

MILLIMAN

Part III Actuarial Memorandum

Mending Health

Georgia individual market 2026

May 28, 2025

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FSA, MAAA

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A. General Information

Overview

This document contains the Part III Actuarial Memorandum for Mending Health's (Mending) individual block of business, effective January 1, 2026. This actuarial memorandum is submitted in conjunction with the Part I Unified Rate Review Template.

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 Unified Rate Review Template, which supports compliance with the market rating rules and reasonableness of applicable rate increases. This information may not be appropriate for other purposes.

This information is intended for use by the Georgia Office of Commissioner of Insurance and Fire Safety, the Center for Consumer Information and Insurance Oversight (CCIIO), and their subcontractors to assist in the review of Mending's individual rate filing. However, we recognize that this certification may become a public document. Milliman makes no representations or warranties regarding the contents of this letter to other users. Likewise, other users of this letter should not place reliance upon this actuarial memorandum that would result in the creation of any duty or liability for Milliman under any theory of law.

Company identifying information

Company Legal Name: Mending Health
State: Georgia
HIOS Issuer ID: 19062
Market: Individual
Effective Date: January 1, 2026

Company contact information

Primary Contact Name: [REDACTED]
Primary Contact Telephone Number: [REDACTED]
Primary Contact Email Address: [REDACTED]

B. Proposed rate increase

Mending is proposing a new set of plans which have not been previously offered in the state of Georgia and have no associated rate increases. Table B.1 contains basic information on the proposed plans.

TABLE B.1: PROPOSED 2026 RATE INCREASES

PRODUCT NAME	PLAN NAME	HIOS	METAL	RATE INCREASE (PLAN)
Mending Health Insurance in Georgia, Inc.	Mending DPC Bronze 4950 (\$0 DPC + \$0 PCP + \$0 Mental Health)	19062GA0010002	Bronze	N/A
Mending Health Insurance in Georgia, Inc.	Mending DPC Silver 2300 (\$0 DPC + \$0 PCP + \$0 Mental Health)	19062GA0010003	Silver	
Mending Health Insurance in Georgia, Inc.	Mending DPC Gold \$0 (\$0 DPC + \$0 PCP + \$0 Mental Health)	19062GA0010006	Gold	

Reason for rate increase

As this is a new product, no rate increases are applicable.

C. Market experience

Under federal guidance, the single risk pool may include transitional products/plans for purposes of base rate experience used to demonstrate the single risk pool. Mending does not have any transitional policies.

Experience period premium and claims

PAID-THROUGH DATE

There is no claim experience since Mending is proposing a new line of plans that have not previously been offered in the state of Georgia.

The URRT uses the manual rate for calculating the plan rates.

CURRENT DATE

There is no current enrollment for these plans.

ALLOWED AND INCURRED CLAIMS DURING EXPERIENCE PERIOD

There is no experience data for allowed and incurred claims.

BENEFIT CATEGORIES

Categories are not applicable since there is no experience data.

Projection factors

TREND FACTORS (COST/UTILIZATION)

Not applicable – no sufficient experience.

ADJUSTMENTS TO TRENDED EHB ALLOWED CLAIMS PMPM

Morbidity adjustment

Not applicable – no sufficient experience.

Demographic shift

Not applicable – no sufficient experience.

Plan design changes

Not applicable – no sufficient experience.

Other adjustments

Not applicable – no sufficient experience.

Manual rate adjustments

Since experience data were not available, a manual rate was used. This section describes the construction of the manual rates shown in Worksheet 1, Section II.

SOURCE AND APPROPRIATENESS OF EXPERIENCE DATA USED

The manual rate that forms the basis of these rates comes from publicly available data submitted in connection with the Georgia individual market filings for the 2024 and prior plan years. This data, which consists of annual financial statement information and data published by CCIIO, contains plan-level claims and enrollment experience. It also includes claim, revenue, and risk adjustment experience for calendar years 2024 and prior for all ACA Georgia individual market participants. The primary advantage of this data source is that it is directly relevant to the products and market in question.

