	36.74%	\$5.00	
\$20.00	\$188,171.42	15.90%	\$20.00	
\$30.00	\$560,576.65	47.36%		
	\$0.00			
Total	\$1,183,549.30	100.00%		

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

Errors found: 0

Does not apply to substantially all medical/surgical benefits in this classification.

DELETE any values in the left-hand column below.

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

OOPM ---- (3a) Outpatient - Office Visits, In-Network (OP-OV 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 &	Error Checking
\$2,850.00	\$1,380,048.82	100.00%	\$2,850.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$1,380,048.82	100.00%		

Benefit Classification (3b) Outpatient - All Other, In-Network (OP-AO INN)

Click>>>>>

Home

Errors found:0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

Benefit Classification (4) Outpatient, Out-of-Network (OP OON)

Click>>>>>

Home

Errors found:0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

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 testing outpatient office visits and all other outpatient services.

Classification	Outpatient - All Other	OP-AO
Network (In/Out)	In-Network	INN
Classification Code	3b	OP-AO INN
Table Name	tbl_OPADINN_P1	

Number of Rows17

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 (OOPM)	No Cost-Share (If true, enter "x")
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	After Deductible	\$2,749,656.92	\$750.00	\$325.00	N/A	\$2,850.00	
Outpatient Surgery Physician/Surgical Services	After Deductible	\$1,425,340.87	\$750.00	\$120.00	N/A	\$2,850.00	
Hospice	Before Deductible	\$16,269.47	N/A	\$10.00	N/A	\$2,850.00	
Urgent Care Centers or Facilities	Before Deductible	\$76,839.56	N/A	\$30.00	N/A	\$2,850.00	
Home Health Care Services	Before Deductible	\$24,073.08	N/A	\$10.00	N/A	\$2,850.00	
Outpatient Rehabilitation Services	Before Deductible	\$64,751.84	N/A	\$20.00	N/A	\$2,850.00	
Rehabilitation Services	Before Deductible	\$7,194.65	N/A	\$20.00	N/A	\$2,850.00	
Durable Medical	After Deductible	\$96,208.65	\$750.00	N/A	20%	\$2,850.00	
Hearing Aids	After Deductible	\$18,842.23	\$750.00	N/A	20%	\$2,850.00	
Imaging (CT/PET Scans, MRIs)	After Deductible	\$312,641.65	\$750.00	N/A	20%	\$2,850.00	
Preventive Care/Screening/Immunization	Before Deductible	\$439,516.40	N/A	N/A	N/A	\$2,850.00	X
Acupuncture	Before Deductible	\$13,859.18	N/A	\$5.00	N/A	\$2,850.00	
Laboratory Outpatient and Professional Services	Before Deductible	\$360,352.06	N/A	\$20.00	N/A	\$2,850.00	
X-Rays and Diagnostic Imaging	Before Deductible	\$194,584.65	N/A	\$40.00	N/A	\$2,850.00	
Abortion for Which Public Funding is Prohibited	Before Deductible	\$14,461.75	N/A	N/A	N/A	\$2,850.00	
Diabetes Education	Before Deductible	\$15,666.89	N/A	N/A	N/A	\$2,850.00	
Prosthetic Devices	After Deductible	\$6,873.52	\$750.00	N/A	20%	\$2,850.00	
Total Row		\$5,837,133.37					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (3b) Outpatient - All Other, In-Network (OP-AO INN)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible	N/A	\$750.00	Pass
Copayment	\$10.00	\$325.00	Pass
Coinsurance	N/A	Fail	Pass
OOPM	\$2,850.00	\$2,850.00	Pass
Overall			Pass

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ¾ of medical/surgical benefits)

Deductible	\$4,609,563.84	78.97%	OP-AO INN Deductible
Copayment	\$4,932,922.28	84.51%	OP-AO INN Copayment
Coinsurance	\$434,566.04	7.44%	Fail
OOPM	\$5,837,133.37	100.00%	OP-AO INN OOPM
Total Projected	\$5,837,133.37		

Step 2 Predominant Level

Deductible ---- (3b) Outpatient - All Other, In-Network (OP-AO INN) Errors found: 0

Applies to substantially all medical/surgical benefits in this classification. ENTER different deductible amounts from smallest to largest.

Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$750.00	\$4,609,563.84	100.00%	\$750.00	
\$0.00				
Total	\$4,609,563.84	100.00%		

Copayment ---- (3b) Outpatient - All Other, In-Network (OP-AO INN) Errors found: 0

Applies to substantially all medical/surgical benefits in this classification. ENTER different copayment amounts from smallest to largest.

Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$5.00	\$13,859.18	0.28%	\$5.00	
\$10.00	\$40,342.55	0.82%	\$10.00	
\$20.00	\$432,298.56	8.76%	\$20.00	
\$30.00	\$76,839.56	1.56%	\$30.00	
\$40.00	\$194,584.65	3.94%	\$40.00	
\$120.00	\$1,425,340.87	28.89%	\$120.00	
\$325.00	\$2,749,656.92	55.74%	\$325.00	
Total	\$4,932,922.28	100.00%		

Coinsurance ---- (3b) Outpatient - All Other, In-Network (OP-AO INN) Errors found: 0

Does not apply to substantially all medical/surgical benefits in this classification. DELETE any values in the left-hand column below.

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

OOPM ---- (3b) Outpatient - All Other, In-Network (OP-AO 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
\$2,850.00	\$5,837,133.37	100.00%	\$2,850.00	
\$0.00				
\$0.00				
\$0.00				
Total	\$5,837,133.37	100.00%		

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (4) Outpatient, Out-of-Network (OP OON)

Notes: Use this table if you are testing all outpatient services combined.

Classification	Outpatient	OP
Network (In/Out)	Out-of-Network	OON
Classification Code	4	OP OON
Table Name	tbl_OPOON_P1	

Number of Rows6

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 (OOPM)	No Cost-Share (If true, enter "x")
<<Enter description>>	<<Enter description>>						
Total Row		\$0.00					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (4) Outpatient, Out-of-Network (OP OON)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible		N/A	N/A
Copayment		N/A	N/A
Coinsurance		N/A	N/A
OOPM		N/A	N/A
Overall			Pass

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ¾ of medical/surgical benefits)

Deductible	\$0.00	N/A
Copayment	\$0.00	N/A
Coinsurance	\$0.00	N/A
OOPM	\$0.00	N/A
Total Projected	\$0.00	

Step 2 Predominant Level

Deductible ---- (4) Outpatient, Out-of-Network (OP OON) Errors found: 0

If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.

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

Copayment ---- (4) Outpatient, Out-of-Network (OP OON) Errors found: 0

If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.

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

Coinsurance ---- (4) Outpatient, Out-of-Network (OP OON) Errors found: 0

If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.

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

OOPM ---- (4) Outpatient, Out-of-Network (OP OON) Errors found: 0

If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.

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

Click>>>>>

Home

Errors found:0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

Click>>>>>

Home

Errors found:0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (4a) Outpatient - Office Visits, Out-of-Network (OP-OV OON)

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)	Out-of-Network	OON
Classification Code	4a	OP-OV OON
Table Name		tbl_OPOVOON_P1

Number of Rows 6

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 (OOPM)	No Cost-Share (If true, enter "x")
<<Enter description>>	<<Enter description>>						
Total Row		\$0.00					

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (4b) Outpatient - All Other, Out-of-Network (OP-AO OON)

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

Classification	Outpatient - All Other	OP-AO
Network (In/Out)	Out-of-Network	OON
Classification Code	4b	OP-AO OON
Table Name		tbl_OPADOON_P1

Number of Rows 6

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 (OOPM)	No Cost-Share (If true, enter "x")
<<Enter description>>	<<Enter description>>						
Total Row		\$0.00					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (4a) Outpatient - Office Visits, Out-of-Network (OP-OV OON)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible		N/A	N/A
Copayment		N/A	N/A
Coinsurance		N/A	N/A
OOPM		N/A	N/A
Overall			Pass

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)

Deductible	\$0.00	N/A
Copayment	\$0.00	N/A
Coinsurance	\$0.00	N/A
OOPM	\$0.00	N/A
Total Projected	\$0.00	

Step 2 Predominant Level

Deductible ---- (4a) Outpatient - Office Visits, Out-of-Network (OP-OV OON)

Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

Copayment ---- (4a) Outpatient - Office Visits, Out-of-Network (OP-OV OON)

Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

Coinsurance ---- (4a) Outpatient - Office Visits, Out-of-Network (OP-OV OON)

Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

OOPM ---- (4a) Outpatient - Office Visits, Out-of-Network (OP-OV OON)

Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (4b) Outpatient - All Other, Out-of-Network (OP-AO OON)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible		N/A	N/A
Copayment		N/A	N/A
Coinsurance		N/A	N/A
OOPM		N/A	N/A
Overall			Pass

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)

Deductible	\$0.00	N/A
Copayment	\$0.00	N/A
Coinsurance	\$0.00	N/A
OOPM	\$0.00	N/A
Total Projected	\$0.00	

Step 2 Predominant Level

Deductible ---- (4b) Outpatient - All Other, Out-of-Network (OP-AO OON)

Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

Copayment ---- (4b) Outpatient - All Other, Out-of-Network (OP-AO OON)

Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

Coinsurance ---- (4b) Outpatient - All Other, Out-of-Network (OP-AO OON)

Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

OOPM ---- (4b) Outpatient - All Other, Out-of-Network (OP-AO OON)

Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

Click>>>>

[Home](#)

Errors found:

0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

Click>>>>

[Home](#)

Errors found:

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<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

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

Issuer / Market: Wellpoint Washington, Inc.
Market: Individual

Workbook Info

[Link back to Summary Sheet](#)
[User Inputs Cell Format](#)
See the Example worksheet for additional details.

PLAN INFORMATION

Plan Name: Wellpoint Cascade Silver
Plan ID: 12435WA0010003-6
CSR Variant Description: 6

<<<<This will auto populate from summary sheet macro
<<<<This will auto populate from summary sheet macro
<<<<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 cells below to scroll directly to the stated section>>>>

Move to IP INNMove to IP OONMove to OP INNMove to OP-OV INNMove to OP-AO INN
Move to OP OONMove to OP-OV OONMove to OP-AO OONMove to ERMove to RX

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
Update Columns
Hide/Unhide All Columns

No Errors found?
TRUE

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		E. Test Results
					D1. In-Network	D2. Out-of-Network	
Inpatient	No	Yes			Pass		Pass
Outpatient							
Outpatient - All Services Combined							
Outpatient - Office Visits Separate							
Outpatient - Office Visits	No	Yes			Pass		Pass
Outpatient - All Other	No	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	No	Yes	Pass				
Prescription Drugs	Yes	No	Pass				

Benefit Classification (1) Inpatient, In-Network (IP INN)

Click>>>>>

Home

Errors found:

0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

Benefit Classification (2) Inpatient, Out-of-Network (IP OON)

Click>>>>>

Home

Errors found:

0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (1) Inpatient, In-Network (IP INN)

Classification	Inpatient	IP
Network (In/Out)	In-Network	INN
Classification Code	1	IP INN
Table Name	tbl_IPINN_P1	

Number of Rows7

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 (OOPM)	No Cost-Share (If true, enter "x")
Inpatient Hospital Services (e.g., Hospital Stay)	Before Deductible	\$2,085,849.45	N/A	\$100.00	N/A	\$2,400.00	
Inpatient Physician and Surgical Services	Before Deductible	\$354,825.70	N/A	N/A	N/A	\$2,400.00	
Skilled Nursing Facility	Before Deductible	\$8,547.57	N/A	\$100.00	N/A	\$2,400.00	
Prenatal and Post Natal Care	Before Deductible	\$276,136.79	N/A	N/A	N/A	\$2,400.00	
Delivery and All Inpatient Services for Maternity Care	Before Deductible	\$536,228.96	N/A	\$100.00	N/A	\$2,400.00	
Well Baby Visits and Care	Before Deductible	\$39,707.01	N/A	N/A	N/A	\$2,400.00	
Transplant	Before Deductible	\$5,728.01	N/A	\$100.00	N/A	\$2,400.00	
Total Row		\$3,307,023.50					

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (2) Inpatient, Out-of-Network (IP OON)

Classification	Inpatient	IP
Network (In/Out)	Out-of-Network	OON
Classification Code	2	IP OON
Table Name	tbl_IPOON_P1	

Number of Rows6

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 (OOPM)	No Cost-Share (If true, enter "x")
<<Enter description>>	<<Enter description>>						
Total Row		\$0.00					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (1) Inpatient, In-Network (IP INN)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible	N/A	Fail	Pass
Copayment	\$100.00	\$100.00	Pass
Coinsurance	N/A	Fail	Pass
OOPM	\$2,400.00	\$2,400.00	Pass
Overall			Pass

Enter Footnotes (as needed) about xx

*If not applicable, enter "N/A"

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible	\$0.00	0.00%	Fail
Copayment	\$2,636,353.99	79.72%	IP INN Copayment
Coinsurance	\$0.00	0.00%	Fail
OOPM	\$3,307,023.50	100.00%	IP INN OOPM
Total Projected	\$3,307,023.50		

Step 2 Predominant Level

Deductible ---- (1) Inpatient, In-Network (IP INN)		Errors found:		0
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			
Total	\$0.00	0.00%		
Copayment ---- (1) Inpatient, In-Network (IP INN)		Errors found:		0
Applies to substantially all medical/surgical benefits in this classification. ENTER different copayment amounts from smallest to largest.				
Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$100.00	\$2,636,353.99	100.00%	\$100.00	
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$2,636,353.99	100.00%		
Coinsurance ---- (1) Inpatient, In-Network (IP INN)		Errors found:		0
Does not apply to substantially all medical/surgical benefits in this classification. DELETE any values in the left-hand column below.				
Coinsurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		
OOPM ---- (1) Inpatient, In-Network (IP 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
\$2,400.00	\$3,307,023.50	100.00%	\$2,400.00	
	\$0.00			

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (2) Inpatient, Out-of-Network (IP OON)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible		N/A	N/A
Copayment		N/A	N/A
Coinsurance		N/A	N/A
OOPM		N/A	N/A
Overall			Pass

Enter Footnotes (as needed) about xx

*If not applicable, enter "N/A"

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible	\$0.00		N/A
Copayment	\$0.00		N/A
Coinsurance	\$0.00		N/A
OOPM	\$0.00		N/A
Total Projected	\$0.00		

Step 2 Predominant Level

Deductible ---- (2) Inpatient, Out-of-Network (IP OON)			Errors found:		0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.					
Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking	
	\$0.00				
	\$0.00				
	\$0.00				
Total	\$0.00	0.00%			
Copayment ---- (2) Inpatient, Out-of-Network (IP OON)			Errors found:		0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.					
Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking	
	\$0.00				
	\$0.00				
	\$0.00				
	\$0.00				
Total	\$0.00	0.00%			
Coinsurance ---- (2) Inpatient, Out-of-Network (IP OON)			Errors found:		0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.					
Coinsurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking	
	\$0.00				
	\$0.00				
	\$0.00				
	\$0.00				
Total	\$0.00	0.00%			
OOPM ---- (2) Inpatient, Out-of-Network (IP OON)			Errors found:		0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.					
OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking	
	\$0.00				
	\$0.00				

	\$0.00			
	\$0.00			
Total	\$3,307,023.50	100.00%		

	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

Benefit Classification (3) Outpatient, In-Network (OP INN)

Click>>>> [Home](#)

Errors found:

0

<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

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

Click>>>>>

[Home](#)

Errors found:

0

<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OQ	Move to ER	Move to RX

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (3) Outpatient, In-Network (OP INN)
Notes: Use this table if you are testing all outpatient services combined.

