
State:	Connecticut	Filing Company:	ConnectiCare Benefits, Inc.
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	2026 CBI Exchange (On-Exchange) Individual Rate Filing		
Project Name/Number:	2026 CBI Exchange (On-Exchange) Individual Rate Filing/		

Filing at a Glance

Company:	ConnectiCare Benefits, Inc.
Product Name:	2026 CBI Exchange (On-Exchange) Individual Rate Filing
State:	Connecticut
TOI:	H16I Individual Health - Major Medical
Sub-TOI:	H16I.005C Individual - Other
Filing Type:	Rate
Date Submitted:	05/30/2025
SERFF Tr Num:	CCIC-134547025
SERFF Status:	Pending State Action
State Tr Num:	202502665
State Status:	
Co Tr Num:	
Effective	01/01/2026
Date Requested:	
Author(s):	Elizabeth Guerin, Andrea Clark, Patricia Lemieux
Reviewer(s):	Tricia Dave (primary), Paul Lombardo, Sarah Mu
Disposition Date:	
Disposition Status:	
Effective Date:	
State Filing Description:	

State:	Connecticut	Filing Company:	ConnectiCare Benefits, Inc.
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	2026 CBI Exchange (On-Exchange) Individual Rate Filing		
Project Name/Number:	2026 CBI Exchange (On-Exchange) Individual Rate Filing/		

General Information

Project Name: 2026 CBI Exchange (On-Exchange) Individual Rate Filing	Status of Filing in Domicile:
Project Number:	Date Approved in Domicile:
Requested Filing Mode:	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 06/03/2025
	State Status Changed:
Deemer Date:	Created By: Patricia Lemieux
Submitted By: Patricia Lemieux	Corresponding Filing Tracking Number:
Filing Description:	
2026 Individual Rate Filing (CBI) - Exchange	

Company and Contact

Filing Contact Information

Patricia Lemieux, Government Contracts Manager	patricia.lemieux@molinahealthcare.com
175 Scott Swamp Road	888-562-5442 [Phone]
Farmington, CT 06032	

Filing Company Information

ConnectiCare Benefits, Inc.	CoCode: 14913	State of Domicile: Connecticut
175 Scott Swamp Road	Group Code: 1127	Company Type:
Farmington, CT 06032	Group Name: HIP INS GRP	State ID Number:
(860) 674-2870 ext. [Phone]	FEIN Number: 46-1559752	

State:	Connecticut	Filing Company:	ConnectiCare Benefits, Inc.
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	2026 CBI Exchange (On-Exchange) Individual Rate Filing		
Project Name/Number:	2026 CBI Exchange (On-Exchange) Individual Rate Filing/		

Filing Fees

State Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

State Specific

Individual, Small group and non-employer group health filings require rates to be filed. Does this filing comply with the requirements of item 17 of the general instructions?: Yes

A number of long standing Department positions have been reviewed and modified. As a result, some checklists have been amended, for your convenience we have summarized all of these modifications under General Instructions entitled "Amended Department Positions", have you reviewed this attachment at the bottom of the General Instructions?: Yes

SERFF Tracking #:	CCIC-134547025	State Tracking #:	202502665	Company Tracking #:	
State:	Connecticut	Filing Company:	ConnectiCare Benefits, Inc.		
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other				
Product Name:	2026 CBI Exchange (On-Exchange) Individual Rate Filing				
Project Name/Number:	2026 CBI Exchange (On-Exchange) Individual Rate Filing/				

Correspondence Summary

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Requesting Additional Information	Sarah Mu	06/02/2025	06/02/2025

Response Letters

Responded By	Created On	Date Submitted
Elizabeth Guerin	06/03/2025	06/03/2025

State:	Connecticut	Filing Company:	ConnectiCare Benefits, Inc.
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	2026 CBI Exchange (On-Exchange) Individual Rate Filing		
Project Name/Number:	2026 CBI Exchange (On-Exchange) Individual Rate Filing/		

Objection Letter

Objection Letter Status	Requesting Additional Information
Objection Letter Date	06/02/2025
Submitted Date	06/02/2025
Respond By Date	06/03/2025

Dear Patricia Lemieux,

Introduction:

Please submit URRT in PDF format as soon as possible.

Conclusion:

Sincerely,
Sarah Mu

SERFF Tracking #:	CCIC-134547025	State Tracking #:	202502665	Company Tracking #:	
State:	Connecticut	Filing Company:	ConnectiCare Benefits, Inc.		
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other				
Product Name:	2026 CBI Exchange (On-Exchange) Individual Rate Filing				
Project Name/Number:	2026 CBI Exchange (On-Exchange) Individual Rate Filing/				

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/03/2025
Submitted Date	06/03/2025

Dear Tricia Dave,

Introduction:

Response 1

Comments:

Attaching the URRT in PDF in response to your comment, Thank you.

Changed Items:

- No Form Schedule items changed.
- No Rate/Rule Schedule items changed.
- No URRT Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	URRT PDF
Comments:	Attaching URRT in PDF.
Attachment(s):	2026 URRT CBIv1.1.pdf

Conclusion:

Sincerely,
Elizabeth Guerin

SERFF Tracking #:	CCIC-134547025	State Tracking #:	202502665	Company Tracking #:	
State:	Connecticut	Filing Company:	ConnectiCare Benefits, Inc.		
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other				
Product Name:	2026 CBI Exchange (On-Exchange) Individual Rate Filing				
Project Name/Number:	2026 CBI Exchange (On-Exchange) Individual Rate Filing/				

Rate Information

Rate data applies to filing.

Filing Method:	
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	7.443%
Effective Date of Last Rate Revision:	01/01/2026
Filing Method of Last Filing:	
SERFF Tracking Number of Last Filing:	

Company Rate Information

Company Name:	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):
ConnectiCare Benefits, Inc.	21.700%	21.700%	\$171,647,151	70,160	\$791,000,697	26.700%	4.700%

SERFF Tracking #:	CCIC-134547025	State Tracking #:	202502665	Company Tracking #:	
State:	Connecticut	Filing Company:	ConnectiCare Benefits, Inc.		
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other				
Product Name:	2026 CBI Exchange (On-Exchange) Individual Rate Filing				
Project Name/Number:	2026 CBI Exchange (On-Exchange) Individual Rate Filing/				

URRT

State Determination

Review Status:	Incomplete
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SERFF Tracking #:	CCIC-134547025	State Tracking #:	202502665	Company Tracking #:	
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Product Name:	2026 CBI Exchange (On-Exchange) Individual Rate Filing				
Project Name/Number:	2026 CBI Exchange (On-Exchange) Individual Rate Filing/				

URRT Items

Item Name	Attachment(s)
Unified Rate Review Template	<i>2026_CBI_2025053003214v1.1.xml</i>
Actuarial Memorandum	<i>CBI_Part_III_Actuarial_Memorandum_2026.pdf</i>
Actuarial Memorandum - Redacted	<i>CBI_Part_III_Actuarial_Memorandum_2026_Redacted.pdf</i>
Consumer Justification Narrative	<i>CBI_Part_II_Rate_Increase_Justification_2026.pdf</i>
Other Supporting Documents	<i>CBI_Actuarial_Memorandum_for_CID_2026.pdf</i>

SERFF Tracking #:	CCIC-134547025	State Tracking #:	202502665	Company Tracking #:	
State:	Connecticut	Filing Company:	ConnectiCare Benefits, Inc.		
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other				
Product Name:	2026 CBI Exchange (On-Exchange) Individual Rate Filing				
Project Name/Number:	2026 CBI Exchange (On-Exchange) Individual Rate Filing/				

Attachment 2026_CBI_2025053003214v1.1.xml is not a PDF document and cannot be reproduced here.

MILLIMAN ACTUARIAL MEMORANDUM

ConnectiCare Benefits, Inc.

Part III Actuarial Memorandum

Individual Rate Filing Effective January 1, 2026

May 29, 2025

[Jeremy Kush](#), FSA, CERA, MAAA
Principal and Consulting Actuary



71 S. Wacker Drive
31st Floor
Chicago, IL 60606
USA

Tel +1 312 726 0677

milliman.com





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1. GENERAL INFORMATION

This document contains the Part III Actuarial Memorandum for ConnectiCare Benefits, Inc.'s (CBI's) Affordable Care Act (ACA) individual medical block of business, effective January 1, 2026. This Actuarial Memorandum is submitted in conjunction with the Part I Unified Rate Review Template (URRT) and Part II: Written Description Justifying the Rate Increase.

The purpose of the Actuarial Memorandum is to provide certain information related to the submission of the premium rate filing, including support for the values entered in the Part I URRT (which supports compliance with the market rating rules and reasonableness of applicable rate increases). This memorandum may not be appropriate for other purposes.

This Actuarial Memorandum is subject to the terms and conditions of the Consulting Services Agreement between Molina Healthcare and Milliman, Inc. (Milliman). The information in this Actuarial Memorandum has been prepared for the use of CBI. We understand the Actuarial Memorandum will be provided to the State of Connecticut Insurance Department (CID), the Center for Consumer Information and Insurance Oversight (CCIIO), and their subcontractors to assist in the review of CBI's rate filing. We understand the information provided may be considered public documents, and as such, may be subject to disclosure to other third parties. Milliman makes no representations or warranties regarding the contents of this Actuarial Memorandum to third parties. Likewise, third parties are instructed to place no reliance upon this Actuarial Memorandum or rate filing prepared for CBI by Milliman that would result in the creation of any duty or liability under any theory of law by Milliman to any third party.

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 the CID, 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. The premium rates developed and supported by this Actuarial Memorandum also assume that Cost Share Reductions (CSRs) will not be funded as is described in current regulations and guidance. If subsequent information becomes available that would materially affect this rate filing submission, we would likely pursue opportunities to revise our pricing assumptions, add or remove plans, and resubmit this rate filing.

The results are actuarial projections. Actual experience will differ from these projections for a number of reasons including, but not necessarily limited to, population changes, claims experience, and random deviations from assumptions.

The rates accompanying this Actuarial Memorandum reflect current law and regulations effective at the time of this rate filing submission. Future regulatory changes may affect the extent to which the rates are neither excessive, nor deficient. Depending on the nature of the final rules and regulations, the proposed rates may not be adequate.

COMPANY IDENTIFYING INFORMATION

Company Legal Name:	ConnectiCare Benefits, Inc.
State:	Connecticut
HIOS Issuer ID:	76962
Market:	Individual
Effective Date:	January 1, 2026

COMPANY CONTACT INFORMATION

Primary Contact Name:	Ted Hanrahan
Primary Contact Telephone Number:	414-286-9028
Primary Contact Email Address:	edward.hanrahan@molinahealthcare.com

2. PROPOSED RATE CHANGES

This submission is for rate revisions to CBI's existing individual medical ACA-compliant products marketed through the Access Health CT Exchange. The new rates are effective for individuals with an effective date or renewal date of January 1, 2026, through December 31, 2026. The average proposed rate change across all existing plans and regions, compared to the most recently approved rates effective January 1, 2025, is 21.7%. This increase represents a weighted average of the rate changes for all existing plans that will be offered in 2026, ranging from 4.7% to 26.7%. Appendix 1 provides a comparison of the revised base rates to the current base rates for a 21-year-old.

There are several 2025 to 2026 plan-specific changes that cause the rate change to vary by plan including changes in plan benefits and revised retention assumptions. These changes are applied at the benefit plan level resulting in different rate increases by plan. Additionally, there are changes to the base premium rate.

REASONS FOR RATE CHANGE

Primary factors driving the rate change include the following items.

- Emerging claims experience
- Expected future medical inflation and utilization changes
- Changes in cost sharing levels to ensure that plans comply with the Health and Human Services (HHS) Actuarial Value (AV) metallic requirements
- Change in cost-sharing-reduction (CSR) load
- Change in the mix of business
- Demographic and geographic changes
- Anticipated risk adjustment transfers
- Changes in retention

Table 1 below outlines the approximate impact associated with the major drivers of the rate change.

Table 1 ConnectiCare Benefits, Inc. Rate Change Components	
Category	Value
Adjusted Experience	9.5%
Trend	7.6%
Benefit Updates	6.6%
Demographics	-0.4%
Geography	0.4%
Risk Adjustment	-2.3%
Retention	-0.9%
Total (multiplicative adjustments)	21.7%

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

CBI's actual claims for its 2024 individual ACA business were directly incorporated in the development of the 2026 rates.

PAID THROUGH DATE

The claims incurred in the experience period reflect payments through March 31, 2025.

CURRENT DATE

The reported date for current enrollment and premium in URRT Worksheet 2, Section II is March 31, 2025.

PREMIUMS (NET OF MLR REBATE) IN EXPERIENCE PERIOD

The earned premium reported in Worksheet 1 of the URRT reflects the sum of member level premium for the 2024 experience period. CBI does not anticipate the payment of any MLR rebates for calendar year 2024. Therefore, an adjustment for MLR rebates was not included. CBI's 2024 premium is not net of its estimated 2024 risk adjustment transfer, per the 2026 instructions.

ALLOWED AND INCURRED CLAIMS INCURRED DURING THE EXPERIENCE PERIOD

Allowed claims were determined by combining the paid claims with member cost sharing. We add an estimate of incurred but not paid (IBNP) claims to the processed amount to arrive at a final estimate of total claims. The IBNP estimate uses generally accepted actuarial development methods for estimating claim liabilities. We use the same IBNP as a percentage of medical claims on both an allowed basis and a paid basis.

Table 2 summarizes the premium, incurred claims, and allowed claims underlying the rate projection.

Table 2 ConnectiCare Benefits, Inc. 2024 Experience Period Summary	
Metric	2024 Value
Premiums (net of risk transfers)	\$773,800,988
Incurred Claims	\$696,654,297
Allowed Claims	\$791,929,459

4. BENEFIT CATEGORIES

We assigned the Essential Health Benefits (EHB) experience data utilization and cost information to benefit categories, as shown in Worksheet 1, Section II of the URR. Experience data was allocated based on the Milliman *Health Cost Guidelines*TM (HCGs) distribution of allowed costs by major service category, which are defined as follows:

INPATIENT HOSPITAL

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

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

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

OTHER MEDICAL

Includes non-capitated ambulance, home health care, DME, prosthetics, supplies, vision exams, dental services, and other services. The measurement units for utilization used in this category are a mix of visits, cases, procedures, etc.

CAPITATION

Includes costs related to non-fee-for-service expenses.

PRESCRIPTION DRUG

Includes drugs dispensed by a pharmacy. This amount is net of rebates received from drug manufacturers.

5. PROJECTION FACTORS

We made the following adjustments to project the experience period index rate to the projection period.

TREND FACTORS

The 2024 experience was trended forward to 2026, assuming an aggregate annual 7.6% trend, not including changes to capitation. The trend estimate is based on historical market trends, Milliman research, conversations with CBI, and actuarial judgment. For purposes of URRT Worksheet 1, Section II, Year 1 and Year 2 trends represent 12-month annual 7.6% trends, split into separate cost and utilization trend factors.

MORBIDITY ADJUSTMENT

We assume no change in the health status of the Connecticut ACA individual market between the experience and projection periods. This is reflected in URRT Worksheet 1, Section II as a **1.000**.

DEMOGRAPHIC SHIFT

We adjust projected allowed claims by a factor of **1.012** for the following demographic-related differences between the experience and projection periods:

- Distribution of members by demographic category (i.e., age and gender)
- Distribution of members by tobacco usage
- Distribution of members by geographic location

Table 3 lists and quantifies the components of the demographic shift projection factor.

Table 3 ConnectiCare Benefits, Inc. Components of the URRT Worksheet 1 Demographic Shift Adjustment	
Component	Factor
Demographic Adjustment	1.010
Tobacco Adjustment	1.000
Geographic Adjustment	1.002
Demographic Factor	1.012

Note: Some factors with minimal impacts may display as 1.000.

PLAN DESIGN CHANGES

Modifications were made to plan designs to comply with the most recent 2026 Actuarial Value Calculator and align with CBI's desired market position. This is reflected in URRT Worksheet 1, Section II as a **1.040**. Table 4 lists and quantifies the components of the plan design changes projection factor.

Table 4 ConnectiCare Benefits, Inc. Components of the URRT Worksheet 1 Plan Design Changes Adjustment	
Component	Factor
Net CSR Adjustment	1.050
Induced Utilization Adjustment	0.991
Plan Design Change Factor	1.040

Note: Some factors with minimal impacts may display as 1.000.

OTHER ADJUSTMENTS

There are no adjustments flowing through the "Other" projection factor in URRT Worksheet 1, Section II. This factor is **1.000**.

The projected index rate for January 1, 2026 through December 31, 2026 is in Worksheet 1, Section II of the URRT and in Table 7 in Section 12.

6. MANUAL RATE ADJUSTMENTS

CBI's 2026 individual rates rely completely (i.e., 100%) on its individual ACA-compliant experience. Therefore, no manual rate was developed.

7. CREDIBILITY OF EXPERIENCE

CBI's 2024 ACA individual experience represents 856,459 member months. We considered the experience to be fully credible based on membership volume. There is no explicit guidance for determining appropriate credibility thresholds within the Unified Rate Review instructions. There are a number of methodologies that can be used to determine credibility of a population. We set the credibility of CBI's 2024 experience period based on market dynamics, historical experience, and actuarial judgment. Based on these factors, we consider the experience to be fully credible.

8. RISK ADJUSTMENT, REINSURANCE, AND EXCHANGE USER FEE

RISK ADJUSTMENT PAYMENT / CHARGE

We estimate in 2026 CBI will pay \$20.08 PMPM in risk adjustment transfers, on a paid claim basis, not including the risk adjustment user fee. These payments are \$22.96 on an allowed basis, which are illustrated in URRT Worksheet 1, Section II. Our estimate is based on CBI's most current plan year (PY) 2024 RATEE file as developed by Wakely.

The estimates of relative risk and risk transfer amounts are highly dependent not only on the population that enrolls with CBI, but also with other carriers in the state. The risk transfer payment was applied to the Index Rate on an allowed basis in the development of the market-wide adjusted index rate as required by CMS. The impact of risk adjustment increases the market-wide adjusted index rate, and therefore increases premiums.

REINSURANCE

The federal transitional reinsurance program was a temporary program that ended in 2016. Since the program is not expected to continue in 2026, we assume federal reinsurance contributions and recoveries will be zero. As a result, we did not project any federal transitional reinsurance contributions or recoveries for 2026.

EXCHANGE USER FEES

The exchange user fee was applied as an adjustment to the index rate at the market level. We assume an exchange administration fee of 1.85% applies to all premiums and is allocated across all projected enrollment both on and off the exchange, resulting in a fee of \$21.70 PMPM on a paid basis. On an allowed basis, this fee is \$24.81 and is shown in URRT Worksheet 1, Section II as 2.13%. This is consistent with the most current available guidance from the State of Connecticut.

9. NON-BENEFIT EXPENSES, RISK OF ADVERSE DEVIATION, AND CONTRIBUTIONS TO SURPLUS

ADMINISTRATIVE COSTS, EXCLUDING EXCHANGE USER FEES AND REINSURANCE FEES

We estimate CBI's administrative expenses to be \$99.29 PMPM, as shown in Table 5. This estimate is entered as a percent of premium that varies by plan due to certain PMPM expenses entered as a level PMPM regardless of metal type as shown in Worksheet 2, Section III of the URRT. It is based on CBI's estimate of 2026 projected expenses. This amount does not include any profit, risk load, taxes, or assessments described below.

Table 5 ConnectiCare Benefits, Inc. Summary of Administrative Expenses			
	PMPM	% of Premium	Allocation Method
General Admin	\$104.09	8.87%	% of Premium
Commission	\$10.63	0.91%	% of Premium
Quality Improvement	\$4.68	0.40%	PMPM
CoveredCT Program Payment Savings	-\$20.11	-1.71%	% of Premium
Subtotal: Administrative Expense Load	\$99.29	8.46%	

TAXES AND FEES

Table 6 provides a breakdown of projected taxes and fees, excluding Exchange User Fees outlined in Section 8.

Table 6 ConnectiCare Benefits, Inc. Summary of Taxes and Fees			
	PMPM	% of Premium	Allocation Method
Risk Adjustment Admin Fee	\$0.20	0.02%	PMPM Spread
Premium Tax	\$17.60	1.50%	% of Premium
Comparative Effectiveness Research Fee	\$0.31	0.03%	PMPM
Immunization / Misc. State Fees	\$5.88	0.50%	PMPM Spread
Federal Income Tax	\$6.16	0.52%	% of Premium
Subtotal: Taxes and Fees	\$30.15	2.57%	

PROFIT AND RISK LOAD

We build in 2.5% of premium for a target pre-tax contribution to surplus, which is consistent across all plans. We do not build in any additional loads for profit or risk. We consider the uncertainty of estimated claims in the 2026 market and federal MLR requirements in the target.

10. PROJECTED LOSS RATIO

The projected loss ratio based on the federally prescribed MLR methodology, excluding adjustments for credibility, is 89.50%. Appendix 2 displays the development of the MLR in more detail.

11. SINGLE RISK POOL

The rates are developed using a single risk pool established according to the federal requirements, including covered members of the entire individual health insurance market in the state of Connecticut.

12. INDEX RATE

The index rate for the projection period is a measurement of average allowed claims PMPM for EHBs. The projected index rate reflects the projected 2026 mixture of area factors, plan mix, demographics, and morbidity CBI expects to receive in the single risk pool. The projected Index Rate is equal to the projected total allowed claims PMPM minus the total non-EHB allowed claims. Table 7 illustrates the development of the projected index rate. Please note, the annual trend applied to non-capitated claims in this filing is 7.6%, but the trend factor shown below differs due to adjustments for capitation rates, which are contractually determined.

Table 7 ConnectiCare Benefits, Inc. Projected Index Rate Development	
Experience Member Months	856,459
Experience EHB Allowed Claims	\$789,005,634
Experience EHB Allowed Claims PMPM	\$921.24
Two Year Trend Factor	1.150
Morbidity Adjustment	1.000
Demographic Shift	1.012
Plan Design Changes	1.040
Other Adjustments	1.000
Adjusted Trended EHB Allowed Claims PMPM	\$1,114.54
Credibility %	100.00%
Projected Index Rate	\$1,114.54

13. MARKET 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). Table 8 shows the development of the market-adjusted index rate. The adjustments in Table 8 are applied to the Index Rate on an allowed basis as required by CMS.

Table 8 ConnectiCare Benefits, Inc. Market Adjusted Index Rate Development		
		Annotation
2026 Projected Index Rate PMPM	\$1,114.54	(1)
Market Adjustments (paid basis)		
Risk Adjustment Payment / Charge	\$20.08	(2)
Reinsurance	\$0.00	(3)
Exchange User Fees	\$21.70	(4)
Paid-to-Allowed Ratio	0.875	(5)
Market Adjustments (allowed basis)		
Risk Adjustment Payment / Charge	\$22.96	(6) = (2) / (5)
Reinsurance	\$0.00	(7) = (3) / (5)
Exchange User Fees	\$24.81	(8) = (4) / (5)
Market Adjusted Index Rate PMPM	\$1,162.31	(9) = (1) + [(6) + (7) + (8)]
<i>Note: Values may vary from the actual URRT due to rounding.</i>		

14. PLAN ADJUSTED INDEX RATES

Plan Adjusted Index Rates reflect the Market Adjusted Index Rate adjusted for allowable plan level modifiers defined in the market rating rules, 45 CFR Part 156, §156.80(d)(2). The development of the plan-adjusted index rates is shown in Appendix 3 and URRT Worksheet 2, Section III. The market-wide adjusted index rate is adjusted to compute the plan-adjusted index rates using the following allowable adjustments:

ACTUARIAL VALUE AND COST SHARING DESIGN OF THE PLAN

The actuarial value and benefit utilization factors used in plan pricing were developed in an internal Milliman cost relativity model, which is based on Milliman's *HCGs*, with adjustments based on actuarial judgment. This model estimates actuarial equivalent relative values of different benefit plans using estimated medical costs calibrated to CBI's experience. Health status was not used to establish benefit plan relativities.

The 2026 CMS Actuarial Value Calculator was used to determine the federal actuarial value and the corresponding metal level for each plan.

Since we assume there will not be federal funding for CSR subsidies, we reduced the average cost sharing adjustment on Silver plans to increase the financial liability for CBI. This adjustment reflects the full plan liability for CSR Silver plans.

Experience Period Cost Sharing Reduction Amounts

We estimate the 2024 CSR portion of cost sharing by analyzing the historical differential between paid-to-allowed ratios of CSR variants compared to the standard Silver plan variant in order to determine the portion of cost sharing applicable to CSR plans that represents cost sharing reduction subsidies paid by CBI. Based on this methodology, we estimate CBI paid \$37,820,988 in CSR subsidy payments for CSR enrollees in 2024.

Projected Cost Sharing Reduction Amounts

Based on the assumption that CSR subsidies will not be funded, we apply a 1.117 CSR shortfall adjustment (i.e., a 11.7% load) across all on-exchange silver plans. The total projected CSR subsidies associated with this load is approximately \$55,413,264. We estimate the impact of defunded CSRs by evaluating the AVs of all silver variants (standard plan design, 73%, 87%, and 94%) compared to the AV of the standard plan designs only (i.e., the portion of CBI's claims responsibility if CSR subsidies were will in effect). The differential between these AVs is the assumed CSR shortfall AV load.

The large increase from 2024 actuals to projected 2026 is based on a much higher assumed enrollment distribution in 87% and 94% plans in 2026 (98% of silver enrollees) compared to 2024 (54.5% of silver enrollees). This represents our best estimate of CSR amounts that will be provided for enrollees in 2026 based on the information available at this time.

PROVIDER NETWORK, DELIVERY SYSTEM CHARACTERISTICS AND UTILIZATION MANAGEMENT PRACTICES

CBI will offer both an EPO and POS network; there is not a provider contracting difference between the two networks. Thus, the pricing differential between the EPO and POS options reflects expected differences in claim costs due to benefit plan differences (i.e., the out-of-network option on the POS plans). The value of the benefits was developed using Milliman's internal cost relativity model, which is based on Milliman's *HCGs*, to determine the expected claim cost differences between the EPO and POS plans.

BENEFITS IN ADDITION TO EHBS

CBI will offer adult dental and vision on select EPO and POS plans, which are not essential health benefits.

15. CALIBRATION

A single calibration factor is applied to the Plan Adjusted Index Rates to calibrate rates for the expected age and geographic user distributions expected to enroll in the plan. The single calibration factor is applied uniformly across all plans.

AGE CURVE CALIBRATION

To develop the age calibration factor, we premium-weighted the CMS federal age curve factors on a projected premium basis. Appendix 4.1 shows this calculation. The age curve calibration is applied to all plans. The weighted average age curve calibration factor is 1.830. The calibration to the age curve complies with the rating rules specified in 45 CFR Part 147, §147.102.

GEOGRAPHIC FACTOR CALIBRATION

CBI applies geographic rating factors to its plans as shown in Worksheet 3 of the URRT. Geographic factors differ slightly from the 2025 rate filing due to a different projected membership mix between areas in 2026 compared to 2025. Health status is not reflected in the geographic factors, and it is not CBI's intent to use area factors to rate for morbidity. The geographic factors are re-normalized to a composite 1.0. See Appendix 4.2 for additional detail.

TOBACCO USE RATING FACTOR CALIBRATION

CBI does not apply a tobacco rate factor.

16. CONSUMER ADJUSTED PREMIUM RATE DEVELOPMENT

The consumer adjusted premium rate is the final premium rate for a plan charged to an individual, family, or small employer group 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 age factor, the geographic factor, and the tobacco factor (1.000 since CBI does not rate for tobacco).

The development of the calibrated plan adjusted index rates is shown in Appendix 5a. A sample consumer adjusted premium rate development is shown in Appendix 5b.

17. AV METAL VALUES

The AV Metal Values included in Worksheet 2, Section I of the URRT were developed based on the CMS Actuarial Value Calculator (AVC).

18. AV PRICING VALUES

The AV Pricing Values included in Worksheet 2 of the URRT reflect the cumulative effect of the adjustments made by CBI to move from the Market Adjusted Index Rate to the Plan Adjusted Index Rate.

Plan factors were developed in an internal Milliman cost relativity model, which is based on Milliman's *HCGs*, with adjustments based on actuarial judgment. The cost relativity model reflects differences in costs and utilization under various plan designs. The resulting factors, shown in Worksheet 2 of the URRT, do not incorporate the differences in morbidity or demographic mix.

19. MEMBERSHIP PROJECTIONS

CBI developed membership projections, as illustrated in Worksheet 2, Section IV of the URRT based on consideration for the following:

- Historical sales for CBI's individual products
- Sales distribution and provider networks
- Anticipated activity in the Connecticut individual health insurance market

CBI used its early 2025 enrollment, expectations of the 2026 Connecticut individual market, and judgement to project the enrollment distribution by plan. CBI has distributed membership to each plan based on expected projected distributions within each rating region.

Table 9 includes the projected CSR distribution based on information provided by CBI.