ADJUSTMENTS MADE TO THE DATA

The starting point for the manual rate is the average 2024 PMPM claim costs from financial data from the S&P Global Market Intelligence platform for individual plans in Georgia.

The section below includes a description of each factor used to adjust the manual rate starting point.

TREND

- This development of CY2026 rates reflect an annual trend rate of 7.4% from 2023 to 2024, 9.5% from 2024 to 2025, and 10.0% from 2025 to 2026.
- The trend factors were developed using public data, market research and Milliman proprietary trend guidelines data for national and state-specific commercial markets.

DIRECT PRIMARY CARE

[REDACTED]

AREA ADJUSTMENT

- Mending is only filing in Rating Area 3, which has higher average claim costs compared to the statewide average, as reflected in the published interim BY2024 HHS Risk Adjustment Geographic Cost Factor. To account for this, we applied a 1.049 adjustment to the state average starting cost.

DEMOGRAPHIC SHIFTS

- The underlying demographic mix reflects the CY2024 enrollees in Georgia Individual market, allocated to specific ages within the grouped age bands restricted to Rating Area 3 provided in public CY2024 enrollment files.

BENEFIT DESIGN CHANGES

- We adjusted the manual data for differences in benefit designs.

DEGREE OF HEALTHCARE MANAGEMENT

[REDACTED]

INCLUSION OF CAPITATION PAYMENTS

[REDACTED]

Credibility of experience

The manual rates were not developed with any reliance on the experience period data and are thus fully independent.

Establishing the Index rate

The index rate is the projected allowed claim costs for EHBs for the single risk pool. The 2026 index rate is \$790.56.

Development of the Market-wide adjusted index rate

Under federal regulations, market-wide adjustments to the index rate are made for projected transfers under the risk adjustment program, and for exchange fees.

The 2026 projected market-wide adjusted index rate is \$785.83 PMPM. This value is calculated as follows:

TABLE C.1: INDEX RATE BUILD-UP

DESCRIPTION	VALUE
EHB Paid claims	\$688.21
Average paid-to-allowed	0.87
Market-wide index rate	\$790.56
Risk adjustment payment (receipt)	(\$3.83)
State reinsurance (receipt)	(\$33.54)
Exchange fees	\$32.64
Market-wide adjusted index rate	\$785.83

STATE REINSURANCE

Worksheet 1 of the URRT includes a line to adjust for reinsurance, which is described in the instructions as referring to state reinsurance programs.

Georgia's Section 1332 Waiver for the operation and funding of the Georgia Office of Commissioner of Insurance and Fire Safety (OCI) State Reinsurance program will be effective for 2026. To adjust manual rates for this impact, we use state-wide estimates based on public presentations and modeling done for the OCI. Mending does not have sufficient claims experience to base an independent estimate on and therefore, a market-wide estimate is a reasonable and appropriate substitute.

We assumed a 4.24% reduction in paid claims for the impact of the reinsurance program.

RISK ADJUSTMENT PAYMENT/CHARGE

For 2026, the premiums assume a risk adjustment transfer of \$3.33 PMPM. This equates to 0.4% of premium across the entire single risk pool. The URRT Part I and the premium development assume a constant allocation (as a percent of premium) across all plans.

The following table summarizes the development of the PMPM transfer assumption.