Classification	Outpatient	OP
Network (In/Out)	In-Network	INN
Classification Code	3	OP INN
Table Name	tbl_OPINN_P1	

Number of Rows6

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 (OOPM)	No Cost-Share (If true, enter "x")
<<Enter description>>	<<Enter description>>						
Total Row		\$0.00					

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

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 Vis	OP-OV
Network (In/Out)	In-Network	INN
Classification Code	3a	OP-OV INN
Table Name	tbl_OPOVINN_P1	

Number of Rows10

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 (OOPM)	No Cost-Share (If true, enter "x")
Primary Care Visit to Treat an Injury or Illness	Before Deductible	\$400,467.17	N/A	\$1.00	N/A	\$2,400.00	
Other Practitioner Office Visit (Nurse, Physician Assistant)	Before Deductible	\$16,667.52	N/A	\$1.00	N/A	\$2,400.00	
Specialist Visit	Before Deductible	\$560,576.65	N/A	\$15.00	N/A	\$2,400.00	
Chiropractic Care	Before Deductible	\$17,666.54	N/A	\$1.00	N/A	\$2,400.00	
Rehabilitative Speech Therapy	Before Deductible	\$11,645.67	N/A	\$5.00	N/A	\$2,400.00	
Rehabilitative Occupational and Rehabilitative Physical Therapy	Before Deductible	\$176,525.75	N/A	\$5.00	N/A	\$2,400.00	
Routine Eye Exam for Children	Before Deductible	\$13,540.79	N/A	N/A	N/A	\$2,400.00	
Eye Glasses for Children	Before Deductible	\$18,295.87	N/A	N/A	N/A	\$2,400.00	
Nutritional Counseling	Before Deductible	\$73,183.49	N/A	N/A	N/A	\$2,400.00	
Diabetes Care Management	Before Deductible	\$91,479.37	N/A	N/A	N/A	\$2,400.00	
Total Row		\$1,380,048.82					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (3) Outpatient, In-Network (OP INN)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible		N/A	N/A
Copayment		N/A	N/A
Coinsurance		N/A	N/A
OOPM		N/A	N/A
Overall			Pass

Enter Footnotes (as needed) about xx

*If not applicable, enter "N/A"

Deductible	\$0.00		N/A
Copayment	\$0.00		N/A
Coinsurance	\$0.00		N/A
OOPM	\$0.00		N/A
Total Projected	\$0.00		

Step 2 Predominant Level

Deductible ---- (3) Outpatient, In-Network (OP INN)		Errors found:	0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.			
Deductible	Allowed Claims	Portion	Predominant & Smaller
	\$0.00		
	\$0.00		
Total	\$0.00	0.00%	
Copayment ---- (3) Outpatient, In-Network (OP INN)		Errors found:	0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.			
Copayment	Allowed Claims	Portion	Predominant & Smaller
	\$0.00		
	\$0.00		
	\$0.00		
	\$0.00		
Total	\$0.00	0.00%	
Coinsurance ---- (3) Outpatient, In-Network (OP INN)		Errors found:	0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.			
Coinsurance	Allowed Claims	Portion	Predominant & Smaller
	\$0.00		
	\$0.00		
	\$0.00		
	\$0.00		
Total	\$0.00	0.00%	
OOPM ---- (3) Outpatient, In-Network (OP INN)		Errors found:	0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.			
OOPM	Allowed Claims	Portion	Predominant & Smaller
	\$0.00		
	\$0.00		

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 Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible	N/A	Fail	Pass
Copayment	\$1.00	\$5.00	Pass
Coinsurance	N/A	Fail	Pass
OOPM	\$2,400.00	\$2,400.00	Pass
Overall			Pass

Enter Footnotes (as needed) about xx

*If not applicable, enter "N/A"

Deductible	\$0.00	0.00%	Fail
Copayment	\$1,183,549.30	85.76%	OP-OV INN Copayment
Coinsurance	\$0.00	0.00%	Fail
OOPM	\$1,380,048.82	100.00%	OP-OV INN OOPM
Total Projected	\$1,380,048.82		

Step 2 Predominant Level

Deductible ---- (3a) Outpatient - Office Visits, In-Network (OP-OV INN)		Errors found:	0
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 &
	\$0.00		
	\$0.00		
Total	\$0.00	0.00%	
Copayment ---- (3a) Outpatient - Office Visits, In-Network (OP-OV INN)		Errors found:	0
Applies to substantially all medical/surgical benefits in this classification. ENTER different copayment amounts from smallest to largest.			
Copayment	Allowed Claims	Portion	Predominant &
\$1.00	\$434,801.23	36.74%	\$1.00
\$5.00	\$188,171.42	15.90%	\$5.00
\$15.00	\$560,576.65	47.36%	
	\$0.00		
Total	\$1,183,549.30	100.00%	
Coinsurance ---- (3a) Outpatient - Office Visits, In-Network (OP-OV INN)		Errors found:	0
Does not apply to substantially all medical/surgical benefits in this classification. DELETE any values in the left-hand column below.			
Coinsurance	Allowed Claims	Portion	Predominant &
	\$0.00		
	\$0.00		
	\$0.00		
	\$0.00		
Total	\$0.00	0.00%	
OOPM ---- (3a) Outpatient - Office Visits, In-Network (OP-OV 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 &
\$2,400.00	\$1,380,048.82	100.00%	\$2,400.00
	\$0.00		

	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

	\$0.00			
	\$0.00			
Total	\$1,380,048.82	100.00%		

Click>>>>

Home

Errors found:

0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

Click>>>>

Home

Errors found:

0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

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 testing outpatient office visits and all other outpatient services.

Classification	Outpatient - All Other	OP-AO
Network (In/Out)	In-Network	INN
Classification Code	3b	OP-AO INN
Table Name	tbl_OPAOINN_P1	

Number of Rows 17

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 (OOPM)	No Cost-Share (If true, enter "x")
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Before Deductible	\$2,749,656.92	N/A	\$100.00	N/A	\$2,400.00	
Outpatient Surgery Physician/Surgical Services	Before Deductible	\$1,425,340.87	N/A	\$25.00	N/A	\$2,400.00	
Hospice	Before Deductible	\$16,269.47	N/A	\$5.00	N/A	\$2,400.00	
Urgent Care Centers or Facilities	Before Deductible	\$76,839.56	N/A	\$15.00	N/A	\$2,400.00	
Home Health Care Services	Before Deductible	\$24,073.08	N/A	\$5.00	N/A	\$2,400.00	
Outpatient Rehabilitation Services	Before Deductible	\$64,751.84	N/A	\$5.00	N/A	\$2,400.00	
Habilitation Services	Before Deductible	\$7,194.65	N/A	\$5.00	N/A	\$2,400.00	
Durable Medical	Before Deductible	\$96,208.65	N/A	N/A	15%	\$2,400.00	
Hearing Aids	Before Deductible	\$18,842.23	N/A	N/A	15%	\$2,400.00	
Imaging (CT/PET Scans, MRIs)	Before Deductible	\$312,641.65	N/A	N/A	15%	\$2,400.00	
Preventive Care/Screening/Immunization	Before Deductible	\$439,516.40	N/A	N/A	N/A	\$2,400.00	X
Acupuncture	Before Deductible	\$13,859.18	N/A	\$1.00	N/A	\$2,400.00	
Laboratory Outpatient and Professional Services	Before Deductible	\$360,352.06	N/A	\$5.00	N/A	\$2,400.00	
X-Rays and Diagnostic Imaging	Before Deductible	\$194,584.65	N/A	\$15.00	N/A	\$2,400.00	
Abortion for Which Public Funding is Prohibited	Before Deductible	\$14,461.75	N/A	N/A	N/A	\$2,400.00	
Diabetes Education	Before Deductible	\$15,666.89	N/A	N/A	N/A	\$2,400.00	
Prosthetic Devices	Before Deductible	\$6,873.52	N/A	N/A	15%	\$2,400.00	
Total Row		\$5,837,133.37					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (3b) Outpatient - All Other, In-Network (OP-AO INN)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible	N/A	Fail	Pass
Copayment	\$5.00	\$100.00	Pass
Coinsurance	N/A	Fail	Pass
OOPM	\$2,400.00	\$2,400.00	Pass
Overall			Pass

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)

Deductible	\$0.00	0.00%	Fail
Copayment	\$4,932,922.28	84.51%	OP-AO INN Copayment
Coinsurance	\$434,566.04	7.44%	Fail
OOPM	\$5,837,133.37	100.00%	OP-AO INN OOPM
Total Projected	\$5,837,133.37		

Step 2 Predominant Level

Deductible ---- (3b) Outpatient - All Other, In-Network (OP-AO INN) Errors found: 0

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			
Total	\$0.00	0.00%		

Copayment ---- (3b) Outpatient - All Other, In-Network (OP-AO INN) Errors found: 0

Applies to substantially all medical/surgical benefits in this classification.

ENTER different copayment amounts from smallest to largest.

Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$1.00	\$13,859.18	0.28%	\$1.00	
\$5.00	\$472,641.10	9.58%	\$5.00	
\$15.00	\$271,424.21	5.50%	\$15.00	
\$25.00	\$1,425,340.87	28.89%	\$25.00	
\$100.00	\$2,749,656.92	55.74%	\$100.00	
Total	\$4,932,922.28	100.00%		

Coinsurance ---- (3b) Outpatient - All Other, In-Network (OP-AO INN) Errors found: 0

Does not apply to substantially all medical/surgical benefits in this classification.

DELETE any values in the left-hand column below.

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

OOPM ---- (3b) Outpatient - All Other, In-Network (OP-AO 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
\$2,400.00	\$5,837,133.37	100.00%	\$2,400.00	

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (4) Outpatient, Out-of-Network (OP OON)

Notes: Use this table if you are testing all outpatient services combined.

Classification	Outpatient	OP
Network (In/Out)	Out-of-Network	OON
Classification Code	4	OP OON
Table Name	tbl_OPOON_P1	

Number of Rows 6

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 (OOPM)	No Cost-Share (If true, enter "x")
<<Enter description>>	<<Enter description>>						
Total Row		\$0.00					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (4) Outpatient, Out-of-Network (OP OON)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible		N/A	N/A
Copayment		N/A	N/A
Coinsurance		N/A	N/A
OOPM		N/A	N/A
Overall			Pass

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)

Deductible	\$0.00	N/A
Copayment	\$0.00	N/A
Coinsurance	\$0.00	N/A
OOPM	\$0.00	N/A
Total Projected	\$0.00	

Step 2 Predominant Level

Deductible ---- (4) Outpatient, Out-of-Network (OP OON) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

Copayment ---- (4) Outpatient, Out-of-Network (OP OON) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

Coinsurance ---- (4) Outpatient, Out-of-Network (OP OON) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

OOPM ---- (4) Outpatient, Out-of-Network (OP OON) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			

	\$0.00			
	\$0.00			
	\$0.00			
Total	\$5,837,133.37	100.00%		

	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

Click>>>>>

Home

Errors found:

0

<<<Click the links in the cells below to scroll directly to the stated section>>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

Click>>>>>

Home

Errors found:

0

<<<Click the links in the cells below to scroll directly to the stated section>>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP OON	Move to OP-OV OON	Move to OP-AO OON	Move to ER	Move to RX

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (4a) Outpatient - Office Visits, Out-of-Network (OP-OV OON)

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)	Out-of-Network	OON
Classification Code	4a	OP-OV OON
Table Name		tbl_OPOVOON_P1

Number of Rows 6

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 (OOPM)	No Cost-Share (If true, enter "x")
<<Enter description>>	<<Enter description>>						
Total Row		\$0.00					

PART 1

COST SHARES FOR MEDICAL/SURGICAL BENEFITS, BY BENEFIT CLASSIFICATION

Benefit Classification (4b) Outpatient - All Other, Out-of-Network (OP-AO OON)

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

Classification	Outpatient - All Other	OP-AO
Network (In/Out)	Out-of-Network	OON
Classification Code	4b	OP-AO OON
Table Name		tbl_OPAAOON_P1

Number of Rows 6

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 (OOPM)	No Cost-Share (If true, enter "x")
<<Enter description>>	<<Enter description>>						
Total Row		\$0.00					

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (4a) Outpatient - Office Visits, Out-of-Network (OP-OV OON)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible		N/A	N/A
Copayment		N/A	N/A
Coinsurance		N/A	N/A
OOPM		N/A	N/A
Overall			Pass

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)

Deductible	\$0.00	N/A
Copayment	\$0.00	N/A
Coinsurance	\$0.00	N/A
OOPM	\$0.00	N/A
Total Projected	\$0.00	

Step 2 Predominant Level

Deductible ---- (4a) Outpatient - Office Visits, Out-of-Network (OP-OV OON) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

Copayment ---- (4a) Outpatient - Office Visits, Out-of-Network (OP-OV OON) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

Coinsurance ---- (4a) Outpatient - Office Visits, Out-of-Network (OP-OV OON) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

OOPM ---- (4a) Outpatient - Office Visits, Out-of-Network (OP-OV OON) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			

PART 2

ANALYSIS OF MHSUD FINANCIAL REQUIREMENT PARITY, BY BENEFIT CLASSIFICATION

Financial Parity for (4b) Outpatient - All Other, Out-of-Network (OP-AO OON)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result
Deductible		N/A	N/A
Copayment		N/A	N/A
Coinsurance		N/A	N/A
OOPM		N/A	N/A
Overall			Pass

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ⅔ of medical/surgical benefits)

Deductible	\$0.00	N/A
Copayment	\$0.00	N/A
Coinsurance	\$0.00	N/A
OOPM	\$0.00	N/A
Total Projected	\$0.00	

Step 2 Predominant Level

Deductible ---- (4b) Outpatient - All Other, Out-of-Network (OP-AO OON) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

Copayment ---- (4b) Outpatient - All Other, Out-of-Network (OP-AO OON) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

Coinsurance ---- (4b) Outpatient - All Other, Out-of-Network (OP-AO OON) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

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

OOPM ---- (4b) Outpatient - All Other, Out-of-Network (OP-AO OON) Errors found: 0

If testing is required for this benefit classification:

Please ensure each different cost-share combination is entered above in PART 1.

OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			

	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

Click>>>>>

Home

Errors found:

0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP OON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP QON	Move to OP-OV QON	Move to OP-AO QON	Move to ER	Move to RX

Click>>>>>

Home

Errors found:

0

<<<<Click the links in the cells below to scroll directly to the stated section>>>>				
Move to IP INN	Move to IP QON	Move to OP INN	Move to OP-OV INN	Move to OP-AO INN
Move to OP QON	Move to OP-OV QON	Move to OP-AO QON	Move to ER	Move to RX

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

Benefit Classification (5) Emergency Care, (ER)

Classification	Emergency Care	ER					
Network (In/Out)	N/A						
Classification Code	5	ER	Number of Rows <div>3</div>				
Table Name	tbl_ER_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 (OOPM)	No Cost-Share (If true, enter "x")
Emergency Room Services	Before Deductible	\$1,329,711.81	N/A	\$150.00	N/A	\$2,400.00	
Emergency Transportation/Ambulance	Before Deductible	\$53,198.48	N/A	\$75.00	N/A	\$2,400.00	
Emergency Room Physician Services	Before Deductible	\$79,007.25	N/A	N/A	N/A	\$2,400.00	X
Total Row		\$1,461,917.55					

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

Benefit Classification (6) Prescription Drugs, (RX)

Classification	Prescription Drugs	RX					
Network (In/Out)	N/A						
Classification Code	6	RX					
Table Name	tbl_RX_P1						
For each cost share, if it does not apply, enter "N/A".			Number of Rows 6				
Service Description	Cost-Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out-of-Pocket Maximum (OOPM)	No Cost-Share (If true, enter "x")
<<Enter description>>	<<Enter description>>						
Total Row		\$0.00					

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

Financial Parity for (5) Emergency Care, (ER)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result	Enter Footnotes (as needed) about
Deductible	N/A	Fail	Pass	xx
Copayment	N/A	\$150.00	Pass	
Coinsurance	N/A	Fail	Pass	
OOPM	\$2,400.00	\$2,400.00	Pass	
Overall			Pass	

*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ¾ of medical/surgical benefits)

Deductible	\$0.00	0.00%	Fail
Copayment	\$1,382,910.30	94.60%	ER Copayment
Coinsurance	\$0.00	0.00%	Fail
OOPM	\$1,461,917.55	100.00%	ER OOPM
Total Projected	\$1,461,917.55		

Financial Parity for (6) Prescription Drugs, (RX)

Cost-Share Type	MHSUD Cost Shares in Plan Design*	Predominant Level for Medical/ Surgical	MHSUD Financial Parity Result	Enter Footnotes (as needed) about
Deductible		N/A	N/A	xx
Copayment		N/A	N/A	
Coinsurance		N/A	N/A	
OOPM		N/A	N/A	
Overall			Pass	
*If not applicable, enter "N/A"				

Step 1 Substantially All (i.e., ≥ ¾ of medical/surgical benefits)

Deductible	\$0.00	N/A
Copayment	\$0.00	N/A
Coinsurance	\$0.00	N/A
OOPM	\$0.00	N/A
Total Projected	\$0.00	

Step 2 Predominant Level

Deductible ---- (5) Emergency Care, (ER)		Errors found:		0
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			
Total	\$0.00	0.00%		
Copayment ---- (5) Emergency Care, (ER)		Errors found:		0
Applies to substantially all medical/surgical benefits in this classification. ENTER different copayment amounts from smallest to largest.				
Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$75.00	\$53,198.48	3.85%	\$75.00	
\$150.00	\$1,329,711.81	96.15%	\$150.00	
	\$0.00			
	\$0.00			
Total	\$1,382,910.30	100.00%		
Coinsurance ---- (5) Emergency Care, (ER)		Errors found:		0
Does not apply to substantially all medical/surgical benefits in this classification. DELETE any values in the left-hand column below.				
Coinsurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		
OOPM ---- (5) Emergency Care, (ER)		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
\$2,400.00	\$1,461,917.55	100.00%	\$2,400.00	
	\$0.00			