Table 9 ConnectiCare Benefits, Inc. Projected QHP Member Distribution Across Silver Metal Tier	
CSR Category	Distribution
ZCS Silver	0.0%
LCS Silver	0.0%
Silver 94%	49.0%
Silver 87%	49.0%
Silver 73%	1.0%
Silver 70%	1.0%
Total	100.0%

20. CURRENT ENROLLMENT

Current enrollment in Worksheet 2, Section II, of the URRT is the number of enrolled lives as of March 31, 2025.

21. PLAN TYPE

We note all plan types in Worksheet 2, Section I of the URRT.

22. WARNING ALERTS

There are no warning alerts in the URRT.

23. EFFECTIVE RATE REVIEW INFORMATION

Per Bulletin HC-81-25, the assumptions, projections, and premium rates contained within this rate filing assume that federal enhanced Advanced Premium Tax Credit (APTC) subsidies will be extended into 2026. Due to the uncertainty of the enhancements extension, we also estimate the impact to underlying claims and premium rates if the enhanced APTCs expire at the end of 2025.

Assuming the enhanced APTCs expire, we anticipate a reduction in the overall market size in 2026. We project this will lead to increased average statewide morbidity in 2026 as consumers either lose access to subsidies (for those at or above 400% of the Federal Poverty Level (FPL)) 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 would apply a 7.4% adjustment to underlying claims to reflect anticipated changes in statewide average morbidity in 2026 relative to the experience rate. This adjustment to underlying claims results in an overall impact to premium rates of approximately a 6.8% increase.

The adjustment was developed by reviewing historic market trends in the State of Connecticut, specifically focusing on changes in enrollment distribution by income level, as well as changes to underlying population utilization and claim cost patterns as the market evolved. A regression analysis was performed on several of these variables to estimate the enrollment and morbidity impacts at different FPL levels and APTC parameter scenarios. The results of this analysis provided a range of possible disenrollment and morbidity impacts. Based on discussions with CBI and understanding CBI's underlying member population, we estimate an increase to CBI's underlying claims of about 7.4% if the enhanced APTCs expire.

24. RELIANCE

In preparing the Part I Unified Rate Review Template (URRT) and Part III Actuarial Memorandum, we relied on information provided by CBI. To the extent it is incomplete or inaccurate, the contents of the URRT and Actuarial Memorandum, along with many of the conclusions, may be materially affected.

We 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 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.

Milliman developed certain models to estimate the values included in this filing. The intent of the models is to price 2026 individual market ACA rates in the state of Connecticut and may not be appropriate for any other purpose. We reviewed the models, including the inputs, calculations, and outputs. We believe they are consistent, reasonable, appropriate to the intended purpose, and compliant with generally accepted actuarial practice and relevant actuarial standards.

This rate filing reflects Milliman's and CBI's understanding of existing applicable federal and state regulations and rules as of the date of this rate filing. CBI's rate filing is based upon Milliman's and CBI's present understanding and interpretation of regulations promulgated under the Affordable Care Act (ACA), of Connecticut laws and regulations, and of Connecticut Exchange requirements, including the guidance to file these rates under the assumption that enhanced APTCs will be extended for plan year 2026.

Nothing in this filing waives CBI's rights: (1) to withdraw its products from the individual market, (2) to request a change to all, or any portion, of these rate filings, after any post-filing changes to or interpretations of an existing federal and / or state regulatory standard or requirement, (3) to request a change to all, or any portion, of these rate filings for any other purpose allowed by law, and (4) to seek payment or reimbursement for any amounts due to CBI from any governmental entity, including but not limited to, for state required benefits under Section 1311(d)(3)(B)(ii) of the ACA.

A data reliance letter is attached to this rate submission.

25. ACTUARIAL CERTIFICATION

I, Jeremy Kush, Principal and Consulting Actuary with the firm of Milliman, Inc., am a member of the American Academy of Actuaries, and I meet its Qualification Standards to render the actuarial opinion contained herein. This filing is prepared on behalf of ConnectiCare Benefits, Inc.

The rates accompanying this Actuarial Memorandum reflect current law and regulations effective at the time of this rate filing submission. Future regulatory changes may affect the extent to which the rates are neither excessive, nor deficient.

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 156.8 and 45 CFR 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 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.
4. The CMS Actuarial Value Calculator was used to determine the AV Metal Values shown in Worksheet 2, Section I of the Part I Unified Rate Review Template for all plans.
5. The adjustment factor that represents benefits in addition to Essential Health Benefits included in Worksheet 2, Section III of the Part I Unified Rate Review Template was calculated in accordance with Actuarial Standards of Practice.
6. The proposed premium rates in this filing are actuarially sound in aggregate.
7. In my opinion, the proposed premium rate increase is reasonable. I based my opinion of reasonable rate increase on the factors below.
 - The expected individual loss ratio for the 12-month period beginning January 1, 2026, is expected to be approximately 89.5% (before a credibility adjustment). The projected loss ratio is greater than the 80% ACA minimum MLR standard promulgated by the Department of Health and Human Services.
 - The assumptions used are reasonable and within the range of reasonableness.
 - The proposed rates result in rates between insured members within similar risk categories that are permissible under applicable Connecticut law, and the premium differences correspond to differences in expected claims costs between allowable risk classes.
8. The premium rates filed are prepared in conformity with the applicable Actual Standards of Practice (ASOPs) promulgated by the Actuarial Standards Board. Note, ASOP 26 does not apply since this certification is for individual health insurance only.

CHECKLIST OF ACTUARIAL STANDARDS OF PRACTICE (ASOPs) FOR STATEMENT 8 ABOVE

- x ASOP No. 5 – Incurred Health and Disability Claims
- x ASOP No. 8 – Regulatory Filings for Health Benefits, Accident and Health Insurance, and Entities Providing Health Benefits
- x ASOP No. 12 – Risk Classification (for All Practice Areas)
- x ASOP No. 23 – Data Quality
- x ASOP No. 25 – Credibility Procedures
- ASOP No. 26 – Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans
- x ASOP No. 41 – Actuarial Communications
- x ASOP No. 42 – Health and Disability Actuarial Assets and Liabilities other than Liabilities for Incurred Claims
- x ASOP No. 50 – Determining Minimum Value and Actuarial Value under the Affordable Care Act
- x ASOP No. 56 – Modeling

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 for federally facilitated exchanges, and for certification 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 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 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.

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 per CID guidance. 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.

Respectfully Submitted,



Jeremy KUSH, FSA, CERA, MAAA
Principal and Consulting Actuary
Milliman, Inc.

May 29, 2025

RELIANCE LETTER



May 27, 2025

Jeremy J. Kush, FSA, CERA, MAAA
Principal and Consulting Actuary
Milliman, Inc.
71 S Wacker Drive, 31st Floor
Chicago, IL 60606

Re: ConnectiCare Benefits, Inc. 2026 Connecticut Individual Pricing

Dear Jeremy:

I, Brian Plaskow, Vice President of Actuarial Services at Molina Healthcare (Molina), hereby affirm the data sources, assumptions, and information identified below and provided to Milliman, Inc. were prepared under my direction, and these items relied upon are to the best of my knowledge accurate and complete. Finally, I affirm all information that affects the 2026 Connecticut individual premium rate development for ConnectiCare Benefits, Inc. (CBI) has been given to you, and I have disclosed all items of which I am aware that would have a material impact on the rate projections.

The information provided includes:

1. Benefit plans for the individual products CBI intends to offer in 2026
2. Product name, product ID, and plan name as entered in the Health Insurance Oversight System (HIOS) for each benefit plan
3. Guidance on which plans will be terminated, renewed, or added as new
4. Confirmation that Product IDs and Plan IDs are compliant with Federal and State regulations
5. Projected administrative expenses and target margin by plan
6. Projected 2026 enrollment by ACA rating region and plan

7. 2022, 2023, 2024, and YTD 2025 claim, premium, and membership experience for CBI's individual ACA plans
8. 2022, 2023 and 2024 pharmacy rebates and rebate estimates
9. Confirmation the claim experience reconciles to CBI's financial statements
10. The rating regions (as defined by Connecticut) in which CBI intends to offer individual products in 2026 and membership distribution by region
11. Information regarding CBI's 2024 estimated risk adjustment settlement
12. Guidance on projected risk adjustment transfer estimates to assume in pricing based on CBI's 2024 estimated risk adjustment settlement, CBI's expectations and internal support of operational improvements, and 2026 Connecticut market expectations
13. Guidance on appropriate medical and pharmacy trend factors for CBI
14. Expected provider reimbursement rates and network changes based on the most recent contracting discussions with providers
15. Any provider incentives currently in place or expected to be put into place prior to the end of the projection year
16. Assurance that all plans' Federal Actuarial Values were correctly calculated with the 2026 Federal AV Calculator and fall within the appropriate metal level AV range
17. Confirmation CBI's 2026 benefit summaries include coverage for all Essential Health Benefits, including formulary coverage
18. CBI's overall and area specific competitive strategy and market comparisons
19. CBI's crosswalk and termination status by 2024 and 2025 plans
20. Guidance on a 2026 pricing adjustment for the inclusion of non-EHB ancillary benefits
21. Expected capitation payments for all capitated services
22. Confirmation plans requiring benefit changes meet uniform modification of coverage requirements

23. Guidance on applicable costs, payments, and fees associated with the Covered Connecticut program
24. Guidance on other applicable state taxes and fees
25. Assurance CBI has accurately entered plan designs into the PBT and other Federal forms and found no meaningful discrepancies in the Actuarial Value calculations
26. Projected enrollment distributions, benefit designs, and other assumptions related to the impact of the scheduled non-payment of cost sharing reduction (CSR) subsidies in 2026
27. Guidance on morbidity adjustments related to the potential impact of expanded Advance Premium Tax Credits expiring in 2025
28. Other information provided by CBI in various meetings, phone calls, emails, and other correspondence

May 27, 2025

Date



Brian Plaskow
Vice President of Actuarial Services
Molina Healthcare

APPENDICES

Appendix 1
ConnectiCare Benefits, Inc.
Age 21 Rate Changes

Plan Name	HIOS ID	Metal	Current Enrollment	2025 Age 21 Rate	2026 Age 21 Rate	Rate Change
Choice Catastrophic POS with Dental and Vision	76962CT0010002	Catastrophic	1,007	\$256.74	\$273.68	6.60%
Choice Bronze Standard POS	76962CT0010001	Bronze	7,206	\$500.07	\$533.55	6.69%
Choice Bronze Standard POS HSA	76962CT0010011	Bronze	9,489	\$473.49	\$560.84	18.45%
Choice Bronze Alternative POS with Dental and Vision	76962CT0010027	Bronze	4,158	\$478.73	\$534.48	11.64%
Choice Silver Standard POS	76962CT0010005	Silver	45,026	\$546.93	\$693.16	26.74%
Choice Gold Standard POS	76962CT0010006	Gold	2,642	\$742.57	\$777.62	4.72%

Appendix 2 ConnectiCare Benefits, Inc. Projected MLR	
	2026
Member Months	815,544
MLR Numerator Calculations	
Paid Claims PMPM	\$978.71
Claim-Related Retention (QI/Health IT) PMPM	\$4.68
Prior Rebate	\$0.00
Other Claim-Related Adjustments	\$0.00
Risk Adjustment Paid (Received) PMPM	\$20.08
Market Reinsurance Recoveries (Received) PMPM	\$0.00
MLR Numerator	\$1,003.47
MLR Denominator Calculations	
Premium PMPM	\$1,173.11
Other Premium Related Adjustments	\$0.00
Premium-Related Retention (Taxes & Fees) PMPM	\$51.86
MLR Denominator	\$1,121.25
Medical Loss Ratio	89.50%

Appendix 3
ConnectiCare Benefits, Inc.

Projection Period Plan Adjusted Index Rate Development

Plan Name	HIOS ID	Market Adjusted Index Rate	AV & Cost Sharing	Provider Network Adjustment	Benefits in Addition to EHBs	Admin Cost Fee	Catastrophic Eligibility	Plan Adjusted Index Rate
Choice Catastrophic POS with Dental and Vision	76962CT0010002	\$1,162.31	0.7811	1.0000	1.0802	1.1964	0.4268	\$500.76
Choice Bronze Standard POS	76962CT0010001	\$1,162.31	0.7085	1.0000	1.0027	1.1823	1.0000	\$976.25
Choice Bronze Standard POS HSA	76962CT0010011	\$1,162.31	0.7448	1.0000	1.0027	1.1822	1.0000	\$1,026.18
Choice Bronze Alternative POS with Dental and Vision	76962CT0010027	\$1,162.31	0.6958	1.0000	1.0228	1.1823	1.0000	\$977.94
Choice Silver Standard POS	76962CT0010005	\$1,162.31	0.9479	1.0000	1.0023	1.1485	1.0000	\$1,268.29
Choice Gold Standard POS	76962CT0010006	\$1,162.31	1.0331	1.0000	1.0024	1.1821	1.0000	\$1,422.82
Choice Gold Alternative POS	76962CT0010028	\$1,162.31	0.9166	1.0000	1.0025	1.1822	1.0000	\$1,262.54
Choice Gold Alternative POS with Dental and Vision	76962CT0010029	\$1,162.31	0.8789	1.0000	1.0192	1.1822	1.0000	\$1,230.76
Choice Bronze Alternative EPO with Vision	76962CT0100002	\$1,162.31	0.6489	1.0000	1.0092	1.1823	1.0000	\$899.94
Choice Bronze Alternative EPO	76962CT0100003	\$1,162.31	0.6389	1.0000	1.0029	1.1823	1.0000	\$880.47
Choice Gold Alternative EPO	76962CT0100001	\$1,162.31	0.8026	1.0000	1.0027	1.1822	1.0000	\$1,105.77

Appendix 4.1 ConnectiCare Benefits, Inc. Age Calibration Development			
Age	Premium Relativity	Metallic Member Distribution	Catastrophic Member Distribution
0	0.7650	0.22%	0.48%
1	0.7650	0.22%	0.48%
2	0.7650	0.27%	0.53%
3	0.7650	0.27%	0.53%
4	0.7650	0.27%	0.53%
5	0.7650	0.27%	0.53%
6	0.7650	0.27%	0.53%
7	0.7650	0.44%	0.83%
8	0.7650	0.44%	0.83%
9	0.7650	0.44%	0.83%
10	0.7650	0.44%	0.83%
11	0.7650	0.44%	0.83%
12	0.7650	0.44%	0.83%
13	0.7650	0.44%	0.83%
14	0.7650	0.44%	0.83%
15	0.8330	0.44%	0.83%
16	0.8590	0.44%	0.83%
17	0.8850	0.44%	0.83%
18	0.9130	0.44%	0.83%
19	0.9410	1.47%	1.75%
20	0.9700	1.47%	1.75%
21	1.0000	1.59%	2.71%
22	1.0000	1.59%	2.71%
23	1.0000	1.59%	2.71%
24	1.0000	1.59%	2.71%
25	1.0040	1.15%	14.30%
26	1.0240	1.15%	14.30%
27	1.0480	1.15%	14.30%
28	1.0870	1.15%	14.30%
29	1.1190	1.15%	14.30%
30	1.1350	1.28%	0.00%
31	1.1590	1.28%	0.00%
32	1.1830	1.28%	0.00%
33	1.1980	1.28%	0.00%
34	1.2140	1.28%	0.00%
35	1.2220	1.33%	0.00%
36	1.2300	1.33%	0.00%
37	1.2380	1.33%	0.00%
38	1.2460	1.33%	0.00%
39	1.2620	1.33%	0.00%
40	1.2780	1.53%	0.00%
41	1.3020	1.53%	0.00%
42	1.3250	1.53%	0.00%
43	1.3570	1.53%	0.00%
44	1.3970	1.53%	0.00%
45	1.4440	1.65%	0.00%
46	1.5000	1.65%	0.00%
47	1.5630	1.65%	0.00%
48	1.6350	1.65%	0.00%
49	1.7060	1.65%	0.00%
50	1.7860	2.12%	0.00%
51	1.8650	2.12%	0.00%
52	1.9520	2.12%	0.00%
53	2.0400	2.12%	0.00%
54	2.1350	2.12%	0.00%
55	2.2300	2.97%	0.00%
56	2.3330	2.97%	0.00%
57	2.4370	2.97%	0.00%
58	2.5480	2.97%	0.00%
59	2.6030	2.97%	0.00%
60	2.7140	4.06%	0.00%
61	2.8100	4.06%	0.00%
62	2.8730	4.06%	0.00%
63	2.9520	4.06%	0.00%
64+	3.0000	6.93%	0.00%
Unrateable Dependents	0.0000	0.31%	0.54%
Age Calibration Factor (no Tobacco Load)		1.834	1.005
Age Calibration Factor (with Tobacco Load)		1.834	1.005
Tobacco Calibration - Metallic/Catastrophic Specific		1.000	1.000
Composite Tobacco Calibration		1.000	1.000
Adjusted Age Calibration Factor		1.834	1.005
Calibrated Plan Adjusted Index Rate		\$646.15	\$273.68
Projected Membership		98.7%	1.3%
Single Risk Pool Age Calibration Factor			1.830

Appendix 4.2 ConnectiCare Benefits, Inc. Geographic Calibration Development			
Rating Area	County Name	Area Factor	Membership Distribution
Rating Area 1	Fairfield County	1.0645	40.29%
Rating Area 2	Hartford County	0.9096	21.52%
Rating Area 3	Litchfield County	0.9835	4.54%
Rating Area 4	Middlesex County	0.9828	5.09%
Rating Area 5	New Haven County	0.9828	23.45%
Rating Area 6	New London County	0.9835	2.73%
Rating Area 7	Tolland County	0.9835	1.48%
Rating Area 8	Windham County	0.9835	0.92%
Composite		1.0000	100.00%

Appendix 5a ConnectiCare Benefits, 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
Choice Catastrophic POS with Dental and Vision	76962CT0010002	\$500.76	1.8297	1.0000	1.0000	1.8297	\$273.68
Choice Bronze Standard POS	76962CT0010001	\$976.25	1.8297	1.0000	1.0000	1.8297	\$533.55
Choice Bronze Standard POS HSA	76962CT0010011	\$1,026.18	1.8297	1.0000	1.0000	1.8297	\$560.84
Choice Bronze Alternative POS with Dental and Vision	76962CT0010027	\$977.94	1.8297	1.0000	1.0000	1.8297	\$534.48
Choice Silver Standard POS	76962CT0010005	\$1,268.29	1.8297	1.0000	1.0000	1.8297	\$693.16
Choice Gold Standard POS	76962CT0010006	\$1,422.82	1.8297	1.0000	1.0000	1.8297	\$777.62
Choice Gold Alternative POS	76962CT0010028	\$1,262.54	1.8297	1.0000	1.0000	1.8297	\$690.02
Choice Gold Alternative POS with Dental and Vision	76962CT0010029	\$1,230.76	1.8297	1.0000	1.0000	1.8297	\$672.65
Choice Bronze Alternative EPO with Vision	76962CT0100002	\$899.94	1.8297	1.0000	1.0000	1.8297	\$491.85
Choice Bronze Alternative EPO	76962CT0100003	\$880.47	1.8297	1.0000	1.0000	1.8297	\$481.20
Choice Gold Alternative EPO	76962CT0100001	\$1,105.77	1.8297	1.0000	1.0000	1.8297	\$604.34

Appendix 5b ConnectiCare Benefits, Inc. Sample Consumer Adjusted Premium Rate Calculation	
Choice Catastrophic POS with Dental and Vision - 76962CT0010002	
Calibrated Plan Adjusted Index Rate	\$273.68
Age: 50	1.786
Area: 1	1.064
Tobacco Status: Non-Tobacco User	1.000
Consumer Adjusted Premium Rate	\$520.30

AV SCREENSHOTS AND BENEFIT GRIDS

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? ☐	Tiered Network Plan? ☐
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,200.00	\$50.00	
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%	
MOOP (\$)	\$7,375.00		
MOOP if Separate (\$)			

	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?	Copay applies only after deductible?
Medical	☒ All	☒ All			☒ All	☒ All			☐ All	☐ All
Emergency Room Services	☐	☐		\$400.00	☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☒	☐		\$500.00	☐	☐			☒	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		\$20.00	☐	☐			☐	☐
Specialist Visit	☐	☐		\$40.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		\$100.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☐	☐		\$65.00	☐	☐			☐	☐
Speech Therapy	☐	☐		\$20.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		\$20.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	\$0.00	☐	☐	100%	\$0.00	☐	☐
Laboratory Outpatient and Professional Services	☐	☐		\$10.00	☐	☐			☐	☐
X-rays and Diagnostic Imaging	☒	☐		\$65.00	☐	☐			☒	☐
Skilled Nursing Facility	☒	☐		\$500.00	☐	☐			☒	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☒	☐		\$500.00	☐	☐			☒	☐
Outpatient Surgery Physician/Surgical Services	☒	☒			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		\$5.00	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		\$35.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		\$60.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☒	☒	80%		☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☒
Specialty Rx Coinsurance Maximum:	\$100
Set a Maximum Number of Days for Charging an IP Copay?	☒
# Days (1-10):	2
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: Choice Gold Standard POS
Plan HIOS ID: 76962CT0010006
Issuer HIOS ID: 76962
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2026 AV Calculator

Calculation Successful.

81.33%

Gold

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.1523 seconds

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? ☐	Tiered Network Plan? ☐
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$2,000.00	\$75.00	
Coinsurance (%; Insurer's Cost Share)	70.00%	100.00%	
MOOP (\$)	\$7,900.00		
MOOP if Separate (\$)			

	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?	Copay applies only after deductible?
Medical	☒ All	☒ All			☒ All	☒ All			☐ All	☐ All
Emergency Room Services	☒	☒			☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☒	☒			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		\$40.00	☐	☐			☐	☐
Specialist Visit	☐	☐		\$50.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☒	☒	100%		☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☒	☐		\$75.00	☐	☐			☒	☐
Speech Therapy	☒	☒			☐	☐			☐	☐
Occupational and Physical Therapy	☒	☒			☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	\$0.00	☐	☐	100%	\$0.00	☐	☐
Laboratory Outpatient and Professional Services	☐	☐		\$10.00	☐	☐			☐	☐
X-rays and Diagnostic Imaging	☒	☒			☐	☐			☐	☐
Skilled Nursing Facility	☒	☒			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☒	☒			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☐	☒	100%		☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		\$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		\$40.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☒	☒	80%		☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☒	☒	80%		☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☒
Specialty Rx Coinsurance Maximum:	\$750
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: Choice Gold Alternative POS
Plan HIOS ID: 76962CT0010028
Issuer HIOS ID: 76962
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2026 AV Calculator

Calculation Successful.

80.69%

Gold

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.1484 seconds

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? ☐	Tiered Network Plan? ☐
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$1,640.00
Coinsurance (%; Insurer's Cost Share)		75.00%
MOOP (\$)		\$8,100.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	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	☒ All	☒ All			☒ All	☒ All			☐ All	☐ All
Emergency Room Services	☒	☒			☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☒	☒			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		\$25.00	☐	☐			☐	☐
Specialist Visit	☐	☐		\$55.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☒	☒			☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☒	☒			☐	☐			☐	☐
Speech Therapy	☐	☐		\$25.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		\$25.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	\$0.00	☐	☐	100%	\$0.00	☐	☐
Laboratory Outpatient and Professional Services	☐	☐		\$25.00	☐	☐			☐	☐
X-rays and Diagnostic Imaging	☒	☒			☐	☐			☐	☐
Skilled Nursing Facility	☒	☒			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☒	☒			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☒	☒			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		\$15.00	☐	☐			☐	☐
Preferred Brand Drugs	☒	☐		\$50.00	☐	☐			☒	☐
Non-Preferred Brand Drugs	☒	☒	70%		☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☒	☒	60%		☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: Choice Gold Alternative POS with Dental and Vision
Plan HIOS ID: 76962CT0010029
Issuer HIOS ID: 76962
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2026 AV Calculator

Calculation Successful.

77.47%

Gold

NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

0.1484 seconds

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? ☐	Tiered Network Plan? ☐
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$2,250.00
Coinsurance (%; Insurer's Cost Share)		80.00%
MOOP (\$)		\$8,000.00
MOOP if Separate (\$)		

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?	Copay applies only after deductible?
Medical	☒ All	☒ All			☒ All	☒ All			☐ All	☐ All
Emergency Room Services	☒	☒			☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☒	☒			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		\$15.00	☐	☐			☐	☐
Specialist Visit	☐	☐		\$60.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☒	☒			☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☒	☒			☐	☐			☐	☐
Speech Therapy	☒	☒			☐	☐			☐	☐
Occupational and Physical Therapy	☒	☒			☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	\$0.00	☐	☐	100%	\$0.00	☐	☐
Laboratory Outpatient and Professional Services	☐	☐		\$40.00	☐	☐			☐	☐
X-rays and Diagnostic Imaging	☒	☒			☐	☐			☐	☐
Skilled Nursing Facility	☒	☒			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☒	☒			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☒	☒			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		\$5.00	☐	☐			☐	☐
Preferred Brand Drugs	☒	☐		\$75.00	☐	☐			☒	☐
Non-Preferred Brand Drugs	☒	☒	50%		☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☒	☒	50%		☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: Choice Gold Alternative EPO
Plan HIOS ID: 76962CT0100001
Issuer HIOS ID: 76962
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2026 AV Calculator

Calculation Successful.

77.11%

Gold

NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

0.1445 seconds

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? ☐	Tiered Network Plan? ☐
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$7,000.00
Coinsurance (%; Insurer's Cost Share)		100.00%
MOOP (\$)		\$10,000.00
MOOP if Separate (\$)		

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	☒ All	☒ All			☒ All	☒ All			☐ All	☐ All
Emergency Room Services	☒	☐		\$450.00	☐	☐			☒	☐
All Inpatient Hospital Services (inc. MH/SUD)	☒	☐		\$500.00	☐	☐			☒	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		\$50.00	☐	☐			☐	☐
Specialist Visit	☒	☐		\$70.00	☐	☐			☒	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		\$100.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☒	☐		\$75.00	☐	☐			☒	☐
Speech Therapy	☒	☐		\$30.00	☐	☐			☒	☐
Occupational and Physical Therapy	☒	☐		\$30.00	☐	☐			☒	☐
Preventive Care/Screening/Immunization	☐	☐	100%	\$0.00	☐	☐	100%	\$0.00	☐	☐
Laboratory Outpatient and Professional Services	☐	☐		\$20.00	☐	☐			☐	☐
X-rays and Diagnostic Imaging	☒	☐		\$75.00	☐	☐			☒	☐
Skilled Nursing Facility	☒	☐		\$500.00	☐	☐			☒	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☒	☐		\$500.00	☐	☐			☒	☐
Outpatient Surgery Physician/Surgical Services	☒	☒			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		\$15.00	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		\$50.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☒	☒	50%		☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☒	☒	50%		☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☒
Specialty Rx Coinsurance Maximum:	\$500
Set a Maximum Number of Days for Charging an IP Copay?	☒
# Days (1-10):	2
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: Choice Bronze Standard POS
 Plan HIOS ID: 76962CT0010001
 Issuer HIOS ID: 76962
 AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2026 AV Calculator

Expanded Bronze Standard (58% to 65%), Calculation Successful.

63.94%

Bronze

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.1445 seconds

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? ☐	Tiered Network Plan? ☐
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$7,000.00
Coinsurance (%; Insurer's Cost Share)		100.00%
MOOP (\$)		\$9,200.00
MOOP if Separate (\$)		

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?	Copay applies only after deductible?
Medical	☒ All	☒ All			☒ All	☒ All			☐ All	☐ All
Emergency Room Services	☒	☒	55%		☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☒	☒	55%		☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		\$50.00	☐	☐			☐	☐
Specialist Visit	☒	☐		\$70.00	☐	☐			☒	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☒	☒			☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☒	☐		\$75.00	☐	☐			☒	☐
Speech Therapy	☒	☐		\$30.00	☐	☐			☒	☐
Occupational and Physical Therapy	☒	☐		\$30.00	☐	☐			☒	☐
Preventive Care/Screening/Immunization	☐	☐	100%	\$0.00	☐	☐	100%	\$0.00	☐	☐
Laboratory Outpatient and Professional Services	☒	☐		\$25.00	☐	☐			☒	☐
X-rays and Diagnostic Imaging	☒	☒	55%		☐	☐			☐	☐
Skilled Nursing Facility	☒	☒	55%		☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☒	☒	55%		☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☒	☒			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		\$30.00	☐	☐			☐	☐
Preferred Brand Drugs	☒	☐		\$100.00	☐	☐			☒	☐
Non-Preferred Brand Drugs	☒	☒	50%		☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☒	☒	50%		☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☒
Specialty Rx Coinsurance Maximum:	\$500
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: Choice Bronze Alternative POS with Dental and Vision
Plan HIOS ID: 76962CT0010027
Issuer HIOS ID: 76962
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2026 AV Calculator

Expanded Bronze Standard (58% to 65%), Calculation Successful.