TABLE C.2: RISK ADJUSTMENT ANALYSIS

	CARRIER - INDIVIDUAL	MARKET - INDIVIDUAL
ARF	■	■
IDF	■	■
GCF	■	■
PLRS	■	■
AV	■	■
Left Side Numerator		■
Left Side Denominator		■
Right Side Numerator		■
Right Side Denominator		■
Receive (pay)		■
State average premium		■
Administrative cost adjustment		■
Transfer payment scalar		■
Transfer PMPM		\$3.33

In this table, "Left side" and "Right side" refer to the two sections of the risk adjustment transfer formula given in the 2014 Notice of Benefit and Payment Parameters:

$$T_i = \left[\frac{PLRS_i \cdot IDF_i \cdot GCF_i}{\sum_i (s_i \cdot PLRS_i \cdot IDF_i \cdot GCF_i)} - \frac{AV_i \cdot ARF_i \cdot IDF_i \cdot GCF_i}{\sum_i (s_i \cdot AV_i \cdot ARF_i \cdot IDF_i \cdot GCF_i)} \right] \bar{P}_s$$

It should be noted that this implementation of the formula is an approximation, because the exact formula would require an assumption about plan-level information for every carrier in the state (in order to calculate the weighted average of products in the denominator rather than the product of the statewide averages). In most cases, however, the approach above is a reasonable approximation and is, in any event, the best that can be done with information available.

The following assumptions were used in developing this estimate:

- 1. [REDACTED]
- 2. [REDACTED]
- 3. [REDACTED]
- 4. [REDACTED]
- 5. [REDACTED]
- 6. [REDACTED]
- 7. [REDACTED]
- 8. [REDACTED]
- 9. [REDACTED]
- 10. [REDACTED]
- 11. [REDACTED]
- 12. [REDACTED]
- 13. [REDACTED]
- 14. [REDACTED]
- 15. [REDACTED]
- 16. [REDACTED]
- 17. [REDACTED]
- 18. [REDACTED]
- 19. [REDACTED]
- 20. [REDACTED]
- 21. [REDACTED]
- 22. [REDACTED]
- 23. [REDACTED]
- 24. [REDACTED]
- 25. [REDACTED]
- 26. [REDACTED]
- 27. [REDACTED]
- 28. [REDACTED]
- 29. [REDACTED]
- 30. [REDACTED]
- 31. [REDACTED]
- 32. [REDACTED]
- 33. [REDACTED]
- 34. [REDACTED]
- 35. [REDACTED]
- 36. [REDACTED]
- 37. [REDACTED]
- 38. [REDACTED]
- 39. [REDACTED]
- 40. [REDACTED]
- 41. [REDACTED]
- 42. [REDACTED]
- 43. [REDACTED]
- 44. [REDACTED]
- 45. [REDACTED]
- 46. [REDACTED]
- 47. [REDACTED]
- 48. [REDACTED]
- 49. [REDACTED]
- 50. [REDACTED]
- 51. [REDACTED]
- 52. [REDACTED]
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- 54. [REDACTED]
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- 57. [REDACTED]
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- 60. [REDACTED]
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- 62. [REDACTED]
- 63. [REDACTED]
- 64. [REDACTED]
- 65. [REDACTED]
- 66. [REDACTED]
- 67. [REDACTED]
- 68. [REDACTED]
- 69. [REDACTED]
- 70. [REDACTED]
- 71. [REDACTED]
- 72. [REDACTED]
- 73. [REDACTED]
- 74. [REDACTED]
- 75. [REDACTED]
- 76. [REDACTED]
- 77. [REDACTED]
- 78. [REDACTED]
- 79. [REDACTED]
- 80. [REDACTED]
- 81. [REDACTED]
- 82. [REDACTED]
- 83. [REDACTED]
- 84. [REDACTED]
- 85. [REDACTED]
- 86. [REDACTED]
- 87. [REDACTED]
- 88. [REDACTED]
- 89. [REDACTED]
- 90. [REDACTED]
- 91. [REDACTED]
- 92. [REDACTED]
- 93. [REDACTED]
- 94. [REDACTED]
- 95. [REDACTED]
- 96. [REDACTED]
- 97. [REDACTED]
- 98. [REDACTED]
- 99. [REDACTED]
- 100. [REDACTED]

EXCHANGE USER FEES

In Georgia, the applicable exchange user fee is 3.25% of premium. This filing assumes that 100% of premium will be for on-exchange sales that are subject to this assessment. The rate build-up therefore includes an adjustment of \$28.42 PMPM to the index rate to account for exchange user fees (3.25% exchange fee x 100% of premium on exchange x \$874.31 PMPM total single risk pool premium equals \$28.42). The market-wide adjusted index rate includes a provision of \$32.64 for exchange fees, after grossing up \$28.42 to an allowed basis.