Step 2 Predominant Level

Deductible ---- (6) Prescription Drugs, (RX)		Errors found:		0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.				
Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		
Copayment ---- (6) Prescription Drugs, (RX)		Errors found:		0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.				
Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		
Coinsurance ---- (6) Prescription Drugs, (RX)		Errors found:		0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.				
Coinsurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		
OOPM ---- (6) Prescription Drugs, (RX)		Errors found:		0
If testing is required for this benefit classification: Please ensure each different cost-share combination is entered above in PART 1.				
OOPM	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			

	\$0.00			
	\$0.00			
Total	\$1,461,917.55	100.00%		

	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

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*

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:	Wellpoint Washington, Inc.
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:

[MHSUD Calculations Duplicate.xlsm](#), [MHSUD Calculations.pdf](#)

**Actuarial Certification
of MHSUD Financial Requirement Parity
for the PY2026 ACA Rate Filing:**

I, [Wayne Rosen, FSA, MAAA](#), certify the following:

- ☒ I am an employee of [<<Elevance Health>>](#) 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 ([MHSUD Calculations Duplicate.xlsm](#)) 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)>>.
- 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

Mental Health and Substance Use Disorder (MHSUD) Financial Requirement Parity Certification
– Submit with Plan Year 2026 ACA Individual and Small Group Market Rate Filings

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: Wayne Rosen, FSA, MAAA_____

Signature: *Wayne Rosen*_____

Title: Associate Actuary_____

Contact Information: Wayne.Rosen@elevancehealth.com_____

Date of Attestation: 5/12/2025_____

WA Exhibit 1: Experience Data

Carrier Name:	Wellpoint Washington, Inc.
Market:	Individual
Rate Filing Plan Year:	2026
Experience Period Year:	2024

2024 CLAIMS BUILD-UP, TOTAL							
Incurred Month yyyymm	Member Months	Incurred & Paid Claims	IBNP for Incurred Claims	Ultimate Incurred Claims	Allowed Claims (without IBNP)	IBNP for Allowed Claims	Ultimate Allowed Claims
202401	-	\$0	\$0	\$0	\$0	\$0	\$0
202402	-	\$0	\$0	\$0	\$0	\$0	\$0
202403	-	\$0	\$0	\$0	\$0	\$0	\$0
202404	-	\$0	\$0	\$0	\$0	\$0	\$0
202405	-	\$0	\$0	\$0	\$0	\$0	\$0
202406	-	\$0	\$0	\$0	\$0	\$0	\$0
202407	-	\$0	\$0	\$0	\$0	\$0	\$0
202408	-	\$0	\$0	\$0	\$0	\$0	\$0
202409	-	\$0	\$0	\$0	\$0	\$0	\$0
202410	-	\$0	\$0	\$0	\$0	\$0	\$0
202411	-	\$0	\$0	\$0	\$0	\$0	\$0
202412	-	\$0	\$0	\$0	\$0	\$0	\$0
CY2024	-	\$0	\$0	\$0	\$0	\$0	\$0

2024 ULTIMATE ALLOWED CLAIMS, TOTAL											
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)	
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

2024 CLAIMS BUILD-UP, PMPM							
Incurred Month yyyymm	Member Months	Incurred & Paid Claims	IBNP for Incurred Claims	Ultimate Incurred Claims	Allowed Claims (without IBNP)	IBNP for Allowed Claims	Ultimate Allowed Claims
202401		-	-	-	-	-	-
202402		-	-	-	-	-	-
202403		-	-	-	-	-	-
202404		-	-	-	-	-	-
202405		-	-	-	-	-	-
202406		-	-	-	-	-	-
202407		-	-	-	-	-	-
202408		-	-	-	-	-	-
202409		-	-	-	-	-	-
202410		-	-	-	-	-	-
202411		-	-	-	-	-	-
202412		-	-	-	-	-	-
CY2024		-	-	-	-	-	-

2024 ULTIMATE ALLOWED CLAIMS, PMPM											
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)	
-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-

Comments

Wellpoint is new to the Washington Individual market in 2026 and therefore has no historical experience.

Carrier Name:	Wellpoint Washington, Inc.
Market:	Individual
Rate Filing Plan Year:	2026
Experience Period Year:	2024

		2024, TOTAL				2024, PMPM			2024, % of PREMIUM		
Line Item	Description	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)			#DIV/0!							
b	Premium			#DIV/0!		#DIV/0!	#DIV/0!	#DIV/0!			
c	Allowed Claims			#DIV/0!		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
d	Incurred Claims			#DIV/0!		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
e	Cost Sharing Reduction (CSR) Amounts			#DIV/0!		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
f	Risk Adjustment Transfer Amounts			#DIV/0!		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
g	Administrative Expense			#DIV/0!		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
h	Taxes and Fees			#DIV/0!		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
i	Profit Margin (a.k.a. Profit & Risk Load)			#DIV/0!		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
j	Paid-to-Allowed Ratios			#DIV/0!	0.0%						

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

#DIV/0!	#DIV/0!
#DIV/0!	#DIV/0!

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

#DIV/0!	#DIV/0!	#DIV/0!
#DIV/0!		

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

#DIV/0!	#DIV/0!	#DIV/0!
#DIV/0!		

[illegible]

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

Carrier Name:	Wellpoint Washington, Inc.
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			\$0.00
Outpatient Hospital	Services			\$0.00
Professional	Services			\$0.00
Prescription Drug	Days Filled			\$0.00
Total				\$0.00

EXPERIENCE -- 2023

URRT w1 Benefit Category	Frequency Units	Units per 1,000	Unit Cost	EHB Cost PMPM
Inpatient Hospital	Days			\$0.00
Outpatient Hospital	Services			\$0.00
Professional	Services			\$0.00
Prescription Drug	Days Filled			\$0.00
Total				\$0.00

EXPERIENCE -- 2024

URRT w1 Benefit Category	Frequency Units	Units per 1,000	Unit Cost	EHB Cost PMPM
Inpatient Hospital	Days			\$0.00
Outpatient Hospital	Services			\$0.00
Professional	Services			\$0.00
Prescription Drug	Days Filled			\$0.00
Total		0.00	#DIV/0!	\$0.00

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

URRT w1 Benefit Category	Frequency Units	Units per 1,000	Unit Cost	EHB Cost PMPM
Inpatient Hospital	Days			\$0.00
Outpatient Hospital	Services			\$0.00
Professional	Services			\$0.00
Prescription Drug	Days Filled			\$0.00
Total		0.00	#DIV/0!	\$0.00

TRENDS -- EHB Allowed Claims

EXPERIENCE TREND -- 2022 to 2023

Service				Unit Cost Components			
	Total EHB Cost	Utilization	Unit Cost	Service Mix / Intensity	Reimbursement	Unit Cost	Check
Inpatient Hospital						0.00%	TBD
Outpatient Hospital						0.00%	TBD
Professional						0.00%	TBD
Prescription Drug						0.00%	TBD
Total							

EXPERIENCE TREND -- 2023 to 2024

Service				Unit Cost Components			
	Total EHB Cost	Utilization	Unit Cost	Service Mix / Intensity	Reimbursement	Unit Cost	Check
Inpatient Hospital						0.00%	TBD
Outpatient Hospital						0.00%	TBD
Professional						0.00%	TBD
Prescription Drug						0.00%	TBD
Total							

ANNUALIZED PROJECTED TREND -- 2024 to 2026

Service				Unit Cost Components			
	Total EHB Cost	Utilization	Unit Cost	Service Mix / Intensity	Reimbursement	Unit Cost	Check
Inpatient Hospital				0.00%		#VALUE!	TBD
Outpatient Hospital				0.00%		#VALUE!	TBD
Professional				0.00%		#VALUE!	TBD
Prescription Drug				0.00%		#VALUE!	TBD
Total							

Comments

Wellpoint is new to the Washington Individual ACA market in 2026. Projected 2026 trend development reflects Elevance Health's experience in 11 states, representing 10.3 million member months, since we do not have Washington Individual ACA experience. The manual rate development also includes an adjustment to manual experience in other states to geographic cost and utilization profile in WA state.

WA Exhibit 4: Normalized Allowed Claims Analysis

Carrier Name:	Wellpoint Washington, Inc.
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				#DIV/0!				#DIV/0!	#DIV/0!	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.0000	#DIV/0!		
202202				#DIV/0!				#DIV/0!	#DIV/0!	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.0000	#DIV/0!		
202203				#DIV/0!				#DIV/0!	#DIV/0!	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.0000	#DIV/0!		
202204				#DIV/0!				#DIV/0!	#DIV/0!	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.0000	#DIV/0!		
202205				#DIV/0!				#DIV/0!	#DIV/0!	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.0000	#DIV/0!		
202206				#DIV/0!				#DIV/0!	#DIV/0!	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.0000	#DIV/0!		
202207				#DIV/0!				#DIV/0!	#DIV/0!	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.0000	#DIV/0!		
202208				#DIV/0!				#DIV/0!	#DIV/0!	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.0000	#DIV/0!		
202209				#DIV/0!				#DIV/0!	#DIV/0!	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.0000	#DIV/0!		
202210				#DIV/0!				#DIV/0!	#DIV/0!	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.0000	#DIV/0!		
202211				#DIV/0!				#DIV/0!	#DIV/0!	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.0000	#DIV/0!		
202212				#DIV/0!				#DIV/0!	#DIV/0!	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.0000	#DIV/0!		
202301				#DIV/0!				#DIV/0!	#DIV/0!	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	#DIV/0!	#DIV/0!		
202302				#DIV/0!				#DIV/0!	#DIV/0!	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	#DIV/0!	#DIV/0!		
202303				#DIV/0!				#DIV/0!	#DIV/0!	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	#DIV/0!	#DIV/0!		
202304				#DIV/0!				#DIV/0!	#DIV/0!	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	#DIV/0!	#DIV/0!		
202305				#DIV/0!				#DIV/0!	#DIV/0!	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	#DIV/0!	#DIV/0!		
202306				#DIV/0!				#DIV/0!	#DIV/0!	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	#DIV/0!	#DIV/0!		
202307				#DIV/0!				#DIV/0!	#DIV/0!	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	#DIV/0!	#DIV/0!		
202308				#DIV/0!				#DIV/0!	#DIV/0!	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	#DIV/0!	#DIV/0!		
202309				#DIV/0!				#DIV/0!	#DIV/0!	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	#DIV/0!	#DIV/0!		
202310				#DIV/0!				#DIV/0!	#DIV/0!	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	#DIV/0!	#DIV/0!		
202311				#DIV/0!				#DIV/0!	#DIV/0!	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	#DIV/0!	#DIV/0!		
202312				#DIV/0!				#DIV/0!	#DIV/0!	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
202401				#DIV/0!				#DIV/0!	#DIV/0!	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
202402				#DIV/0!				#DIV/0!	#DIV/0!	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
202403				#DIV/0!				#DIV/0!	#DIV/0!	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
202404				#DIV/0!				#DIV/0!	#DIV/0!	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
202405				#DIV/0!				#DIV/0!	#DIV/0!	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
202406				#DIV/0!				#DIV/0!	#DIV/0!	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
202407				#DIV/0!				#DIV/0!	#DIV/0!	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
202408				#DIV/0!				#DIV/0!	#DIV/0!	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
202409				#DIV/0!				#DIV/0!	#DIV/0!	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
202410				#DIV/0!				#DIV/0!	#DIV/0!	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
202411				#DIV/0!				#DIV/0!	#DIV/0!	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
202412				#DIV/0!				#DIV/0!	#DIV/0!	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

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	-	-		#DIV/0!	-	-	-	#DIV/0!	#DIV/0!
2023	-	-		#DIV/0!	-	-	-	#DIV/0!	#DIV/0!
2024	-	-		#DIV/0!	-	-	-	#DIV/0!	#DIV/0!

Comments

Wellpoint is new to the Washington Individual market in 2026 and therefore has no historical experience.

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

Carrier Name:	Wellpoint Washington, Inc.
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)
URRT Worksheet 1								
Annualized Cost Trend Factor	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Annualized Utilization Trend Factor	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Morbidity Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Demographic Shift	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
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	1.000	1.000	1.000	1.000	1.000

¹ Ratios for factors. Subtraction for percents.

Comments

Wellpoint is new to the Washington Individual market in 2026 and therefore has no historical experience.

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

Carrier Name:	Wellpoint Washington, Inc.
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
12435WA0010001	Gold			0.8181			0.8381	0.0000	0.0000	0.0200
12435WA0010002	Gold			0.7806			0.8006	0.0000	0.0000	0.0200
12435WA0010003	Silver			0.7184			0.7384	0.0000	0.0000	0.0200

Overall AV Metal Value			Overall AV Pricing Value			Difference of Pricing Value and Metal Value		
2024	2025	2026	2024	2025	2026	2024	2025	2026
		0.7453			0.7653	0.0000	0.0000	0.0200

Comments

Wellpoint is new to the Washington Individual market in 2026 and therefore has no historical experience.
The Pricing Value AV reported for HIOS ID 12435WA0010003 does not include the CSR Silver load. See WA Exh 9 for additional detail.

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

Carrier Name:	Wellpoint Washington, Inc.
Market:	Individual
Rate Filing Plan Year:	2026
Experience Period Year:	2024

Table	ACTUAL EXPERIENCE (A)			PROJECTED (i.e., EXPECTED; E)					YEAR-TO-YEAR CHANGE in PROJECTED AMOUNTS				2024 EXPERIENCE to 2026 PROJECTED	A:E		
Component	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)	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
Paid-to-Allowed Ratio (Catastrophic, Unadjusted)	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
Paid-to-Allowed Ratio (Bronze, Unadjusted)	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
Paid-to-Allowed Ratio (Silver, Unadjusted)	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.7384	1.000	1.000	1.000	0.738	0.738	1.000	1.000	1.000
Paid-to-Allowed Ratio (Gold, Unadjusted)	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.8196	1.000	1.000	1.000	0.820	0.820	1.000	1.000	1.000
Paid-to-Allowed Ratio (Platinum, Unadjusted)	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
AV and Cost Sharing Design of Plan Development Components																
AV Pricing Value	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.7653	1.000	1.000	1.000	0.765	0.765	1.000	1.000	1.000
Induced Demand Factor (IDF)	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9921	1.000	1.000	1.000	0.992	0.992	1.000	1.000	1.000
CSR Silver Load	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.2909	1.000	1.000	1.000	1.291	1.291	1.000	1.000	1.000
Factor for cost of abortion services for which public funding is prohibited	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9985	1.000	1.000	1.000	0.999	0.999	1.000	1.000	1.000
AV and Cost Sharing Design of Plan	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9786	1.000	1.000	1.000	0.979	0.979	1.000	1.000	1.000
Benefits in Addition to EHB	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0015	1.000	1.000	1.000	1.002	1.002	1.000	1.000	1.000
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

Wellpoint is new to the Washington Individual market in 2026 and therefore has no historical experience. The unadjusted Silver paid to allowed ratio does not include the CSR load. See WA Exh 9 for additional detail. Please see Supplemental Act Memo Exhibit 1 for additional details on the 2026 factors by plan. Note that the IDF value is normalized to a 1.0. The IDF shown above reflects a normalization associated with the difference between multiplying the weighted average components together versus multiplying the individual components by plan together, then taking a weighted average of the final AV and Cost Sharing Design plan factors as these are not the same calculation.

WA Exhibit 8: CSR Related Experience

Carrier Name:	Wellpoint Washington, Inc.
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
12435WA0010003	Silver	CSR 73%	New	1.4350				#DIV/0!		#DIV/0!		
12435WA0010003	Silver	CSR 87%	New	1.4350				#DIV/0!		#DIV/0!		
12435WA0010003	Silver	CSR 94%	New	1.4350				#DIV/0!		#DIV/0!		

Comments

Wellpoint is new to the Washington Individual market in 2026 and therefore has no historical experience.

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

Carrier Name:	Wellpoint Washington, Inc.
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
12435WA0010001	Gold	New	Yes	No	0.8181	0.8381	1.1043	1.0000	2.00%	1.1043	
12435WA0010002	Gold	New	Yes	No	0.7806	0.8006	1.0804	1.0000	2.00%	1.0804	
12435WA0010003	Silver	New	Yes	No	0.7184	0.7384	1.0468	1.4350	2.00%	1.0468	1.435
									0.00%		
									0.00%		
									0.00%		
									0.00%		
									0.00%		

Comments

Note that IDF factors provided above are not normalized for the purposes of matching the check in column K, but they are normalized to a 1.0 basis within the factors populating the URRT.