62.41%

Bronze

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.1523 seconds

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? ☐	Tiered Network Plan? ☐
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$6,000.00
Coinsurance (%; Insurer's Cost Share)		50.00%
MOOP (\$)		\$10,200.00
MOOP if Separate (\$)		

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?	Copay applies only after deductible?
Medical	☒ All	☒ All			☒ All	☒ All			☐ All	☐ All
Emergency Room Services	☒	☒			☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☒	☒			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		\$60.00	☐	☐			☐	☐
Specialist Visit	☒	☐		\$140.00	☐	☐			☒	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☒	☒			☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☒	☒			☐	☐			☐	☐
Speech Therapy	☒	☒			☐	☐			☐	☐
Occupational and Physical Therapy	☒	☒			☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	\$0.00	☐	☐	100%	\$0.00	☐	☐
Laboratory Outpatient and Professional Services	☒	☒			☐	☐			☐	☐
X-rays and Diagnostic Imaging	☒	☒			☐	☐			☐	☐
Skilled Nursing Facility	☒	☒			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☒	☒			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☒	☒			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		\$30.00	☐	☐			☐	☐
Preferred Brand Drugs	☒	☐		\$150.00	☐	☐			☒	☐
Non-Preferred Brand Drugs	☒	☒			☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☒	☒			☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: Choice Bronze Alternative EPO with Dental and Vision
Plan HIOS ID: 76962CT0100002
Issuer HIOS ID: 76962
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2026 AV Calculator

Expanded Bronze Standard (58% to 65%), Calculation Successful.

61.23%

Bronze

NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

0.1406 seconds

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? ☐	Tiered Network Plan? ☐
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$7,000.00
Coinsurance (%; Insurer's Cost Share)		50.00%
MOOP (\$)		\$10,200.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	☒ All	☒ All			☒ All	☒ All			☐ All	☐ All
Emergency Room Services	☒	☒			☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☒	☒			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		\$60.00	☐	☐			☐	☐
Specialist Visit	☒	☐		\$140.00	☐	☐			☒	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☒	☒			☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☒	☒			☐	☐			☐	☐
Speech Therapy	☒	☒			☐	☐			☐	☐
Occupational and Physical Therapy	☒	☒			☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	\$0.00	☐	☐	100%	\$0.00	☐	☐
Laboratory Outpatient and Professional Services	☒	☒			☐	☐			☐	☐
X-rays and Diagnostic Imaging	☒	☒			☐	☐			☐	☐
Skilled Nursing Facility	☒	☒			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☒	☒			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☒	☒			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		\$30.00	☐	☐			☐	☐
Preferred Brand Drugs	☒	☐		\$150.00	☐	☐			☒	☐
Non-Preferred Brand Drugs	☒	☒			☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☒	☒			☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: Choice Bronze Alternative EPO
Plan HIOS ID: 76962CT0100003
Issuer HIOS ID: 76962
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2026 AV Calculator

Expanded Bronze Standard (58% to 65%), Calculation Successful.

60.78%

Bronze

NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

0.1406 seconds

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? ☐	Tiered Network Plan? ☐
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$6,500.00
Coinsurance (%; Insurer's Cost Share)		80.00%
MOOP (\$)		\$7,225.00
MOOP if Separate (\$)		

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?	Copay applies only after deductible?
Medical	☒ All	☒ All			☒ All	☒ All			☐ All	☐ All
Emergency Room Services	☒	☒			☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☒	☒			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☒	☒			☐	☐			☐	☐
Specialist Visit	☒	☒			☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☒	☒			☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☒	☒			☐	☐			☐	☐
Speech Therapy	☒	☒			☐	☐			☐	☐
Occupational and Physical Therapy	☒	☒			☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	\$0.00	☐	☐	100%	\$0.00	☐	☐
Laboratory Outpatient and Professional Services	☒	☒			☐	☐			☐	☐
X-rays and Diagnostic Imaging	☒	☒			☐	☐			☐	☐
Skilled Nursing Facility	☒	☒			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☒	☒			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☒	☒			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☒	☒			☐	☐			☐	☐
Preferred Brand Drugs	☒	☒	75%		☐	☐			☐	☐
Non-Preferred Brand Drugs	☒	☒	70%		☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☒	☒	70%		☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☒
Specialty Rx Coinsurance Maximum:	\$500
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: Choice Bronze Standard POS HSA
Plan HIOS ID: 76962CT0010011
Issuer HIOS ID: 76962
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Expanded Bronze Standard (58% to 65%), Calculation Successful.

64.97%

Bronze

Additional Notes:

Calculation Time:

Final 2026 AV Calculator

0.1406 seconds

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? ☐	Tiered Network Plan? ☐
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$10,600.00
Coinsurance (%; Insurer's Cost Share)		100.00%
MOOP (\$)		\$10,600.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	☒ All	☒ All			☒ All	☒ All			☐ All	☐ All
Emergency Room Services	☒	☒			☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☒	☒			☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☒	☐		\$30.00	☐	☐			☒	☐
Specialist Visit	☒	☒			☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☒	☒			☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☒	☒			☐	☐			☐	☐
Speech Therapy	☒	☒			☐	☐			☐	☐
Occupational and Physical Therapy	☒	☒			☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	\$0.00	☐	☐	100%	\$0.00	☐	☐
Laboratory Outpatient and Professional Services	☒	☒			☐	☐			☐	☐
X-rays and Diagnostic Imaging	☒	☒			☐	☐			☐	☐
Skilled Nursing Facility	☒	☒			☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☒	☒			☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☒	☒			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☒	☒			☐	☐			☐	☐
Preferred Brand Drugs	☒	☒			☐	☐			☐	☐
Non-Preferred Brand Drugs	☒	☒			☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☒	☒			☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☒
# Visits (1-10):	3
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: Choice Catastrophic POS with Dental and Vision
Plan HIOS ID: 76962CT0010002
Issuer HIOS ID: 76962
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2026 AV Calculator

Calculation Successful.

60.33%

Bronze

NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

0.25 seconds

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

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? ☐	Tiered Network Plan? ☐
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$5,000.00	\$250.00	
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%	
MOOP (\$)	\$9,400.00		
MOOP if Separate (\$)			

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	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	☒ All	☒ All			☒ All	☒ All			☐ All	☐ All
Emergency Room Services	☒	☐		\$450.00	☐	☐			☒	☐
All Inpatient Hospital Services (inc. MH/SUD)	☒	☐		\$500.00	☐	☐			☒	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		\$45.00	☐	☐			☐	☐
Specialist Visit	☐	☐		\$60.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		\$100.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☐	☐		\$75.00	☐	☐			☐	☐
Speech Therapy	☐	☐		\$30.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		\$30.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	\$0.00	☐	☐	100%	\$0.00	☐	☐
Laboratory Outpatient and Professional Services	☐	☐		\$25.00	☐	☐			☐	☐
X-rays and Diagnostic Imaging	☒	☐		\$75.00	☐	☐			☒	☐
Skilled Nursing Facility	☒	☐		\$500.00	☐	☐			☒	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☒	☐		\$500.00	☐	☐			☒	☐
Outpatient Surgery Physician/Surgical Services	☒	☒			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		\$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☒	☐		\$50.00	☐	☐			☒	☐
Non-Preferred Brand Drugs	☒	☐		\$75.00	☐	☐			☒	☐
Specialty Drugs (i.e. high-cost)	☒	☒	80%		☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☒
Specialty Rx Coinsurance Maximum:	\$200
Set a Maximum Number of Days for Charging an IP Copay?	☒
# Days (1-10):	4
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: Choice Silver Standard POS
Plan HIOS ID: 76962CT0010005
Issuer HIOS ID: 76962
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2026 AV Calculator

Calculation Successful.

71.42%

Silver

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.1523 seconds

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? ☐	Tiered Network Plan? ☐
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$5,000.00	\$250.00	
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%	
MOOP (\$)	\$7,675.00		
MOOP if Separate (\$)			

	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	☒ All	☒ All			☒ All	☒ All			☐ All	☐ All
Emergency Room Services	☒	☐		\$450.00	☐	☐			☒	☐
All Inpatient Hospital Services (inc. MH/SUD)	☒	☐		\$500.00	☐	☐			☒	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		\$45.00	☐	☐			☐	☐
Specialist Visit	☐	☐		\$60.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		\$100.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☐	☐		\$75.00	☐	☐			☐	☐
Speech Therapy	☐	☐		\$30.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		\$30.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	\$0.00	☐	☐	100%	\$0.00	☐	☐
Laboratory Outpatient and Professional Services	☐	☐		\$25.00	☐	☐			☐	☐
X-rays and Diagnostic Imaging	☒	☐		\$75.00	☐	☐			☒	☐
Skilled Nursing Facility	☒	☐		\$500.00	☐	☐			☒	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☒	☐		\$500.00	☐	☐			☒	☐
Outpatient Surgery Physician/Surgical Services	☒	☒			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		\$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☒	☐		\$50.00	☐	☐			☒	☐
Non-Preferred Brand Drugs	☒	☐		\$75.00	☐	☐			☒	☐
Specialty Drugs (i.e. high-cost)	☒	☒	80%		☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☒
Specialty Rx Coinsurance Maximum:	\$100
Set a Maximum Number of Days for Charging an IP Copay?	☒
# Days (1-10):	4
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: Choice Silver Standard POS (CSR 73%)
Plan HIOS ID: 76962CT0010005-04
Issuer HIOS ID: 76962
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2026 AV Calculator

CSR Level of 73% (200-250% FPL), Calculation Successful.

73.85%

Silver

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.2031 seconds

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? ☐	Tiered Network Plan? ☐
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$415.00	\$50.00
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%
MOOP (\$)	\$2,950.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	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	☒ All	☒ All			☒ All	☒ All			☐ All	☐ All
Emergency Room Services	☒	☐		\$150.00	☐	☐			☒	☐
All Inpatient Hospital Services (inc. MH/SUD)	☒	☐		\$100.00	☐	☐			☒	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		\$35.00	☐	☐			☐	☐
Specialist Visit	☐	☐		\$50.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		\$100.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☐	☐		\$60.00	☐	☐			☐	☐
Speech Therapy	☐	☐		\$20.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		\$20.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	\$0.00	☐	☐	100%	\$0.00	☐	☐
Laboratory Outpatient and Professional Services	☐	☐		\$15.00	☐	☐			☐	☐
X-rays and Diagnostic Imaging	☒	☐		\$60.00	☐	☐			☒	☐
Skilled Nursing Facility	☒	☐		\$100.00	☐	☐			☒	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☒	☐		\$100.00	☐	☐			☒	☐
Outpatient Surgery Physician/Surgical Services	☒	☒			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		\$10.00	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		\$25.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☒	☐		\$40.00	☐	☐			☒	☐
Specialty Drugs (i.e. high-cost)	☒	☒	80%		☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☒
Specialty Rx Coinsurance Maximum:	\$60
Set a Maximum Number of Days for Charging an IP Copay?	☒
# Days (1-10):	4
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: Choice Silver Standard POS (CSR 87%)
Plan HIOS ID: 76962CT0010005-05
Issuer HIOS ID: 76962
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2026 AV Calculator

CSR Level of 87% (150-200% FPL), Calculation Successful.

86.75%

Gold

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

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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? ☐	Tiered Network Plan? ☐
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%
MOOP (\$)	\$1,350.00	
MOOP if Separate (\$)		

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	☒ All	☒ All			☒ All	☒ All			☐ All	☐ All
Emergency Room Services	☐	☐		\$50.00	☐	☐			☐	☐
All Inpatient Hospital Services (inc. MH/SUD)	☐	☐		\$75.00	☐	☐			☐	☐
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		\$15.00	☐	☐			☐	☐
Specialist Visit	☐	☐		\$30.00	☐	☐			☐	☐
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	☐	☐		\$75.00	☐	☐			☐	☐
Imaging (CT/PET Scans, MRIs)	☐	☐		\$50.00	☐	☐			☐	☐
Speech Therapy	☐	☐		\$20.00	☐	☐			☐	☐
Occupational and Physical Therapy	☐	☐		\$20.00	☐	☐			☐	☐
Preventive Care/Screening/Immunization	☐	☐	100%	\$0.00	☐	☐	100%	\$0.00	☐	☐
Laboratory Outpatient and Professional Services	☐	☐		\$10.00	☐	☐			☐	☐
X-rays and Diagnostic Imaging	☐	☐		\$50.00	☐	☐			☐	☐
Skilled Nursing Facility	☐	☐		\$75.00	☐	☐			☐	☐
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☐	☐		\$75.00	☐	☐			☐	☐
Outpatient Surgery Physician/Surgical Services	☐	☒			☐	☐			☐	☐
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	☐	☐		\$5.00	☐	☐			☐	☐
Preferred Brand Drugs	☐	☐		\$10.00	☐	☐			☐	☐
Non-Preferred Brand Drugs	☐	☐		\$30.00	☐	☐			☐	☐
Specialty Drugs (i.e. high-cost)	☐	☒	80%		☐	☐			☐	☐

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☒
Specialty Rx Coinsurance Maximum:	\$60
Set a Maximum Number of Days for Charging an IP Copay?	☒
# Days (1-10):	4
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Plan Description:

Name: Choice Silver Standard POS (CSR 94%)
Plan HIOS ID: 76962CT0010005-06
Issuer HIOS ID: 76962
AVC Version: 2026_1d

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2026 AV Calculator

CSR Level of 94% (100-150% FPL), Calculation Successful.

93.88%

Platinum

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.1406 seconds

Schedule of Benefits	In-Network	Out-of-Network
Deductible		
Individual	\$7,000	\$13,100
Family	\$14,000	\$26,200
Coinsurance (Member responsibility)	n/a	50% coinsurance
Out-of-Pocket		
Individual	\$10,000	\$18,200
Family	\$20,000	\$36,400
Preventive Care (Screenings and Immunizations)	No cost	50% coinsurance per visit
Primary Care Provider Office Services (excludes preventive)	\$50 copayment per visit	50% coinsurance per visit after OON plan deductible is met
Outpatient Mental Health, Alcohol and Substance Use Disorder treatment services	\$100 copayment per visit	50% coinsurance per visit after OON plan deductible is met
Specialist Office Services	\$70 copayment per visit after INET plan deductible is met	50% coinsurance per visit after OON plan deductible is met
Outpatient Rehabilitative & Habilitative: Occupational and Physical Therapy (up to 40 visits per year)	\$30 copayment per visit after INET plan deductible is met	50% coinsurance per visit after OON plan deductible is met
Outpatient Rehabilitative & Habilitative: Speech Therapy (up to 40 visits per year)	\$30 copayment per visit after INET plan deductible is met	50% coinsurance per visit after OON plan deductible is met
Emergency Room Services	\$450 copayment per visit after INET plan deductible is met	\$450 copayment per visit after INET plan deductible is met
Laboratory Services	\$20 copayment per service	50% coinsurance per service after OON plan deductible is met
X-Rays and Diagnostic Imaging	\$40 copayment per service after INET plan deductible is met	50% coinsurance per service after OON plan deductible is met
Advanced Imaging (CT / PET Scans / MRI)	\$75 copayment per service after INET plan deductible is met up to a combined annual maximum of \$375 for MRI and CAT scans; \$400 for PET scans	50% coinsurance per service after OON plan deductible is met
Ambulatory Surgical Center	\$300 copayment per visit after INET plan deductible is met	50% coinsurance per visit after OON plan deductible is met
Hospital Outpatient Services	\$500 copayment per visit after INET plan deductible is met	50% coinsurance per visit after OON plan deductible is met
All Inpatient Hospital Services (Includes Mental/Behavioral Health and Substance Use Disorder) (Includes Skilled Nursing Facilities up to 90 visits per year)	\$500 copayment per day up to a maximum of \$1,000 per admission after INET plan deductible is met	50% coinsurance per admission after OON plan deductible is met
PHARMACY	In-Network	Out-of-Network
Pharmacy Deductible		
Individual	combined with medical	combined with medical
Family	combined with medical	combined with medical
Generic	\$15 copayment per prescription	50% coinsurance per prescription after OON plan deductible is met
Preferred Brand Drugs	\$50 copayment per prescription	50% coinsurance per prescription after OON plan deductible is met
Non-Preferred Brand Drugs	50% coinsurance per prescription after INET plan deductible is met	50% coinsurance per prescription after OON plan deductible is met
Specialty Drugs	50% coinsurance up to a maximum of \$500 per prescription after INET plan deductible is met	50% coinsurance per prescription after OON plan deductible is met

Schedule of Benefits	In-Network	Out-of-Network
Deductible		
Individual	\$6,500	\$13,000
Family	\$13,000	\$26,000
Coinsurance (Member responsibility)	20% coinsurance	50% coinsurance
Out-of-Pocket		
Individual	\$7,225	\$14,450
Family	\$14,450	\$28,900
Preventive Care (Screenings and Immunizations)	No cost	50% coinsurance per visit
Primary Care Provider Office Services (excludes preventive)	20% coinsurance per visit after INET plan deductible is met	50% coinsurance per visit after OON plan deductible is met
Outpatient Mental Health, Alcohol and Substance Use Disorder treatment services	20% coinsurance per visit after INET plan deductible is met	50% coinsurance per visit after OON plan deductible is met
Specialist Office Services	20% coinsurance per visit after INET plan deductible is met	50% coinsurance per visit after OON plan deductible is met
Outpatient Rehabilitative & Habilitative: Occupational and Physical Therapy (up to 40 visits per year)	20% coinsurance per visit after INET plan deductible is met	50% coinsurance per visit after OON plan deductible is met
Outpatient Rehabilitative & Habilitative: Speech Therapy (up to 40 visits per year)	20% coinsurance per visit after INET plan deductible is met	50% coinsurance per visit after OON plan deductible is met
Emergency Room Services	20% coinsurance per visit after INET plan deductible is met	20% coinsurance per visit after INET plan deductible is met
Laboratory Services	20% coinsurance per service after INET plan deductible is met	50% coinsurance per service after OON plan deductible is met
X-Rays and Diagnostic Imaging	20% coinsurance per service after INET plan deductible is met	50% coinsurance per service after OON plan deductible is met
Advanced Imaging (CT / PET Scans / MRI)	20% coinsurance per service after INET plan deductible is met	50% coinsurance per service after OON plan deductible is met
Ambulatory Surgical Center	20% coinsurance per visit after INET plan deductible is met	50% coinsurance per visit after OON plan deductible is met
Hospital Outpatient Services	20% coinsurance per visit after INET plan deductible is met	50% coinsurance per visit after OON plan deductible is met
All Inpatient Hospital Services (Includes Mental/Behavioral Health and Substance Use Disorder) (Includes Skilled Nursing Facilities up to 90 visits per year)	20% coinsurance per admission after INET plan deductible is met	50% coinsurance per admission after OON plan deductible is met
PHARMACY	In-Network	Out-of-Network
Pharmacy Deductible		
Individual	combined with medical	combined with medical
Family	combined with medical	combined with medical
Generic	20% coinsurance per prescription after INET plan deductible is met	50% coinsurance per prescription after OON plan deductible is met
Preferred Brand Drugs	25% coinsurance per prescription after INET plan deductible is met	50% coinsurance per prescription after OON plan deductible is met
Non-Preferred Brand Drugs	30% coinsurance per prescription after INET plan deductible is met	50% coinsurance per prescription after OON plan deductible is met
Specialty Drugs	30% coinsurance up to a maximum of \$500 per prescription after INET plan deductible is met	50% coinsurance per prescription after OON plan deductible is met

Schedule of Benefits	In-Network	Out-of-Network
Deductible		
Individual	\$10,600	\$15,000
Family	\$21,200	\$30,000
Coinsurance (Member responsibility)	n/a	50% coinsurance
Out-of-Pocket		
Individual	\$10,600	\$20,000
Family	\$21,200	\$40,000
Preventive Care (Screenings and Immunizations)	No cost	50% coinsurance per visit
Primary Care Provider Office Services (excludes preventive)	\$30 copayment per visit for the first 3 visits combined with mental health and substance use disorder visits then 0% coinsurance per visit after INET plan deductible is met	50% coinsurance per visit after OON plan deductible is met
Outpatient Mental Health, Alcohol and Substance Use Disorder treatment services	0% coinsurance per visit after INET plan deductible is met	50% coinsurance per visit after OON plan deductible is met
Specialist Office Services	0% coinsurance per visit after INET plan deductible is met	50% coinsurance per visit after OON plan deductible is met
Outpatient Rehabilitative & Habilitative: Occupational and Physical Therapy (up to 40 visits per year)	0% coinsurance per visit after INET plan deductible is met	50% coinsurance per visit after OON plan deductible is met
Outpatient Rehabilitative & Habilitative: Speech Therapy (up to 40 visits per year)	0% coinsurance per visit after INET plan deductible is met	50% coinsurance per visit after OON plan deductible is met
Emergency Room Services	0% coinsurance per visit after INET plan deductible is met	0% coinsurance per visit after INET plan deductible is met
Laboratory Services	0% coinsurance per service after INET plan deductible is met	50% coinsurance per service after OON plan deductible is met
X-Rays and Diagnostic Imaging	0% coinsurance per service after INET plan deductible is met	50% coinsurance per service after OON plan deductible is met
Advanced Imaging (CT / PET Scans / MRI)	0% coinsurance per service after INET plan deductible is met	50% coinsurance per service after OON plan deductible is met
Ambulatory Surgical Center	0% coinsurance per visit after INET plan deductible is met	50% coinsurance per visit after OON plan deductible is met
Hospital Outpatient Services	0% coinsurance per visit after INET plan deductible is met	50% coinsurance per visit after OON plan deductible is met
All Inpatient Hospital Services (Includes Mental/Behavioral Health and Substance Use Disorder) (Includes Skilled Nursing Facilities up to 90 visits per year)	0% coinsurance per admission after INET plan deductible is met	50% coinsurance per admission after OON plan deductible is met
PHARMACY	In-Network	Out-of-Network
Pharmacy Deductible		
Individual	combined with medical	combined with medical
Family	combined with medical	combined with medical
Generic	0% coinsurance per prescription after INET plan deductible is met	50% coinsurance per prescription after OON plan deductible is met
Preferred Brand Drugs	0% coinsurance per prescription after INET plan deductible is met	50% coinsurance per prescription after OON plan deductible is met
Non-Preferred Brand Drugs	0% coinsurance per prescription after INET plan deductible is met	50% coinsurance per prescription after OON plan deductible is met
Specialty Drugs	0% coinsurance per prescription after INET plan deductible is met	50% coinsurance per prescription after OON plan deductible is met

Choice Gold Standard POS

76962CT0010006-01

Schedule of Benefits	In-Network	Out-of-Network
Deductible		
Individual	\$1,200	\$3,000
Family	\$2,400	\$6,000
Coinsurance (Member responsibility)	n/a	30% coinsurance
Out-of-Pocket		
Individual	\$7,375	\$14,750
Family	\$14,750	\$29,500
Preventive Care (Screenings and Immunizations)	No cost	30% coinsurance per visit
Primary Care Provider Office Services (excludes preventive)	\$20 copayment per visit	30% coinsurance per visit after OON plan deductible is met
Outpatient Mental Health, Alcohol and Substance Use Disorder treatment services	\$100 copayment per visit	30% coinsurance per visit after OON plan deductible is met
Specialist Office Services	\$40 copayment per visit	30% coinsurance per visit after OON plan deductible is met
Outpatient Rehabilitative & Habilitative: Occupational and Physical Therapy (up to 40 visits per year)	\$20 copayment per visit	30% coinsurance per visit after OON plan deductible is met
Outpatient Rehabilitative & Habilitative: Speech Therapy (up to 40 visits per year)	\$20 copayment per visit	30% coinsurance per visit after OON plan deductible is met
Emergency Room Services	\$400 copayment per visit	\$400 copayment per visit
Laboratory Services	\$10 copayment per service	30% coinsurance per service after OON plan deductible is met
X-Rays and Diagnostic Imaging	\$40 copayment per service after INET plan deductible is met	30% coinsurance per service after OON plan deductible is met
Advanced Imaging (CT / PET Scans / MRI)	\$65 copayment per service up to a combined annual maximum of \$375 for MRI and CAT scans; \$400 for PET scans	30% coinsurance per service after OON plan deductible is met
Ambulatory Surgical Center	\$300 copayment per visit after INET plan deductible is met	30% coinsurance per visit after OON plan deductible is met
Hospital Outpatient Services	\$500 copayment per visit after INET plan deductible is met	30% coinsurance per visit after OON plan deductible is met
All Inpatient Hospital Services (Includes Mental/Behavioral Health and Substance Use Disorder) (Includes Skilled Nursing Facilities up to 90 visits per year)	\$500 copayment per day up to a maximum of \$1,000 per admission after INET plan deductible is met	30% coinsurance per admission after OON plan deductible is met
PHARMACY	In-Network	Out-of-Network
Pharmacy Deductible		
Individual	\$50	\$350
Family	\$100	\$700
Generic	\$5 copayment per prescription	30% coinsurance per prescription after OON prescription drug deductible is met
Preferred Brand Drugs	\$35 copayment per prescription	30% coinsurance per prescription after OON prescription drug deductible is met
Non-Preferred Brand Drugs	\$60 copayment per prescription	30% coinsurance per prescription after OON prescription drug deductible is met
Specialty Drugs	20% coinsurance up to a maximum of \$100 per prescription after INET prescription drug deductible is met	30% coinsurance per prescription after OON prescription drug deductible is met

Choice Silver Standard POS

76962CT0010005-01

Schedule of Benefits	In-Network	Out-of-Network
Deductible		
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000
Coinsurance (Member responsibility)	n/a	40% coinsurance
Out-of-Pocket		
Individual	\$9,400	\$18,200
Family	\$18,800	\$36,400
Preventive Care (Screenings and Immunizations)	No cost	40% coinsurance per visit
Primary Care Provider Office Services (excludes preventive)	\$45 copayment per visit	40% coinsurance per visit after OON plan deductible is met
Outpatient Mental Health, Alcohol and Substance Use Disorder treatment services	\$100 copayment per visit	40% coinsurance per visit after OON plan deductible is met
Specialist Office Services	\$60 copayment per visit	40% coinsurance per visit after OON plan deductible is met
Outpatient Rehabilitative & Habilitative: Occupational and Physical Therapy (up to 40 visits per year)	\$30 copayment per visit	40% coinsurance per visit after OON plan deductible is met
Outpatient Rehabilitative & Habilitative: Speech Therapy (up to 40 visits per year)	\$30 copayment per visit	40% coinsurance per visit after OON plan deductible is met
Emergency Room Services	\$450 copayment per visit after INET plan deductible is met	\$450 copayment per visit after INET plan deductible is met
Laboratory Services	\$25 copayment per service	40% coinsurance per service after OON plan deductible is met
X-Rays and Diagnostic Imaging	\$40 copayment per service after INET plan deductible is met	40% coinsurance per service after OON plan deductible is met
Advanced Imaging (CT / PET Scans / MRI)	\$75 copayment per service up to a combined annual maximum of \$375 for MRI and CAT scans; \$400 for PET scans	40% coinsurance per service after OON plan deductible is met
Ambulatory Surgical Center	\$300 copayment per visit after INET plan deductible is met	40% coinsurance per visit after OON plan deductible is met
Hospital Outpatient Services	\$500 copayment per visit after INET plan deductible is met	40% coinsurance per visit after OON plan deductible is met
All Inpatient Hospital Services (Includes Mental/Behavioral Health and Substance Use Disorder) (Includes Skilled Nursing Facilities up to 90 visits per year)	\$500 copayment per day up to a maximum of \$2,000 per admission after INET plan deductible is met	40% coinsurance per admission after OON plan deductible is met
PHARMACY	In-Network	Out-of-Network
Pharmacy Deductible		
Individual	\$250	\$500
Family	\$500	\$1,000
Generic	\$10 copayment per prescription	40% coinsurance per prescription after OON prescription drug deductible is met
Preferred Brand Drugs	\$50 copayment per prescription after INET prescription drug deductible is met	40% coinsurance per prescription after OON prescription drug deductible is met
Non-Preferred Brand Drugs	\$75 copayment per prescription after INET prescription drug deductible is met	40% coinsurance per prescription after OON prescription drug deductible is met
Specialty Drugs	20% coinsurance up to a maximum of \$200 per prescription after INET prescription drug deductible is met	40% coinsurance per prescription after OON prescription drug deductible is met