Plan-adjusted index rate

The plan-adjusted index rate for each plan, as shown on Worksheet 2 of the URRT Part 1 workbook, results from the adjustments to the market-wide adjusted index rate that are allowed under 45 CFR 156.80(d)(2). Table C.3 shows the build-up of the plan-adjusted index rates, and the adjustment factors are described in the following subsections.

TABLE C.3: SUMMARY OF PRICING AND BASE RATES (PLAN-ADJUSTED INDEX RATES)

PLAN NAME	HIOS ID	METAL	MARKET- WIDE INDEX RATE	MARKET ADJUSTMENTS	MARKET- WIDE ADJUSTED INDEX RATE	AV & COST SHARING	NON- EHB	ADMIN (NON- EXCHANGE FEE)	PLAN- ADJUSTED INDEX RATE
Mending DPC Bronze 4950 (\$0 DPC + \$0 PCP + \$0 Mental Health)	19062GA0010002	Bronze	\$790.56	(\$4.73)	\$785.83	(\$218.38)	\$4.43	\$156.63	\$728.50
Mending DPC Silver 2300 (\$0 DPC + \$0 PCP + \$0 Mental Health)	19062GA0010003	Silver	\$790.56	(\$4.73)	\$785.83	(\$56.65)	\$4.43	\$197.07	\$930.68
Mending DPC Gold \$0 (\$0 DPC + \$0 PCP + \$0 Mental Health)	19062GA0010006	Gold	\$790.56	(\$4.73)	\$785.83	(\$70.55)	\$4.43	\$193.59	\$913.29

ACTUARIAL VALUE AND COST SHARING

This factor accounts for the fact that different plans have different benefit designs and benefit richness levels. Without incorporating differences in morbidity, demographics, area mix, or other similar attributes (even though they are likely to exist), each plan’s relative richness is modeled and compared to the average of the entire single risk pool. The relativity of expected paid costs are estimated using a consistent assumed population, to ensure that only differences in the plans themselves are accounted for in this factor.

Per the CMS bulletin released on May 2, 2025, *Insurance Standards Bulletin: Plan Year 2026 Individual Market Rate Filing Instructions*, carriers are required to specify the actual CSRs paid for plan year 2024, as well as the CSR load assumed in 2026 rates and how this was developed. Since Mending is entering the Georgia market new in 2026, there is no 2024 experience to report.

PROVIDER NETWORK, DELIVERY SYSTEM, UTILIZATION MANAGEMENT

All provider network, delivery system, and utilization management adjustments are described in the manual rate adjustments section above. No additional adjustments were made.

NON-EHBS

As required by House Bill 94, which was signed into law as of May 1, 2025, Mending will cover standard fertility preservation services in 2026, which is a non-EHB. We have incorporated anticipated claim costs for coverage of standard fertility preservation services when medically necessary treatment for cancer, sickle cell disease, or lupus may directly or indirectly cause an impairment of fertility. The following PMPM claim costs were incorporated into the expected paid claim cost projections for 2026:

TABLE C.4: SUMMARY OF STANDARD FERTILITY PRESERVATION SERVICES

SERVICE TYPE	PROJECTED 2026 PMPM CLAIM COST
Medical Services	
Prescription Drug	

Mending does not offer coverage for any other non-EHBs.

ADMINISTRATIVE COSTS, EXCLUDING EXCHANGE USER FEES

The following table summarizes all non-benefit amounts included in plan premiums.