Carrier Name:	Wellpoint Washington, Inc.
Market:	Individual
Rate Filing Plan Year:	2026
Experience Period Year:	2024

Description	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 Cata- strophic	Statewide Metal Plans	Carrier						Statewide Catastrophic Plans	Carrier Cata- strophic
				Platinum	Gold	Silver	Bronze				Total for Metal +	Total for Metal Plans	Platinum	Gold	Silver	Bronze		
Eligible Member Months (MM)	0.000			TBD	0.900	0.800	0.700	0.600	0.000	0.000			1,000	1,000	1,000	1,000		
Actuarial Value (AV)	0.000		TBD	0.000	0.000	0.000	0.000	0.000	0.000	0.000								
Plan Liability Risk Score (PLRS)	0.000		TBD	0.000	0.000	0.000	0.000	0.000	0.000	0.000								
Allowable Rating Factor (ARF)	0.000		TBD	0.000	0.000	0.000	0.000	0.000	0.000	0.000								
Induced Demand Factor (IDF)	0.000		TBD	0.000	0.000	0.000	0.000	0.000	0.000	0.000								
Geographic Cost Factor (GCF)	0.000		TBD	0.000	0.000	0.000	0.000	0.000	0.000	0.000								
Statewide Average Premium (SWAP) PMPM																		
Starting SWAP PMPM	\$0.00								\$0.00									
Trend from 2022 to 2023	0.00%								0.00%									
Trend from 2023 to 2024	0.00%								0.00%									
Final SWAP PMPM (before 90% adjustment is applied)	\$0.00								\$0.00									
Plan Liability Component approximation = PLRS * IDF * GCF	0.000		TBD	0.000	0.000	0.000	0.000	0.000	0.000	0.000								
Normalized PLRS * IDF * GCF (N2)			TBD	TBD	TBD	TBD	TBD	TBD	TBD									
Allowable Rating Component approximation = AV * ARF * IDF * GCF	0.000		TBD	0.000	0.000	0.000	0.000	0.000	0.000	0.000								
Normalized AV * PLRS * IDF * GCF (N2)			TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD								
Approximate Transfer PMPM (P * [N1 - N2]) * Q (B6)			TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD								
Approximate Aggregate Transfer (Transfer PMPM * MM)			TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD								
Aggregate Projected (Rate Development) RA Transfer PMPM		TBD	TBD	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00								
Transfer PMPM Difference			TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD								
HCRP assessment PMPM (amounts should be negative)		TBD	TBD	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00								
HCRP receipts PMPM (amounts should be positive)		TBD	TBD	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00								
RA/DV adjustment PMPM, if applicable		TBD	TBD	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00								
Final Risk Adjustment PMPM		TBD	TBD	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00								

Wellpoint is new to the Washington Individual market in 2026 and therefore has no historical experience.

WA Exhibit 11: Retention / Administrative Costs

Carrier Name:	Wellpoint Washington, Inc.
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 2026 PROJECTED		A:E					
	2022		2023		2024		2022		2023		2024		2025		2026		2022 to 2023		2023 to 2024		2024 to 2025		2025 to 2026		% of Premium	PMPM	2022		2023		2024	
	% of Premium	PMPM	% of Premium	PMPM	% of Premium	PMPM	% of Premium	PMPM	% of Premium	PMPM	% of Premium	PMPM	% of Premium	PMPM	% of Premium	PMPM	% of Premium	PMPM	% of Premium	PMPM	% of Premium	PMPM	% of Premium	PMPM			% of Premium	PMPM	% of Premium	PMPM	% of Premium	PMPM
Administrative Expenses	TBD	\$0.00	TBD	\$0.00	TBD	\$0.00	TBD	\$0.00	TBD	\$0.00	TBD	\$0.00	TBD	\$0.00	1.26%	\$11.00	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD
Commissions	TBD	\$0.00	TBD	\$0.00	TBD	\$0.00	TBD	\$0.00	TBD	\$0.00	TBD	\$0.00	TBD	\$0.00	0.64%	\$5.58	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD
Quality improvement	TBD	\$0.00	TBD	\$0.00	TBD	\$0.00	TBD	\$0.00	TBD	\$0.00	TBD	\$0.00	TBD	\$0.00	0.00%	\$0.00	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD
Investment income credit (enter as a negative number)	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
Commercial reinsurance premium	TBD	\$0.00	TBD	\$0.00	TBD	\$0.00	TBD	\$0.00	TBD	\$0.00	TBD	\$0.00	TBD	\$0.00	0.00%	\$0.00	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD
Other administrative expenses	TBD	\$0.00	TBD	\$0.00	TBD	\$0.00	TBD	\$0.00	TBD	\$0.00	TBD	\$0.00	TBD	\$0.00	4.19%	\$36.70	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD
Total administrative expenses	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	6.09%	\$53.28	0.00%	TBD	0.00%	TBD	0.00%	TBD	6.09%	TBD	6.09%	TBD	0.00%	TBD	0.00%	TBD	0.00%	TBD
Taxes and Fees																																
Premium tax	2.00%	\$0.00	2.00%	\$0.00	2.00%	\$0.00	2.00%	\$0.00	2.00%	\$0.00	2.00%	\$0.00	2.00%	\$0.00	2.00%	\$17.50	0.00%	TBD	0.00%	TBD	0.00%	TBD	0.00%	TBD	0.00%	TBD	0.00%	TBD	0.00%	TBD	0.00%	TBD
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	1.26%	\$11.02	0.00%	TBD	0.00%	TBD	0.00%	TBD	1.26%	TBD	1.26%	TBD	0.00%	TBD	0.00%	TBD	0.00%	TBD
WA OIC regulatory surcharge	0.0000%	\$0.00	0.0000%	\$0.00	0.0000%	\$0.00	0.0000%	\$0.00	0.0000%	\$0.00	0.0000%	\$0.00	0.0000%	\$0.00	0.1788%	\$1.56	0.00%	TBD	0.00%	TBD	0.00%	TBD	0.18%	TBD	0.18%	TBD	0.00%	TBD	0.00%	TBD	0.00%	TBD
WA OIC fraud surcharge	0.0000%	\$0.00	0.0000%	\$0.00	0.0000%	\$0.00	0.0000%	\$0.00	0.0000%	\$0.00	0.0000%	\$0.00	0.0000%	\$0.00	0.0104%	\$0.09	0.00%	TBD	0.00%	TBD	0.00%	TBD	0.01%	TBD	0.01%	TBD	0.00%	TBD	0.00%	TBD	0.00%	TBD
Risk adjustment user fee	TBD	\$0.00	TBD	\$0.00	TBD	\$0.00	TBD	\$0.00	TBD	\$0.00	TBD	\$0.00	TBD	\$0.00	0.02%	\$0.20	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD
PCORI fee	TBD	\$0.00	TBD	\$0.00	TBD	\$0.00	TBD	\$0.00	TBD	\$0.00	TBD	\$0.00	TBD	\$0.00	0.04%	\$0.31	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD
Mitigating inequity fee	TBD	\$0.00	TBD	\$0.00	TBD	\$0.00	TBD	\$0.00	TBD	\$0.00	TBD	\$0.00	TBD	\$0.00	0.00%	\$0.00	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD
WSHIP assessment	TBD	\$0.00	TBD	\$0.00	TBD	\$0.00	TBD	\$0.00	TBD	\$0.00	TBD	\$0.00	TBD	\$0.00	0.03%	\$0.30	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD
WAPAL assessment	TBD	\$0.00	TBD	\$0.00	TBD	\$0.00	TBD	\$0.00	TBD	\$0.00	TBD	\$0.00	TBD	\$0.00	0.01%	\$0.06	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD
Total administrative expenses	2.00%	\$0.00	2.00%	\$0.00	2.00%	\$0.00	2.00%	\$0.00	2.00%	\$0.00	2.00%	\$0.00	2.00%	\$0.00	3.55%	\$31.06	0.00%	TBD	0.00%	TBD	0.00%	TBD	1.55%	TBD	1.55%	TBD	0.00%	TBD	0.00%	TBD	0.00%	TBD
Profit & Risk Load	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	4.74%	\$41.47	0.00%	TBD	0.00%	TBD	0.00%	TBD	4.74%	TBD	4.74%	TBD	0.00%	TBD	0.00%	TBD	0.00%	TBD
Total Retention (excluding Exchange Fee)	2.00%	\$0.00	2.00%	\$0.00	2.00%	\$0.00	2.00%	\$0.00	2.00%	\$0.00	2.00%	\$0.00	2.00%	\$0.00	14.38%	\$125.82	0.00%	TBD	0.00%	TBD	0.00%	TBD	12.38%	TBD	12.38%	TBD	0.00%	TBD	0.00%	TBD	0.00%	TBD
Exchange User Fee *	TBD	\$0.00	TBD	\$0.00	TBD	\$0.00	TBD	\$0.00	TBD	\$0.00	TBD	\$0.00	TBD	\$0.00	0.50%	\$4.34	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD
Total Retention (including Exchange Fee)	2.00%	\$0.00	2.00%	\$0.00	2.00%	\$0.00	2.00%	\$0.00	2.00%	\$0.00	2.00%	\$0.00	2.00%	\$0.00	14.88%	\$130.16	0.00%	TBD	0.00%	TBD	0.00%	TBD	12.88%	TBD	12.88%	TBD	0.00%	TBD	0.00%	TBD	0.00%	TBD
Projected Required Premium PMPM		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$874.99		TBD		TBD		TBD		TBD		TBD		TBD		TBD		TBD

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

Comments

Wellpoint is new to the Washington Individual market in 2026 and therefore has no historical experience.

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

Carrier Name:	Wellpoint Washington, Inc.
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	6.09%	\$53.28
3.7 Taxes and Fees	3.55%	\$31.06
3.8 Profit & Risk Load	4.74%	\$41.47
Total Retention (excluding Exchange Fee)	14.38%	\$125.82
Aggregate Projected Amounts PMPM		
Exchange user fee		\$4.34
4.15 Incurred Claims		\$648.58
4.16 Risk Adjustment Transfer Amount		(\$96.25)
4.17 Premium		\$874.99
A. (Premium) + (Risk Adjustment Transfer Amount)		\$778.74
B. (Incurred Claims) + (Admin, Taxes & Fees) + (Profit & Risk Load) + (Exchange User Fee)		\$778.74
C. Difference = A - B (should be \$0)		\$0.00

Comments

Wellpoint Washington, Inc.
RATE SCHEDULE

Plan Information

Plan Name: Wellpoint Cascade Complete Gold
HIOS Plan ID: 12435WA0010001
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: Both inside and outside 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
3	No	
4	Yes	Spokane
5	No	
6	No	
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	354.20	332.73		333.72						354.20	332.73		333.72					
15	385.68	362.31		363.39						385.68	362.31		363.39					
16	397.72	373.61		374.73						397.72	373.61		374.73					
17	409.76	384.92		386.07						409.76	384.92		386.07					
18	422.72	397.10		398.29						422.72	397.10		398.29					
19	435.68	409.28		410.50						435.68	409.28		410.50					
20	449.11	421.89		423.15						449.11	421.89		423.15					
21	463.00	434.94		436.24						463.00	434.94		436.24					
22	463.00	434.94		436.24						463.00	434.94		436.24					
23	463.00	434.94		436.24						463.00	434.94		436.24					
24	463.00	434.94		436.24						463.00	434.94		436.24					
25	464.85	436.68		437.98						464.85	436.68		437.98					
26	474.11	445.38		446.71						474.11	445.38		446.71					
27	485.22	455.82		457.18						485.22	455.82		457.18					
28	503.28	472.78		474.19						503.28	472.78		474.19					
29	518.10	486.70		488.15						518.10	486.70		488.15					
30	525.51	493.66		495.13						525.51	493.66		495.13					
31	536.62	504.10		505.60						536.62	504.10		505.60					
32	547.73	514.53		516.07						547.73	514.53		516.07					
33	554.67	521.06		522.62						554.67	521.06		522.62					
34	562.08	528.02		529.60						562.08	528.02		529.60					
35	565.79	531.50		533.09						565.79	531.50		533.09					
36	569.49	534.98		536.58						569.49	534.98		536.58					
37	573.19	538.46		540.07						573.19	538.46		540.07					
38	576.90	541.94		543.56						576.90	541.94		543.56					
39	584.31	548.89		550.53						584.31	548.89		550.53					
40	591.71	555.85		557.51						591.71	555.85		557.51					
41	602.83	566.29		567.98						602.83	566.29		567.98					
42	613.48	576.30		578.02						613.48	576.30		578.02					
43	628.29	590.21		591.98						628.29	590.21		591.98					
44	646.81	607.61		609.43						646.81	607.61		609.43					
45	668.57	628.05		629.93						668.57	628.05		629.93					
46	694.50	652.41		654.36						694.50	652.41		654.36					
47	723.67	679.81		681.84						723.67	679.81		681.84					
48	757.01	711.13		713.25						757.01	711.13		713.25					
49	789.88	742.01		744.23						789.88	742.01		744.23					
50	826.92	776.80		779.12						826.92	776.80		779.12					
51	863.50	811.16		813.59						863.50	811.16		813.59					
52	903.78	849.00		851.54						903.78	849.00		851.54					
53	944.52	887.28		889.93						944.52	887.28		889.93					
54	988.51	928.60		931.37						988.51	928.60		931.37					
55	1032.49	969.92		972.82						1032.49	969.92		972.82					
56	1080.18	1014.72		1017.75						1080.18	1014.72		1017.75					
57	1128.33	1059.95		1063.12						1128.33	1059.95		1063.12					
58	1179.72	1108.23		1111.54						1179.72	1108.23		1111.54					
59	1205.19	1132.15		1135.53						1205.19	1132.15		1135.53					
60	1256.58	1180.43		1183.96						1256.58	1180.43		1183.96					
61	1301.03	1222.18		1225.83						1301.03	1222.18		1225.83					
62	1330.20	1249.58		1253.32						1330.20	1249.58		1253.32					
63	1366.78	1283.94		1287.78						1366.78	1283.94		1287.78					
64 and over	1389.00	1304.82		1308.72						1389.00	1304.82		1308.72					

Wellpoint Washington, Inc.
RATE SCHEDULE

Plan Information

Plan Name: Wellpoint Cascade Vital Gold
HIOS Plan ID: 12435WA0010002
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: Both inside and outside 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
3	No	
4	Yes	Spokane
5	No	
6	No	
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	331.02	310.96		311.89						331.02	310.96		311.89					
15	360.45	338.61		339.61						360.45	338.61		339.61					
16	371.70	349.17		350.21						371.70	349.17		350.21					
17	382.95	359.74		360.81						382.95	359.74		360.81					
18	395.06	371.13		372.23						395.06	371.13		372.23					
19	407.18	382.51		383.65						407.18	382.51		383.65					
20	419.73	394.30		395.47						419.73	394.30		395.47					
21	432.71	406.49		407.70						432.71	406.49		407.70					
22	432.71	406.49		407.70						432.71	406.49		407.70					
23	432.71	406.49		407.70						432.71	406.49		407.70					
24	432.71	406.49		407.70						432.71	406.49		407.70					
25	434.44	408.12		409.33						434.44	408.12		409.33					
26	443.10	416.25		417.48						443.10	416.25		417.48					
27	453.48	426.00		427.27						453.48	426.00		427.27					
28	470.36	441.85		443.17						470.36	441.85		443.17					
29	484.20	454.86		456.22						484.20	454.86		456.22					
30	491.13	461.37		462.74						491.13	461.37		462.74					
31	501.51	471.12		472.52						501.51	471.12		472.52					
32	511.90	480.88		482.31						511.90	480.88		482.31					
33	518.39	486.98		488.42						518.39	486.98		488.42					
34	525.31	493.48		494.95						525.31	493.48		494.95					
35	528.77	496.73		498.21						528.77	496.73		498.21					
36	532.23	499.98		501.47						532.23	499.98		501.47					
37	535.69	503.23		504.73						535.69	503.23		504.73					
38	539.16	506.49		507.99						539.16	506.49		507.99					
39	546.08	512.99		514.52						546.08	512.99		514.52					
40	553.00	519.49		521.04						553.00	519.49		521.04					
41	563.39	529.25		530.83						563.39	529.25		530.83					
42	573.34	538.60		540.20						573.34	538.60		540.20					
43	587.19	551.61		553.25						587.19	551.61		553.25					
44	604.50	567.87		569.56						604.50	567.87		569.56					
45	624.83	586.97		588.72						624.83	586.97		588.72					
46	649.07	609.74		611.55						649.07	609.74		611.55					
47	676.33	635.34		637.24						676.33	635.34		637.24					
48	707.48	664.61		666.59						707.48	664.61		666.59					
49	738.20	693.47		695.54						738.20	693.47		695.54					
50	772.82	725.99		728.15						772.82	725.99		728.15					
51	807.00	758.10		760.36						807.00	758.10		760.36					
52	844.65	793.47		795.83						844.65	793.47		795.83					
53	882.73	829.24		831.71						882.73	829.24		831.71					
54	923.84	867.86		870.44						923.84	867.86		870.44					
55	964.94	906.47		909.17						964.94	906.47		909.17					
56	1009.51	948.34		951.16						1009.51	948.34		951.16					
57	1054.51	990.62		993.56						1054.51	990.62		993.56					
58	1102.55	1035.74		1038.82						1102.55	1035.74		1038.82					
59	1126.34	1058.09		1061.24						1126.34	1058.09		1061.24					
60	1174.37	1103.21		1106.50						1174.37	1103.21		1106.50					
61	1215.92	1142.24		1145.64						1215.92	1142.24		1145.64					
62	1243.18	1167.85		1171.32						1243.18	1167.85		1171.32					
63	1277.36	1199.96		1203.53						1277.36	1199.96		1203.53					
64 and over	1298.13	1219.47		1223.10						1298.13	1219.47		1223.10					