Schedule of Benefits	In-Network	Out-of-Network
Deductible		
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000
Coinsurance (Member responsibility)	n/a	40% coinsurance
Out-of-Pocket		
Individual	\$7,675	\$18,200
Family	\$15,350	\$36,400
Preventive Care (Screenings and Immunizations)	No cost	40% coinsurance per visit
Primary Care Provider Office Services (excludes preventive)	\$45 copayment per visit	40% coinsurance per visit after OON plan deductible is met
Outpatient Mental Health, Alcohol and Substance Use Disorder treatment services	\$100 copayment per visit	40% coinsurance per visit after OON plan deductible is met
Specialist Office Services	\$60 copayment per visit	40% coinsurance per visit after OON plan deductible is met
Outpatient Rehabilitative & Habilitative: Occupational and Physical Therapy (up to 40 visits per year)	\$30 copayment per visit	40% coinsurance per visit after OON plan deductible is met
Outpatient Rehabilitative & Habilitative: Speech Therapy (up to 40 visits per year)	\$30 copayment per visit	40% coinsurance per visit after OON plan deductible is met
Emergency Room Services	\$450 copayment per visit after INET plan deductible is met	\$450 copayment per visit after INET plan deductible is met
Laboratory Services	\$25 copayment per service	40% coinsurance per service after OON plan deductible is met
X-Rays and Diagnostic Imaging	\$40 copayment per service after INET plan deductible is met	40% coinsurance per service after OON plan deductible is met
Advanced Imaging (CT / PET Scans / MRI)	\$75 copayment per service up to a combined annual maximum of \$375 for MRI and CAT scans; \$400 for PET scans	40% coinsurance per service after OON plan deductible is met
Ambulatory Surgical Center	\$300 copayment per visit after INET plan deductible is met	40% coinsurance per visit after OON plan deductible is met
Hospital Outpatient Services	\$500 copayment per visit after INET plan deductible is met	40% coinsurance per visit after OON plan deductible is met
All Inpatient Hospital Services (Includes Mental/Behavioral Health and Substance Use Disorder) (Includes Skilled Nursing Facilities up to 90 visits per year)	\$500 copayment per day up to a maximum of \$2,000 per admission after INET plan deductible is met	40% coinsurance per admission after OON plan deductible is met
PHARMACY	In-Network	Out-of-Network
Pharmacy Deductible		
Individual	\$250	\$500
Family	\$500	\$1,000
Generic	\$10 copayment per prescription	40% coinsurance per prescription after OON prescription drug deductible is met
Preferred Brand Drugs	\$50 copayment per prescription after INET prescription drug deductible is met	40% coinsurance per prescription after OON prescription drug deductible is met
Non-Preferred Brand Drugs	\$75 copayment per prescription after INET prescription drug deductible is met	40% coinsurance per prescription after OON prescription drug deductible is met
Specialty Drugs	20% coinsurance up to a maximum of \$100 per prescription after INET prescription drug deductible is met	40% coinsurance per prescription after OON prescription drug deductible is met

Schedule of Benefits	In-Network	Out-of-Network
Deductible		
Individual	\$415	\$10,000
Family	\$830	\$20,000
Coinsurance (Member responsibility)	n/a	40% coinsurance
Out-of-Pocket		
Individual	\$2,950	\$18,200
Family	\$5,900	\$36,400
Preventive Care (Screenings and Immunizations)	No cost	40% coinsurance per visit
Primary Care Provider Office Services (excludes preventive)	\$35 copayment per visit	40% coinsurance per visit after OON plan deductible is met
Outpatient Mental Health, Alcohol and Substance Use Disorder treatment services	\$100 copayment per visit	40% coinsurance per visit after OON plan deductible is met
Specialist Office Services	\$50 copayment per visit	40% coinsurance per visit after OON plan deductible is met
Outpatient Rehabilitative & Habilitative: Occupational and Physical Therapy (up to 40 visits per year)	\$20 copayment per visit	40% coinsurance per visit after OON plan deductible is met
Outpatient Rehabilitative & Habilitative: Speech Therapy (up to 40 visits per year)	\$20 copayment per visit	40% coinsurance per visit after OON plan deductible is met
Emergency Room Services	\$150 copayment per visit after INET plan deductible is met	\$150 copayment per visit after INET plan deductible is met
Laboratory Services	\$15 copayment per service	40% coinsurance per service after OON plan deductible is met
X-Rays and Diagnostic Imaging	\$30 copayment per service after INET plan deductible is met	40% coinsurance per service after OON plan deductible is met
Advanced Imaging (CT / PET Scans / MRI)	\$60 copayment per service up to a combined annual maximum of \$360 for MRI and CAT scans; \$400 for PET scans	40% coinsurance per service after OON plan deductible is met
Ambulatory Surgical Center	\$60 copayment per visit after INET plan deductible is met	40% coinsurance per visit after OON plan deductible is met
Hospital Outpatient Services	\$100 copayment per visit after INET plan deductible is met	40% coinsurance per visit after OON plan deductible is met
All Inpatient Hospital Services (Includes Mental/Behavioral Health and Substance Use Disorder) (Includes Skilled Nursing Facilities up to 90 visits per year)	\$100 copayment per day up to a maximum of \$400 per admission after INET plan deductible is met	40% coinsurance per admission after OON plan deductible is met
PHARMACY	In-Network	Out-of-Network
Pharmacy Deductible		
Individual	\$50	\$500
Family	\$100	\$1,000
Generic	\$10 copayment per prescription	40% coinsurance per prescription after OON prescription drug deductible is met
Preferred Brand Drugs	\$25 copayment per prescription	40% coinsurance per prescription after OON prescription drug deductible is met
Non-Preferred Brand Drugs	\$40 copayment per prescription after INET prescription drug deductible is met	40% coinsurance per prescription after OON prescription drug deductible is met
Specialty Drugs	20% coinsurance up to a maximum of \$60 per prescription after INET prescription drug deductible is met	40% coinsurance per prescription after OON prescription drug deductible is met

Schedule of Benefits	In-Network	Out-of-Network
Deductible		
Individual	n/a	\$10,000
Family	n/a	\$20,000
Coinsurance (Member responsibility)	n/a	40% coinsurance
Out-of-Pocket		
Individual	\$1,350	\$18,200
Family	\$2,700	\$36,400
Preventive Care (Screenings and Immunizations)	No cost	40% coinsurance per visit
Primary Care Provider Office Services (excludes preventive)	\$15 copayment per visit	40% coinsurance per visit after OON plan deductible is met
Outpatient Mental Health, Alcohol and Substance Use Disorder treatment services	\$75 copayment per visit	40% coinsurance per visit after OON plan deductible is met
Specialist Office Services	\$30 copayment per visit	40% coinsurance per visit after OON plan deductible is met
Outpatient Rehabilitative & Habilitative: Occupational and Physical Therapy (up to 40 visits per year)	\$20 copayment per visit	40% coinsurance per visit after OON plan deductible is met
Outpatient Rehabilitative & Habilitative: Speech Therapy (up to 40 visits per year)	\$20 copayment per visit	40% coinsurance per visit after OON plan deductible is met
Emergency Room Services	\$50 copayment per visit	\$50 copayment per visit
Laboratory Services	\$10 copayment per service	40% coinsurance per service after OON plan deductible is met
X-Rays and Diagnostic Imaging	\$25 copayment per service	40% coinsurance per service after OON plan deductible is met
Advanced Imaging (CT / PET Scans / MRI)	\$50 copayment per service up to a combined annual maximum of \$350 for MRI and CAT scans; \$400 for PET scans	40% coinsurance per service after OON plan deductible is met
Ambulatory Surgical Center	\$45 copayment per visit	40% coinsurance per visit after OON plan deductible is met
Hospital Outpatient Services	\$75 copayment per visit	40% coinsurance per visit after OON plan deductible is met
All Inpatient Hospital Services (Includes Mental/Behavioral Health and Substance Use Disorder) (Includes Skilled Nursing Facilities up to 90 visits per year)	\$75 copayment per day up to a maximum of \$300 per admission	40% coinsurance per admission after OON plan deductible is met
PHARMACY	In-Network	Out-of-Network
Pharmacy Deductible		
Individual	n/a	\$500
Family	n/a	\$1,000
Generic	\$5 copayment per prescription	40% coinsurance per prescription after OON prescription drug deductible is met
Preferred Brand Drugs	\$10 copayment per prescription	40% coinsurance per prescription after OON prescription drug deductible is met
Non-Preferred Brand Drugs	\$30 copayment per prescription	40% coinsurance per prescription after OON prescription drug deductible is met
Specialty Drugs	20% coinsurance up to a maximum of \$60 per prescription	40% coinsurance per prescription after OON prescription drug deductible is met

Choice Bronze Alternative POS with Dental and Vision 76962CT0010027-01

Schedule of Benefits	In-Network	Out-of-Network
Deductible		
Individual	\$7,000	\$15,000
Family	\$14,000	\$30,000
Coinsurance (Member responsibility)	45% coinsurance	50% coinsurance
Out-of-Pocket		
Individual	\$9,200	\$20,000
Family	\$18,400	\$40,000
Preventive Care (Screenings and Immunizations)	No cost	50% coinsurance per visit
Primary Care Provider Office Services (excludes preventive)	\$50 copayment per visit	50% coinsurance per visit after OON plan deductible is met
Outpatient Mental Health, Alcohol and Substance Use Disorder treatment services	0% coinsurance per visit after INET plan deductible is met	50% coinsurance per visit after OON plan deductible is met
Specialist Office Services	\$70 copayment per visit after INET plan deductible is met	50% coinsurance per visit after OON plan deductible is met
Outpatient Rehabilitative & Habilitative: Occupational and Physical Therapy (up to 40 visits per year)	\$30 copayment per visit after INET plan deductible is met	50% coinsurance per visit after OON plan deductible is met
Outpatient Rehabilitative & Habilitative: Speech Therapy (up to 40 visits per year)	\$30 copayment per visit after INET plan deductible is met	50% coinsurance per visit after OON plan deductible is met
Emergency Room Services	45% coinsurance per visit after INET plan deductible is met	45% coinsurance per visit after INET plan deductible is met
Laboratory Services	\$25 copayment per service after INET plan deductible is met	50% coinsurance per service after OON plan deductible is met
X-Rays and Diagnostic Imaging	45% coinsurance per admission after INET plan deductible is met	50% coinsurance per service after OON plan deductible is met
Advanced Imaging (CT / PET Scans / MRI)	45% coinsurance per visit after INET plan deductible is met	50% coinsurance per service after OON plan deductible is met
Ambulatory Surgical Center	\$500 copayment per visit after INET plan deductible is met	50% coinsurance per visit after OON plan deductible is met
Hospital Outpatient Services	45% coinsurance per visit after INET plan deductible is met	50% coinsurance per visit after OON plan deductible is met
All Inpatient Hospital Services (Includes Mental/Behavioral Health and Substance Use Disorder) (Includes Skilled Nursing Facilities up to 90 visits per year)	45% coinsurance per admission after INET plan deductible is met	50% coinsurance per admission after OON plan deductible is met
PHARMACY	In-Network	Out-of-Network
Pharmacy Deductible		
Individual	combined with medical	combined with medical
Family	combined with medical	combined with medical
Generic	\$30 copayment per prescription	50% coinsurance per prescription after OON plan deductible is met
Preferred Brand Drugs	\$100 copayment per prescription after INET plan deductible is met	50% coinsurance per prescription after OON plan deductible is met
Non-Preferred Brand Drugs	50% coinsurance per prescription after INET plan deductible is met	50% coinsurance per prescription after OON plan deductible is met
Specialty Drugs	50% coinsurance up to a maximum of \$500 per prescription after INET plan deductible is met	50% coinsurance per prescription after OON plan deductible is met

Schedule of Benefits	In-Network	Out-of-Network
Deductible		
Individual	\$2,000	\$7,000
Family	\$4,000	\$14,000
Coinsurance (Member responsibility)	30% coinsurance	50% coinsurance
Out-of-Pocket		
Individual	\$7,900	\$12,000
Family	\$15,800	\$24,000
Preventive Care (Screenings and Immunizations)	No cost	50% coinsurance per visit
Primary Care Provider Office Services (excludes preventive)	\$40 copayment per visit	50% coinsurance per visit after OON plan deductible is met
Outpatient Mental Health, Alcohol and Substance Use Disorder treatment services	0% coinsurance per visit after INET plan deductible is met	50% coinsurance per visit after OON plan deductible is met
Specialist Office Services	\$50 copayment per visit	50% coinsurance per visit after OON plan deductible is met
Outpatient Rehabilitative & Habilitative: Occupational and Physical Therapy (up to 40 visits per year)	30% coinsurance per visit after INET plan deductible is met	50% coinsurance per visit after OON plan deductible is met
Outpatient Rehabilitative & Habilitative: Speech Therapy (up to 40 visits per year)	30% coinsurance per visit after INET plan deductible is met	50% coinsurance per visit after OON plan deductible is met
Emergency Room Services	30% coinsurance per visit after INET plan deductible is met	50% coinsurance per visit after INET plan deductible is met
Laboratory Services	\$10 copayment per service	50% coinsurance per service after OON plan deductible is met
X-Rays and Diagnostic Imaging	30% coinsurance per service after INET plan deductible is met	50% coinsurance per service after OON plan deductible is met
Advanced Imaging (CT / PET Scans / MRI)	30% coinsurance per service after INET plan deductible is met	50% coinsurance per service after OON plan deductible is met
Ambulatory Surgical Center	\$250 copayment per visit	50% coinsurance per visit after OON plan deductible is met
Hospital Outpatient Services	30% coinsurance per visit after INET plan deductible is met	50% coinsurance per visit after OON plan deductible is met
All Inpatient Hospital Services (Includes Mental/Behavioral Health and Substance Use Disorder) (Includes Skilled Nursing Facilities up to 90 visits per year)	30% coinsurance per admission after INET plan deductible is met	50% coinsurance per admission after OON plan deductible is met
PHARMACY	In-Network	Out-of-Network
Pharmacy Deductible		
Individual	\$75	\$500
Family	\$150	\$1,000
Generic	\$10 copayment per prescription	50% coinsurance per prescription after OON prescription drug deductible is met
Preferred Brand Drugs	\$40 copayment per prescription	50% coinsurance per prescription after OON prescription drug deductible is met
Non-Preferred Brand Drugs	20% coinsurance per prescription after INET prescription drug deductible is met	50% coinsurance per prescription after OON prescription drug deductible is met
Specialty Drugs	20% coinsurance up to a maximum of \$750 per prescription after INET prescription drug deductible is met	50% coinsurance per prescription after OON prescription drug deductible is met

Schedule of Benefits	In-Network	Out-of-Network
Deductible		
Individual	\$1,640	\$7,000
Family	\$3,280	\$14,000
Coinsurance (Member responsibility)	25% coinsurance	50% coinsurance
Out-of-Pocket		
Individual	\$8,100	\$12,000
Family	\$16,200	\$24,000
Preventive Care (Screenings and Immunizations)	No cost	50% coinsurance per visit
Primary Care Provider Office Services (excludes preventive)	\$25 copayment per visit	50% coinsurance per visit after OON plan deductible is met
Outpatient Mental Health, Alcohol and Substance Use Disorder treatment services	25% coinsurance per visit after INET plan deductible is met	50% coinsurance per visit after OON plan deductible is met
Specialist Office Services	\$55 copayment per visit	50% coinsurance per visit after OON plan deductible is met
Outpatient Rehabilitative & Habilitative: Occupational and Physical Therapy (up to 40 visits per year)	\$25 copayment per visit	50% coinsurance per visit after OON plan deductible is met
Outpatient Rehabilitative & Habilitative: Speech Therapy (up to 40 visits per year)	\$25 copayment per visit	50% coinsurance per visit after OON plan deductible is met
Emergency Room Services	25% coinsurance per visit after INET plan deductible is met	25% coinsurance per visit after INET plan deductible is met
Laboratory Services	\$25 copayment per service	50% coinsurance per service after OON plan deductible is met
X-Rays and Diagnostic Imaging	25% coinsurance per service after INET plan deductible is met	50% coinsurance per service after OON plan deductible is met
Advanced Imaging (CT / PET Scans / MRI)	25% coinsurance per service after INET plan deductible is met	50% coinsurance per service after OON plan deductible is met
Ambulatory Surgical Center	25% coinsurance per service after INET plan deductible is met	50% coinsurance per visit after OON plan deductible is met
Hospital Outpatient Services	25% coinsurance per visit after INET plan deductible is met	50% coinsurance per visit after OON plan deductible is met
All Inpatient Hospital Services (Includes Mental/Behavioral Health and Substance Use Disorder) (Includes Skilled Nursing Facilities up to 90 visits per year)	25% coinsurance per admission after INET plan deductible is met	50% coinsurance per admission after OON plan deductible is met
PHARMACY	In-Network	Out-of-Network
Pharmacy Deductible		
Individual	combined with medical	combined with medical
Family	combined with medical	combined with medical
Generic	\$15 copayment per prescription	50% coinsurance per prescription after OON plan deductible is met
Preferred Brand Drugs	\$50 copayment per prescription after INET plan deductible is met	50% coinsurance per prescription after OON plan deductible is met
Non-Preferred Brand Drugs	30% coinsurance per prescription after INET plan deductible is met	50% coinsurance per prescription after OON plan deductible is met
Specialty Drugs	40% coinsurance per prescription after INET plan deductible is met	50% coinsurance per prescription after OON plan deductible is met

Schedule of Benefits	In-Network	Out-of-Network
Deductible		
Individual	\$2,250	N/A
Family	\$4,500	N/A
Coinsurance (Member responsibility)	20% coinsurance	N/A
Out-of-Pocket		
Individual	\$8,000	N/A
Family	\$16,000	N/A
Preventive Care (Screenings and Immunizations)	No cost	N/A
Primary Care Provider Office Services (excludes preventive)	\$15 copayment per visit	N/A
Outpatient Mental Health, Alcohol and Substance Use Disorder treatment services	20% coinsurance per visit after INET plan deductible is met	N/A
Specialist Office Services	\$60 copayment per visit	N/A
Outpatient Rehabilitative & Habilitative: Occupational and Physical Therapy (up to 40 visits per year)	20% coinsurance per visit after INET plan deductible is met	N/A
Outpatient Rehabilitative & Habilitative: Speech Therapy (up to 40 visits per year)	20% coinsurance per visit after INET plan deductible is met	N/A
Emergency Room Services	20% coinsurance per visit after INET plan deductible is met	20% coinsurance per visit after INET plan deductible is met
Laboratory Services	\$40 copayment per service	N/A
X-Rays and Diagnostic Imaging	20% coinsurance per service after INET plan deductible is met	N/A
Advanced Imaging (CT / PET Scans / MRI)	20% coinsurance per service after INET plan deductible is met	N/A
Ambulatory Surgical Center	20% coinsurance per service after INET plan deductible is met	N/A
Hospital Outpatient Services	20% coinsurance per visit after INET plan deductible is met	N/A
All Inpatient Hospital Services (Includes Mental/Behavioral Health and Substance Use Disorder) (Includes Skilled Nursing Facilities up to 90 visits per year)	20% coinsurance per admission after INET plan deductible is met	N/A
PHARMACY	In-Network	Out-of-Network
Pharmacy Deductible		
Individual	combined with medical	N/A
Family	combined with medical	N/A
Generic	\$5 copayment per prescription	N/A
Preferred Brand Drugs	\$75 copayment per prescription after INET plan deductible is met	N/A
Non-Preferred Brand Drugs	50% coinsurance per prescription after INET plan deductible is met	N/A
Specialty Drugs	50% coinsurance per prescription after INET plan deductible is met	N/A

Schedule of Benefits	In-Network	Out-of-Network
Deductible		
Individual	\$6,000	N/A
Family	\$12,000	N/A
Coinsurance (Member responsibility)	50% coinsurance	N/A
Out-of-Pocket		
Individual	\$10,200	N/A
Family	\$20,400	N/A
Preventive Care (Screenings and Immunizations)	No cost	N/A
Primary Care Provider Office Services (excludes preventive)	\$60 copayment per visit	N/A
Outpatient Mental Health, Alcohol and Substance Use Disorder treatment services	50% coinsurance per visit after INET plan deductible is met	N/A
Specialist Office Services	\$140 copayment per visit after INET plan deductible is met	N/A
Outpatient Rehabilitative & Habilitative: Occupational and Physical Therapy (up to 40 visits per year)	50% coinsurance per visit after INET plan deductible is met	N/A
Outpatient Rehabilitative & Habilitative: Speech Therapy (up to 40 visits per year)	50% coinsurance per visit after INET plan deductible is met	N/A
Emergency Room Services	50% coinsurance per visit after INET plan deductible is met	50% coinsurance per visit after INET plan deductible is met
Laboratory Services	50% coinsurance per visit after INET plan deductible is met	N/A
X-Rays and Diagnostic Imaging	50% coinsurance per service after INET plan deductible is met	N/A
Advanced Imaging (CT / PET Scans / MRI)	50% coinsurance per service after INET plan deductible is met	N/A
Ambulatory Surgical Center	50% coinsurance per service after INET plan deductible is met	N/A
Hospital Outpatient Services	50% coinsurance per visit after INET plan deductible is met	N/A
All Inpatient Hospital Services (Includes Mental/Behavioral Health and Substance Use Disorder) (Includes Skilled Nursing Facilities up to 90 visits per year)	50% coinsurance per admission after INET plan deductible is met	N/A
PHARMACY	In-Network	Out-of-Network
Pharmacy Deductible		
Individual	combined with medical	N/A
Family	combined with medical	N/A
Generic	\$30 copayment per prescription	N/A
Preferred Brand Drugs	\$150 copayment per prescription after INET plan deductible is met	N/A
Non-Preferred Brand Drugs	50% coinsurance per prescription after INET plan deductible is met	N/A
Specialty Drugs	50% coinsurance per prescription after INET plan deductible is met	N/A

Schedule of Benefits	In-Network	Out-of-Network
Deductible		
Individual	\$7,000	N/A
Family	\$14,000	N/A
Coinsurance (Member responsibility)	50% coinsurance	N/A
Out-of-Pocket		
Individual	\$10,200	N/A
Family	\$20,400	N/A
Preventive Care (Screenings and Immunizations)	No cost	N/A
Primary Care Provider Office Services (excludes preventive)	\$60 copayment per visit	N/A
Outpatient Mental Health, Alcohol and Substance Use Disorder treatment services	50% coinsurance per visit after INET plan deductible is met	N/A
Specialist Office Services	\$140 copayment per visit after INET plan deductible is met	N/A
Outpatient Rehabilitative & Habilitative: Occupational and Physical Therapy (up to 40 visits per year)	50% coinsurance per visit after INET plan deductible is met	N/A
Outpatient Rehabilitative & Habilitative: Speech Therapy (up to 40 visits per year)	50% coinsurance per visit after INET plan deductible is met	N/A
Emergency Room Services	50% coinsurance per visit after INET plan deductible is met	50% coinsurance per visit after INET plan deductible is met
Laboratory Services	50% coinsurance per visit after INET plan deductible is met	N/A
X-Rays and Diagnostic Imaging	50% coinsurance per service after INET plan deductible is met	N/A
Advanced Imaging (CT / PET Scans / MRI)	50% coinsurance per service after INET plan deductible is met	N/A
Ambulatory Surgical Center	50% coinsurance per service after INET plan deductible is met	N/A
Hospital Outpatient Services	50% coinsurance per visit after INET plan deductible is met	N/A
All Inpatient Hospital Services (Includes Mental/Behavioral Health and Substance Use Disorder) (Includes Skilled Nursing Facilities up to 90 visits per year)	50% coinsurance per admission after INET plan deductible is met	N/A
PHARMACY	In-Network	Out-of-Network
Pharmacy Deductible		
Individual	combined with medical	N/A
Family	combined with medical	N/A
Generic	\$30 copayment per prescription	N/A
Preferred Brand Drugs	\$150 copayment per prescription after INET plan deductible is met	N/A
Non-Preferred Brand Drugs	50% coinsurance per prescription after INET plan deductible is met	N/A
Specialty Drugs	50% coinsurance per prescription after INET plan deductible is met	N/A

MILLIMAN ACTUARIAL MEMORANDUM

ConnectiCare Benefits, Inc.

Part III Actuarial Memorandum

Individual Rate Filing Effective January 1, 2026

May 30, 2025



71 S. Wacker Drive
31st Floor
Chicago, IL 60606
USA

Tel +1 312 726 0677

milliman.com





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1. GENERAL INFORMATION

This document contains the Part III Actuarial Memorandum for ConnectiCare Benefits, Inc.'s (CBI's) Affordable Care Act (ACA) individual medical block of business, effective January 1, 2026. This Actuarial Memorandum is submitted in conjunction with the Part I Unified Rate Review Template (URRT) and Part II: Written Description Justifying the Rate Increase.

The purpose of the Actuarial Memorandum is to provide certain information related to the submission of the premium rate filing, including support for the values entered in the Part I URRT (which supports compliance with the market rating rules and reasonableness of applicable rate increases). This memorandum may not be appropriate for other purposes.

This Actuarial Memorandum is subject to the terms and conditions of the Consulting Services Agreement between Molina Healthcare and Milliman, Inc. (Milliman). The information in this Actuarial Memorandum has been prepared for the use of CBI. We understand the Actuarial Memorandum will be provided to the State of Connecticut Insurance Department (CID), the Center for Consumer Information and Insurance Oversight (CCIIO), and their subcontractors to assist in the review of CBI's rate filing. We understand the information provided may be considered public documents, and as such, may be subject to disclosure to other third parties. Milliman makes no representations or warranties regarding the contents of this Actuarial Memorandum to third parties. Likewise, third parties are instructed to place no reliance upon this Actuarial Memorandum or rate filing prepared for CBI by Milliman that would result in the creation of any duty or liability under any theory of law by Milliman to any third party.

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 the CID, 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. The premium rates developed and supported by this Actuarial Memorandum also assume that Cost Share Reductions (CSRs) will not be funded as is described in current regulations and guidance. If subsequent information becomes available that would materially affect this rate filing submission, we would likely pursue opportunities to revise our pricing assumptions, add or remove plans, and resubmit this rate filing.

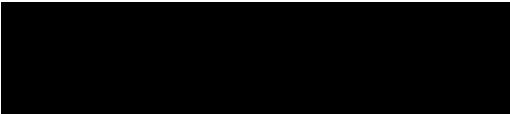
The results are actuarial projections. Actual experience will differ from these projections for a number of reasons including, but not necessarily limited to, population changes, claims experience, and random deviations from assumptions.

The rates accompanying this Actuarial Memorandum reflect current law and regulations effective at the time of this rate filing submission. Future regulatory changes may affect the extent to which the rates are neither excessive, nor deficient. Depending on the nature of the final rules and regulations, the proposed rates may not be adequate.

COMPANY IDENTIFYING INFORMATION

Company Legal Name:	ConnectiCare Benefits, Inc.
State:	Connecticut
HIOS Issuer ID:	76962
Market:	Individual
Effective Date:	January 1, 2026

COMPANY CONTACT INFORMATION

Primary Contact Name:	
Primary Contact Telephone Number:	
Primary Contact Email Address:	

2. PROPOSED RATE CHANGES

This submission is for rate revisions to CBI's existing individual medical ACA-compliant products marketed through the Access Health CT Exchange. The new rates are effective for individuals with an effective date or renewal date of January 1, 2026, through December 31, 2026. The average proposed rate change across all existing plans and regions, compared to the most recently approved rates effective January 1, 2025, is 21.7%. This increase represents a weighted average of the rate changes for all existing plans that will be offered in 2026, ranging from 4.7% to 26.7%. [REDACTED] provides a comparison of the revised base rates to the current base rates for a 21-year-old.

There are several 2025 to 2026 plan-specific changes that cause the rate change to vary by plan including changes in plan benefits and revised retention assumptions. These changes are applied at the benefit plan level resulting in different rate increases by plan. Additionally, there are changes to the base premium rate.

REASONS FOR RATE CHANGE

Primary factors driving the rate change include the following items.

- Emerging claims experience
- Expected future medical inflation and utilization changes
- Changes in cost sharing levels to ensure that plans comply with the Health and Human Services (HHS) Actuarial Value (AV) metallic requirements
- Change in cost-sharing-reduction (CSR) load
- Change in the mix of business
- Demographic and geographic changes
- Anticipated risk adjustment transfers
- Changes in retention

Table 1 below outlines the approximate impact associated with the major drivers of the rate change.

Table 1 ConnectiCare Benefits, Inc. Rate Change Components	
Category	Value
Adjusted Experience	9.5%
Trend	7.6%
Benefit Updates	6.6%
Demographics	-0.4%
Geography	0.4%
Risk Adjustment	-2.3%
Retention	-0.9%
Total (multiplicative adjustments)	21.7%

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

CBI's actual claims for its 2024 individual ACA business were directly incorporated in the development of the 2026 rates.

PAID THROUGH DATE

The claims incurred in the experience period reflect payments through March 31, 2025.

CURRENT DATE

The reported date for current enrollment and premium in URRT Worksheet 2, Section II is March 31, 2025.

PREMIUMS (NET OF MLR REBATE) IN EXPERIENCE PERIOD

The earned premium reported in Worksheet 1 of the URRT reflects the sum of member level premium for the 2024 experience period. CBI does not anticipate the payment of any MLR rebates for calendar year 2024. Therefore, an adjustment for MLR rebates was not included. CBI's 2024 premium is not net of its estimated 2024 risk adjustment transfer, per the 2026 instructions.

ALLOWED AND INCURRED CLAIMS INCURRED DURING THE EXPERIENCE PERIOD

Allowed claims were determined by combining the paid claims with member cost sharing. We add an estimate of incurred but not paid (IBNP) claims to the processed amount to arrive at a final estimate of total claims. The IBNP estimate uses generally accepted actuarial development methods for estimating claim liabilities. We use the same IBNP as a percentage of medical claims on both an allowed basis and a paid basis.

Table 2 summarizes the premium, incurred claims, and allowed claims underlying the rate projection.