TABLE C.5: ADMIN COST DETAIL

CATEGORY	APPLICATION BASIS	PMPM	% PREMIUM
Reins premium	\$ PMPM	\$25.95	3.0%
Reins recoveries	\$ PMPM	(\$23.35)	-2.7%
PCORI	\$ PMPM	\$0.29	0.0%
Commissions	\$ PMPM	\$7.85	0.9%
RA user fee	\$ PMPM	\$0.20	0.0%
Premium tax	% Premium	\$17.49	2.0%
General Admin	% Premium	\$131.15	15.0%
Profit % Premium	% Premium	\$26.23	3.0%
Total		\$185.79	21.3%

This load varies by plan as follows:

TABLE C.6: NON-BENEFIT COSTS BY PLAN

PLAN	HIOS	% PREMIUM	PMPM
Mending DPC Bronze 4950 (\$0 DPC + \$0 PCP + \$0 Mental Health)	19062GA0010002	21.5%	\$156.63
Mending DPC Silver 2300 (\$0 DPC + \$0 PCP + \$0 Mental Health)	19062GA0010003	21.2%	\$197.07
Mending DPC Gold \$0 (\$0 DPC + \$0 PCP + \$0 Mental Health)	19062GA0010006	21.2%	\$193.59

The PMPM administrative costs vary by plan reflecting the use of a % premium-based assumption for expenses, selected to reflect Mending's pre-tax profit targets.

The expected PMPM value across the entire single risk pool of these non-benefit costs is \$185.79.

CATASTROPHIC PLAN ADJUSTMENT

Mending does not offer any catastrophic plans.

Calibration

The result of the calibration (when applied to the plan-adjusted index rate) is the calibrated plan-adjusted index rate. The following table provides the calibrated plan-adjusted index rates. There are three calibration steps (age, geography, and tobacco). The next subsections will show the development of those calibration factors. The calibration factors are applied uniformly to all plans rather than at a plan-specific level.

TABLE C.7: CALIBRATED PLAN-ADJUSTED INDEX RATES

PLAN NAME	HIOS ID	METAL	PLAN-ADJUSTED INDEX RATE	AGE CALIBRATION	AREA CALIBRATION	TOBACCO CALIBRATION	CALIBRATED PLAN-ADJUSTED INDEX RATE
Mending DPC Bronze 4950 (\$0 DPC + \$0 PCP + \$0 Mental Health)	19062GA0010002	Bronze	\$728.50	1.556	1.000	1.000	\$468.18
Mending DPC Silver 2300 (\$0 DPC + \$0 PCP + \$0 Mental Health)	19062GA0010003	Silver	\$930.68	1.556	1.000	1.000	\$598.11
Mending DPC Gold \$0 (\$0 DPC + \$0 PCP + \$0 Mental Health)	19062GA0010006	Gold	\$913.29	1.556	1.000	1.000	\$586.94

AGE CURVE CALIBRATION

The HHS premium age factors are applied to the projected demographic mix of the population. In this process, the expected enrollment of children for whom premium cannot be collected (due to being beyond the third child in a family) is taken into account by using a premium factor of 0.00 instead of the factors that would otherwise be applied to children. This is shown in the “Unratable child” row of the table below.

The calibration factor for age is 1.556, as shown in the following table.

TABLE C.8: AGE CALIBRATION

AGE	AGE FACTOR	POPULATION
Unratable child	0.000	
Ratable child age 0-14	0.765	
Ratable child age 15	0.833	
Ratable child age 16	0.859	
Ratable child age 17	0.885	
Ratable child age 18	0.913	
Ratable child age 19	0.941	
Ratable child age 20	0.970	
21	1.000	
22	1.000	
23	1.000	
24	1.000	
25	1.004	
26	1.024	
27	1.048	
28	1.087	
29	1.119	
30	1.135	
31	1.159	
32	1.183	
33	1.198	
34	1.214	
35	1.222	
36	1.230	
37	1.238	
38	1.246	
39	1.262	
40	1.278	
41	1.302	
42	1.325	
43	1.357	
44	1.397	
45	1.444	
46	1.500	
47	1.563	
48	1.635	
49	1.706	
50	1.786	
51	1.865	
52	1.952	
53	2.040	
54	2.135	
55	2.230	
56	2.333	
57	2.437	
58	2.548	
59	2.603	
60	2.714	
61	2.810	
62	2.873	
63	2.952	
64 and over	3.000	
Composite	1.556	100.0%

GEOGRAPHIC FACTOR CALIBRATION

The geographic calibration factor is 1.0000, as demonstrated in the following table.