Wellpoint Washington, Inc.
RATE SCHEDULE

Plan Information

Plan Name: Wellpoint Cascade Silver
HIOS Plan ID: 12435WA0010003
Effective Date: 1/1/2026
Market Type: Individual
Exchange Status: Both inside and outside 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
3	No	
4	Yes	Spokane
5	No	
6	No	
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	424.46	398.74		399.93						424.46	398.74		399.93					
15	462.19	434.18		435.48						462.19	434.18		435.48					
16	476.62	447.74		449.07						476.62	447.74		449.07					
17	491.04	461.29		462.66						491.04	461.29		462.66					
18	506.58	475.88		477.30						506.58	475.88		477.30					
19	522.11	490.48		491.94						522.11	490.48		491.94					
20	538.20	505.59		507.10						538.20	505.59		507.10					
21	554.85	521.23		522.78						554.85	521.23		522.78					
22	554.85	521.23		522.78						554.85	521.23		522.78					
23	554.85	521.23		522.78						554.85	521.23		522.78					
24	554.85	521.23		522.78						554.85	521.23		522.78					
25	557.07	523.31		524.87						557.07	523.31		524.87					
26	568.17	533.74		535.33						568.17	533.74		535.33					
27	581.48	546.25		547.87						581.48	546.25		547.87					
28	603.12	566.58		568.26						603.12	566.58		568.26					
29	620.88	583.26		584.99						620.88	583.26		584.99					
30	629.75	591.60		593.36						629.75	591.60		593.36					
31	643.07	604.11		605.90						643.07	604.11		605.90					
32	656.39	616.62		618.45						656.39	616.62		618.45					
33	664.71	624.43		626.29						664.71	624.43		626.29					
34	673.59	632.77		634.65						673.59	632.77		634.65					
35	678.03	636.94		638.84						678.03	636.94		638.84					
36	682.47	641.11		643.02						682.47	641.11		643.02					
37	686.90	645.28		647.20						686.90	645.28		647.20					
38	691.34	649.45		651.38						691.34	649.45		651.38					
39	700.22	657.79		659.75						700.22	657.79		659.75					
40	709.10	666.13		668.11						709.10	666.13		668.11					
41	722.41	678.64		680.66						722.41	678.64		680.66					
42	735.18	690.63		692.68						735.18	690.63		692.68					
43	752.93	707.31		709.41						752.93	707.31		709.41					
44	775.13	728.16		730.32						775.13	728.16		730.32					
45	801.20	752.66		754.89						801.20	752.66		754.89					
46	832.28	781.85		784.17						832.28	781.85		784.17					
47	867.23	814.68		817.11						867.23	814.68		817.11					
48	907.18	852.21		854.75						907.18	852.21		854.75					
49	946.57	889.22		891.86						946.57	889.22		891.86					
50	990.96	930.92		933.69						990.96	930.92		933.69					
51	1034.80	972.09		974.98						1034.80	972.09		974.98					
52	1083.07	1017.44		1020.47						1083.07	1017.44		1020.47					
53	1131.89	1063.31		1066.47						1131.89	1063.31		1066.47					
54	1184.60	1112.83		1116.14						1184.60	1112.83		1116.14					
55	1237.32	1162.34		1165.80						1237.32	1162.34		1165.80					
56	1294.47	1216.03		1219.65						1294.47	1216.03		1219.65					
57	1352.17	1270.24		1274.01						1352.17	1270.24		1274.01					
58	1413.76	1328.09		1332.04						1413.76	1328.09		1332.04					
59	1444.27	1356.76		1360.80						1444.27	1356.76		1360.80					
60	1505.86	1414.62		1418.82						1505.86	1414.62		1418.82					
61	1559.13	1464.66		1469.01						1559.13	1464.66		1469.01					
62	1594.08	1497.49		1501.95						1594.08	1497.49		1501.95					
63	1637.92	1538.67		1543.25						1637.92	1538.67		1543.25					
64 and over	1664.55	1563.69		1568.34						1664.55	1563.69		1568.34					

Unified Rate Review v6.1

Company Legal Name:Wellpoint Washington, Inc.

HIOS Issuer ID:12435

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.

Market Level Calculations (Same for all Plans)

Section I: Experience Period Data

Experience Period:	1/1/2025	to	12/31/2025
	Total		PMPM
Allowed Claims	\$0.00		#DIV/0!
Reinsurance	\$0.00		#DIV/0!
Incurred Claims in Experience Period	\$0.00		#DIV/0!
Risk Adjustment	\$0.00		#DIV/0!
Experience Period Premium	\$0.00		#DIV/0!
Experience Period Member Months	0		

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	\$0.00	1.000	1.000	1.000	1.000	\$0.00
Outpatient Hospital	\$0.00	1.000	1.000	1.000	1.000	\$0.00
Professional	\$0.00	1.000	1.000	1.000	1.000	\$0.00
Other Medical	\$0.00	1.000	1.000	1.000	1.000	\$0.00
Capitation	\$0.00	1.000	1.000	1.000	1.000	\$0.00
Prescription Drug	\$0.00	1.000	1.000	1.000	1.000	\$0.00
Total	\$0.00					\$0.00

Morbidity Adjustment	1.000
Demographic Shift	1.000
Plan Design Changes	1.000
Other	1.000
Adjusted Trended EHB Allowed Claims PMPM for 1/1/2026	\$0.00

Manual EHB Allowed Claims PMPM	\$650.92
Applied Credibility %	0.00%

Projected Period Totals			
Projected Index Rate for 1/1/2026	\$650.92	\$30,112,861.04	
Reinsurance	\$0.00	\$0.00	
Risk Adjustment Payment/Charge	-\$96.68	-\$4,472,531.59	
Exchange User Fees	0.59%	\$205,022.05	
Market Adjusted Index Rate	\$752.03	\$34,790,414.68	
Projected Member Months	46,262		

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.

Product-Plan Data Collection

Company Legal Name: Wellpoint Washington, Inc.
 HIOS Issuer ID: 12435 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		EPO		
1.2 Product ID		12435WA001		
1.3 Plan Name		Complete Gold	Vital Gold	Silver
1.4 Plan ID (Standard Component ID)		12435WA0010001	12435WA0010002	12435WA0010003
1.5 Metal		Gold	Gold	Silver
1.6 AV Metal Value		0.818	0.781	0.718
1.7 Plan Category		New	New	New
1.8 Plan Type		EPO	EPO	EPO
1.9 Exchange Plan?		Yes	Yes	Yes
1.10 Effective Date of Proposed Rates		1/1/2026	1/1/2026	1/1/2026
1.11 Cumulative Rate Change % (over 12 mos prior)		0.00%	0.00%	0.00%
1.12 Product Rate Increase %		0.00%		
1.13 Submission Level Rate Increase %		0.00%		

Worksheet 1 Totals

Section II: Experience Period and Current Plan Level Information

2.1 Plan ID (Standard Component ID)	Total	12435WA0010001	12435WA0010002	12435WA0010003
2.2 Allowed Claims	\$0	\$0	\$0	\$0
2.3 Reinsurance	\$0	\$0	\$0	\$0
2.4 Member Cost Sharing	\$0	\$0	\$0	\$0
2.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0
2.6 Incurred Claims	\$0	\$0	\$0	\$0
2.7 Risk Adjustment Transfer Amount	\$0	\$0	\$0	\$0
2.8 Premium	\$0	\$0	\$0	\$0
2.9 Experience Period Member Months	0	0	0	0
2.10 Current Enrollment	0	0	0	0
2.11 Current Premium PMPM	#DIV/0!	\$0.00	\$0.00	\$0.00
2.12 Loss Ratio	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Per Member Per Month				
2.13 Allowed Claims	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
2.14 Reinsurance	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
2.15 Member Cost Sharing	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
2.16 Cost Sharing Reduction	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
2.17 Incurred Claims	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
2.18 Risk Adjustment Transfer Amount	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
2.19 Premium	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Section III: Plan Adjustment Factors

3.1 Plan ID (Standard Component ID)		12435WA0010001	12435WA0010002	12435WA0010003
3.2 Market Adjusted Index Rate		\$752.03		
3.3 AV and Cost Sharing Design of Plan		0.8705	0.8135	1.0433
3.4 Provider Network Adjustment		1.0000	1.0000	1.0000
3.5 Benefits in Addition to EHB		1.0016	1.0016	1.0016
Administrative Costs				
3.6 Administrative Expense		6.18%	6.18%	6.18%
3.7 Taxes and Fees		3.56%	3.57%	3.55%
3.8 Profit & Risk Load		4.74%	4.74%	4.74%
3.9 Catastrophic Adjustment		1.0000	1.0000	1.0000
3.10 Plan Adjusted Index Rate		\$766.71	\$716.59	\$918.80
3.11 Age Calibration Factor	0.5972	0.5972		
3.12 Geographic Calibration Factor	1.0111	1.0111		
3.13 Tobacco Calibration Factor	1.0000	1.0000		
3.14 Calibrated Plan Adjusted Index Rate		\$463.00	\$432.73	\$554.84

Section IV: Projected Plan Level Information

4.1 Plan ID (Standard Component ID)	Total	12435WA0010001	12435WA0010002	12435WA0010003
4.2 Allowed Claims	\$30,112,856	\$5,042,312	\$4,932,950	\$20,137,595
4.3 Reinsurance	\$0	\$0	\$0	\$0
4.4 Member Cost Sharing	\$599,699	\$816,350	\$983,630	-\$1,200,281
4.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0
4.6 Incurred Claims	\$29,513,157	\$4,225,961	\$3,949,320	\$21,337,876
4.7 Risk Adjustment Transfer Amount	-\$4,383,461	-\$627,747	-\$586,702	-\$3,169,012
4.8 Premium	\$39,868,075	\$5,709,426	\$5,336,120	\$28,822,528
4.9 Projected Member Months	46,262	7,446	7,446	31,370
4.10 Loss Ratio	83.17%	83.16%	83.15%	83.18%
Per Member Per Month				
4.11 Allowed Claims	\$650.92	\$677.18	\$662.50	\$641.94
4.12 Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00
4.13 Member Cost Sharing	\$12.96	\$109.64	\$132.10	-\$38.26
4.14 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00
4.15 Incurred Claims	\$637.96	\$567.55	\$530.39	\$680.20
4.16 Risk Adjustment Transfer Amount	-\$94.75	-\$84.31	-\$78.79	-\$101.02
4.17 Premium	\$861.79	\$766.78	\$716.64	\$918.79

Rating Area Data Collection

Rating Area	Rating Factor
Rating Area 1	1.0000
Rating Area 2	0.9394
Rating Area 4	0.9422

Part III Actuarial Memorandum

**Wellpoint Washington, Inc.
Washington Individual Rate Filing
Effective January 1, 2026**

Prepared by:
Janelle Milner, FSA, MAAA
Elevance Health, Inc.

TABLE OF CONTENTS

The following table summarizes the exhibits included in this document. Some exhibits may span multiple pages.

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EXHIBIT 1. GENERAL INFORMATION

Document Overview

This document contains the Part III Actuarial Memorandum for Wellpoint Washington, Inc. (Wellpoint)'s Washington individual block of business, effective January 1, 2026. Elevance Health, Inc. (Elevance) is the parent company of Wellpoint Washington, Inc. This actuarial memorandum is submitted in conjunction with the Part I Unified Rate Review Template (URRT). Since Wellpoint is a new carrier in Washington for 2026, there are no applicable rate changes and this filing is based 100% on a manual rate. These plans will be sold on and off the Washington Health Benefit Exchange.

The purpose of the actuarial memorandum is to provide certain information related to the submission, including support for the values entered into the Part I URRT, which supports compliance with the market rating rules and reasonableness of applicable premium rates. This information may not be appropriate for other purposes. Note that every table in this memorandum has an accompanying version in the 'Actuarial Memorandum Tables.pdf' and 'Actuarial Memorandum Tables DUPLICATE.xlsx' files accompanying the rate submission. These exhibits also contain additional information to supplement information provided within this memorandum and satisfy Washington's rate filing requirements.

This information is intended for use by the State of Washington State Office of the Insurance Commissioner, the Center for Consumer Information and Insurance Oversight (CCIIO), and their subcontractors to assist in the review of Wellpoint's individual rate filing. However, we recognize that this certification may become a public document. Wellpoint makes no representations or warranties regarding the contents of this letter to other users.

As prescribed by Washington or as instructed by Wellpoint the premium rates developed and supported by this Actuarial Memorandum rely on the regulations and guidance that are in place at the time of this filing. We assume that Cost Share Reductions (CSR) will not be funded as is described in current regulations and guidance. Future modifications in legislation, regulation and/or court decisions may affect the extent to which the premium rates are neither excessive nor deficient. Wellpoint reserves the right to file revised rates in the event of changes to the regulatory environment in which they were developed.

At the time of this rate filing submission, we acknowledge there is uncertainty regarding whether the enhanced premium tax credit subsidies introduced through the American Rescue Plan Act (ARPA) will or will not be extended beyond 2025. As instructed by Washington, we have prepared this set of rate filing materials assuming that these enhanced premium tax credits will be extended into 2026. The expiration versus extension of these subsidies could have a material impact on morbidity, enrollment, and other factors related to the Individual market. If subsequent information becomes available that would materially affect this rate filing submission, we would likely pursue opportunities to revise our pricing assumptions and resubmit this rate filing.

Company Identifying Information

Company Legal Name: Wellpoint Washington, Inc.
State: Washington
HIOS Issuer ID: 12435
Market: Individual
Exchange: On and off exchange
Effective Date: January 1, 2026

Company Contact Information

Primary Contact Name: Janelle Milner
Primary Contact Telephone Number: 303-831-2194
Primary Contact Email Address: janelle.milner@elevancehealth.com

EXHIBIT 2. PROPOSED RATE CHANGES

There are no rate changes as Wellpoint is a new individual health insurer in Washington and does not have historical experience in this market as of the date of this filing. Premium rates presented are 100% manually rated.

Single Risk Pool

Wellpoint rates are developed using a single risk pool, established according to the requirements in 45 CFR section 156.80(d) and reflects all covered lives for every non-grandfathered product/plan combination in the State of Washington individual health insurance market.

EXHIBIT 3. EXPERIENCE AND CURRENT PERIOD PREMIUM, CLAIMS, AND ENROLLMENT

Not applicable as Wellpoint is a new individual health insurer in Washington and does not have historical experience in this market as of the date of this filing. Premium rates presented are 100% manually rated.

EXHIBIT 4. BENEFIT CATEGORIES

We assigned the manual data utilization and cost information to benefit categories based on place and type of service using a detailed claims mapping algorithm summarized as follows:

Inpatient Hospital

The inpatient hospital category includes non-capitated facility services for medical, surgical, maternity, mental health and substance abuse, skilled nursing, and other services provided in an inpatient facility setting and billed by the facility.

Outpatient Hospital

The outpatient hospital category includes non-capitated facility services for surgery, emergency room, lab, radiology, therapy, observation, and other services provided in an outpatient facility setting and billed by the facility.

Professional

The professional category includes non-capitated primary care, specialist, therapy, the professional component of laboratory and radiology, and other professional services, other than hospital-based professionals whose payments are included in facility fees.

Other Medical

The other medical category includes non-capitated ambulance, home health care, DME, prosthetics, supplies, vision exams, dental services, and other services.

Capitation

The capitation category includes all services provided under one or more capitated arrangements.

Prescription Drug

The prescription drug category includes drugs dispensed by a pharmacy. This amount is net of rebates received from drug manufacturers.