Table 2 ConnectiCare Benefits, Inc. 2024 Experience Period Summary	
Metric	2024 Value
Premiums (net of risk transfers)	\$773,800,988
Incurred Claims	\$696,654,297
Allowed Claims	\$791,929,459

4. BENEFIT CATEGORIES

We assigned the Essential Health Benefits (EHB) experience data utilization and cost information to benefit categories, as shown in Worksheet 1, Section II of the URR. Experience data was allocated based on the Milliman *Health Cost Guidelines*TM (HCGs) distribution of allowed costs by major service category, which are defined as follows:

INPATIENT HOSPITAL

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

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

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

OTHER MEDICAL

Includes non-capitated ambulance, home health care, DME, prosthetics, supplies, vision exams, dental services, and other services. The measurement units for utilization used in this category are a mix of visits, cases, procedures, etc.

CAPITATION

Includes costs related to non-fee-for-service expenses.

PRESCRIPTION DRUG

Includes drugs dispensed by a pharmacy. This amount is net of rebates received from drug manufacturers.

5. PROJECTION FACTORS

We made the following adjustments to project the experience period index rate to the projection period.

TREND FACTORS

The 2024 experience was trended forward to 2026, assuming an aggregate annual 7.6% trend, not including changes to capitation. The trend estimate is based on historical market trends, Milliman research, conversations with CBI, and actuarial judgment. For purposes of URRT Worksheet 1, Section II, Year 1 and Year 2 trends represent 12-month annual 7.6% trends, split into separate cost and utilization trend factors.

MORBIDITY ADJUSTMENT

We assume no change in the health status of the Connecticut ACA individual market between the experience and projection periods. This is reflected in URRT Worksheet 1, Section II as a 1.000.

DEMOGRAPHIC SHIFT

We adjust projected allowed claims by a factor of 1.012 for the following demographic-related differences between the experience and projection periods:

- Distribution of members by demographic category (i.e., age and gender)
- Distribution of members by tobacco usage
- Distribution of members by geographic location

Table 3 lists and quantifies the components of the demographic shift projection factor.

Table 3 ConnectiCare Benefits, Inc. Components of the URRT Worksheet 1 Demographic Shift Adjustment	
Component	Factor
Demographic Adjustment	1.010
Tobacco Adjustment	1.000
Geographic Adjustment	1.002
Demographic Factor	1.012

Note: Some factors with minimal impacts may display as 1.000.

PLAN DESIGN CHANGES

Modifications were made to plan designs to comply with the most recent 2026 Actuarial Value Calculator and align with CBI's desired market position. This is reflected in URRT Worksheet 1, Section II as a 1.040. Table 4 lists and quantifies the components of the plan design changes projection factor.

Table 4 ConnectiCare Benefits, Inc. Components of the URRT Worksheet 1 Plan Design Changes Adjustment	
Component	Factor
Net CSR Adjustment	1.050
Induced Utilization Adjustment	0.991
Plan Design Change Factor	1.040

Note: Some factors with minimal impacts may display as 1.000.

OTHER ADJUSTMENTS

There are no adjustments flowing through the "Other" projection factor in URRT Worksheet 1, Section II. This factor is 1.000.

The projected index rate for January 1, 2026 through December 31, 2026 is in Worksheet 1, Section II of the URRT and in Table 7 in Section 12.

6. MANUAL RATE ADJUSTMENTS

CBI's 2026 individual rates rely completely (i.e., 100%) on its individual ACA-compliant experience. Therefore, no manual rate was developed.

7. CREDIBILITY OF EXPERIENCE

CBI's 2024 ACA individual experience represents 856,459 member months. We considered the experience to be fully credible based on membership volume. There is no explicit guidance for determining appropriate credibility thresholds within the Unified Rate Review instructions. There are a number of methodologies that can be used to determine credibility of a population. We set the credibility of CBI's 2024 experience period based on market dynamics, historical experience, and actuarial judgment. Based on these factors, we consider the experience to be fully credible.

8. RISK ADJUSTMENT, REINSURANCE, AND EXCHANGE USER FEE

RISK ADJUSTMENT PAYMENT / CHARGE

We estimate in 2026 CBI will pay \$20.08 PMPM in risk adjustment transfers, on a paid claim basis, not including the risk adjustment user fee. These payments are \$22.96 on an allowed basis, which are illustrated in URRT Worksheet 1, Section II. Our estimate is based on CBI's most current plan year (PY) 2024 RATEE file as developed by Wakely.

The estimates of relative risk and risk transfer amounts are highly dependent not only on the population that enrolls with CBI, but also with other carriers in the state. The risk transfer payment was applied to the Index Rate on an allowed basis in the development of the market-wide adjusted index rate as required by CMS. The impact of risk adjustment increases the market-wide adjusted index rate, and therefore increases premiums.

REINSURANCE

The federal transitional reinsurance program was a temporary program that ended in 2016. Since the program is not expected to continue in 2026, we assume federal reinsurance contributions and recoveries will be zero. As a result, we did not project any federal transitional reinsurance contributions or recoveries for 2026.

EXCHANGE USER FEES

The exchange user fee was applied as an adjustment to the index rate at the market level. We assume an exchange administration fee of 1.85% applies to all premiums and is allocated across all projected enrollment both on and off the exchange, resulting in a fee of \$21.70 PMPM on a paid basis. On an allowed basis, this fee is \$24.81 and is shown in URRT Worksheet 1, Section II as 2.13%. This is consistent with the most current available guidance from the State of Connecticut.

9. NON-BENEFIT EXPENSES, RISK OF ADVERSE DEVIATION, AND CONTRIBUTIONS TO SURPLUS

ADMINISTRATIVE COSTS, EXCLUDING EXCHANGE USER FEES AND REINSURANCE FEES

We estimate CBI's administrative expenses to be \$99.29 PMPM, as shown in Table 5. This estimate is entered as a percent of premium that varies by plan due to certain PMPM expenses entered as a level PMPM regardless of metal type as shown in Worksheet 2, Section III of the URR. It is based on CBI's estimate of 2026 projected expenses. This amount does not include any profit, risk load, taxes, or assessments described below.

Table 5 ConnectiCare Benefits, Inc. Summary of Administrative Expenses			
	PMPM	% of Premium	Allocation Method
General Admin	\$104.09	8.87%	% of Premium
Commission	\$10.63	0.91%	% of Premium
Quality Improvement	\$4.68	0.40%	PMPM
CoveredCT Program Payment Savings	-\$20.11	-1.71%	% of Premium
Subtotal: Administrative Expense Load	\$99.29	8.46%	

TAXES AND FEES

Table 6 provides a breakdown of projected taxes and fees, excluding Exchange User Fees outlined in Section 8.

Table 6 ConnectiCare Benefits, Inc. Summary of Taxes and Fees			
	PMPM	% of Premium	Allocation Method
Risk Adjustment Admin Fee	\$0.20	0.02%	PMPM Spread
Premium Tax	\$17.60	1.50%	% of Premium
Comparative Effectiveness Research Fee	\$0.31	0.03%	PMPM
Immunization / Misc. State Fees	\$5.88	0.50%	PMPM Spread
Federal Income Tax	\$6.16	0.52%	% of Premium
Subtotal: Taxes and Fees	\$30.15	2.57%	

PROFIT AND RISK LOAD

We build in 2.5% of premium for a target pre-tax contribution to surplus, which is consistent across all plans. We do not build in any additional loads for profit or risk. We consider the uncertainty of estimated claims in the 2026 market and federal MLR requirements in the target.

10. PROJECTED LOSS RATIO

The projected loss ratio based on the federally prescribed MLR methodology, excluding adjustments for credibility, is 89.50%. [REDACTED] displays the development of the MLR in more detail.

11. SINGLE RISK POOL

The rates are developed using a single risk pool established according to the federal requirements, including covered members of the entire individual health insurance market in the state of Connecticut.

12. INDEX RATE

The index rate for the projection period is a measurement of average allowed claims PMPM for EHBs. The projected index rate reflects the projected 2026 mixture of area factors, plan mix, demographics, and morbidity CBI expects to receive in the single risk pool. The projected Index Rate is equal to the projected total allowed claims PMPM minus the total non-EHB allowed claims. Table 7 illustrates the development of the projected index rate. Please note, the annual trend applied to non-capitated claims in this filing is 7.6%, but the trend factor shown below differs due to adjustments for capitation rates, which are contractually determined.

Table 7 ConnectiCare Benefits, Inc. Projected Index Rate Development	
Experience Member Months	856,459
Experience EHB Allowed Claims	\$789,005,634
Experience EHB Allowed Claims PMPM	\$921.24
Two Year Trend Factor	1.150
Morbidity Adjustment	1.000
Demographic Shift	1.012
Plan Design Changes	1.040
Other Adjustments	1.000
Adjusted Trended EHB Allowed Claims PMPM	\$1,114.54
Credibility %	100.00%
Projected Index Rate	\$1,114.54

13. MARKET 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). Table 8 shows the development of the market-adjusted index rate. The adjustments in Table 8 are applied to the Index Rate on an allowed basis as required by CMS.

Table 8 ConnectiCare Benefits, Inc. Market Adjusted Index Rate Development		
		Annotation
2026 Projected Index Rate PMPM	\$1,114.54	(1)
Market Adjustments (paid basis)		
Risk Adjustment Payment / Charge	\$20.08	(2)
Reinsurance	\$0.00	(3)
Exchange User Fees	\$21.70	(4)
Paid-to-Allowed Ratio	0.875	(5)
Market Adjustments (allowed basis)		
Risk Adjustment Payment / Charge	\$22.96	(6) = (2) / (5)
Reinsurance	\$0.00	(7) = (3) / (5)
Exchange User Fees	\$24.81	(8) = (4) / (5)
Market Adjusted Index Rate PMPM	\$1,162.31	(9) = (1) + [(6) + (7) + (8)]
<i>Note: Values may vary from the actual URRT due to rounding.</i>		

14. PLAN ADJUSTED INDEX RATES

Plan Adjusted Index Rates reflect the Market Adjusted Index Rate adjusted for allowable plan level modifiers defined in the market rating rules, 45 CFR Part 156, §156.80(d)(2). The development of the plan-adjusted index rates is shown in [REDACTED] and URRT Worksheet 2, Section III. The market-wide adjusted index rate is adjusted to compute the plan-adjusted index rates using the following allowable adjustments:

ACTUARIAL VALUE AND COST SHARING DESIGN OF THE PLAN

The actuarial value and benefit utilization factors used in plan pricing were developed in an internal Milliman cost relativity model, which is based on Milliman's *HCGs*, with adjustments based on actuarial judgment. This model estimates actuarial equivalent relative values of different benefit plans using estimated medical costs calibrated to CBI's experience. Health status was not used to establish benefit plan relativities.

The 2026 CMS Actuarial Value Calculator was used to determine the federal actuarial value and the corresponding metal level for each plan.

Since we assume there will not be federal funding for CSR subsidies, we reduced the average cost sharing adjustment on Silver plans to increase the financial liability for CBI. This adjustment reflects the full plan liability for CSR Silver plans.

Experience Period Cost Sharing Reduction Amounts

We estimate the 2024 CSR portion of cost sharing by analyzing the historical differential between paid-to-allowed ratios of CSR variants compared to the standard Silver plan variant in order to determine the portion of cost sharing applicable to CSR plans that represents cost sharing reduction subsidies paid by CBI. Based on this methodology, we estimate CBI paid \$37,820,988 in CSR subsidy payments for CSR enrollees in 2024.

Projected Cost Sharing Reduction Amounts

Based on the assumption that CSR subsidies will not be funded, we apply a 1.117 CSR shortfall adjustment (i.e., a 11.7% load) across all on-exchange silver plans. The total projected CSR subsidies associated with this load is approximately \$55,413,264. We estimate the impact of defunded CSRs by evaluating the AVs of all silver variants (standard plan design, 73%, 87%, and 94%) compared to the AV of the standard plan designs only (i.e., the portion of CBI's claims responsibility if CSR subsidies were will in effect). The differential between these AVs is the assumed CSR shortfall AV load.

The large increase from 2024 actuals to projected 2026 is based on a much higher assumed enrollment distribution in 87% and 94% plans in 2026 (98% of silver enrollees) compared to 2024 (54.5% of silver enrollees). This represents our best estimate of CSR amounts that will be provided for enrollees in 2026 based on the information available at this time.

PROVIDER NETWORK, DELIVERY SYSTEM CHARACTERISTICS AND UTILIZATION MANAGEMENT PRACTICES

CBI will offer both an EPO and POS network; there is not a provider contracting difference between the two networks. Thus, the pricing differential between the EPO and POS options reflects expected differences in claim costs due to benefit plan differences (i.e., the out-of-network option on the POS plans). The value of the benefits was developed using Milliman's internal cost relativity model, which is based on Milliman's *HCGs*, to determine the expected claim cost differences between the EPO and POS plans.

BENEFITS IN ADDITION TO EHBS

CBI will offer adult dental and vision on select EPO and POS plans, which are not essential health benefits.

15. CALIBRATION

A single calibration factor is applied to the Plan Adjusted Index Rates to calibrate rates for the expected age and geographic user distributions expected to enroll in the plan. The single calibration factor is applied uniformly across all plans.

AGE CURVE CALIBRATION

To develop the age calibration factor, we premium-weighted the CMS federal age curve factors on a projected premium basis. [REDACTED] shows this calculation. The age curve calibration is applied to all plans. The weighted average age curve calibration factor is 1.830. The calibration to the age curve complies with the rating rules specified in 45 CFR Part 147, §147.102.

GEOGRAPHIC FACTOR CALIBRATION

CBI applies geographic rating factors to its plans as shown in Worksheet 3 of the URRT. Geographic factors differ slightly from the 2025 rate filing due to a different projected membership mix between areas in 2026 compared to 2025. Health status is not reflected in the geographic factors, and it is not CBI's intent to use area factors to rate for morbidity. The geographic factors are re-normalized to a composite 1.0. See [REDACTED] for additional detail.

TOBACCO USE RATING FACTOR CALIBRATION

CBI does not apply a tobacco rate factor.

16. CONSUMER ADJUSTED PREMIUM RATE DEVELOPMENT

The consumer adjusted premium rate is the final premium rate for a plan charged to an individual, family, or small employer group 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 age factor, the geographic factor, and the tobacco factor (1.000 since CBI does not rate for tobacco).

The development of the calibrated plan adjusted index rates is shown in [REDACTED]. A sample consumer adjusted premium rate development is shown in [REDACTED].

17. AV METAL VALUES

The AV Metal Values included in Worksheet 2, Section I of the URRT were developed based on the CMS Actuarial Value Calculator (AVC).

18. AV PRICING VALUES

The AV Pricing Values included in Worksheet 2 of the URRT reflect the cumulative effect of the adjustments made by CBI to move from the Market Adjusted Index Rate to the Plan Adjusted Index Rate.

Plan factors were developed in an internal Milliman cost relativity model, which is based on Milliman's *HCGs*, with adjustments based on actuarial judgment. The cost relativity model reflects differences in costs and utilization under various plan designs. The resulting factors, shown in Worksheet 2 of the URRT, do not incorporate the differences in morbidity or demographic mix.

19. MEMBERSHIP PROJECTIONS

CBI developed membership projections, as illustrated in Worksheet 2, Section IV of the URRT based on consideration for the following:

- Historical sales for CBI's individual products
- Sales distribution and provider networks
- Anticipated activity in the Connecticut individual health insurance market

CBI used its early 2025 enrollment, expectations of the 2026 Connecticut individual market, and judgement to project the enrollment distribution by plan. CBI has distributed membership to each plan based on expected projected distributions within each rating region.

Table 9 includes the projected CSR distribution based on information provided by CBI.

Table 9 ConnectiCare Benefits, Inc. Projected QHP Member Distribution Across Silver Metal Tier	
CSR Category	Distribution
ZCS Silver	0.0%
LCS Silver	0.0%
Silver 94%	49.0%
Silver 87%	49.0%
Silver 73%	1.0%
Silver 70%	1.0%
Total	100.0%

20. CURRENT ENROLLMENT

Current enrollment in Worksheet 2, Section II, of the URRT is the number of enrolled lives as of March 31, 2025.

21. PLAN TYPE

We note all plan types in Worksheet 2, Section I of the URRT.

22. WARNING ALERTS

There are no warning alerts in the URRT.

23. EFFECTIVE RATE REVIEW INFORMATION

Per Bulletin HC-81-25, the assumptions, projections, and premium rates contained within this rate filing assume that federal enhanced Advanced Premium Tax Credit (APTC) subsidies will be extended into 2026. Due to the uncertainty of the enhancements extension, we also estimate the impact to underlying claims and premium rates if the enhanced APTCs expire at the end of 2025.

Assuming the enhanced APTCs expire, we anticipate a reduction in the overall market size in 2026. We project this will lead to increased average statewide morbidity in 2026 as consumers either lose access to subsidies (for those at or above 400% of the Federal Poverty Level (FPL)) 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 would apply a 7.4% adjustment to underlying claims to reflect anticipated changes in statewide average morbidity in 2026 relative to the experience rate. This adjustment to underlying claims results in an overall impact to premium rates of approximately a 6.8% increase.

The adjustment was developed by reviewing historic market trends in the State of Connecticut, specifically focusing on changes in enrollment distribution by income level, as well as changes to underlying population utilization and claim cost patterns as the market evolved. A regression analysis was performed on several of these variables to estimate the enrollment and morbidity impacts at different FPL levels and APTC parameter scenarios. The results of this analysis provided a range of possible disenrollment and morbidity impacts. Based on discussions with CBI and understanding CBI's underlying member population, we estimate an increase to CBI's underlying claims of about 7.4% if the enhanced APTCs expire.

24. RELIANCE

In preparing the Part I Unified Rate Review Template (URRT) and Part III Actuarial Memorandum, we relied on information provided by CBI. To the extent it is incomplete or inaccurate, the contents of the URRT and Actuarial Memorandum, along with many of the conclusions, may be materially affected.

We 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 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.

Milliman developed certain models to estimate the values included in this filing. The intent of the models is to price 2026 individual market ACA rates in the state of Connecticut and may not be appropriate for any other purpose. We reviewed the models, including the inputs, calculations, and outputs. We believe they are consistent, reasonable, appropriate to the intended purpose, and compliant with generally accepted actuarial practice and relevant actuarial standards.

This rate filing reflects Milliman's and CBI's understanding of existing applicable federal and state regulations and rules as of the date of this rate filing. CBI's rate filing is based upon Milliman's and CBI's present understanding and interpretation of regulations promulgated under the Affordable Care Act (ACA), of Connecticut laws and regulations, and of Connecticut Exchange requirements, including the guidance to file these rates under the assumption that enhanced APTCs will be extended for plan year 2026.

Nothing in this filing waives CBI's rights: (1) to withdraw its products from the individual market, (2) to request a change to all, or any portion, of these rate filings, after any post-filing changes to or interpretations of an existing federal and / or state regulatory standard or requirement, (3) to request a change to all, or any portion, of these rate filings for any other purpose allowed by law, and (4) to seek payment or reimbursement for any amounts due to CBI from any governmental entity, including but not limited to, for state required benefits under Section 1311(d)(3)(B)(ii) of the ACA.

[REDACTED]

25. ACTUARIAL CERTIFICATION

I, [REDACTED] with the firm of Milliman, Inc., am a member of the American Academy of Actuaries, and I meet its Qualification Standards to render the actuarial opinion contained herein. This filing is prepared on behalf of ConnectiCare Benefits, Inc.

The rates accompanying this Actuarial Memorandum reflect current law and regulations effective at the time of this rate filing submission. Future regulatory changes may affect the extent to which the rates are neither excessive, nor deficient.

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 156.8 and 45 CFR 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 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.
4. The CMS Actuarial Value Calculator was used to determine the AV Metal Values shown in Worksheet 2, Section I of the Part I Unified Rate Review Template for all plans.
5. The adjustment factor that represents benefits in addition to Essential Health Benefits included in Worksheet 2, Section III of the Part I Unified Rate Review Template was calculated in accordance with Actuarial Standards of Practice.
6. The proposed premium rates in this filing are actuarially sound in aggregate.
7. In my opinion, the proposed premium rate increase is reasonable. I based my opinion of reasonable rate increase on the factors below.
 - The expected individual loss ratio for the 12-month period beginning January 1, 2026, is expected to be approximately 89.5% (before a credibility adjustment). The projected loss ratio is greater than the 80% ACA minimum MLR standard promulgated by the Department of Health and Human Services.
 - The assumptions used are reasonable and within the range of reasonableness.
 - The proposed rates result in rates between insured members within similar risk categories that are permissible under applicable Connecticut law, and the premium differences correspond to differences in expected claims costs between allowable risk classes.
8. The premium rates filed are prepared in conformity with the applicable Actual Standards of Practice (ASOPs) promulgated by the Actuarial Standards Board. Note, ASOP 26 does not apply since this certification is for individual health insurance only.

CHECKLIST OF ACTUARIAL STANDARDS OF PRACTICE (ASOPs) FOR STATEMENT 8 ABOVE

- x ASOP No. 5 – Incurred Health and Disability Claims
- x ASOP No. 8 – Regulatory Filings for Health Benefits, Accident and Health Insurance, and Entities Providing Health Benefits
- x ASOP No. 12 – Risk Classification (for All Practice Areas)
- x ASOP No. 23 – Data Quality
- x ASOP No. 25 – Credibility Procedures
- ASOP No. 26 – Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans
- x ASOP No. 41 – Actuarial Communications
- x ASOP No. 42 – Health and Disability Actuarial Assets and Liabilities other than Liabilities for Incurred Claims
- x ASOP No. 50 – Determining Minimum Value and Actuarial Value under the Affordable Care Act
- x ASOP No. 56 – Modeling

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 for federally facilitated exchanges, and for certification 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 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 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.

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 per CID guidance. 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.

Respectfully Submitted,


Milliman, Inc.

May 30, 2025

ConnectiCare Benefits, Inc.

Part II: Written Description Justifying the Rate Increase

GENERAL INFORMATION

As of March 2025, ConnectiCare Benefits, Inc. (CBI) has about 69,500 members enrolled in plans subject to requested rate increases. For 2026, CBI's average requested rate increase is 21.7% across all benefit plans. The minimum rate increase requested is 4.7% and the maximum rate increase requested is 26.7%.

SCOPE AND RANGE OF RATE INCREASES

Table 1 summarizes the significant factors driving the proposed composite rate change effective January 1, 2026. The Primary factors influencing the rate change are:

- Emerging claims experience
- Expected future medical inflation and utilization changes
- Changes in cost sharing levels to ensure that plans comply with the Health and Human Services (HHS) Actuarial Value (AV) metallic requirements
- Change in cost-sharing-reduction (CSR) load
- Change in the mix of business
- Demographic and geographic changes
- Anticipated risk adjustment transfers
- Changes in retention

Table 1 ConnectiCare Benefits, Inc. Rate Change Components	
Category	Value
Adjusted Experience	9.5%
Trend	7.6%
Benefit Updates	6.6%
Demographics	-0.4%
Geography	0.4%
Risk Adjustment	-2.3%
Retention	-0.9%
Total (multiplicative adjustments)	21.7%

Most of the rate increase is attributable to updating experience from 2023 to 2024 and applying trend. Another key component of the rate change is due to benefit levels, particularly plan design and enrollment mix updates. URRT Worksheet 2 Section I shows the requested rate increases by plan. Area factor relativities are consistent between the 2025 and 2026 filings, so rate increases do not vary by geographic region.

FINANCIAL EXPERIENCE OF THE PRODUCT

2024 experience and March 2025 enrollment and premium is shown on Worksheet 2 Section II of the URRT. On average, the loss ratio reported for 2024 in the URRT was 90.0% across all plans. Additional detail on historical data is included in Exhibit 1 accompanying the CID Actuarial Memorandum included with this filing. The requested rate increases account for CBI's latest expectations for 2026 and are expected to result in a URRT loss ratio of 83.93% as shown on Worksheet 2 Section IV.

CHANGES IN MEDICAL SERVICE COSTS

The composite annualized trend CBI uses to project the experience rate for this filing is 7.6%. This includes components for medical and prescription drug coverage, accounting for unit cost and utilization trends. In aggregate, unit cost trend is about 6.8% and utilization trend is about 0.7%, as shown in Exhibit 2 accompanying the CID Actuarial Memorandum included with this filing.

CHANGES IN BENEFITS

CBI will renew all plans except one (76962CT0030001) that were offered in 2025. Relative to plan designs offered in 2025, CBI's renewing 2026 product portfolio involves various changes to cost sharing to align with state mandated standard plans or maintain a competitive market position and align with consumer demand. The changes include adjusting the deductible, out-of-pocket maximums, coinsurance, and copayment amounts. All plan designs comply with applicable laws and guidelines.

ADMINISTRATIVE COSTS AND ANTICIPATED MARGINS

CBI's projected non-benefit expenses are approximately 11.03% of premium for 2026. This includes 8.46% of premium for administrative expenses, which includes CBI's expectations for commissions and other items and 2.57% of premium for projected taxes and fees. Like prior years, these rates also include a 2.5% pre-tax contribution to surplus. In aggregate, updated expense projections do not contribute materially to the rate increase.



71 S. Wacker Drive
31st Floor
Chicago, IL 60606
USA
Tel +1 312 726 0677

milliman.com

Jeremy J. Kush, FSA, CERA, MAAA
Principal and Consulting Actuary

jeremy.kush@milliman.com

May 29, 2025

Tricia Dave, FSA, MAAA
State of Connecticut Insurance Department Actuary
Life and Health Division
PO Box 816
Hartford, CT 06142-0816

Re: ConnectiCare Benefits, Inc. Individual Exchange Product Rate Filing – January 1, 2026

Dear Ms. Dave:

Enclosed is the filing for the Individual Exchange products for ConnectiCare Benefits, Inc. (CBI), an actuarial memorandum that describes the proposed rates, and all supporting documentation. This filing is applicable to all eligible individual members with rate effective dates on or after January 1, 2026.

This rate filing reflects Milliman's and CBI's understanding of existing applicable federal and state regulations and rules as of the date of this rate filing. CBI's rate filing is based upon Milliman's and CBI's present understanding and interpretation of regulations promulgated under the Affordable Care Act (ACA), of Connecticut laws and regulations, and of Connecticut Exchange requirements, including the guidance to file these rates under the assumption that enhanced APTCs will be extended for plan year 2026. Specifically, this filing assumes that:

- 2024 calendar year experience is used as the baseline experience for the 2026 rate development. The 2024 medical and pharmacy claims are then projected into 2026 based on the projected allowed claims trend.
- The State of Connecticut passed Public Act No. 22-90 concerning required health insurance coverage for breast and ovarian cancer susceptibility screening. This Act expands health insurance coverage requirements for treatment used to diagnose breast cancer, as well as clarify that there should be coverage for specific diagnostic and screening procedures based on the qualifications set forth within the Act. The impact of this mandate is included in CBI's experience period, and therefore no further adjustment was applied to the 2026 rates.
- The State of Connecticut passed the Public Act No. 22-47 concerning children's mental health. It requires the carriers to provide coverage for two mental health wellness examinations per year (performed by a licensed mental health professional or primary care provider) and prohibits prior authorization for such examinations. The impact of this mandate is included in CBI's experience period, and therefore no further adjustment was applied to the 2026 rates.
- Federal and State officials will continue to allow Silver Loading to compensate carriers for the cancellation of the funding of the Cost Share Reduction Subsidy program established under the ACA, announced by Health and Human Services in September 2017.
- The risk adjustment projections for the 2026 benefit year reflects the most recent 2024 best estimate, per the Risk Adjustment Transfer Elements Extract (RATEE) produced on May 9, 2025.
- All applicable ACA taxes and fees are included in the rate development for 2026.

The rates included in this filing are based on the assumptions outlined above. Any statements included regarding the factors and development of these rates, including the Actuarial Certification, are dependent upon these assumptions.



Tricia Dave, FSA, MAAA
State of Connecticut Insurance Department Actuary
Life and Health Division
May 29, 2025
Page 2 of 2

Nothing in this filing waives CBI's rights: (1) to withdraw its products from the individual market, (2) to request a change to all, or any portion, of these rate filings, after any post-filing changes to or interpretations of an existing federal and / or state regulatory standard or requirement, (3) to request a change to all, or any portion, of these rate filings for any other purpose allowed by law, and (4) to seek payment or reimbursement for any amounts due to CBI from any governmental entity, including but not limited to, for state required benefits under Section 1311(d)(3)(B)(ii) of the ACA.

If you have any questions, comments, or need further information please feel free to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jeremy J. Kush'.

Jeremy J. Kush, FSA, CERA, MAAA
Principal and Consulting Actuary

JJK/zk

MILLIMAN ACTUARIAL MEMORANDUM

ConnectiCare Benefits, Inc.

Connecticut Insurance Department - Part III Actuarial Memorandum
Individual Rate Filing Effective January 1, 2026

May 29, 2025

[Jeremy Kush](#), FSA, CERA, MAAA
Principal and Consulting Actuary



71 S. Wacker Drive
31st Floor
Chicago, IL 60606
USA

Tel +1 312 726 0677

milliman.com



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1. OVERVIEW

Calendar year 2024 experience is used as the baseline experience for the 2026 rate development. The 2024 medical and pharmacy spending are then projected into 2026 based on the underlying claims trend.