TABLE C.9: AREA CALIBRATION

AREA NAME	RATE FACTOR	POPULATION
Rating Area 3	1.000	100.0%
Composite	1.000	100.0%

TOBACCO USE RATING FACTOR CALIBRATION

There is no additional rate-up for tobacco users who pay the same rates as non-tobacco users.

Consumer adjusted premium rate development

The consumer-adjusted premium rate for a given plan is simply the calibrated plan-adjusted index rate (shown in Table E.4) multiplied by the age, geographic, and tobacco factors applicable to a given member. The age and area factors are given in Tables C.7 and C.8, respectively. The following table provides an example of the consumer-adjusted premium rate for a 40-year-old member living in Area 3 purchasing the Mending DPC Bronze 4950 (\$0 DPC + \$0 PCP + \$0 Mental Health) plan.

TABLE C.10: SAMPLE CONSUMER ADJUSTED PREMIUM RATE

RATING VARIABLE	VALUE
Calibrated plan-adjusted index rate: Mending DPC Bronze 4950 (\$0 DPC + \$0 PCP + \$0 Mental Health)	\$468.18
Age 40	1.278
Area 3 (Rating Area 3)	1.000
Tobacco: Y	1.000
Consumer-adjusted premium rate	\$598.34

D. Projected loss ratio

The following table demonstrates the expected MLR, using the federal definition, for Mending in 2026.

TABLE D.1: MLR BUILD-UP

Numerator	
Paid claims	\$692.64
Risk adjustment	(\$3.33)
State reinsurance	(\$29.20)
Quality improvement	\$0.00
Total numerator	\$660.10
Denominator	
Gross premium	\$874.31
Taxes and fees	(\$46.39)
Total denominator	\$827.92
Federal MLR	79.73%

This calculation does not include a credibility adjustment, even though in practice one would apply.

The actual calculation also is based on three years of data (unlike the single year calculation above). Only the projected 2026 numbers are presented above, because results for the two preceding years are not available at this time.

E. Plan product information

AV metal values

The AV metal values in the URRRT were all computed using the federal AV.

Membership projections

Membership projections were developed as follows:

- Overall, Mending management projects 10,000 members for plan year 2026.
- The enrollment distribution by metal level including CSR plans was informed based on current 2024 Georgia open enrollment values (which is the most recently available), restricted to Rating Area 3.
- For all bronze, silver, and gold plans, 100% of members are projected to be on-exchange.
- AIAN membership was projected for ZCS and LCS silver plan variants based on 2024 Georgia open enrollment information.

Terminated plans and products

There were no terminated plans and products.

Plan type

There were no plans that could not be appropriately described with the options available in Worksheet 2, Section I.

F. Miscellaneous

Effective rate review information

There is no additional information to provide.

Reliance

In preparing the Part I Unified Rate Review Template (URRT) and Part III Actuarial Memorandum, I have relied on information provided to me by the management of Mending Health (Mending), including:

1. [REDACTED]

This information includes provider discounts, utilization management initiatives, market information, financial information, benefit design guidance, and compliance requirements. I have not audited or verified this data and other information. To the extent that it is incomplete or inaccurate, the contents of the URRT and Actuarial Memorandum may be materially affected.

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.

Actuarial certification

I, Fritz S. Busch, am a member of the American Academy of Actuaries and I meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained herein. This filing is prepared on behalf of Mending (the "Company").