EXHIBIT 5. PROJECTION FACTORS

Not applicable. Wellpoint did not have historical experience in Washington during the base period.

EXHIBIT 6. MANUAL RATE ADJUSTMENTS

Source and Appropriateness of Experience Data Used in Manual Rate Development

The basis of the manual rates is Elevance's 2024 individual market experience from 11 states in which Elevance currently offers products. These states are: Colorado, Connecticut, Georgia, Indiana, Kentucky, Missouri, Nevada, New Hampshire, Ohio, Virginia, and Wisconsin. This includes the experience of approximately 10,309,000 member months of individual ACA market coverage in 2024. The allowed claims that form the basis of the manual rate include a full year of 2024 incurred claims paid through March 2025 (including adjustments for claims incurred but not yet paid as of March 31, 2025) and the latest risk adjustment information available for 2024. We supplemented this information with data from Elevance's rating models, the Milliman Health Cost Guidelines (HCGs), and publicly available data to calibrate the manual rate to expectations for the Washington 2026 individual ACA market.

Credibility of Manual Rate

Credibility is calculated using the following formula:

If Member Months < 66,000: $(\text{Member Months} / 66,000)^{(1/2)}$
 If Member Months \geq 66,000: 100%

This credibility threshold is based on research into the minimum number of member months required such that the projected allowed PMPM of a group based on historical experience is within 10% of the actual allowed PMPM 95% of the time. The manual rate experience is fully credible.

Adjustments Made to the Data

We used 2024 individual market allowed claims experience from 11 states where Elevance currently operates to develop starting average claim costs for the plans in this filing. We adjusted these claims to represent Washington expectations as follows:

- Annualized trend of 6.4% to project the 2024 allowed claims forward to the 2026 rating period.
- A morbidity adjustment to account for health status differences between the population Wellpoint expects in Washington compared to the experience underlying the manual rate.
- A demographic distribution of individual members expected to purchase Wellpoint plans in Washington compared to the distribution of members in the manual data.
- A geographic adjustment to account for Wellpoint's expected reimbursement in Washington relative to reimbursement underlying the manual rate.
- A plan design adjustment to reflect the utilization impact due to cost sharing and plan mix differences between the plans underlying the manual rate and Wellpoint's projected 2026 enrollment by plan in Washington.

Trend

An annualized trend of 6.4% is used to project the 2024 starting claims experience to the 2026 rating period based on Wellpoint's data and expectations for the future in Washington. This includes the following components:

- Medical (includes inpatient, outpatient, professional, and other medical URRT categories)
 - Utilization trend: 1.9%
 - Unit cost trend: 3.4%
 - Total trend: 5.4%
- Prescription drug
 - Utilization trend: 4.1%
 - Unit cost trend: 5.1%
 - Total trend: 9.4%

These trends do not include anticipated morbidity differences or any other projection factors referenced in this memorandum to support the projection of manual rate claims to the state of Washington.

Morbidity Adjustment

The starting claims experience is calibrated to the average morbidity across the 11 states underlying the manual rate since we account for risk adjustment transfer amounts specific to states included. We include 2 additional adjustments:

- An average morbidity adjustment that calibrates the manual experience to expected average morbidity in the Washington individual market. We used CMS risk adjustment reports to derive this adjustment (accounting for the mix underlying Elevance's 11 manual rate states).
- An adjustment that reflects the expected morbidity of members that will purchase Wellpoint's plans (relative to the statewide average morbidity in the Washington individual ACA market). This is derived from historical data Elevance has regarding the morbidity of new members they enroll once entering a new market. This analysis was also used to develop the risk adjustment payment that is projected for 2026.

Demographic Adjustment

We based the manual rate on the expected demographic mix for Wellpoint in Washington. We adjusted the starting manual claims costs to reflect differences between the demographic mix underlying the manual data and the mix expected in Washington. We used the Milliman HCGs for the demographic relativity factors underlying this adjustment.

Geographic Adjustment

We adjusted the manual rate to reflect unit costs, utilization, and provider reimbursement levels in Washington. We used a combination of Elevance's historical data and the Milliman HCGs to adjust the manual experience to reflect Washington statewide expectations.

Plan Design Changes

We evaluated the benefit design relativities for each plan. We also compared these relativities to the relativities underlying the manual rate to adjust the manual appropriately for Washington plan designs and plan factor restrictions in effect for 2026 in the state of Washington. These plan design relativities were included in the calculation of the single risk pool manual rate.

Inclusion of Capitation Payments

There are no capitation payments assumed in the projection period.

Mental Health Parity Projected Plan Dollar Amounts

Wellpoint does not have Washington-specific claims data to perform the Substantially All and Predominant Tests because we are new entrants into the Washington Marketplace. The basis of the projected claims is Elevance Health's Individual HMO market experience from 11 states in which Elevance Health currently offers products. These states are Colorado, Connecticut, Georgia, Indiana, Kentucky, Missouri, Nevada, New Hampshire, Ohio, Virginia, and Wisconsin.

The allowed claims that form the basis of the projected claims by service include a full year of 2024 incurred claims paid through February 2025 (including adjustments for claims incurred but not yet paid as of February 28, 2025). This is then tied to the claims data used in rating. When a plan has credible membership, Elevance uses state-specific and plan-specific factors to match the distribution of services. Because we do not have credible Washington Marketplace plan-level data, we used product-level assumptions.

Projected claims used in QTL testing are on an Allowed Amount basis – that is, before reducing claims for member cost sharing from Deductible, Coinsurance and Copays. QTL testing was performed with Outpatient subdivided into the Outpatient Office and Outpatient Other classifications. Using this methodology, all PY 2026 plans passed QTL testing. 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.

EXHIBIT 7. CREDIBILITY OF EXPERIENCE

Not applicable. Wellpoint does not have relevant experience in the base period to use in rate development; therefore, the 2026 rate development is based on manual rates.

EXHIBIT 8. ESTABLISHING THE INDEX RATE

The Index Rate for the projection period is a measurement of the average allowed claims PMPM for Essential Health Benefits (EHBs). The Projection Period Index Rate reflects the projected 2026 mix of enrollees by area and risk level or morbidity that Wellpoint expects to receive in the Single Risk Pool. Note, that all plans also provide coverage for elective abortion. Per WA checklist 11d instructions, we estimate premium costs for these services at approximately \$1.00 PMPM. This cost is included in the EHB Index Rate shown below. The Projection Period Index Rate has not been adjusted for payments and charges projected under the risk adjustment program or for Exchange User Fees.

The Projection Period Index Rate is equal to the projected EHB allowed claims PMPM.

The following table summarizes the Manual Index Rate and the adjustments described in Exhibit 6. Wellpoint is a new individual health insurer in Washington and does not have historical experience in this market as of the date of this filing, therefore the manual rate is given 100% credibility.

Table 8.1 Wellpoint Washington, Inc. Projection Period Index Rate Development		
Description	Experience	Manual
2024 Total Allowed Claims PMPM (Net of Risk Adjustment Transfers Underlying Manual Rate)	\$0.00	\$666.50
Trend	0.000	1.133
Morbidity Adjustment	0.000	0.775
Demographic Adjustment	0.000	0.999
Geographic Adjustment	0.000	0.999
Plan Design Adjustment	0.000	1.115
Projected 2026 EHB Allowed Claims PMPM	\$0.00	\$650.92
Credibility	0.00%	100.00%
Projection Period Index Rate PMPM		\$650.92

EXHIBIT 9. DEVELOPMENT OF THE MARKET-WIDE ADJUSTED INDEX RATE

The market-wide adjusted index rate is calculated as the index rate adjusted for all allowable market-wide modifiers defined under the market rating rules in 45 CFR Part 156, §156.80(d)(1). The development of the Market Adjusted Index Rate is illustrated in Worksheet 1, Section II of the URRT and in the table below.

Table 9.1 Wellpoint Washington, Inc. Market-Wide Adjusted Index Rate Development	
2026 Index Rate PMPM	\$650.92
<u>Market-Wide Adjustments (paid basis)</u>	
Risk Adjustment Transfer Amount	\$94.75
Net Market Reinsurance	\$0.00
Exchange User Fees	\$4.34
Paid-to-Allowed Ratio	0.980
<u>Market-Wide Adjustments (allowed basis)</u>	
Risk Adjustment Transfer Amount	\$96.68
Net Market Reinsurance	\$0.00
Exchange User Fees	\$4.43
Market-Wide Adjusted Index Rate PMPM	\$752.03

The Market-Wide Adjusted Index Rate is not calibrated. This means that this rate reflects the average demographic characteristics of the single risk pool, not the rate for any specific enrollee.

- Risk Adjustment Transfer Amount
 - This figure includes the impact of the estimated risk adjustment transfer payment as addressed in a subsequent section of this Exhibit.
- Market Reinsurance
 - This figure includes the impact of the estimated reinsurance payment as addressed in a subsequent section of this Exhibit.
- Exchange User Fee Adjustment
 - The Exchange User Fee adjustment was determined to be \$5.11 PMPM per Washington checklist item 28a. The value shown above reflects the average of no fee and the \$5.11 fee, weighted using the expected distribution of issuer enrollment sold outside the Exchange versus on the Exchange.

Projected Risk Adjustments

Wellpoint expects to enroll members that are roughly 15% healthier than the market average. We projected average statewide premiums for 2026 and assumed a risk adjustment payable that aligns with this morbidity assumption. This leads to a risk adjustment payable of \$94.75 PMPM (on a paid basis) that is applied as a market level adjustment. The 'WA Exh 10' worksheet included with the Standardized Rate Filing Exhibits required in Washington shows this same payable amount. Projections assume no impact associated with Risk Adjustment Data Validation (RADV) for 2026. We also assumed 2026 High-Cost Risk Pool (HCRP) assessments of approximately 0.36% of premiums, similar to prior years, and that receipts from the HCRP would be equal to assessments paid in 2026 (\$3.17 PMPM).

The anticipated risk adjustment fees assumed to be \$0.20 PMPM for 2026, are applied under the taxes and fees portions of expenses shown on Exhibit 10.

EXHIBIT 10. PLAN ADJUSTED INDEX RATE

The Market-Wide Adjusted Index Rate is adjusted to compute the Plan Adjusted Index Rate using the following allowable adjustments:

- Actuarial value and cost sharing adjustment
 - Pricing AVs were developed and calibrated with data and plan designs relevant to Washington. These factors account for differences in benefit design and richness without incorporating differences in morbidity, demographics, area mix, or similar attributes. These factors were derived using a standardized population and Wellpoint's internal benefit relativity models, then adjusted for Washington specific rules (e.g., WAC 284-43-6810).
 - Note the factor for on-exchange Silver plans is adjusted to reflect the impact of cost sharing reduction subsidies (CSRs) no longer being funded by the federal government. The CSR load added to these factors is 43.5% per Washington guidance. Please see the section below for additional discussion on the projected and historical CSRs.
 - The induced demand factor included in the AV and cost sharing adjustment is consistent with the federal risk adjustment transfer formula as shown on the 'WA Exh 9' worksheet of the Standardized Rate Filing Exhibits workbook included with this submission.
 - The AV and Cost Sharing adjustment also includes a factor that is the reciprocal of the Benefits in Addition to EHBs adjustment per Washington checklist 11d instructions. Elective abortion costs are included in the EHB Market-Wide Adjusted Index Rate, removed via the AV and Cost Sharing factor, then added back in via the Benefits in Addition to EHBs factor, as prescribed by the checklist instructions.
 - Please see the 'WA Exh 9' worksheet of the Standardized Rate Filing Exhibits workbook as well as Exhibit 10.1 in the Actuarial Memorandum Tables.pdf for additional detail on the components of this adjustment.
- Provider network, delivery system and utilization management adjustment
 - There are no expected differences in the provider network or utilization management between plans in the 2026 rating period.
- Adjustment for benefits in addition to the EHBs
 - All plans provide coverage for elective abortion coverage which is a state mandated benefit in compliance with Washington legislation. This cost has been estimated using the mandatory minimum of \$1.00 PMPM premium impact per 45 CFR 156.280(e)(4), although the actual estimated costs for these services is less than this amount. No substitutions are made from the Washington standard EHBs.
- Adjustment for administrative costs, profit and taxes
 - This adjustment is a load to paid claims for non-benefit expenses, excluding the exchange user fee which is included in the derivation of the market-adjusted index rate.
- Adjustment for catastrophic eligibility
 - Wellpoint is not offering any catastrophic plans, therefore this adjustment is 1.000.

CSR Experience and Projection

Wellpoint is a new individual health insurer in Washington and therefore did not provide any 2024 CSR amounts.

Based on the assumption that CSR subsidies will not be funded, we apply a 43.5% CSR shortfall adjustment for the on-exchange Silver plan. This factor is included in the AV and cost sharing adjustment displayed in the table below. The CSR shortfall adjustment included in these rates is mandated by Washington. A comparison of the CSR load revenue in 2024 to the expected CSR load revenue for 2026 is not available since we did not offer any plans in 2024 in Washington.

The following table demonstrates the Plan Adjusted Index Rate development for each plan in the projection period:

Table 10.1
Wellpoint Washington, Inc.
Projection Period Plan Adjusted Index Rate Development

Plan Name	HIOS ID	Market-Wide Adjusted Index Rate	AV & Cost Sharing	Provider Network Adjustment	Benefits In Addition to EHBs	Admin Cost Fee	Catastrophic Eligibility	Plan Adjusted Index Rate
Wellpoint Cascade Complete Gold	12435WA0010001	\$752.03	0.871	1.000	1.002	1.169	1.000	\$766.78
Wellpoint Cascade Vital Gold	12435WA0010002	\$752.03	0.814	1.000	1.002	1.169	1.000	\$716.64
Wellpoint Cascade Silver	12435WA0010003	\$752.03	1.043	1.000	1.002	1.169	1.000	\$918.79

The Plan Adjusted Index Rates shown are not calibrated to an age 21 rate but reflect the average demographic across the single risk pool.

Non-Benefit Expenses, Profit, and Risk

The following table summarizes retention components (i.e., non-benefit components including administrative expenses, profit / risk load, and taxes / fees) included in rate development.

Table 10.2
Wellpoint Washington, Inc.
Illustration of Administrative Expenses by URRT, Worksheet 2 Category

Retention Description	PMPM	% Premium	Basis	Annotation
<u>Administrative Expense Load</u>				
General Admin	\$36.70	4.26%	PMPM Spread	(1)
Commission	\$11.00	1.28%	PMPM Spread	(2)
Quality Improvement	\$5.58	0.65%	PMPM Spread	(3)
Subtotal: Administrative Expense Load	\$53.28	6.18%		(4) = (1)+(2)+(3)
<u>Profit and Risk Load</u>				
Target Post-Tax Profit	\$40.85	4.74%	% Premium	(5)
Subtotal: Profit and Risk Load	\$40.85	4.74%		(6) = (5)
<u>Taxes and Fees</u>				
Risk Adjustment User Fee	\$0.20	0.02%	PMPM Spread	(7)
Premium Tax	\$17.24	2.00%	% Premium	(8)
Comparative Effectiveness Research Fee	\$0.31	0.04%	PMPM	(9)
Fraud Surcharge	\$0.09	0.01%	% Premium	(10)
Regulatory Surcharge	\$1.54	0.18%	% Premium	(11)
WAPAL Fund Assessment	\$0.06	0.01%	PMPM	(12)
WSHIP Assessment	\$0.30	0.03%	PMPM	(13)
Federal Income Tax	<u>\$10.86</u>	<u>1.26%</u>	% Premium	(14)
Subtotal: Taxes and Fees	\$30.60	3.55%		(15) = Sum of 7 through 14
Total Retention	\$124.74	14.47%		(16) = (4)+(6)+(15)

Administrative expense items represent the expected administrative costs incurred for Individual ACA, and were allocated across plans based on a fixed expense that was applied as a percent of premium. Commissions are not varied by plan in this projection and reflect expectation that the broker distribution channel is used 55% of the time, and brokers will receive a \$20 PMPM, as defined in the WA Commission Certification. The taxes and fees subsection of Table 10.2 reflect adjustments for the Risk Adjustment User Fee, Washington state premium tax, the comparative effectiveness research fee, Washington fraud surcharge, Washington regulatory surcharge, WAPAL fund assessment, WSHIP Assessment, and federal income tax. The taxes and fees percentages shown in Worksheet 2 of the URRT vary slightly by plan because of the components in Table 10.2 that are applied on a PMPM basis. Please see Actuarial Memorandum Tables.pdf Exhibit 10.2 for additional detail on these retention components. Profit and risk margin is 6.0% of proposed 2026 premium prior to federal income taxes, or 4.74% after federal income taxes. The same percent of premium load is applied to all plans.