The fee-for-service claims were trended at an average annual trend of 7.6% for 24 months based on ConnectiCare Benefits, Inc. (CBI's) latest expectations for 2024 and 2025 trends. See section 4 for additional information.

The State of Connecticut passed Public Act No. 22-90 concerning required health insurance coverage for breast and ovarian cancer susceptibility screening. This Act expands health insurance coverage requirements for treatment used to diagnose breast cancer as well as clarify that there should be coverage for specific diagnostic and screening procedures based on the qualifications set forth within the Act. The impact of this mandate is included in the experience period, and therefore no further adjustment was applied to the 2026 rates.

The State of Connecticut passed Public Act No. 22-47 concerning children's mental health. It requires the carriers to provide coverage for two mental health wellness examinations per year (performed by a licensed mental health professional or primary care provider) and prohibits prior authorization for such examinations. The impact of this mandate is included in the experience period, and therefore no further adjustment was applied to the 2026 rates.

The risk adjustment (RA) projection for the 2026 benefit year reflects the risk adjustment transfer calculated in the most current 2024 Risk Adjustment Transfer Elements Extract (RATEE) file as provided by Wakely on May 9, 2025. CBI assumes that assessments from the high-cost risk pool (HCRP) program will offset HCRP recoveries.

The Patient-Centered Outcomes Research Institute (PCORI) fee is included in the rate development for 2026.

The plan rates for new business and renewals with rate effective dates in 2025 are shown in Appendix A. The proposed overall plan rate change is 21.7% compared to the previously filed and approved 2025 plan rates. The overall plan rate change reflects the changes in the base rate as well as plan relativities with projected 2026 membership.

Please see Exhibit 2 and Table 2 for the list of plans to be offered to new and renewing individuals with rate effective dates on or after January 1, 2026. Plan 76962CT0030001 will be terminated in 2026.

2. SUPPORTING DETAIL

Exhibit 1 – Pricing Build-Up
Exhibit 2 – Summary of Rating Factors

3. MISCELLANEOUS EXHIBITS

Pricing Manual Exhibit

Also attached are the following pages which reflect changes to ConnectiCare Benefits, Inc's Exchange Insured Pricing Manual.

- Section II.B.1 Table 1 – Starting Premium Rates
- Section II.B.2 Table 2 – Benefit Relativity Factors
- Section II.B.3 Table 3 – Trend Factors
- Section II.B.4 Table 4 – Area Factors
- Section II.B.5 Table 5 – Age Factors

4. REQUIREMENTS FOR ALL RATE FILING SUBMISSIONS PER BULLETIN HC-81-25

FILING REQUIREMENTS

- *Historical experience from inception-to-date for each filing. This includes earned premium, paid claims, incurred claims, members, actual loss ratios, and expected loss ratios (annual experience for all years; monthly experience for the most recent two years).*

Please see HC-81-25 Exhibit 1

- *A demonstration that the experience data submitted is consistent with the carrier's most recent financial statement filed with the Department pursuant to section 38a-53a of the Connecticut General Statutes.*

Experience data on an incurred basis, which is used as the basis of this rate filing, is extracted from ConnectiCare's data warehouse at the company and segment level. Monthly claim lags are established at the company and segment level. These lags are fed into the data warehouse. This data is reconciled in aggregate to the filed financial statements.

- *Unit cost trend by broad service category, including actual unit cost data and impact of provider contract changes from experience period to rating period (medical and prescription drug separately).*

Historical and projected unit cost is shown in HC-81-25 Exhibit 2. All changes in provider contracts (including provider mix changes) are included in the Allowed Cost per Unit amounts. Certain components of exhibits may not tie directly to values within the URRT due to data timing differences.

- *Utilization trend by service category, including actual utilization data.*

Historical and projected unit cost is shown in HC-81-25 Exhibit 2. Certain components of exhibits may not tie directly to values within the URRT due to data timing differences.

- *Impact of cost sharing leverage on trend.*

Historical and projected unit cost is shown in HC-81-25 Exhibit 2. Any historical impact of cost sharing leverage can be seen as the difference between the Allowed Per Member Per Month (PMPM) costs and the Paid PMPM costs gross of pharmacy rebates. Certain components of exhibits may not tie directly to values within the URRT due to data timing differences.

- *Medical technology trend.*

There is no explicit technology trend.

- *Benefit buy-down analysis and impact on trend.*

We anticipate that benefit buy-downs will have an immaterial impact on trend.

- *Cost of each new benefit mandate or requirement due to change in law, separately identified, from the experience period to the rating period. This includes requirements of both state and federal law.*

There are no new benefit mandates or requirements between the experience period and projection period. Benefits comply with provisions of the State of Connecticut and the Affordable Care Act, including Essential Health Benefits.

- *A comparison of the proposed retention charge in the filing to the carrier's most recently filed statutory financial statement.*

The administrative cost and commission information is cross-walked from the 2024 CY Supplemental HealthCare Exhibit Part 1.

See HC-81-25 Exhibit 3

- *Claim lag triangles (separate triangles for medical vs. prescription drug).*

See HC-81-25 Exhibit 4. Please note, the prescription drug triangle is gross of rebates. Certain components of exhibits may not tie directly to values within the URRT due to data timing differences.

- *The current capital and surplus for the carrier.*

See HC-81-25 Exhibit 5

- *A demonstration that the increase requested in this rate filing will generate an expected medical loss ratio for rebate purposes that is consistent with the 80% prescribed by the federal law for individual health insurance.*

Please see Exhibit 1 – Pricing Build-Up for expected medical loss ratio for rebate purposes. Based on this exhibit, we project that no rebate will be required for the 2025 year.

- *Actuarial certification signed by a Member of the American Academy of Actuaries (MAAA).*

Please see attached Certification.

- *Identification of all known estimates of the risk adjustment transfer amount (paid or received) for the previous rating year. This shall include the date of all estimates received, the source of those estimates, and the details for all of the components included in the company's filing including risk adjustment transfer, high-cost risk pool, etc. in per member per month ("PMPM") amounts. Carriers must explain any difference between the known estimates of risk adjustment and what is used as the projection for the pricing period.*

The projected risk adjustment items total a payment of \$20.08 PMPM for 2026. This amount includes the projected risk adjustment transfer payment of \$20.63 for CBI's individual market population and a receipt of \$19.73 for CBI's catastrophic population. We estimate that High-Cost Risk Pool payments and receipts are net neutral.

- *A one-page rate buildup that starts with the experience period claims and show all adjustments that lead to the proposed year's premium. Include a clear statement on whether the baseline experience is on the allowed basis or the paid basis. Include a clear statement on how any pharmacy rebate is determined for the projection period. For all adjustments, provide detailed actuarial justification in the Actuarial Memorandum or in the supporting documents. Show the prior year's premium, and the ratio of proposed to prior should be equal to the average increase requested or an explanation provided. If some supporting exhibits in the carrier's memorandum contain some of the build-up steps by plan, please provide the overall total so the Department can reconcile to the one-page rate buildup.*

Please see Exhibit 1 – Pricing Build-up.

- *Calendar year historical data for at least three years (i.e., 2022, 2023, and 2024) and the most recent 2025 YTD data in the trend template. Include a clear statement on the paid through date and whether the projection trend is on the allowed basis or the paid basis.*

Please see HC-81-25 Exhibit 1.

- *Projection trend with splits by cost type (unit cost, utilization, allowed and paid) and type of service (inpatient, outpatient, professional, medical subtotal, pharmacy and total).*

Historical and projected unit cost is shown in HC-81-25 Exhibit 2. Certain components of exhibits may not tie directly to values within the URRT due to data timing differences.

- *Justification of the difference between the projection trend and the historical trend.*

Historical trend was used to inform projected trend; however, there are some differences driven by CBI's expectations for the future. The projected trend of 7.6%, which is lower than the most recent actual historical trends, represents CBI's best estimate of projected trend at this time, considering emerging experience, market changes, and other dynamics.

- *COVID-19 impact in the historical trend as well as in projection trend.*

Please see HC-81-25 Exhibit 6. No additional impact, beyond trend, is assumed for COVID-19 between the experience period and the projection period. This exhibit contains information aggregated across all entities offering products in the individual market.

- *Impact of pharmacy rebate on trend, including the actual pharmacy rebate data and the projection.*

Pharmacy rebates are included in the premium rate development such that claim estimates are net of these rebates. We estimate that pharmacy rebates will increase commensurately with underlying claims between the experience and projection periods.

- *For individual ON-Exchange filings, state the CSR Silver loading percentage and justification as well as the impact on the rate increase driven by the change from the prior year.*

Based on the assumption that cost-sharing-reduction (CSR) subsidies will not be funded, we apply a 1.117 CSR shortfall adjustment (i.e., 11.7%) across all on-exchange silver plans. We estimate the impact of non-funded CSRs by evaluating the actuarial values (AVs) of all silver variants (standard plan design, 73%, 87%, and 94%) compared to the AV of the standard plan design only (i.e., the portion of CBI's claims responsibility if CSR subsidies were will in effect). The differential between these AVs is the assumed CSR shortfall AV load. This shortfall load contributes approximately 1.7% of the rate change from the prior year.

- *For individual ON-Exchange filings, provide supporting documentation on the calculation of Covered CT Adjustment by component.*

A 2.5% of premium reduction is applied to the on-exchange silver plan based on the last approved filing.

- *A summary statement on age bands, geographic area factors and / or smoking factors; specifically, if they have changed or remain the same since the last approved filing. If area factors have changed, provide an actuarial justification for the changes. This should include, ideally, more than one year of experience and a unit cost analysis by region.*

The CMS federal age curve is used to calibrate the Plan Adjusted Index Rates (PAIRs) and apply appropriate age rating factors, consistent with the last approved filing. CBI applies geographic rating factors to its plans as shown in Worksheet 3 of the Unified Rate Review Template (URRT). Geographic factors differ from the 2025 rate filing only due to a different projected membership mix between areas in 2026 compared to 2025 since the geographic factors are re-normalized to a composite 1.0. The geographic area factors themselves remain the same as those used in the last approved filing.

Annual Certifications to be Included as Part of the Rate Filing

Carriers must include demonstrations that each plan with varying copays meets the substantially all and predominant tests. Such demonstration must also include a certification of compliance with mental health parity signed by a member of the American Academy of Actuaries. After the initial approval, such demonstration and certification must be made annually.

Submitted via SERFF separately.

Respectfully Submitted,



Jeremy Kush, FSA, CERA, MAAA
Principal and Consulting Actuary
Milliman, Inc.

May 29, 2025

EXHIBITS

Exhibit 1
ConnectiCare Benefits, Inc.
Pricing Buildup

2024 FFS Medical/Rx EHBs - Allowed PMPM

Allowed Claims		\$944.48
Provider Incentives	+	\$3.97
Pharmacy Rebates	+	(\$75.41)
Adjusted Adjusted Claims		\$873.03

Rating Adjustments

Trend - 24 Months	x	1.1578
Demographic Adjustment	x	1.0099
Geographic Adjustment	x	1.0020
Plan Design Changes	x	1.0425
Projected 2026 FFS Medical/Rx EHBs - Allowed PMPM		\$1,066.33

2026 EHB Capitation on Allowed PMPM Basis

Behavioral Health Capitation	+	\$44.49
Pediatric Dental Capitation	+	\$1.42
PAC / Other Capitation	+	\$2.29
Total 2026 EHB Capitation - Allowed PMPM		\$48.21

2026 Projected Non-EHB Claims - Allowed PMPM Basis

Projected FFS Non-EHB Claims	+	\$2.94
Capitated Adult Vision	+	\$0.64
Capitated Adult Dental	+	\$0.93
Total 2026 Projected Non-EHBs - Allowed PMPM		\$4.51

Total Projected 2026 Allowed Claims PMPM

		\$1,119.05
Paid to Allowed Ratio	x	87.5%
Paid Claims PMPM		\$978.71

Retention PMPM

General Admin	+	\$104.09
Commission	+	\$10.63
Quality Improvement	+	\$4.68
CoveredCT Program Payment	+	(\$20.11)
Risk Adjustment Admin Fee	+	\$0.20
Comparative Effectiveness Research Fee	+	\$0.31
Immunization / Misc. State Fees	+	\$5.88
Premium Tax	+	\$17.60
Federal Income Tax	+	\$6.16
Post Tax Profit	+	\$23.17
Exchange Administration Fee	+	\$21.70
Total Retention PMPM		\$174.32

2026 Projected Single Risk Pool Premium PMPM

Projected Paid Claims		\$978.71
Risk Adjustment Payable (Receivable)	+	\$20.08
Retention	+	\$174.32
2026 Projected Single Risk Pool Average Premium PMPM		\$1,173.11
2025 Filed Single Risk Pool Total Average Premium PMPM		\$998.26
Overall Rate Change		17.5%

Federal Medical Loss Ratio

Incurred Claims with RA		\$998.79
Quality Improvement	+	\$4.68
Estimated MLR Numerator		\$1,003.47
Single Risk Pool Total Average Premium PMPM		\$1,173.11
Federal and State Tax	+	\$6.16
Premium Taxes	+	\$17.60
Risk Adjustment User Fee	+	\$0.20
User Exchange Fee	+	\$21.70
Regulatory Fees	+	\$6.20
Estimated Federal MLR Denominator		\$1,121.25
Federal MLR		89.50%

Exhibit 2
ConnectiCare Benefits, Inc.
Summary of Rating Factors

<u>Rating Area</u>	<u>County Name</u>	<u>Factor</u>
Rating Area 1	Fairfield County	1.0645
Rating Area 2	Hartford County	0.9096
Rating Area 3	Litchfield County	0.9835
Rating Area 4	Middlesex County	0.9828
Rating Area 5	New Haven County	0.9828
Rating Area 6	New London County	0.9835
Rating Area 7	Tolland County	0.9835
Rating Area 8	Windham County	0.9835
<u>Base Premium Rate(s)</u>		<u>2026</u>
Single Risk Pool Calibrated Plan Adjusted Index Rate		\$641.14

<u>Benefit Plan</u>	<u>Metal</u>	<u>Plan Relativity</u>
Choice Catastrophic POS with Dental and Vision	Catastrophic	0.4269
Choice Bronze Standard POS	Bronze	0.8322
Choice Bronze Standard POS HSA	Bronze	0.8748
Choice Bronze Alternative POS with Dental and Vision	Bronze	0.8336
Choice Silver Standard POS	Silver	1.0811
Choice Gold Standard POS	Gold	1.2129
Choice Gold Alternative POS	Gold	1.0762
Choice Gold Alternative POS with Dental and Vision	Gold	1.0491
Choice Bronze Alternative EPO with Vision	Bronze	0.7671
Choice Bronze Alternative EPO	Bronze	0.7505
Choice Gold Alternative EPO	Gold	0.9426

<u>Age Factors</u>	<u>Factor</u>
0-14	0.7650
15	0.8330
16	0.8590
17	0.8850
18	0.9130
19	0.9410
20	0.9700
21	1.0000
22	1.0000
23	1.0000
24	1.0000
25	1.0040
26	1.0240
27	1.0480
28	1.0870
29	1.1190
30	1.1350
31	1.1590
32	1.1830
33	1.1980
34	1.2140
35	1.2220
36	1.2300
37	1.2380
38	1.2460
39	1.2620
40	1.2780
41	1.3020
42	1.3250
43	1.3570
44	1.3970
45	1.4440
46	1.5000
47	1.5630
48	1.6350
49	1.7060
50	1.7860
51	1.8650
52	1.9520
53	2.0400
54	2.1350
55	2.2300
56	2.3330
57	2.4370
58	2.5480
59	2.6030
60	2.7140
61	2.8100
62	2.8730
63	2.9520
64 and over	3.0000

SECTION II.B TABLES

II.B.1 Table 1
ConnectiCare Benefits, Inc.
Starting Premium Rates

Effective Date	Rate
1/1/2026	\$641.14

II.B.2 Table 2 ConnectiCare Benefits, Inc. Benefit Relativity Factors (AV / Cost Sharing Factors)		
Benefit Plan	HIOS ID	Relativity
Choice Catastrophic POS with Dental and Vision	76962CT0010002	0.4269
Choice Bronze Standard POS	76962CT0010001	0.8322
Choice Bronze Standard POS HSA	76962CT0010011	0.8748
Choice Bronze Alternative POS with Dental and Vision	76962CT0010027	0.8336
Choice Silver Standard POS	76962CT0010005	1.0811
Choice Gold Standard POS	76962CT0010006	1.2129
Choice Gold Alternative POS	76962CT0010028	1.0762
Choice Gold Alternative POS with Dental and Vision	76962CT0010029	1.0491
Choice Bronze Alternative EPO with Vision	76962CT0100002	0.7671
Choice Bronze Alternative EPO	76962CT0100003	0.7505
Choice Gold Alternative EPO	76962CT0100001	0.9426

II.B.3 Table 3 ConnectiCare Benefits, Inc. Trend Factor	
Trend Basis	Trend Factor
Annual	7.6%

II.B.4 Table 4 ConnectiCare Benefits, Inc. Area Factors		
Rating Area	County Name	Factor
Rating Area 1	Fairfield County	1.0645
Rating Area 2	Hartford County	0.9096
Rating Area 3	Litchfield County	0.9835
Rating Area 4	Middlesex County	0.9828
Rating Area 5	New Haven County	0.9828
Rating Area 6	New London County	0.9835
Rating Area 7	Tolland County	0.9835
Rating Area 8	Windham County	0.9835

II.B.5 Table 5
ConnectiCare Benefits, Inc.
Age Factors

Age	Factor
0-14	0.7650
15	0.8330
16	0.8590
17	0.8850
18	0.9130
19	0.9410
20	0.9700
21	1.0000
22	1.0000
23	1.0000
24	1.0000
25	1.0040
26	1.0240
27	1.0480
28	1.0870
29	1.1190
30	1.1350
31	1.1590
32	1.1830
33	1.1980
34	1.2140
35	1.2220
36	1.2300
37	1.2380
38	1.2460
39	1.2620
40	1.2780
41	1.3020
42	1.3250
43	1.3570
44	1.3970
45	1.4440
46	1.5000
47	1.5630
48	1.6350
49	1.7060
50	1.7860
51	1.8650
52	1.9520
53	2.0400
54	2.1350
55	2.2300
56	2.3330
57	2.4370
58	2.5480
59	2.6030
60	2.7140
61	2.8100
62	2.8730
63	2.9520
64 and over	3.0000

HC-81-25 EXHIBITS

HC-81-25 Exhibit 1
ConnectiCare Benefits, Inc.
Historical Experience and Loss Ratios

Annual	Member Months	Incurred PMPM	Paid PMPM	Premium PMPM	Incurred Loss Ratio	Paid Loss Ratio	Risk Adjustment PMPM	Risk Adjusted Loss Ratio
CY 2021	937,952	\$723.17	\$604.02	\$675.41	107.1%	89.4%	(\$31.55)	93.8%
CY 2022	869,951	\$719.66	\$601.38	\$722.63	99.6%	83.2%	(\$49.28)	89.3%
CY 2023	766,122	\$680.10	\$679.91	\$841.13	80.9%	80.8%	(\$37.49)	84.6%
CY 2024	856,459	\$832.53	\$821.45	\$923.57	90.1%	88.9%	(\$20.08)	90.9%

Monthly	Member Months	Incurred PMPM	Paid PMPM	Premium PMPM	Incurred Loss Ratio	Paid Loss Ratio
202412	69,756	\$936.63	\$885.16	\$910.08	102.9%	97.3%
202411	70,971	\$877.25	\$847.67	\$911.54	96.2%	93.0%
202410	71,148	\$933.59	\$914.62	\$913.59	102.2%	100.1%
202409	71,153	\$819.56	\$807.91	\$916.45	89.4%	88.2%
202408	71,519	\$844.95	\$838.46	\$919.35	91.9%	91.2%
202407	71,640	\$870.43	\$865.34	\$922.45	94.4%	93.8%
202406	71,685	\$795.61	\$792.36	\$925.63	86.0%	85.6%
202405	71,853	\$860.33	\$857.53	\$928.03	92.7%	92.4%
202404	72,036	\$788.44	\$786.42	\$929.62	84.8%	84.6%
202403	72,344	\$765.33	\$763.70	\$931.34	82.2%	82.0%
202402	72,685	\$749.38	\$748.50	\$934.03	80.2%	80.1%
202401	69,669	\$752.45	\$752.01	\$940.33	80.0%	80.0%
202312	64,757	\$764.02	\$763.58	\$830.78	92.0%	91.9%
202311	65,217	\$753.05	\$752.70	\$831.07	90.6%	90.6%
202310	65,292	\$766.67	\$766.31	\$833.53	92.0%	91.9%
202309	65,017	\$692.73	\$692.46	\$835.85	82.9%	82.8%
202308	64,231	\$713.61	\$713.33	\$837.98	85.2%	85.1%
202307	63,636	\$658.93	\$658.73	\$840.89	78.4%	78.3%
202306	63,391	\$659.19	\$659.03	\$842.75	78.2%	78.2%
202305	62,910	\$715.37	\$715.26	\$844.81	84.7%	84.7%
202304	62,970	\$600.78	\$600.75	\$846.40	71.0%	71.0%
202303	63,473	\$663.18	\$663.16	\$847.50	78.3%	78.2%
202302	64,074	\$578.70	\$578.66	\$848.59	68.2%	68.2%
202301	61,154	\$585.31	\$585.27	\$854.84	68.5%	68.5%