I am affiliated with Milliman, Inc. ("Milliman"), an independent actuarial consulting firm that is not affiliated with, nor a subsidiary, nor in any way owned or controlled by a health plan or health insurer.

I hereby certify that the projected index rate is, to the best of my knowledge and understanding:

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 including
 - ASOP No. 5, Incurred Health and Disability Claims
 - ASOP No. 8, Regulatory Filings for Health Benefits, Accident and Health Insurance, and Entities Providing Health Benefits
 - ASOP No. 12, Risk Classification
 - ASOP No. 23, Data Quality
 - ASOP No. 25, Credibility Procedures
 - ASOP No. 41, Actuarial Communications
 - ASOP No. 50, Determining Minimum Value and Actuarial Value under the Affordable Care Act
- Reasonable in relation to the benefits provided and the population anticipated to be covered, and
- Neither excessive nor deficient.

I certify that the index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan-specific premium rates. The allowable modifiers used to generate plan specific premium rates were based on the following:

- The actuarial value and cost-sharing design of the plan.
- The plan's provider network, delivery system characteristics, and utilization management practices.

- The benefits provided under the plan that are in addition to the Essential Health Benefits. These estimated benefits were pooled with similar benefits within the single risk pool and the claims experience from those benefits was utilized to determine rate variations.
- Administrative costs, excluding Exchange user fees.
- Characteristics of catastrophic plans.

I certify that the geographic rating factors reflect only differences in the costs of delivery (which can include unit cost and provider practice pattern differences) and do not include differences for population morbidity by geographic area.

I certify that the AV metal values in the Part I URRT all were computed using the federal AV calculator.

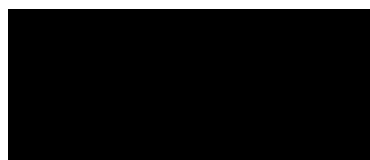
The 2026 benefit year premium rates in this memorandum are contingent upon the current status of the ACA statutes and regulations, including any regulatory guidance, court decisions, or otherwise. These include but are not limited to the enforcement of the individual mandate, the discontinuance of funding for cost-sharing reduction (CSR) payments by the federal government, and any legislative or regulatory amendment, court decision, decision of Congress, the Health and Human Services Secretary, or the Centers for Medicare and Medicaid Services director regarding the status of risk adjustment payments and receipts. If these provisions change materially, then these rates could no longer be appropriate and would need to be withdrawn and refiled. Milliman expresses no opinion regarding the future status of these programs.

The Part I Unified Rate Review Template (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 multi-state plans for Federally Facilitated Exchanges and for certification that the index rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

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 the 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:



Fritz S. Busch, FSA, MAAA
Member, American Academy of Actuaries

Date: May 28, 2025

Attachment to Part III Actuarial Memorandum

In accordance with the Georgia Access Plan Year 2026 Qualified Health Plan Application Instructions for Issuers as of May 15, 2025, this attachment is included with the Part III actuarial memorandum to detail the rate adjustment factors applied in the rate scenario submitted with this filing which assume extension of the enhanced premium subsidies currently set to expire at the end of plan year 2025.¹

The following factors were modified in the development of this rate scenario relative to the rates that assume the expiration of these subsidies:

- **Morbidity** – In the rate scenario assuming extension of enhanced premium subsidies, population morbidity is assumed to be [REDACTED] compared to the scenario in which these subsidies expire at the end of 2025.
[REDACTED]
[REDACTED]
[REDACTED]
- **Exchange User Fee** – In the rate scenario assuming extension of enhanced premium subsidies, the exchange user fee is 3.00% of premium, compared to the 3.25% assumed in the scenario in which these subsidies expire at the end of 2025. This is consistent with the Georgia Access guidance published May 15, 2025.

¹ https://georgiaaccess.gov/wp-content/uploads/2025/05/Georgia-Access-PY-2026-QHP-Application-Instructions-for-Issuers_Updated-05.15.2025.pdf