EXHIBIT 11. CALIBRATION

A single calibration factor is applied to the Plan Adjusted Index Rates from Exhibit 10 to calibrate rates for the expected age, geographic, and tobacco use distribution expected to enroll in the plan. The single calibration factor is applied uniformly across all plans.

Age Curve Calibration

The approximate weighted average age, rounded to the nearest whole number, for the single risk pool is 49. The weighted average age curve calibration factor is 1.674.

Prior to applying the allowed rating factors for age, geography and tobacco, the Plan Adjusted Index Rates need to be divided by the age curve calibration factor. In order to determine the calibration factor for age, a projected distribution of members by age was determined. The weighted average of the factors in the age curve was then calculated using this distribution. The average age was then determined by finding the age of a member that would have the closest factor to the weighted average age curve calibration factor.

Additional information regarding the age curve can be found on Exhibit 12.

Geographic Factor Calibration

In order to determine the calibration factor for geography, the projected distribution of members by area was determined. The weighted average of the area factors was then determined using this distribution. The area factors used are reflective of differences in delivery costs (including unit cost and provider practice pattern differences) only, and do not reflect any difference in population morbidity. Prior to applying the allowed rating factors for age, geography and tobacco, the plan adjusted Index Rates need to be divided by the geography calibration factor. We set the area factor in Rating Area 1 (King county) to 1.0000 per Washington checklist instructions item 16.

Tobacco Factor Calibration

Wellpoint will not charge a tobacco surcharge for smokers.

The following tables demonstrate the calibration performed for each plan.

Table 11.1 Wellpoint Washington, Inc. Calibrated Plan Adjusted Index Rate Development							
Plan	HIOS ID	Plan Adjusted Index Rate	Age Calibration Factor	Geographic Calibration Factor	Tobacco Calibration Factor	Calibration Factor	Calibrated Plan Adjusted Index Rate
Wellpoint Cascade Complete Gold	12435WA0010001	\$766.78	1.674	0.989	1.000	1.656	\$463.04
Wellpoint Cascade Vital Gold	12435WA0010002	\$716.64	1.674	0.989	1.000	1.656	\$432.76
Wellpoint Cascade Silver	12435WA0010003	\$918.79	1.674	0.989	1.000	1.656	\$554.83

Please see Exhibit 11.1 and 12.1 of the Actuarial Memorandum Tables.pdf for additional detail on the calculation of the calibration factors and the calibrated plan adjusted index rates.

EXHIBIT 12. CONSUMER ADJUSTED PREMIUM RATE DEVELOPMENT

The Consumer Adjusted Premium Rate is the final premium rate for a plan that is charged to an individual utilizing the rating and premium adjustments as articulated in the applicable Market Reform Rating Rules. It is the product of the Calibrated Plan Adjusted Index Rate, the geographic rating factor, the age rating factor, and the tobacco status rating factor. All rating factors are described and shown below.

Wellpoint's 2026 age and tobacco rating factors are shown below. The age rating factors used by Elevance are identical to those prescribed by CMS.

Table 12.1 Wellpoint Washington, Inc. Age and Tobacco Factors					
Age Band	Age Rating Factor	Tobacco Factor	Age Band	Age Rating Factor	Tobacco Factor
0-14	0.765	1.000	40	1.278	1.000
15	0.833	1.000	41	1.302	1.000
16	0.859	1.000	42	1.325	1.000
17	0.885	1.000	43	1.357	1.000
18	0.913	1.000	44	1.397	1.000
19	0.941	1.000	45	1.444	1.000
20	0.970	1.000	46	1.500	1.000
21	1.000	1.000	47	1.563	1.000
22	1.000	1.000	48	1.635	1.000
23	1.000	1.000	49	1.706	1.000
24	1.000	1.000	50	1.786	1.000
25	1.004	1.000	51	1.865	1.000
26	1.024	1.000	52	1.952	1.000
27	1.048	1.000	53	2.040	1.000
28	1.087	1.000	54	2.135	1.000
29	1.119	1.000	55	2.230	1.000
30	1.135	1.000	56	2.333	1.000
31	1.159	1.000	57	2.437	1.000
32	1.183	1.000	58	2.548	1.000
33	1.198	1.000	59	2.603	1.000
34	1.214	1.000	60	2.714	1.000
35	1.222	1.000	61	2.810	1.000
36	1.230	1.000	62	2.873	1.000
37	1.238	1.000	63	2.952	1.000
38	1.246	1.000	64+	3.000	1.000
39	1.262	1.000			

Wellpoint's CY2026 geographic rating factors are shown below. These area factors reflect differences in unit cost by region. They were developed based on Wellpoint's anticipated provider reimbursement by region and do not include the impact of differences in population demographics and health status. The relativity of the highest and lowest cost area factors ($1.0000 / 0.9394 = 1.0645$) is below the WAC 284-43-6681 required 1.15 ratio.

Table 12.2 Wellpoint Washington, Inc. Geographic Rating Factors	
Region	Area Rating Factor
Rating Area 1	1.0000
Rating Area 2	0.9394
Rating Area 4	0.9422

The following table demonstrates the premium rate development for the Consumer Adjusted Premium Rate beginning with the Calibrated Plan Adjusted Index Rate and applying the appropriate age, area, and tobacco.

Table 12.3 Wellpoint Washington, Inc. Sample Consumer Adjusted Premium Rate Development	
Wellpoint Cascade Complete Gold - 12435WA0010001	
Calibrated Plan Adjusted Index Rate	\$463.04
Age: 49	1.706
Rating Area: 1	1.000
Tobacco Status: Tobacco User	1.000
Consumer Adjusted Premium Rate	\$789.94
<i>NOTE: Due to URRT rounding conventions, there may be some variance in reported figures.</i>	

EXHIBIT 13. PROJECTED LOSS RATIO

The projected medical loss ratio (MLR) is 89.29%. This loss ratio is calculated based on the MLR methodology as prescribed by 45 CFR 158.

The following table summarizes the calculation for the projected federal medical loss ratio:

Table 13.1 Wellpoint Washington, Inc. Projected Federal Medical Loss Ratio	
	Projected 2026 WA Business
Member Months	46,262
MLR Numerator Calculations	
Paid Claims PMPM	\$637.96
Claim-Related Retention (QI/Health IT) PMPM	\$5.58
Prior Rebate	\$0.00
Other Claim-Related Adjustments	\$0.00
Risk Adjustment Paid (Received) PMPM	\$94.75
Market Reinsurance Recoveries (Received) PMPM	\$0.00
MLR Numerator	\$738.29
MLR Denominator Calculations	
Premium PMPM	\$861.79
Other Premium Related Adjustments	\$0.00
Premium-Related Retention (Taxes & Fees) PMPM	\$34.95
MLR Denominator	\$826.84
Medical Loss Ratio	89.29%

Since this is a new block of business and there is no historical experience, we did not estimate a credibility adjustment for the projected MLR. Including a credibility adjustment could only increase the projected MLR, which already satisfies the MLR requirement.

EXHIBIT 14. AV METAL VALUES

The AV metal values included in Worksheet 2 are provided by the Washington Health Benefit Exchange (WAHBE). Table 14.1 below summarizes these values for each plan. The actuarial certification of AV metal values for standard plans is included as supporting documentation in this filing.

Table 14.1 Wellpoint Washington, Inc. Actuarial Values			
Plan	HIOS ID	Actuarial Value	Source
Wellpoint Cascade Complete Gold	12435WA0010001	0.818	WAHBE
Wellpoint Cascade Vital Gold	12435WA0010002	0.781	WAHBE
Wellpoint Cascade Silver	12435WA0010003	0.718	WAHBE

EXHIBIT 15. MEMBERSHIP PROJECTIONS

Enrollment projections shown in the URRP were developed based on the total market size, recent enrollment distributions, and reasonable expectations for market share in 2026. Total enrollment across all plans is projected to be 46,262 member months in calendar year 2026.

Table 15.1 below shows the expected enrollment in Wellpoint’s Silver plan by subsidy level.

Table 15.1 Wellpoint Washington, Inc. Projected Enrollment (Member Months) by Subsidy Level (Silver Plans)						
Plan Name	HIOS ID	70%	73%	87%	94%	Total
Wellpoint Cascade Silver	12435WA0010003	9,772	4,266	10,399	6,933	31,370

EXHIBIT 16. TERMINATED PRODUCTS

No products will be terminated prior to the effective date.

EXHIBIT 17. PLAN TYPE

There are no differences between Wellpoint's plans and the plan type selected in the drop-down box in Worksheet 2, Section I of the URRT.

EXHIBIT 18. EFFECTIVE RATE REVIEW INFORMATION (OPTIONAL)

Not applicable.

EXHIBIT 19. RELIANCE

In support of this rate development, various data and analyses were provided by other members of Elevance Health's actuarial staff, including data and analysis related to cost of care, valuation, and pricing. I have reviewed the data and analyses for reasonableness and consistency. I have also relied on Washington Health Benefit Exchange to provide the actuarial certification for the Unique Plan Design Supporting Documentation and Justification for plans included in this filing. I relied on Wayne Rosen, FSA, MAAA to provide Mental Health Parity testing and attestation. I relied on information provided by Milliman, Inc. to support the development of certain assumptions in this rate filing, including geographic adjustments, morbidity adjustments, and reinsurance recoveries.

I performed a limited review of the data used directly in the analysis for reasonableness and consistency and have not found material defects in the data. If there are material defects in the data, it is possible that they would be uncovered by a detailed, systematic review and comparison of the data to search for data values that are questionable or for relationships that are materially inconsistent. Such a review was beyond the scope of the assignment.

EXHIBIT 20. ACTUARIAL CERTIFICATION

Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in all actuarial communications. I, Janelle Milner, am a member of the American Academy of Actuaries, and I meet its qualification standards to perform the analysis and render the actuarial opinion contained herein.

I certify to the best of my knowledge and judgment:

1. The projected Index Rate is
 - In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80 and 147.102)
 - Developed in compliance with the applicable Actuarial Standards of Practice
 - Reasonable in relation to the benefits provided and the population anticipated to be covered
 - Neither excessive nor deficient based on my best estimates of the 2026 individual market
2. The Index Rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.
3. The geographic rating factors shown in Worksheet 3 of URRT reflect only differences in the cost of delivery, and do not include differences for population morbidity by geographic area.
4. The CMS Actuarial Value Calculator was used to determine the AV Metal Values shown in Worksheet 2, Section I of the URRT for all plans.
5. The products filed are expected to meet minimum loss ratio requirements.
6. New plans are not considered modifications of existing plans under the uniform modification standards in 45 CFR 147.106.

The URRT does not demonstrate the process used to develop proposed premium rates. It is representative of information required by Federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans and for certification that the Index Rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

The 2026 plan year premium rates in this actuarial memorandum are contingent upon the status of the ACA statutes and regulations including any regulatory guidance, court decisions, or otherwise. Changes have the potential to greatly impact the 2026 plan year premium rates provided in this Actuarial Memorandum. Changes include, but are not limited to, any legislative or regulatory amendments, court decisions, or decisions by Congress, the Health and Human Services Secretary or the Centers for Medicare and Medicaid Services director.

At the time of this rate filing submission, we acknowledge there is uncertainty regarding the expiration of the enhanced premium subsidies first introduced through the American Rescue Plan Act (ARPA) and later extended by the Inflation Reduction Act (IRA). We have assumed that these subsidies will be extended into 2026. As more information becomes known about the 2026 subsidies, it is possible we would need to adjust the rates in order to result in premiums that are neither excessive nor deficient.

The information provided in this actuarial memorandum is in support of the items illustrated in the URRT and does not provide an actuarial opinion regarding the process used to develop proposed premium rates. It does certify that rates were developed in accordance with applicable regulations, as noted.

Differences between projections and actual amounts depend on the extent to which future experience conforms to the assumptions made for this analysis. It is certain that actual experience will not conform exactly to the assumptions used in this analysis. Actual amounts will differ from projected amounts to the extent that actual experience deviates from expected experience.

Signed: 

Name: Janelle Milner, FSA, MAAA
 Title: Director & Actuary
 Date: May 12, 2025

Actuarial Memorandum Tables
Wellpoint Washington, Inc.
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Exhibit 15.1	Projected Enrollment (Members) by Subsidy Level (Silver Plans)
Exhibit URRT	Reconciliation with the URRT

Table 8.1 Wellpoint Washington, Inc. Projection Period Index Rate Development		
Description	Value	Annotation
2024 Total Allowed Claims PMPM (Net of Risk Adjustment Transfers Underlying Manual Rate)	\$666.50	(1)
2024 Member Months Underlying Manual Rate	10,308,877	(2)
Aggregate Trend Rate	6.45%	(3)
Trend Factor 2024 to 2026	1.133	(4)
Morbidity Adjustment	0.775	(5)
Demographic Adjustment	0.999	(6)
Geographic Adjustment	0.999	(7)
Plan Design Adjustment	1.115	(8)
Projection Period Index Rate PMPM	\$650.92	(9) = (1) * (4) * (5) * (6) * (7) * (8)
Manual Rate Credibility	100%	66,000 member month full credibility threshold

Table 9.1 Wellpoint Washington, Inc. Market Adjusted Index Rate Development		
Description	Value	Annotation
2026 Index Rate PMPM	\$650.92	(1)
Market-Wide Adjustments (paid basis)		
Risk Adjustment Transfer Amount	\$94.75	(2)
Net Market Reinsurance	\$0.00	(3)
Exchange User Fees	\$4.34	(4) = \$5.11 PMPM fee * 85% on exchange membership assumed
Paid to Allowed Ratio	98.0%	(5)
Market-Wide Adjustments (allowed basis)		
Risk Adjustment Transfer Amount	\$96.68	(6) = (2) / (5)
Net Market Reinsurance	\$0.00	(7) = (3) / (5)
Exchange User Fees	\$4.43	(8) = (4) / (5)
Market-Wide Adjusted Index Rate PMPM	\$752.03	(9) = (1) + (6) + (7) + (8)

Table 10.1 Wellpoint Washington, Inc.								
Plan Name	HIOS ID	Projected Member Months	Market Adjusted Index Rate	Federal AVC AV	Pricing AV Before CSR Adj	CSR Silver AV Adj	Pricing AV After CSR Adj	Average Paid to Allowed
Wellpoint Cascade Complete Gold	12435WA0010001	7,446	\$752.03	81.8%	83.8%	1.000	0.838	0.872
Wellpoint Cascade Vital Gold	12435WA0010002	7,446	\$752.03	78.1%	80.1%	1.000	0.801	0.815
Wellpoint Cascade Silver	12435WA0010003	31,370	\$752.03	71.8%	73.8%	1.435	1.060	1.045
COMPOSITE		46,262	\$752.03	74.6%	76.6%	1.291	0.986	0.990

Development							
Unnormalized IDF	Normalized IDF	AV & Cost Sharing	Provider Network Adjustment	Benefits in Addition to EHBs	Admin Cost Fee	Catastrophic Eligibility	Plan Adjusted Index Rate
1.104	1.040	0.871	1.000	1.002	1.169	1.000	\$766.78
1.080	1.018	0.814	1.000	1.002	1.169	1.000	\$718.64
1.047	0.985	1.043	1.000	1.002	1.169	1.000	\$918.79
1.061	1.000	0.977	1.000	1.002	1.169	1.000	\$861.79

Table 10.2
Wellpoint Washington, Inc.
Illustration of Retention Expenses

Retention Description	PMPM	% Premium	Basis	Annotation
<u>Administrative Expense Load</u>				
General Admin	\$36.70	4.26%	PMPM Spread	(1)
Commission	\$11.00	1.28%	PMPM Spread	(2)
<u>Quality Improvement</u>	<u>\$5.58</u>	<u>0.65%</u>	PMPM Spread	(3)
Subtotal: Administrative Expense Load	\$53.28	6.18%		(4) = (1) + (2) + (3)
<u>Profit and Risk Load</u>				
<u>Target Post-Tax Profit</u>	<u>\$40.85</u>	<u>4.74%</u>	% Premium	(5)
Subtotal: Profit and Risk Load	\$40.85	4.74%		(6) = (5)
<u>Taxes and Fees</u>				
Risk Adjustment Admin Fee	\$0.20	0.02%	PMPM Spread	(7)
Premium Tax	\$17.24	2.00%	% Premium	(8)
Comparative Effectiveness Research Fee	\$0.31	0.04%	PMPM	(9) = \$3.77 annual fee / 12
Fraud Surcharge	\$0.09	0.01%	% Premium	(10): per www.insurance.wa.gov
Regulatory Surcharge	\$1.54	0.18%	% Premium	(11): per www.insurance.wa.gov
WAPAL Fund Assessment	\$0.06	0.01%	PMPM	(12): 2025 assessment trended one year
WSHIP Assessment	\$0.30	0.03%	PMPM	(13): 2023 assessment trended three years
<u>Federal Income Tax</u>	<u>\$10.86</u>	<u>1.26%</u>	% Premium	(14)
Subtotal: Taxes and Fees Load	\$30.60	3.55%		(15) = (7) + (8) + (9) + (10) + (11) + (12) + (13) + (14)
Total Retention	\$124.74	14.47%		(16) = (4) + (6) + (15)