HC-81-25 Exhibit 2 ConnectiCare Benefits, Inc. Historical Claim and Projected Pricing Trends Detailed Medical Expense, Detail Cost and Utilization																										
Medical	Allowed Cost per Unit					Units per 1,000					Allowed PMPM					Net PMPM					Projected Trends					
	Annualized Trend		Annualized Trend			Annualized Trend		Annualized Trend			Annualized Trend		Annualized Trend		Contrib to Trend	Annualized Trend		Annualized Trend		Contrib to trend	Utilization	Unit Cost	Total Trend			
	2022	2023	2024	2022 vs 2023	2023 vs 2024	2022	2023	2024	2022 vs 2023	2023 vs 2024	2022	2023	2024	2022 vs 2023	2023 vs 2024	2022	2023	2024	2022 vs 2023	2023 vs 2024						
Member Months (Total)	870,115	766,151	856,363	-1.6%	11.8%	870,115	766,151	856,363	-1.6%	11.8%	870,115	766,151	856,363	-1.6%	11.8%	11.8%	870,115	766,151	856,363	-1.6%	11.8%	11.8%				
IP - Acute Care	\$45,338	\$45,348	\$49,029	8.1%	8.1%	30.3	31.8	33.8	11.8%	6.4%	\$114.37	\$120.21	\$138.27	20.9%	15.0%	13.5%	\$109.16	\$114.82	\$133.68	22.5%	16.4%	14.9%				
IP - Delivery	\$16,088	\$16,939	\$18,899	17.5%	11.6%	3.3	3.4	3.8	13.5%	9.0%	\$4.44	\$4.86	\$5.91	33.3%	21.6%	0.8%	\$3.74	\$4.01	\$5.09	36.3%	26.9%	0.9%				
IP - Maternity Other	\$8,548	\$6,215	\$17,088	99.9%	175.0%	0.1	0.1	0.1	1.6%	-20.5%	\$0.08	\$0.07	\$0.16	103.1%	118.7%	0.1%	\$0.08	\$0.04	\$0.16	106.6%	250.0%	0.1%				
IP - NICU	\$106,178	\$30,307	\$73,977	-30.3%	144.1%	0.3	0.3	0.5	72.3%	66.2%	\$2.81	\$0.83	\$3.37	20.0%	305.6%	1.9%	\$2.77	\$0.81	\$3.30	19.3%	308.9%	2.0%				
IP - Normal Newborn	\$4,834	\$5,053	\$5,499	13.8%	8.8%	2.9	2.9	3.1	8.9%	7.7%	\$1.16	\$1.23	\$1.44	23.9%	17.3%	0.2%	\$1.16	\$1.23	\$1.37	18.3%	12.1%	0.1%				
IP - SNF	\$6,980	\$7,968	\$8,809	26.2%	10.5%	1.8	1.7	2.2	21.9%	28.0%	\$1.04	\$1.13	\$1.60	53.9%	41.5%	0.4%	\$0.95	\$1.03	\$1.54	62.8%	48.9%	0.4%				
IP - Other	\$31,758	\$34,431	\$40,689	28.1%	18.2%	1.6	1.7	1.8	12.3%	2.5%	\$4.16	\$4.94	\$5.99	43.9%	21.1%	0.8%	\$3.98	\$4.79	\$5.82	46.2%	21.5%	0.8%				
Inpatient Total (units = admits)	\$38,173	\$38,018	\$41,479	8.7%	9.1%	40.3	42.1	45.3	12.6%	7.8%	\$128.06	\$133.28	\$156.74	22.4%	17.6%	17.6%	\$121.82	\$126.73	\$150.96	23.9%	19.1%	19.1%	0.0%	1.1%	1.1%	
OP - Surgery - ASC	\$2,229	\$2,412	\$2,774	24.4%	15.0%	77.2	83.0	83.8	8.5%	1.0%	\$14.34	\$16.68	\$19.37	35.1%	16.1%	1.1%	\$10.84	\$13.09	\$15.73	45.1%	20.2%	1.3%				
OP - Surgery - Hosp	\$6,766	\$7,302	\$7,631	12.8%	4.5%	95.9	106.6	117.4	22.4%	10.2%	\$54.09	\$64.85	\$74.68	38.1%	15.2%	4.0%	\$45.85	\$55.48	\$66.32	44.7%	19.5%	5.5%				
OP - Clinic	\$271	\$299	\$417	53.5%	39.3%	14.7	15.7	13.0	-11.6%	-16.9%	\$0.33	\$0.39	\$0.45	35.7%	15.8%	0.0%	\$0.13	\$0.18	\$0.27	104.6%	50.5%	0.0%				
OP - Covid Testing	\$172	\$201	\$247	43.5%	23.0%	176.7	22.9	8.7	-95.1%	-62.0%	\$2.54	\$0.38	\$0.18	-92.9%	-53.3%	-0.1%	\$2.50	\$0.34	\$0.14	-94.4%	-59.1%	-0.1%				
OP - Dialysis	\$839	\$917	\$933	11.3%	1.8%	45.1	55.6	62.6	38.9%	12.6%	\$3.15	\$4.25	\$4.87	54.5%	14.6%	0.3%	\$2.54	\$3.92	\$4.21	65.6%	7.2%	0.1%				
OP - Emergency Dept	\$2,481	\$2,514	\$2,860	15.3%	13.8%	178.0	190.4	216.3	21.5%	13.6%	\$36.80	\$39.87	\$51.54	40.1%	29.3%	4.8%	\$20.78	\$22.88	\$34.74	67.2%	51.8%	6.0%				
OP - Health Home(MD/HARP)	\$0	\$108	\$0	0.0%	-100.0%	0.0	0.0	0.0	0.0%	-100.0%	\$0.00	\$0.00	\$0.00	0.0%	-100.0%	0.0%	\$0.00	\$0.00	\$0.00	0.0%	0.0%	0.0%				
OP - Home Health	\$138	\$146	\$155	12.4%	6.2%	100.7	87.5	112.6	11.9%	28.7%	\$1.16	\$1.06	\$1.45	25.7%	36.6%	0.2%	\$1.13	\$1.03	\$1.41	25.2%	36.6%	0.2%				
OP - Infusion - Chemo	\$7,929	\$9,820	\$10,628	34.0%	8.2%	48.2	51.0	53.9	11.7%	5.6%	\$31.87	\$41.73	\$47.72	49.7%	14.3%	2.5%	\$30.66	\$40.32	\$45.64	48.9%	13.2%	2.7%				
OP - Infusion - Non-Chemo	\$4,358	\$4,066	\$3,528	-19.1%	-13.2%	28.4	31.8	40.9	43.8%	28.3%	\$10.32	\$10.79	\$12.01	16.4%	11.3%	0.5%	\$9.52	\$10.05	\$11.24	18.1%	11.9%	0.6%				
OP - Lab	\$160	\$161	\$171	6.8%	6.0%	505.4	544.7	605.1	19.7%	11.1%	\$6.74	\$7.32	\$8.61	27.8%	17.7%	0.5%	\$5.02	\$5.67	\$7.03	40.1%	24.0%	0.7%				
OP - Medical Drugs	\$47	\$48	\$0	-100.0%	-100.0%	17.7	0.9	0.0	-100.0%	-100.0%	\$0.07	\$0.00	\$0.00	-100.0%	-100.0%	0.0%	\$0.07	\$0.00	\$0.00	-100.0%	-100.0%	0.0%				
OP - Observation	\$3,619	\$4,199	\$4,111	13.6%	-2.1%	28.2	27.6	32.4	15.1%	17.3%	\$8.50	\$9.67	\$11.11	30.7%	14.9%	0.6%	\$7.25	\$7.74	\$9.34	28.8%	20.6%	0.8%				
OP - PT/OT/ST	\$205	\$223	\$228	11.3%	2.3%	206.2	234.2	263.5	37.5%	21.1%	\$3.52	\$4.35	\$5.38	53.0%	23.8%	0.4%	\$2.68	\$3.63	\$4.59	71.2%	26.5%	0.5%				
OP - Radiation	\$1,795	\$1,912	\$2,068	15.3%	8.2%	48.9	46.8	40.7	-16.9%	-13.2%	\$7.32	\$7.46	\$7.01	-4.2%	-8.1%	-0.2%	\$7.13	\$7.28	\$6.74	-5.5%	-7.5%	-0.3%				
OP - Radiology	\$778	\$778	\$929	6.6%	6.7%	404.8	434.2	477.5	18.0%	10.0%	\$26.24	\$28.13	\$33.00	25.8%	17.3%	2.0%	\$18.91	\$21.01	\$25.70	35.9%	22.3%	2.4%				
OP - Other	\$794	\$906	\$1,279	61.0%	41.2%	78.9	79.8	86.4	9.5%	8.4%	\$5.22	\$6.02	\$9.21	76.3%	53.0%	1.3%	\$4.07	\$4.78	\$7.96	95.8%	66.6%	1.6%				
Outpatient Total (units = visits)	\$1,239	\$1,449	\$1,539	24.2%	6.2%	2,055.1	2,012.7	2,234.8	8.7%	11.0%	\$212.20	\$242.96	\$286.60	35.1%	18.0%	18.0%	\$169.07	\$197.41	\$241.06	42.6%	22.1%	22.1%	0.5%	7.6%	8.2%	
PR - Ambulance	\$670	\$689	\$686	2.4%	-0.4%	68.0	75.9	86.0	26.5%	13.4%	\$3.80	\$4.35	\$4.92	29.5%	12.9%	0.3%	\$3.25	\$3.82	\$4.46	37.1%	16.9%	0.4%				
PR - Anesthesia	\$648	\$672	\$690	6.5%	2.8%	241.4	260.1	267.6	10.8%	2.9%	\$13.04	\$14.56	\$15.39	18.0%	5.7%	0.4%	\$9.65	\$11.60	\$13.10	35.7%	12.9%	1.0%				
PR - DME	\$106	\$106	\$89	-15.6%	-16.0%	332.2	390.1	483.2	45.5%	23.9%	\$2.93	\$3.46	\$3.60	22.7%	4.0%	0.1%	\$2.10	\$2.51	\$2.64	25.7%	6.2%	0.1%				
PR - Lab	\$26	\$28	\$30	12.5%	4.9%	6,372.0	6,268.1	6,648.8	4.3%	6.1%	\$14.02	\$14.79	\$16.46	17.4%	11.3%	0.8%	\$10.21	\$11.31	\$13.08	28.1%	15.7%	1.2%				
PR - Lab - COVID Testing	\$51	\$63	\$84	64.5%	34.1%	583.9	86.4	56.1	-90.4%	-35.1%	\$2.49	\$0.45	\$0.39	-84.2%	-13.0%	0.0%	\$2.48	\$0.41	\$0.33	-86.8%	-20.2%	-0.1%				
PR - Maternity	\$1,492	\$1,461	\$1,332	-10.7%	-8.9%	12.8	13.3	16.9	32.8%	27.7%	\$1.59	\$1.62	\$1.88	18.6%	16.4%	0.1%	\$1.49	\$1.53	\$1.78	19.8%	16.9%	0.2%				
PR - Medical Drugs	\$219	\$265	\$343	56.6%	29.4%	832.7	788.6	772.0	-7.3%	-2.1%	\$15.22	\$17.44	\$22.09	45.2%	26.7%	2.3%	\$14.52	\$16.66	\$21.19	45.9%	27.2%	3.0%				
PR - Office Visit - PCP	\$120	\$125	\$131	9.5%	5.0%	2,441.7	2,510.0	2,710.3	11.0%	8.0%	\$24.36	\$26.11	\$29.60	21.5%	13.4%	1.8%	\$18.80	\$20.29	\$23.97	27.5%	18.1%	2.4%				
PR - Office Visit - SPEC	\$134	\$150	\$158	17.9%	5.0%	3,442.3	3,476.7	3,779.9	9.8%	8.7%	\$38.54	\$43.38	\$49.68	29.4%	15.0%	3.3%	\$24.09	\$28.41	\$35.66	48.0%	25.5%	4.8%				
PR - PT/OT/ST	\$25	\$25	\$27	8.4%	8.7%	2,614.3	2,852.9	2,816.3	7.7%	-1.3%	\$5.52	\$6.02	\$6.45	16.8%	7.3%	0.2%	\$3.04	\$3.57	\$4.17	37.1%	16.5%	0.4%				
PR - Radiology	\$126	\$133	\$135	7.8%	1.7%	2,213.6	2,260.3	2,309.6	4.3%	2.2%	\$23.19	\$25.08	\$26.07	12.4%	3.9%	0.5%	\$15.95	\$18.71	\$20.64	29.4%	10.3%	1.3%				
PR - Surgical	\$228	\$190	\$207	-9.1%	8.8%	1,601.6	2,106.5	2,232.3	39.4%	6.0%	\$30.41	\$33.44	\$38.53	26.7%	15.2%	2.6%	\$23.18	\$25.91	\$31.51	35.9%	21.6%	3.7%				
PR - Urgent Care Center	\$156	\$156	\$173	10.5%	10.7%	312.2	306.7	310.8	-0.4%	1.3%	\$4.07	\$3.99	\$4.47	10.0%	12.2%	0.2%	\$3.14	\$2.59	\$3.06	-2.4%	17.9%	0.3%				
PR - Other	\$54	\$52	\$75	38.9%	45.7%	1,016.8	1,074.4	1,045.3	2.8%	-2.7%	\$4.60	\$4.64	\$6.57	42.8%	41.7%	1.0%	\$3.00	\$3.12	\$5.30	76.8%	69.9%	1.4%				
PROFESSIONAL Total (units = lines)	\$100	\$106	\$115	15.6%	8.4%	22,085.4	22,469.9	23,535.0	6.6%	4.7%	\$183.78	\$199.32	\$226.32	23.2%	13.5%	13.5%	\$134.91	\$150.44	\$189.89	34.1%	20.2%	20.2%	0.0%	4.9%	4.9%	
Generic	\$18	\$18	\$16	-12.3%	-13.8%	14,650.8	15,555.5	17,289.3	18.0%	11.1%	\$ 21.68	\$ 23.43	\$ 22.43	3.5%	-4.2%	-0.5%	\$ 15.40	\$ 17.31	\$ 16.77	8.8%	-3.2%	-0.3%				
Brand	\$310	\$411	\$475	53.4%	15.6%	2,300.8	2,041.5	2,308.7	0.3%	13.1%	\$ 59.43	\$ 69.96	\$ 91.48	53.9%	30.8%	10.1%	\$ 52.11	\$ 63.99	\$ 84.75	62.6%	32.5%	10.6%				
Specialty	\$5,198	\$5,538	\$5,803	11.6%	4.8%	244.3	260.7	317.7	30.0%	21.9%	\$ 105.83	\$ 120.31	\$ 153.62	45.2%	27.7%	15.6%	\$ 100.68	\$ 115.40	\$ 148.55	47.5%	28.7%	16.9%				
RX TOTAL (units = 30 day scripts)	\$130	\$144	\$161	23.6%	12.3%	17,195.9	17,857.6	19,915.7	15.8%	11.5%	\$ 186.94	\$ 213.69	\$ 267.53	43.1%	25.2%	25.2%	\$ 168.20	\$ 196.70	\$ 250.07	48.7%	27.1%	27.1%	2.7%	12.5%	15.5%	
Medical Total											\$524.03	\$575.56	\$669.66	13.0%	16.3%		\$425.81	\$474.57	\$572.91	16.0%	20.7%		0.2%	5.5%	5.8%	
Medical and RX Total											\$710.97	\$789.25	\$937.19	14.8%	18.7%		\$594.00	\$671.28	\$822.98	17.7%	22.6%		0.7%	6.8%	7.6%	

HC-81-25 Exhibit 3 ConnectiCare Benefits, Inc. Comparison of Retention to Most Recent Statutory Statement		
Total Premium		
Line 1.1 Health Premiums Earned	\$796,412,804	
G&A Excluding Commissions (Line 10.5 - 10.2 + 8.3)		
Line 10.5 Total General and Administrative Expense	\$61,503,792	7.8%
Line 10.2 Agents and Brokers Fees and Commissions	(\$7,472,556)	
Line 8.3 Total Claims Adjustment Expenses	\$8,173,254	
Commissions		
Line 10.2 Agents and Brokers Fees and Commissions	\$7,472,556	0.9%
Premium Taxes		
Line 1.6 Premium Taxes	\$12,409,397	1.6%

HC-B1-26 Exhibit 4.1 ConnectCare Benefits, Inc. Historical Medical Claims Log Triangle																													
Incurd Month	Paid Month																												
	202301	202302	202303	202304	202305	202306	202307	202308	202309	202310	202311	202312	202401	202402	202403	202404	202405	202406	202407	202408	202409	202410	202411	202412	202501	202502	202503	202504	Grand Total
202301	\$4,677,204	\$16,319,111	\$2,914,946	\$879,241	\$313,029	\$188,314	\$125,642	\$356,622	\$91,010	\$69,963	\$97,469	\$57,370	\$61,549	\$48,579	\$13,712	(\$4,800)	\$9,993	(\$16,302)	\$9,196	\$31,424	\$2,816	\$3,048	\$1,077	(\$9,897)	(\$1,632)	\$43	\$26,911,426		
202302	\$0	\$4,401,874	\$19,216,164	\$1,762,556	\$709,744	\$294,706	\$51,301	\$582,869	\$107,076	\$38,501	\$14,496	\$3,467	\$954	(\$30,037)	\$29,034	\$14,849	\$1,787	(\$165,040)	\$23,228	\$66,966	\$10	\$4,622	\$14,774	\$8,288	\$8,288	\$0	\$27,221,302		
202303	\$0	\$0	\$6,816,081	\$18,883,952	\$2,522,413	\$539,322	\$337,598	\$339,539	\$50,346	\$55,626	\$32,487	(\$152,760)	\$120,208	\$26,811	\$3,170	(\$81,024)	\$3,802	(\$54,222)	\$8,422	\$12,141	(\$27,933)	\$2,999	\$8,269	\$1,220	\$121	\$3,789	\$30,348,725		
202304	\$0	\$0	\$2,802,373	\$19,219,892	\$2,574,066	\$635,695	\$772,734	\$214,670	\$189,881	\$99,631	\$20,538	\$24,049	\$23,827	\$23,948	\$64,974	(\$22,029)	(\$20,402)	\$63,767	\$22,898	\$50,013	\$2,463	\$5,161	\$19,994	\$1,230	\$5,679	\$3,569	\$29,939,617		
202305	\$0	\$0	\$0	\$0	\$6,419,253	\$19,695,915	\$3,503,998	\$1,266,872	\$999,696	\$350,573	\$47,522	\$42,701	\$43,891	\$62,494	\$487,413	\$9,689	\$14,225	(\$6,066)	\$9,056	(\$69,894)	\$8,700	\$346,773	\$20,002	(\$34,941)	\$27,572	(\$243)	\$470	\$39,739,738,984,810	
202306	\$0	\$0	\$0	\$0	\$4,442,077	\$20,381,749	\$2,595,709	\$1,571,697	\$397,221	\$181,606	\$130,881	\$38,052	\$162,969	\$187,738	\$35,870	(\$39,780)	\$1,479	\$94,254	(\$33,640)	\$24,231	(\$163)	(\$1,820)	(\$7,633)	(\$18,199)	(\$1,340)	\$6,920	\$101,151		
202307	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,840,469	\$2,693,346	\$19,128,879	\$2,693,346	\$519,256	\$531,816	\$319,769	\$18,343	\$7,850	\$90,094	\$30,273	\$124,835	\$79,699	(\$6,978)	\$6,627	\$8,117	\$5,169	\$1,959	\$1,103	\$131	\$4,420	
202308	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$6,229,022	\$19,451,095	\$2,915,466	\$1,516,874	\$811,278	\$492,893	\$297,373	\$143,897	\$2,500	\$170,600	\$179,042	\$60,130	\$31,842	(\$12,291)	\$9,100	\$22,294	\$47,755	\$685	\$8,808	\$32,204,141		
202309	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,736,024	\$21,488,698	\$2,447,884	\$1,135,329	\$1,571,519	\$205,985	\$496,397	\$74,157	\$16,228	\$82,991	\$30,327	(\$16,013)	\$8,866	\$18,874	\$39,466	\$1,360	\$10,168	(\$23,054)	\$5,543	\$32,283,978		
202310	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$6,793,276	\$22,613,635	\$2,510,282	\$1,455,907	\$554,636	\$709,094	\$1,444,887	\$19,114	\$172,846	\$58,019	\$14,675	\$16,706	\$10,516	\$16,359	\$14,649	(\$1,781)	\$19,367	\$36,414,588		
202311	\$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	\$20,815	
202312	\$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	\$28,019
202401	\$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	\$20,815
202402	\$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	\$20,815
202403	\$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	\$20,815
202404	\$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	\$20,815
202405	\$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	\$20,815
202406	\$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	\$20,815
202407	\$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	\$20,815
202408	\$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	\$20,815
202409	\$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	\$20,815
202410	\$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	\$20,815
202411	\$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	\$20,815
202412	\$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	\$20,815
202501	\$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	\$20,815
202502	\$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	\$20,815
202503	\$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	\$20,815
202504	\$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	\$20,815
Grand Total	\$4,677,204	\$20,720,985	\$28,949,190	\$25,328,125	\$28,581,353	\$27,856,615	\$20,040,232	\$30,879,314	\$30,169,765	\$34,537,250	\$35,507,081	\$32,492,729	\$36,458,851	\$31,746,659	\$32,612,782	\$44,603,558	\$42,132,562	\$44,367,411	\$45,775,255	\$38,235,170	\$38,099,953	\$90,545,538	\$41,306,377	\$49,443,397	\$41,963,015	\$38,556,819	\$30,090,226	\$50,029,445	

HC-B1-26 Exhibit 4.2 ConnectCare Benefits, Inc. Historical Prescription Drug Claim Lag Triangle																														
Incurred Month	Paid Month																													
	202301	202302	202303	202304	202305	202306	202307	202308	202309	202310	202311	202312	202401	202402	202403	202404	202405	202406	202407	202408	202409	202410	202411	202412	202501	202502	202503	202504	Grand Total	
202301	\$8,513,558	\$1,251,884	\$11,800	\$4,456	\$845	\$0	\$251	\$40	\$3,917	\$58	\$0	\$0	(\$300)	\$10	\$0	\$0	\$0	\$0	\$0	\$2,069	\$0	\$0	\$0	\$0	(\$1,552)	\$0	\$0	\$8	\$9,784,853	
202302	\$0	\$9,130,881	\$1,159,940	\$1,880	\$845	\$4,013	\$45	\$17	\$24	\$55	\$0	\$0	(\$205)	\$86	\$0	\$0	\$0	\$0	\$0	\$1,201	\$62	\$0	\$0	\$0	(\$16,464)	\$92	\$0	\$0	\$10,325,275	
202303	\$0	\$0	\$9,464,622	\$2,523,450	(\$4,369)	\$8,316	(\$314)	(\$500)	(\$402)	\$102	\$120	\$40	(\$1,039)	\$203	\$29	\$0	\$0	\$141	(\$327)	\$1,787	\$0	\$0	\$0	\$0	\$0	\$0	\$733	\$0	\$11,992,667	
202304	\$0	\$0	\$0	\$9,292,745	\$2,847,295	(\$591)	\$560	\$984	\$20	\$1,063	\$180	\$17	(\$405)	\$1,650	(\$503)	\$78	(\$533)	\$0	\$0	\$366	\$0	\$0	\$0	\$0	(\$4,704)	\$0	\$0	\$12	\$11,145,038	
202305	\$0	\$0	\$0	\$0	\$10,228,778	\$2,128,333	\$19,517	(\$2,712)	\$1,269	\$89	(\$93)	(\$1,038)	(\$372)	\$237	\$86	\$2	\$0	\$0	\$479	\$911	\$0	\$0	\$0	\$0	(\$7,872)	\$59	\$0	\$0	\$12,367,672	
202306	\$0	\$0	\$0	\$0	\$0	\$9,477,690	\$2,772,335	\$38,809	(\$4,480)	\$1,872	\$146	\$54	(\$399)	\$734	\$10	\$0	\$0	\$0	\$357	\$1,393	\$0	\$0	\$0	\$0	\$0	\$92	\$0	\$0	\$12,284,623	
202307	\$0	\$0	\$0	\$0	\$0	\$0	\$8,591,420	\$3,664,917	(\$8,380)	\$26,653	(\$2,011)	\$52	\$4,921	\$5	\$0	\$0	\$0	\$0	\$320	\$1,835	\$0	\$0	\$0	\$0	\$0	\$0	\$226	\$0	\$0	\$12,283,623
202308	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10,989,265	\$2,825,361	\$32,044	\$2,046	\$154	(\$281)	\$2,661	\$514	\$0	\$0	\$0	\$0	\$612	\$413	\$0	\$0	\$0	\$0	\$0	\$7	\$0	\$0	\$13,850,766
202309	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$9,666,809	\$0	\$13,343	\$670	\$406	\$3,375	\$22	\$3	\$63	\$0	\$0	\$200	\$38	\$11,948	\$398	\$0	\$0	\$0	\$0	\$14	\$0	\$19	\$13,985,086
202310	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$13,584,660	\$1,551,362	\$14,004	\$3,616	\$21	\$723	\$0	\$5	\$0	\$0	\$0	\$0	\$0	\$0	\$41	\$0	\$0	\$16,213,625
202311	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$43)	\$1,709	\$0	\$25,660	\$0	\$0	\$0	\$0	\$13	\$0	\$15	\$14,974,232
202312	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$504)	\$141	\$851	\$12,074	\$0	\$0	\$0	\$0	(\$25)	(\$113)	\$0	\$14,183,628
202401	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$12,644,940	\$2,497,318	\$76,737	\$1,028	\$628	(\$520)	(\$184)	\$0	\$10	\$15,762	\$79	\$574	\$0	\$0	(\$10,016)	(\$44)	\$56	\$15,127,379
202402	\$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	\$15,127,379
202403	\$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	\$15,127,379
202404	\$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	\$15,127,379
202405	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,644,665	\$4,255,760	(\$22,205)	\$19,559	(\$1,354)	\$465	\$43	(\$107,653)	\$0	\$939	(\$3)	(\$44,523)	\$1,415	\$0	\$0	\$16,698,758
202406	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$15,675,927	\$2,396,052	\$14,212	\$3,025	\$5,955	\$57	(\$101,644)	\$51	\$2,814	\$0	\$488	\$2,007	\$384	\$17,945,180	\$2,007	
202407	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$13,535,914	\$4,985,193	\$7,595	\$4,901	\$1,321	(\$149,254)	\$27	\$172	(\$986)	(\$4,759)	\$2,968	\$0	\$0	\$18,383,093
202408	\$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	\$17,381,697
202409	\$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	\$17,381,697
202410	\$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	\$17,381,697
202411	\$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	\$17,381,697
202412	\$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	\$17,381,697
202501	\$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	\$17,381,697
202502	\$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	\$17,381,697
202503	\$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	\$17,381,697
202504	\$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	\$17,381,697
Grand Total	\$8,513,558	\$10,382,784	\$10,676,361	\$10,828,332	\$13,073,358	\$11,617,361	\$11,384,185	\$14,690,654	\$12,680,131	\$16,736,804	\$13,169,604	\$12,989,050	\$16,726,568	\$15,101,186	\$15,288,698	\$19,886,615	\$15,874,847	\$17,446,843	\$22,705,706	\$16,839,327	\$16,017,274	\$22,070,151	\$17,803,736	\$20,254,086	\$15,718,109	\$16,855,879	\$17,275,322	\$22,791,838	\$434,400,968	

HC-81-25 Exhibit 5
ConnectiCare Benefits, Inc.
Capital and RBC Tracking

	2016	2017	2018	2019	2020	2021	2022	2023	2024
Total Adjusted Capital, Post Tax	\$27,245,548	\$40,473,938	\$46,694,878	\$46,121,416	\$ 68,830,675	\$ 53,459,978	\$ 60,195,256	\$ 83,688,962	\$ 100,343,335
ACA Fee		\$7,964,976		\$10,498,334	\$ -	\$ -	\$ -	\$ -	\$ -
RBC (100% ACL)	\$10,473,160	\$13,744,772	\$16,805,503	\$17,602,458	\$ 18,909,714	\$23,929,653	\$22,201,802	\$19,327,281	\$26,003,843
RBC Ratio [(A-B / C)]	260.1%	236.5%	277.9%	202.4%	364.0%	223.4%	271.1%	433.0%	385.9%

HC-81-25 Exhibit 6
ConnectiCare Benefits, Inc.
COVID-19 Actual Costs - Aggregated Across All Entities

	Incurred Claims				Percentage of Total Claims			
	Treatment	Testing	Vaccine	Total	Treatment	Testing	Vaccine	Total
Actual 2021	\$16,943,535	\$9,844,332	\$5,123,321	\$31,911,188	2.7%	1.6%	0.8%	5.2%
Actual 2022	\$11,690,861	\$6,443,711	\$1,482,245	\$19,616,817	1.8%	1.0%	0.2%	3.0%
Actual 2023	\$4,062,152	\$1,410,876	\$1,582,266	\$7,055,294	0.6%	0.2%	0.2%	1.0%
Actual 2024	\$5,513,879	\$552,352	\$1,498,406	\$7,564,637	0.7%	0.1%	0.2%	1.0%

ACTUARIAL CERTIFICATION

ACTUARIAL CERTIFICATION

I, Jeremy Kush, Principal and Consulting Actuary with the firm of Milliman, Inc., am a member of the American Academy of Actuaries, and I meet its Qualification Standards to render the actuarial opinion contained herein. This filing is prepared on behalf of ConnectiCare Benefits, Inc.

The rates accompanying this Actuarial Memorandum reflect current law and regulations effective at the time of this rate filing submission. Future regulatory changes may affect the extent to which the rates are neither excessive, nor deficient.

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 156.8 and 45 CFR 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 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.
4. The CMS Actuarial Value Calculator was used to determine the AV Metal Values shown in Worksheet 2, Section I of the Part I Unified Rate Review Template for all plans.
5. The adjustment factor that represents benefits in addition to Essential Health Benefits included in Worksheet 2, Section III of the Part I Unified Rate Review Template was calculated in accordance with Actuarial Standards of Practice.
6. The proposed premium rates in this filing are actuarially sound in aggregate.
7. In my opinion, the proposed premium rate increase is reasonable. I based my opinion of reasonable rate increase on the factors below.
 - The expected individual loss ratio for the 12-month period beginning January 1, 2026, is expected to be approximately 89.5% (before a credibility adjustment). The projected loss ratio is greater than the 80% ACA minimum MLR standard promulgated by the Department of Health and Human Services.
 - The assumptions used are reasonable and within the range of reasonableness.
 - The proposed rates result in rates between insured members within similar risk categories that are permissible under applicable Connecticut law, and the premium differences correspond to differences in expected claims costs between allowable risk classes.
8. The premium rates filed are prepared in conformity with the applicable Actual Standards of Practice (ASOPs) promulgated by the Actuarial Standards Board. Please note, ASOP 26 does not apply since this certification is for individual health insurance only.

CHECKLIST OF ACTUARIAL STANDARDS OF PRACTICE (ASOPs) FOR STATEMENT 8 ABOVE

- x ASOP No. 5 – Incurred Health and Disability Claims
- x ASOP No. 8 – Regulatory Filings for Health Benefits, Accident and Health Insurance, and Entities Providing Health Benefits
- x ASOP No. 12 – Risk Classification (for All Practice Areas)
- x ASOP No. 23 – Data Quality
- x ASOP No. 25 – Credibility Procedures
- ASOP No. 26 – Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans
- x ASOP No. 41 – Actuarial Communications
- x ASOP No. 42 – Health and Disability Actuarial Assets and Liabilities other than Liabilities for Incurred Claims
- x ASOP No. 50 – Determining Minimum Value and Actuarial Value under the Affordable Care Act
- x ASOP No. 56 – Modeling

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 for federally facilitated exchanges, and for certification 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 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 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.

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 per CID guidance. 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.

Respectfully Submitted,



Jeremy Kush, FSA, CERA, MAAA
Principal and Consulting Actuary
Milliman, Inc.

May 29, 2025

State:	Connecticut	Filing Company:	ConnectiCare Benefits, Inc.
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other		
Product Name:	2026 CBI Exchange (On-Exchange) Individual Rate Filing		
Project Name/Number:	2026 CBI Exchange (On-Exchange) Individual Rate Filing/		

Supporting Document Schedules

Bypassed - Item:	Major Medical Submission Checklist
Bypass Reason:	N/A for this filing.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Rate Table Template
Comments:	Attached is our Rate Table Template in both pdf & xls format.
Attachment(s):	2026 RateTables CBI_Rounded.xls 2026 RateTables CBI_Rounded.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Other Supporting Documentation
Comments:	
Attachment(s):	CBI Ambulance Certification_2026.pdf CBI MHP Certification_2026.pdf CBI MHP Demos_2026.pdf
Item Status:	
Status Date:	

Satisfied - Item:	URRT PDF
Comments:	Attaching URRT in PDF.
Attachment(s):	2026 URRT CBIv1.1.pdf
Item Status:	
Status Date:	

SERFF Tracking #:	CCIC-134547025	State Tracking #:	202502665	Company Tracking #:	
State:	Connecticut	Filing Company:	ConnectiCare Benefits, Inc.		
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005C Individual - Other				
Product Name:	2026 CBI Exchange (On-Exchange) Individual Rate Filing				
Project Name/Number:	2026 CBI Exchange (On-Exchange) Individual Rate Filing/				

Attachment 2026 RateTables CBI_Rounded.xls is not a PDF document and cannot be reproduced here.