Table 11.1 Wellpoint Washington, Inc. Calibrated Plan Adjusted Index Rate Development							
Plan Name	HIOS ID	Plan Adjusted Index Rate	Age Calibration Factor	Geographic Calibration Factor	Tobacco Calibration Factor	Calibration Factor	Calibrated Plan Adjusted Index Rate
Wellpoint Cascade Complete Gold	12435/WA0010001	\$766.78	1.674	0.989	1.000	1.656	\$463.04
Wellpoint Cascade Vital Gold	12435/WA0010002	\$719.66	1.674	0.989	1.000	1.656	\$432.76
Wellpoint Cascade Silver	12435/WA0010003	\$919.79	1.674	0.989	1.000	1.656	\$554.63

Table 12.1 Wellpoint Washington, Inc. Age and Tobacco Rating Factors			
Age	Age Rating Factor	Tobacco Factor	Age Member Distribution
0	0.765	1.000	0.34%
1	0.765	1.000	0.34%
2	0.765	1.000	0.32%
3	0.765	1.000	0.32%
4	0.765	1.000	0.32%
5	0.765	1.000	0.32%
6	0.765	1.000	0.32%
7	0.765	1.000	0.43%
8	0.765	1.000	0.43%
9	0.765	1.000	0.43%
10	0.765	1.000	0.43%
11	0.765	1.000	0.43%
12	0.765	1.000	0.43%
13	0.765	1.000	0.43%
14	0.765	1.000	0.43%
15	0.835	1.000	0.43%
16	0.855	1.000	0.43%
17	0.885	1.000	0.43%
18	0.913	1.000	0.43%
19	0.941	1.000	1.39%
20	0.970	1.000	1.39%
21	1.000	1.000	1.37%
22	1.000	1.000	1.37%
23	1.000	1.000	1.37%
24	1.000	1.000	1.37%
25	1.004	1.000	1.82%
26	1.004	1.000	1.82%
27	1.045	1.000	1.82%
28	1.087	1.000	1.82%
29	1.119	1.000	1.84%
30	1.135	1.000	1.84%
31	1.159	1.000	1.84%
32	1.183	1.000	1.84%
33	1.198	1.000	1.84%
34	1.214	1.000	1.84%
35	1.222	1.000	1.84%
36	1.230	1.000	1.84%
37	1.238	1.000	1.84%
38	1.246	1.000	1.84%
39	1.262	1.000	1.84%
40	1.278	1.000	1.90%
41	1.302	1.000	1.90%
42	1.325	1.000	1.90%
43	1.357	1.000	1.90%
44	1.397	1.000	1.90%
45	1.444	1.000	1.84%
46	1.500	1.000	1.84%
47	1.563	1.000	1.84%
48	1.635	1.000	1.84%
49	1.706	1.000	1.84%
50	1.786	1.000	2.05%
51	1.865	1.000	2.05%
52	1.952	1.000	2.05%
53	2.040	1.000	2.05%
54	2.135	1.000	2.05%
55	2.230	1.000	2.39%
56	2.333	1.000	2.39%
57	2.437	1.000	2.39%
58	2.548	1.000	2.39%
59	2.603	1.000	2.39%
60	2.714	1.000	3.36%
61	2.810	1.000	3.36%
62	2.873	1.000	3.36%
63	2.952	1.000	3.36%
64+	3.000	1.000	2.41%
Composite Calibration Factors			
	1.674	1.000	100.00%

Table 12.2 Wellpoint Washington, Inc. Geographic Rating Factors		
Region	Area Rating Factor	Regional Member Distribution
Rating Area 1	1.000	81.17%
Rating Area 2	0.939	3.26%
Rating Area 4	0.942	15.55%
COMPOSITE	0.989	1.000
Commentary:	The area factors listed above are prior to rounding conventions utilized for URRF and Rate Table generation.	
Ratio of Max to Min Area Factors		
Verification of 1.15 Max WA Ratio	1.065	WA Ratio Test WAC 284-43-681 ratio test passed

Table 12.3 Wellpoint Washington, Inc. Sample Consumer Adjusted Premium Rate Calculation	
Wellpoint Cascade Complete Gold - 12435WHA0010001	\$483.04
Calibrated Plan Adjusted Index Rate	
Age: 49	1.706
Area: 1	1.000
Tobacco Status: Non-Tobacco User	1.000
Consumer Adjusted Premium Rate	\$789.94
NOTE: Due to URRY rounding conventions, there may be some variance in reported figures.	

Table 13.1
Wellpoint Washington, Inc.
Projected Federal Medical Loss Ratio

Retention Description	Projected 2026 WA Business
Member Months	46,262
MLR Numerator Calculations	
Paid Claims PMPM	\$637.96
Claim-Related Retention (QI/Health IT) PMPM	\$5.58
Prior Rebate	\$0.00
Other Claim-Related Adjustments	\$0.00
Risk Adjustment Paid (Received) PMPM	\$94.75
Market Reinsurance Recoveries (Received) PMPM	\$0.00
MLR Numerator	\$738.29
MLR Denominator Calculations	
Premium PMPM	\$861.79
Other Premium Related Adjustments	\$0.00
Premium-Related Retention (Taxes & Fees) PMPM	\$34.95
MLR Denominator	\$826.84
Medical Loss Ratio	89.29%

Table 14.1 Wellpoint Washington, Inc. Actuarial Values from the Federal Actuarial Value Calculator			
Plan	HIOS ID	Actuarial Value	Source
Wellpoint Cascade Complete Gold	12435W/A0010001	91.8%	Washington Health Benefit Exchange
Wellpoint Cascade Vital Gold	12435W/A0010002	78.1%	Washington Health Benefit Exchange
Wellpoint Cascade Silver	12435W/A0010003	71.6%	Washington Health Benefit Exchange

Table 15.1 Wellpoint Washington, Inc. Projected Enrollment (Members) by Subsidy Level (Silver Plans)						
Plan	HROS ID	10%	25%	50%	84%	Total
Wellpoint Cascade Silver	12435WA0010003	9,772	4,256	10,399	6,533	31,370

Table URRT Supplement
Wellpoint Washington, Inc.
Reconciliation with the URRT

Section IV URRT Reconciliation

#	Section IV: Projected Plan Level Information	Total	12435WA0010001	12435WA0010002	12435WA0010003
4.1	Plan ID (Standard Component ID)				
4.2	Allowed Claims	30,112,856	\$5,042,312	\$4,932,950	\$20,137,595
4.3	Reinsurance	0	\$0	\$0	\$0
4.4	Member Cost Sharing	599,699	\$816,350	\$983,630	(\$1,200,281)
4.5	Cost Sharing Reduction	0	\$0	\$0	\$0
4.6	Incurred Claims	29,513,157	\$4,225,961	\$3,949,320	\$21,337,876
4.7	Risk Adjustment Transfer Amount	-4,383,461	(\$627,747)	(\$586,702)	(\$3,169,012)
4.8	Premium	39,868,075	\$5,709,426	\$5,336,120	\$28,822,528
4.9	Projected Member Months	46,262	7,446	7,446	31,370
4.10	Loss Ratio	83.17%	83.16%	83.15%	83.18%
	Per Member Per Month				
4.11	Allowed Claims	\$650.92	\$677.18	\$662.50	\$641.94
4.12	Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00
4.13	Member Cost Sharing	\$12.96	\$109.64	\$132.10	(\$38.26)
4.14	Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00
4.15	Incurred Claims	\$637.96	\$567.55	\$530.39	\$680.20
4.16	Risk Adjustment Transfer Amount	(\$94.75)	(\$84.31)	(\$78.79)	(\$101.02)
4.17	Premium	\$861.79	\$766.78	\$716.64	\$918.79

URRT Projected PAIR versus URRT Premium PMPM

#	Description	Total	12435WA0010001	12435WA0010002	12435WA0010003
3.10	Plan Adjusted Index Rate (from URRT)	\$861.77	\$766.71	\$716.59	\$918.80
4.17	Premium PMPM (from URRT)	\$861.79	\$766.78	\$716.64	\$918.79
	Differences	(\$0.02)	(\$0.07)	(\$0.05)	\$0.01

Commentary:

The PAIR (Item 3.10) in the URRT shows a slight difference compared to the average premiums PMPM (Item 4.17) due to intermediate rounding that occurs in the URRT. Wellpoint uses this rounding methodology in all Individual ACA pricing states to consistently report pricing. Differences are minimal in aggregate.

URRT Projected CPAIR versus 1.0000 Rate Schedule Premium PMPM (Representative of Age 21 Rates in Rating Area 1)

#	Description	Total	12435WA0010001	12435WA0010002	12435WA0010003
3.14	Calibrated Plan Adjusted Index Rate (from URRT)	\$520.40	\$463.00	\$432.73	\$554.84
	1.0000 Rate Schedule Premium PMPM	\$520.41	\$463.00	\$432.71	\$554.85
	Differences	(\$0.01)	(\$0.00)	\$0.02	(\$0.01)

Commentary:

The CPAIR (Item 3.14) in the URRT shows a slight difference compared to the average 1.0000 Rate Schedule premiums PMPM due to intermediate rounding that occurs in the URRT. Wellpoint uses this rounding methodology in all Individual ACA pricing states to consistently report pricing. Differences are minimal in aggregate.

State:Washington

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

Product Name:2026 Nongrandfathered Individual Wellpoint Washington, Inc. Products

Project Name/Number:/

Filing Company:Wellpoint Washington, Inc.

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
05/12/2025		Supporting Document	Part I Unified Rate Review Template (URRT)	05/13/2025	Part I Unified Rate Review Template.pdf (Superceded)

Unified Rate Review v6.1

Company Legal Name:

Wellpoint Washington, Inc.

HIOS Issuer ID:

12435

Effective Date of Rate Change(s):

1/1/2026

State:

WA

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.

Market Level Calculations (Same for all Plans)

Section I: Experience Period Data

Experience Period:	1/1/2025	to	12/31/2025
	Total		PMPM
Allowed Claims	\$0.00		#DIV/0!
Reinsurance	\$0.00		#DIV/0!
Incurred Claims in Experience Period	\$0.00		#DIV/0!
Risk Adjustment	\$0.00		#DIV/0!
Experience Period Premium	\$0.00		#DIV/0!
Experience Period Member Months	0		

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	\$0.00	1.000	1.000	1.000	1.000	\$0.00
Outpatient Hospital	\$0.00	1.000	1.000	1.000	1.000	\$0.00
Professional	\$0.00	1.000	1.000	1.000	1.000	\$0.00
Other Medical	\$0.00	1.000	1.000	1.000	1.000	\$0.00
Capitation	\$0.00	1.000	1.000	1.000	1.000	\$0.00
Prescription Drug	\$0.00	1.000	1.000	1.000	1.000	\$0.00
Total	\$0.00					\$0.00

Morbidity Adjustment	1.000
Demographic Shift	1.000
Plan Design Changes	1.000
Other	1.000
Adjusted Trended EHB Allowed Claims PMPM for 1/1/2026	\$0.00

Manual EHB Allowed Claims PMPM	\$661.76
Applied Credibility %	0.00%

Projected Period Totals			
Projected Index Rate for 1/1/2026	\$661.76	\$26,356,577.28	
Reinsurance	\$0.00	\$0.00	
Risk Adjustment Payment/Charge	-\$98.20	-\$3,911,130.72	
Exchange User Fees	0.58%	\$176,508.23	
Market Adjusted Index Rate	\$764.39	\$30,444,216.23	
Projected Member Months	39,828		

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.

Product-Plan Data Collection

Company Legal Name: Wellpoint Washington, Inc.
 HIOS Issuer ID: 12435 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	EPO
1.2 Product ID	12435WA001
1.3 Plan Name	Complete Gold Vital Gold Silver
1.4 Plan ID (Standard Component ID)	12435WA0010001 12435WA0010002 12435WA0010003
1.5 Metal	Gold Gold Silver
1.6 AV Metal Value	0.818 0.781 0.718
1.7 Plan Category	New New New
1.8 Plan Type	EPO EPO EPO
1.9 Exchange Plan?	Yes Yes Yes
1.10 Effective Date of Proposed Rates	1/1/2026 1/1/2026 1/1/2026
1.11 Cumulative Rate Change % (over 12 mos prior)	0.00% 0.00% 0.00%
1.12 Product Rate Increase %	0.00%
1.13 Submission Level Rate Increase %	0.00%

Worksheet 1 Totals	Section II: Experience Period and Current Plan Level Information				
	2.1 Plan ID (Standard Component ID)	Total	12435WA0010001	12435WA0010002	12435WA0010003
\$0	2.2 Allowed Claims	\$0	\$0	\$0	\$0
\$0	2.3 Reinsurance	\$0	\$0	\$0	\$0
	2.4 Member Cost Sharing	\$0	\$0	\$0	\$0
	2.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0
\$0	2.6 Incurred Claims	\$0	\$0	\$0	\$0
\$0	2.7 Risk Adjustment Transfer Amount	\$0	\$0	\$0	\$0
\$0	2.8 Premium	\$0	\$0	\$0	\$0
0	2.9 Experience Period Member Months	0	0	0	0
	2.10 Current Enrollment	0	0	0	0
	2.11 Current Premium PMPM	#DIV/0!	\$0.00	\$0.00	\$0.00
	2.12 Loss Ratio	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Per Member Per Month				
	2.13 Allowed Claims	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	2.14 Reinsurance	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	2.15 Member Cost Sharing	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	2.16 Cost Sharing Reduction	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	2.17 Incurred Claims	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	2.18 Risk Adjustment Transfer Amount	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	2.19 Premium	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Section III: Plan Adjustment Factors

3.1 Plan ID (Standard Component ID)	12435WA0010001	12435WA0010002	12435WA0010003
3.2 Market Adjusted Index Rate	\$764.39		
3.3 AV and Cost Sharing Design of Plan	0.8706	0.8136	1.0434
3.4 Provider Network Adjustment	1.0000	1.0000	1.0000
3.5 Benefits in Addition to EHB	1.0015	1.0015	1.0015
Administrative Costs			
3.6 Administrative Expense	6.09%	6.09%	6.09%
3.7 Taxes and Fees	3.56%	3.57%	3.54%
3.8 Profit & Risk Load	4.74%	4.74%	4.74%
3.9 Catastrophic Adjustment	1.0000	1.0000	1.0000
3.10 Plan Adjusted Index Rate	\$778.51	\$727.62	\$932.81
3.11 Age Calibration Factor	0.5972	0.5972	
3.12 Geographic Calibration Factor	1.0111	1.0111	
3.13 Tobacco Calibration Factor	1.0000	1.0000	
3.14 Calibrated Plan Adjusted Index Rate	\$470.12	\$439.39	\$563.30

Section IV: Projected Plan Level Information

4.1 Plan ID (Standard Component ID)	Total	12435WA0010001	12435WA0010002	12435WA0010003
4.2 Allowed Claims	\$26,356,390	\$4,413,011	\$4,317,298	\$17,626,082
4.3 Reinsurance	\$0	\$0	\$0	\$0
4.4 Member Cost Sharing	\$524,751	\$714,466	\$860,869	-\$1,050,585
4.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0
4.6 Incurred Claims	\$25,831,640	\$3,698,544	\$3,456,428	\$18,676,667
4.7 Risk Adjustment Transfer Amount	-\$3,833,261	-\$548,913	-\$513,022	-\$2,771,326
4.8 Premium	\$34,848,903	\$4,990,274	\$4,663,983	\$25,194,647
4.9 Projected Member Months	39,828	6,410	6,410	27,008
4.10 Loss Ratio	83.29%	83.28%	83.27%	83.29%
Per Member Per Month				
4.11 Allowed Claims	\$661.76	\$688.46	\$673.53	\$652.62
4.12 Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00
4.13 Member Cost Sharing	\$13.18	\$111.46	\$134.30	-\$38.90
4.14 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00
4.15 Incurred Claims	\$648.58	\$577.00	\$539.22	\$691.52
4.16 Risk Adjustment Transfer Amount	-\$96.25	-\$85.63	-\$80.03	-\$102.61
4.17 Premium	\$874.99	\$778.51	\$727.61	\$932.86

Rating Area Data Collection

Rating Area	Rating Factor
Rating Area 1	1.0000
Rating Area 2	0.9394
Rating Area 4	0.9422