2026 Rates Table Template v15.0		All fields with an asterisk (*) are required. To validate press Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F.		
		If you are in a community rating state, select Family-Tier Rates under Rating Method and fill in all columns.		
		If you are not in a community rating state, select Age-Based Rates under Rating Method and provide an Individual Rate for every age band.		
		If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.		
		To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.		
HIOS Issuer ID*		76962		
Rate Effective Date*		1/1/2026		
Rate Expiration Date*		12/31/2026		
Rating Method*		Age-Based Rates		
Plan ID*		Rating Area ID*	Tobacco*	Age*
Individual Rate*				
Required: Enter the 14-character Plan ID		Required: Select the Rating Area ID	Required: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate
		Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan		
76962CT0010002		Rating Area 1	No Preference	0-14
76962CT0010002		Rating Area 1	No Preference	15
76962CT0010002		Rating Area 1	No Preference	16
76962CT0010002		Rating Area 1	No Preference	17
76962CT0010002		Rating Area 1	No Preference	18
76962CT0010002		Rating Area 1	No Preference	19
76962CT0010002		Rating Area 1	No Preference	20
76962CT0010002		Rating Area 1	No Preference	21
76962CT0010002		Rating Area 1	No Preference	22
76962CT0010002		Rating Area 1	No Preference	23
76962CT0010002		Rating Area 1	No Preference	24
76962CT0010002		Rating Area 1	No Preference	25
76962CT0010002		Rating Area 1	No Preference	26
76962CT0010002		Rating Area 1	No Preference	27
76962CT0010002		Rating Area 1	No Preference	28
76962CT0010002		Rating Area 1	No Preference	29
76962CT0010002		Rating Area 1	No Preference	30
76962CT0010002		Rating Area 1	No Preference	31
76962CT0010002		Rating Area 1	No Preference	32
76962CT0010002		Rating Area 1	No Preference	33
76962CT0010002		Rating Area 1	No Preference	34
76962CT0010002		Rating Area 1	No Preference	35
76962CT0010002		Rating Area 1	No Preference	36
76962CT0010002		Rating Area 1	No Preference	37
76962CT0010002		Rating Area 1	No Preference	38
76962CT0010002		Rating Area 1	No Preference	39
76962CT0010002		Rating Area 1	No Preference	40
76962CT0010002		Rating Area 1	No Preference	41
76962CT0010002		Rating Area 1	No Preference	42
76962CT0010002		Rating Area 1	No Preference	43
76962CT0010002		Rating Area 1	No Preference	44
76962CT0010002		Rating Area 1	No Preference	45
76962CT0010002		Rating Area 1	No Preference	46
76962CT0010002		Rating Area 1	No Preference	47
76962CT0010002		Rating Area 1	No Preference	48
76962CT0010002		Rating Area 1	No Preference	49
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76962CT0010002		Rating Area 1	No Preference	51
76962CT0010002		Rating Area 1	No Preference	52
76962CT0010002		Rating Area 1	No Preference	53
76962CT0010002		Rating Area 1	No Preference	54
76962CT0010002		Rating Area 1	No Preference	55
76962CT0010002		Rating Area 1	No Preference	56
76962CT0010002		Rating Area 1	No Preference	57
76962CT0010002		Rating Area 1	No Preference	58
76962CT0010002		Rating Area 1	No Preference	59
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76962CT0010002		Rating Area 1	No Preference	61
76962CT0010002		Rating Area 1	No Preference	62
76962CT0010002		Rating Area 1	No Preference	63
76962CT0010002		Rating Area 1	No Preference	64 and over
76962CT0010002		Rating Area 2	No Preference	0-14
76962CT0010002		Rating Area 2	No Preference	15
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76962CT0010002		Rating Area 2	No Preference	51
76962CT0010002		Rating Area 2	No Preference	52
76962CT0010002		Rating Area 2	No Preference	53
76962CT0010002		Rating Area 2	No Preference	54
76962CT0010002		Rating Area 2	No Preference	55
76962CT0010002		Rating Area 2	No Preference	56
76962CT0010002		Rating Area 2	No Preference	57
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76962CT0010002		Rating Area 2	No Preference	59
76962CT0010002		Rating Area 2	No Preference	60
76962CT0010002		Rating Area 2	No Preference	61
76962CT0010002		Rating Area 2	No Preference	62

	76962CT0010002	Rating Area 2	No Preference	63	734.85	
	76962CT0010002	Rating Area 2	No Preference	64 and over	746.79	
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	76962CT0010002	Rating Area 3	No Preference	15	224.21	
	76962CT0010002	Rating Area 3	No Preference	16	231.20	
	76962CT0010002	Rating Area 3	No Preference	17	238.20	
	76962CT0010002	Rating Area 3	No Preference	18	245.74	
	76962CT0010002	Rating Area 3	No Preference	19	253.27	
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	76962CT0010002	Rating Area 3	No Preference	21	269.16	
	76962CT0010002	Rating Area 3	No Preference	22	269.16	
	76962CT0010002	Rating Area 3	No Preference	23	269.16	
	76962CT0010002	Rating Area 3	No Preference	24	269.16	
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	76962CT0010002	Rating Area 3	No Preference	26	275.61	
	76962CT0010002	Rating Area 3	No Preference	27	282.07	
	76962CT0010002	Rating Area 3	No Preference	28	292.57	
	76962CT0010002	Rating Area 3	No Preference	29	301.18	
	76962CT0010002	Rating Area 3	No Preference	30	305.49	
	76962CT0010002	Rating Area 3	No Preference	31	311.95	
	76962CT0010002	Rating Area 3	No Preference	32	318.41	
	76962CT0010002	Rating Area 3	No Preference	33	322.45	
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	76962CT0010002	Rating Area 3	No Preference	46	403.73	
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	76962CT0010002	Rating Area 3	No Preference	48	440.07	
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	76962CT0010001	Rating Area 2	No Preference	17	429.50
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	Rating Area 6	No Preference	50	1211.99
	Rating Area 6	No Preference	51	1265.60
	Rating Area 6	No Preference	52	1324.64
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Rating Area 6	No Preference	63	2003.25	
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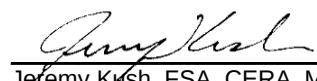
ConnectiCare Benefits, Inc.
Actuarial Certification of Ambulance Services
2026 Individual Plans

I, Jeremy Kush, Principal and Consulting Actuary, am a member of the American Academy of Actuaries, and meet the Qualification Standards of the American Academy of Actuaries to render the actuarial certification contained herein. I am associated with the firm of Milliman, Inc. My firm has been retained by ConnectiCare Benefits, Inc. to file such instrument. I further state that I am familiar with such instrument and the contents thereof, and the facts therein set forth are true to the best of my knowledge, information, and belief.

I certify that I have reviewed the ConnectiCare Benefits, Inc. 2026 filing and that it is based upon commonly accepted actuarial assumptions and sound actuarial principles, which are consistent with Connecticut Insurance Laws.

The member copayment reflected in the filing pertaining to Ambulance Services does not exceed 50% of the expected allowable cost of the service. I have relied on the following as appropriate:

- Benefit details provided by ConnectiCare Benefits, Inc.
- Claims data provided by ConnectiCare Benefits, Inc. and Milliman
- Analyses and modeling developed by Milliman
- Interpretation of claims data fields and characteristics by personnel of ConnectiCare Benefits, Inc. and Milliman



Jeremy Kush, FSA, CERA, MAAA
Principal and Consulting Actuary
May 30, 2025

ConnectiCare Benefits, Inc.
Actuarial Certification of Mental Health Parity (MHP) Testing
2026 Individual Plans

The undersigned deposes and says that all policy forms submitted June 1, 2025 by ConnectiCare Benefits, Inc. for use in Connecticut sited health insurance contracts subject to the requirements of 42 U.S.C. § 300gg-26, 45 CFR § 146.136 and Connecticut General Statute §§ 38a-488a and 38a-514 provide coverage for parity in mental health and substance abuse disorder benefits in accordance with both state and federal laws as applicable. The undersigned certifies that all such policies issued or renewed will provide coverage for the medical treatment of mental illness and substance abuse provided under the same terms and conditions as coverage that is provided for other illnesses and diseases in connection with financial requirements, quantitative treatment limitations, prescription drug benefits, and non-quantitative treatment limitations.

I, Jeremy Kush, Principal and Consulting Actuary, am a member of the American Academy of Actuaries, and meet the Qualification Standards of the American Academy of Actuaries to render the actuarial certification contained herein. I am associated with the firm of Milliman, Inc. My firm has been retained by ConnectiCare Benefits, Inc. to file such instrument. I further state that I am familiar with such instrument and the contents thereof, and the facts therein set forth are true to the best of my knowledge, information, and belief.



Jeremy Kush, FSA, CERA, MAAA
Principal and Consulting Actuary
May 29, 2025

Please note that:

1. There are the 2/3 (the "substantially all") test and the 1/2 (the "predominant") test.
The 2/3 test, once passed, allows the plan to have a copayment for MH services.
The 1/2 test determines the maximum copayment amount for MH services.
2. Office Visit (OV) copayment is first tested below for all plans.
3. Then each plan is individually tested for its member cost share on IOP/PHP. This test uses "all-other" outpatient benefits, i.e., total outpatient net of office visit.
"All-other" (or non-office visit) outpatient services include lab, advanced & non-advanced radiology, hospital outpatient & ambulatory surgeries, and home health services.
Testing all plans for MH/SA office visit copay at specialist level:
4. For plans with two cost share structures on PCP, a weighted average cost share, based on utilization of the two structures, was used in our testing.
5. For tiered plans, each tier was individually tested for MHP.

Office Visit Tests - It's demonstrated below that:

Since all office visits have copays, i.e., 100% is greater than 2/3, MH services may have a copay as well.

Since the specialist copay is the predominant copay, i.e., specialist's cost PMPM is greater than 50% of all OV cost PMPM, MH OV copay can be as high as the specialist level.

Each of the plans tested below has MH OV copay either at the PCP or the Specialist level; therefore, all of the plans pass the OV test.

Part 1 of 2-Part Test

Method	Overall PMPM
COMBINED	270.13
2-Part	178.31

Office Visits	Projected PMPM	% of OV Costs	
PCP	17.83	23%	
Specialist	58.05	77%	> 50%, and the specialist copay is the predominant copay.
Total	75.88	100%	Since all office visits have copays, MH OV may have a copay.

Part 2 of 2-Part Test/ Combined Test

Plan Name

Choice Gold Standard POS

76962CT0010006

2-part Test	1	2	3	4	5	6	7	TOTAL	Greater than 2/3?
Copayment amount	500	300	65	50	40	10			
Projected payments (PMPM)	\$84.34	\$12.63	\$25.92	\$4.26	\$16.03	\$18.23	\$0.00	\$161.41	
Percent of total plan costs	47%	7%	15%	2%	9%	10%	0	91%	
Percent subject to copayment	47%	7%	15%	2%	9%	10%	0	91%	Yes & Pass

		% of total plan costs	Greater than 1/2?
Predominant copay/coins.	500	52%	Yes

		The same or smaller than 500?
IOP/PHP copay/coins.	100	Yes & Pass

Plan Name

Choice Gold Alternative POS

76962CT0010028

Demo needed?	1	2	3	4	5	6	7	TOTAL	Greater than 2/3?
Copayment amount	30%	25%							
Projected payments (PMPM)	\$130.56	\$2.35	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$132.90	
Percent of total plan costs	73%	1%	0	0	0	0	0	75%	
Percent subject to copayment	73%	1%	0	0	0	0	0	75%	Yes & Pass

Predominant copay/coins.	30%							% of total plan costs	Greater than 1/2?
								98%	Yes

IOP/PHP copay/coins.							The same or smaller than 0.3?		
							0		
							Yes & Pass		

Plan Name

Choice Gold Alternative POS with Dental and Vision

76962CT0010029

Demo needed?	1	2	3	4	5	6	7	TOTAL	Greater than 2/3?
Copayment amount	25%								
Projected payments (PMPM)	\$141.27	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$141.27	
Percent of total plan costs	79%	0	0	0	0	0	0	79%	
Percent subject to copayment	79%	0	0	0	0	0	0	79%	Yes & Pass

Predominant copay/coins.	25%							% of total plan costs	Greater than 1/2?
								100%	Yes

IOP/PHP copay/coins.							The same or smaller than 0.25?		
							25%		
							Yes & Pass		

Plan Name

Choice Gold Alternative EPO

76962CT0100001

Demo needed?	1	2	3	4	5	6	7	TOTAL	Greater than 2/3?
Copayment amount	20%								
Projected payments (PMPM)	\$141.27	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$141.27	
Percent of total plan costs	79%	0	0	0	0	0	0	79%	
Percent subject to copayment	79%	0	0	0	0	0	0	79%	Yes & Pass

Predominant copay/coins.	20%							% of total plan costs	Greater than 1/2?
								100%	Yes

IOP/PHP copay/coins.							The same or smaller than 0.2?		
							20%		
							Yes & Pass		

Plan Name

Choice Bronze Standard POS

76962CT0010001

Demo needed?	1	2	3	4	5	6	7	TOTAL	Greater than 2/3?
Copayment amount	500	300	75	40	20				
Projected payments (PMPM)	\$84.34	\$12.63	\$30.18	\$16.03	\$18.23	\$0.00	\$0.00	\$161.41	
Percent of total plan costs	47%	7%	17%	9%	10%	0	0	91%	
Percent subject to copayment	47%	7%	17%	9%	10%	0	0	91%	Yes & Pass

Predominant copay/coins.	500	% of total plan costs	Greater than 1/2?
		52%	Yes

IOP/PHP copay/coins.	The same or smaller than 500?
	100 Yes & Pass

Plan Name

Choice Bronze Alternative POS with Dental and Vision

76962CT0010027

Demo needed?	1	2	3	4	5	6	7	TOTAL	Greater than 2/3?
Copayment amount	45%	25%							
Projected payments (PMPM)	\$126.29	\$2.35	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$128.64	
Percent of total plan costs	71%	1%	0	0	0	0	0	72%	
Percent subject to copayment	71%	1%	0	0	0	0	0	72%	Yes & Pass

Predominant copay/coins.	45%	% of total plan costs	Greater than 1/2?
		98%	Yes

IOP/PHP copay/coins.	The same or smaller than 0.45?
	0 Yes & Pass

Plan Name

Choice Bronze Alternative EPO with Vision

76962CT0100002

Demo needed?	1	2	3	4	5	6	7	TOTAL	Greater than 2/3?
Copayment amount	50%	25%							
Projected payments (PMPM)	\$157.15	\$2.35	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$159.50	
Percent of total plan costs	88%	1%	0	0	0	0	0	89%	
Percent subject to copayment	88%	1%	0	0	0	0	0	89%	Yes & Pass

Predominant copay/coins.	50%	% of total plan costs	Greater than 1/2?
		99%	Yes

IOP/PHP copay/coins.	The same or smaller than 0.5?
	0 Yes & Pass

Plan Name

Choice Bronze Alternative EPO

76962CT0100003

Demo needed?	1	2	3	4	5	6	7	TOTAL	Greater than 2/3?
Copayment amount	50%	25%							
Projected payments (PMPM)	\$157.15	\$2.35	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$159.50	
Percent of total plan costs	88%	1%	0	0	0	0	0	89%	
Percent subject to copayment	88%	1%	0	0	0	0	0	89%	Yes & Pass

Predominant copay/coins.	50%	% of total plan costs	Greater than 1/2?
		99%	Yes

IOP/PHP copay/coins.	The same or smaller than 0.5?
	0 Yes & Pass

Plan Name

Choice Bronze Standard POS HSA

76962CT0010011

Demo needed?	1	2	3	4	5	6	7	TOTAL	Greater than 2/3?
Copayment amount	20%								
Projected payments (PMPM)	\$163.76	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$163.76	
Percent of total plan costs	92%	0	0	0	0	0	0	92%	
Percent subject to copayment	92%	0	0	0	0	0	0	92%	Yes & Pass

Predominant copay/coins.	20%	% of total plan costs	Greater than 1/2?
		100%	Yes

IOP/PHP copay/coins.	The same or smaller than 0.2?
	20% Yes & Pass

Plan Name

Choice Catastrophic POS with Dental and Vision

76962CT0010002

Demo needed?	1	2	3	4	5	6	7	TOTAL	Greater than 2/3?
Copayment amount									
Projected payments (PMPM)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Percent of total plan costs	0	0	0	0	0	0	0	0	
Percent subject to copayment	0	0	0	0	0	0	0	0	No

Predominant copay/coins.	0	% of total plan costs	Greater than 1/2?

IOP/PHP copay/coins.	The same or smaller than 0?
	0 Copay not allowed

Plan Name

Choice Silver Standard POS

76962CT0010005

2-part Test

	1	2	3	4	5	6	7	TOTAL	Greater than 2/3?
Copayment amount	500	300	75	40	25				
Projected payments (PMPM)	\$84.34	\$12.63	\$30.18	\$16.03	\$18.23	\$0.00	\$0.00	\$161.41	
Percent of total plan costs	47%	7%	17%	9%	10%	0	0	91%	
Percent subject to copayment	47%	7%	17%	9%	10%	0	0	91%	Yes & Pass

		% of total plan costs	Greater than 1/2?
Predominant copay/coins.	500	52%	Yes

	The same or smaller than 500?
IOP/PHP copay/coins.	100 Yes & Pass

Plan Name

Choice Silver Standard POS (CSR 73%)

76962CT0010005-04

Demo needed?

	1	2	3	4	5	6	7	TOTAL	Greater than 2/3?
Copayment amount	500	300	75	40	25				
Projected payments (PMPM)	\$84.34	\$12.63	\$30.18	\$16.03	\$18.23	\$0.00	\$0.00	\$161.41	
Percent of total plan costs	47%	7%	17%	9%	10%	0	0	91%	
Percent subject to copayment	47%	7%	17%	9%	10%	0	0	91%	Yes & Pass

		% of total plan costs	Greater than 1/2?
Predominant copay/coins.	500	52%	Yes

	The same or smaller than 500?
IOP/PHP copay/coins.	100 Yes & Pass

Plan Name

Choice Silver Standard POS (CSR 87%)

76962CT0010005-05

Demo needed?

	1	2	3	4	5	6	7	TOTAL	Greater than 2/3?
Copayment amount	100	60	35	30	15				
Projected payments (PMPM)	\$84.34	\$38.55	\$4.26	\$16.03	\$18.23	\$0.00	\$0.00	\$161.41	
Percent of total plan costs	47%	22%	2%	9%	10%	0	0	91%	
Percent subject to copayment	47%	22%	2%	9%	10%	0	0	91%	Yes & Pass

		% of total plan costs	Greater than 1/2?
Predominant copay/coins.	100	52%	Yes

	The same or smaller than 100?
IOP/PHP copay/coins.	100 Yes & Pass

Plan Name

Choice Silver Standard POS (CSR 94%)

76962CT0010005-06

Demo needed?	1	2	3	4	5	6	7	TOTAL	Greater than 2/3?
Copayment amount	75	50	45	25	10				
Projected payments (PMPM)	\$84.34	\$25.92	\$12.63	\$20.29	\$18.23	\$0.00	\$0.00	\$161.41	
Percent of total plan costs	47%	15%	7%	11%	10%	0	0	91%	
Percent subject to copayment	47%	15%	7%	11%	10%	0	0	91%	Yes & Pass

								% of total plan costs	Greater than 1/2?
Predominant copay/coins.	75							52%	Yes

									The same or smaller than 75?
IOP/PHP copay/coins.								75	Yes & Pass

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Unified Rate Review v6.1

Company Legal Name:ConnectiCare Benefits Inc.

HIOS Issuer ID:76962State:CT

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

Market Level Calculations (Same for all Plans)

Section I: Experience Period Data

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

	Total	PMPM
Allowed Claims	\$791,929,459.34	\$924.66
Reinsurance	\$0.00	\$0.00
Incurred Claims in Experience Period	\$696,654,296.82	\$813.41
Risk Adjustment	-\$17,199,709.19	-\$20.08
Experience Period Premium	\$791,000,697.05	\$923.57
Experience Period Member Months	856,459	

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	\$112.56	1.011	1.000	1.011	1.000	\$115.02
Outpatient Hospital	\$311.19	1.077	1.005	1.075	1.005	\$364.26
Professional	\$270.26	1.050	1.000	1.048	1.000	\$297.35
Other Medical	\$20.47	1.050	1.000	1.048	1.000	\$22.53
Capitation	\$48.21	1.000	1.000	1.000	1.000	\$48.21
Prescription Drug	\$158.55	1.127	1.027	1.124	1.027	\$211.62
Total	\$921.24					\$1,058.99

Morbidity Adjustment	1.000
Demographic Shift	1.012
Plan Design Changes	1.040
Other	1.000
Adjusted Trended EHB Allowed Claims PMPM for	1/1/2026\$1,114.54

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

Projected Period Totals

Projected Index Rate for	1/1/2026\$1,114.54	\$908,956,409.76
Reinsurance	\$0.00	\$0.00
Risk Adjustment Payment/Charge	-\$22.96	-\$18,726,684.97
Exchange User Fees	2.13%	\$20,237,557.36
Market Adjusted Index Rate	\$1,162.32	\$947,920,652.09

Projected Member Months	815,544
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Information Not Releasable to the Public Unless Authorized by Law: This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

1 of 4

Product-Plan Data Collection

Company Legal Name: ConnectCare Benefits Inc.
HIOS Issuer ID: 76962 State: CT
Effective Date of Rate Change(s): 1/1/2026 Market: Individual

To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P.
To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.
To validate, select the Validate button or Ctrl + Shift + I.
To finalize, select the Finalize button or Ctrl + Shift + F.
To remove a product, navigate to the corresponding Product Name/Product ID field and select the Remove Product button or Ctrl + Shift + Q.
To remove a plan, navigate to the corresponding Plan Name/Plan ID field and select the Remove Plan button or Ctrl + Shift + A.

Product/Plan Level Calculations

Field # Section I: General Product and Plan Information

1.1 Product Name	POS										EPO Exchange	POS
1.2 Product ID	76962CT001										76962CT010	76962CT003
1.3 Plan Name	Standard POS	Catastrophic POS	Standard POS	Standard POS	Standard POS HSA	Alternative POS	Alternative POS	Alternative POS	Alternative POS	Alternative POS	Alternative POS	Alternative POS
1.4 Plan ID (Standard Component ID)	76962CT0010001	76962CT0010002	76962CT0010005	76962CT0010006	76962CT0010011	76962CT0010027	76962CT0010028	76962CT0010029	76962CT0100001	76962CT0100002	76962CT0100003	76962CT0030001
1.5 Metal	Bronze	Catastrophic	Silver	Gold	Bronze	Bronze	Gold	Gold	Gold	Gold	Bronze	Gold
1.6 AV Metal Value	0.639	0.603	0.714	0.813	0.650	0.624	0.807	0.775	0.771	0.612	0.608	0.780
1.7 Plan Category	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	New	New	New	New	Terminated	
1.8 Plan Type	POS	POS	POS	POS	POS	POS	POS	POS	EPO	EPO	EPO	POS
1.9 Exchange Plan?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
1.10 Effective Date of Proposed Rates	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026
1.11 Cumulative Rate Change % (over 12 mos prior)	6.69%	6.60%	26.74%		4.72%	18.45%	11.64%	0.00%	0.00%	0.00%	0.00%	0.00%
1.12 Product Rate Increase %					21.74%					0.00%		0.00%
1.13 Submission Level Rate Increase %					21.74%							

Worksheet 1 Totals

Section II: Experience Period and Current Plan Level Information

2.1 Plan ID (Standard Component ID)	Total	76962CT0010001	76962CT0010002	76962CT0010005	76962CT0010006	76962CT0010011	76962CT0010027	76962CT0010028	76962CT0010029	76962CT0100001	76962CT0100002	76962CT0100003	76962CT0030001
2.2 Allowed Claims	\$791,929,459	\$66,217,124	\$4,040,319	\$528,914,763	\$65,334,264	\$86,611,105	\$28,553,659	\$0	\$0	\$0	\$0	\$0	\$12,258,225
2.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.4 Member Cost Sharing	\$95,275,163	\$15,459,731	\$1,597,293	\$43,234,416	\$4,726,881	\$20,757,792	\$8,404,404	\$0	\$0	\$0	\$0	\$0	\$1,453,645
2.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.6 Incurred Claims	\$696,654,297	\$50,757,392	\$2,443,027	\$485,680,347	\$60,607,381	\$65,851,311	\$20,507,255	\$0	\$0	\$0	\$0	\$0	\$10,805,580
2.7 Risk Adjustment Transfer Amount	\$-17,199,709	\$-20,436,963	\$229,314	\$10,404,765	\$25,197,429	\$-20,625,863	\$-11,972,861	\$0	\$0	\$0	\$0	\$0	\$1,004,471
2.8 Premium	\$791,000,697	\$86,375,090	\$2,872,468	\$510,107,171	\$40,190,959	\$103,268,616	\$38,003,502	\$0	\$0	\$0	\$0	\$0	\$10,182,890
2.9 Experience Period Member Months	856,459	98,374	11,608	532,873	34,639	120,268	45,471	0	0	0	0	0	9,226
2.10 Current Enrollment	70,160	7,206	1,007	45,026	2,642	7,489	4,158	0	0	0	0	0	632
2.11 Current Premium PMPM	\$955.75	\$932.77	\$250.39	\$984.47	\$1,222.38	\$886.33	\$795.67	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,135.13
2.12 Loss Ratio	90.03%	76.98%	78.76%	93.31%	92.69%	79.68%	81.93%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	96.59%
Per Member Per Month													
2.13 Allowed Claims	\$924.66	\$673.12	\$348.06	\$992.57	\$1,886.15	\$720.15	\$577.18	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$1,328.66
2.14 Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$0.00
2.15 Member Cost Sharing	\$111.24	\$157.15	\$137.60	\$81.13	\$136.46	\$172.60	\$162.65	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$157.45
2.16 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$0.00
2.17 Incurred Claims	\$813.41	\$515.96	\$210.46	\$911.44	\$1,749.69	\$547.55	\$414.53	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$1,171.21
2.18 Risk Adjustment Transfer Amount	\$-20.08	\$-207.75	\$19.75	\$19.53	\$727.43	\$-171.50	\$-262.23	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$108.87
2.19 Premium	\$923.57	\$878.03	\$247.46	\$957.28	\$1,160.28	\$858.65	\$768.20	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$1,103.72

Section III: Plan Adjustment Factors

3.1 Plan ID (Standard Component ID)	Total	76962CT0010001	76962CT0010002	76962CT0010005	76962CT0010006	76962CT0010011	76962CT0010027	76962CT0010028	76962CT0010029	76962CT0100001	76962CT0100002	76962CT0100003	76962CT0030001
3.2 Market Adjusted Index Rate							\$1,162.32						
3.3 AV and Cost Sharing Design of Plan		0.7085	0.7811	0.9479	1.0331	0.7448	0.6958	0.9166	0.8789	0.8026	0.6489	0.6389	0.0000
3.4 Provider Network Adjustment		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.0000
3.5 Benefits in Addition to FHB		1.0027	1.0802	1.0023	1.0024	1.0027	1.0028	1.0025	1.0192	1.0027	1.0092	1.0029	0.0000
Administrative Costs													
3.6 Administrative Expense		10.17%	10.80%	7.67%	10.17%	10.17%	10.17%	10.17%	10.17%	10.17%	10.17%	10.17%	0.00%
3.7 Taxes and Fees		2.57%	2.97%	2.57%	2.56%	2.57%	2.57%	2.57%	2.57%	2.57%	2.58%	2.58%	0.00%
3.8 Profit & Risk Load		2.67%	2.64%	2.69%	2.67%	2.67%	2.67%	2.67%	2.67%	2.67%	2.67%	2.67%	0.00%
3.9 Catastrophic Adjustment		1.0000	0.4268	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.0000
3.10 Plan Adjusted Index Rate		\$976.25	\$500.76	\$1,168.30	\$1,422.83	\$1,026.18	\$977.94	\$1,262.54	\$1,230.76	\$1,105.77	\$899.94	\$880.47	\$0.00
3.11 Age Calibration Factor	0.5465						0.5465						
3.12 Geographic Calibration Factor	1.0000						1.0000						
3.13 Tobacco Calibration Factor	1.0000						1.0000						
3.14 Calibrated Plan Adjusted Index Rate		\$533.55	\$273.68	\$693.17	\$777.62	\$560.84	\$534.48	\$690.02	\$672.65	\$604.34	\$491.85	\$481.21	\$0.00

Section IV: Projected Plan Level Information

4.1 Plan ID (Standard Component ID)	Total	76962CT0010001	76962CT0010002	76962CT0010005	76962CT0010006	76962CT0010011	76962CT0010027	76962CT0010028	76962CT0010029	76962CT0100001	76962CT0100002	76962CT0100003	76962CT0030001
4.2 Allowed Claims	\$902,432,940	\$74,790,611	\$3,109,856	\$584,276,638	\$31,739,966	\$99,250,318	\$42,158,564	\$7,134,371	\$4,698,848	\$4,270,423	\$25,695,712	\$25,307,633	\$0
4.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.4 Member Cost Sharing	\$113,180,576	\$19,776,361	\$839,630	\$37,906,372	\$2,076,979	\$23,757,296	\$11,466,082	\$829,243	\$723,331	\$698,758	\$7,550,924	\$7,555,602	\$0
4.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.6 Incurred Claims	\$789,252,364	\$55,014,251	\$2,270,226	\$546,370,266	\$29,662,987	\$75,493,022	\$30,692,482	\$6,305,128	\$3,975,518	\$3,571,665	\$18,144,788	\$17,752,031	\$0
4.7 Risk Adjustment Transfer Amount	\$-16,378,037	\$-11,627,376	\$93,919	\$-11,200,422	\$-626,661	\$-1,595,033	\$-648,490	\$-133,207	\$-83,990	\$-75,461	\$-583,387	\$-375,092	\$0
4.8 Premium	\$956,723,042	\$68,076,670	\$3,013,568	\$655,973,388	\$36,701,551	\$93,416,074	\$37,979,988	\$7,801,503	\$4,919,053	\$4,419,507	\$22,453,780	\$21,967,960	\$0
4.9 Projected Member Months	815,544	69,552	10,956	515,868	25,728	90,797	38,736	6,163	3,986	3,986	24,886	24,886	0
4.10 Loss Ratio	83.93%	82.22%	77.76%	84.74%	82.23%	82.23%	82.23%	82.23%	82.23%	82.23%	82.21%	82.21%	#DIV/0!
Per Member Per Month													
4.11 Allowed Claims	\$1,106.54	\$1,075.32	\$283.85	\$1,132.61	\$1,233.67	\$1,093.10	\$1,088.36	\$1,157.61	\$1,178.84	\$1,071.36	\$1,032.54	\$1,016.94	#DIV/0!
4.12 Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!
4.13 Member Cost Sharing	\$138.78	\$284.34	\$76.64	\$73.48	\$80.73	\$261.65	\$296.01	\$134.55	\$181.47	\$175.30	\$303.42	\$303.61	#DIV/0!
4.14 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!
4.15 Incurred Claims	\$967.76	\$790.98	\$207.21	\$1,059.13	\$1,152.95	\$831.45	\$792.35	\$1,023.06	\$997.37	\$896.05	\$729.12	\$713.33	#DIV/0!
4.16 Risk Adjustment Transfer Amount	\$-20.08	\$-16.71	\$-8.57	\$-21.61	\$-24.36	\$-17.57	\$-16.74	\$-21.61	\$-21.07	\$-18.93	\$-15.41	\$-15.07	#DIV/0!
4.17 Premium	\$1,173.11	\$978.79	\$275.06	\$1,271.59	\$1,426.52	\$1,028.85	\$980.48	\$1,265.86	\$1,234.08	\$1,108.76	\$902.27	\$882.74	#DIV/0!

Rating Area Data Collection

*Specify the total number of Rating
Select only the Rating Areas you are
To validate, select the Validate button
To finalize, select the Finalize button*

Rating Area	Rating Factor
Rating Area 1	1.0645
Rating Area 2	0.9096
Rating Area 3	0.9835
Rating Area 4	0.9828
Rating Area 5	0.9828
Rating Area 6	0.9835
Rating Area 7	0.9835
Rating Area 8	0.9835