

**State:** Washington **Filing Company:** Coordinated Care Corporation  
**TOI/Sub-TOI:** HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005C Individual - Other  
**Product Name:** 2026 nongrandfathered individual rate filing - Ambetter  
**Project Name/Number:** /

## Filing at a Glance

Company: Coordinated Care Corporation  
Product Name: 2026 nongrandfathered individual rate filing - Ambetter  
State: Washington  
TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)  
Sub-TOI: HOrg02I.005C Individual - Other  
Filing Type: Rate  
Date Submitted: 05/14/2025  
SERFF Tr Num: CECO-134487479  
SERFF Status: Assigned  
State Tr Num: 484713  
State Status: Review Pending  
Co Tr Num: 61836WA005-RATES  
  
Effective: 01/01/2026  
Date Requested:  
Author(s): Michelle Fitzpatrick, Jennifer Smith, Isabel Lee, LaToya Johnson, Megan Carrant, Alex Mitrani, Cheryl Thompson, Brandi Bell, Liz Abekah, Caitlin Mildenerger, Nicole Dalzell, Ross Cowling, Dorothy Foerster, Emily Wright, Megan Garlington, Stephanie Schlaich, Matthew Huang, Bonnie Robello, Colin Yi, Garlinda Taylor, Emma Shi, Karen Hui, Joshua Bartels, John Flood, Marisela Castellanos, Nandi Shuler  
  
Reviewer(s): Amy Peach (primary), Rocky Patterson II  
Disposition Date:  
Disposition Status:  
Effective Date:  
Destruction Date:  
  
State Filing Description:

State:Washington

Filing Company:Coordinated Care Corporation

TOI/Sub-TOI:HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005C Individual - Other

Product Name:2026 nongrandfathered individual rate filing - Ambetter

Project Name/Number: /

General Information

Project Name:

Status of Filing in Domicile: Not Filed

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type: Individual

Overall Rate Impact:

Filing Status Changed: 05/15/2025

State Status Changed: 05/15/2025

Deemer Date:

Created By: Stephanie Schlaich

Submitted By: Stephanie Schlaich

Corresponding Filing Tracking Number: CECO-134487486, CECO-WA26-125120411

PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null

Exchange Intentions:

Exchange only

Filing Description:

**State:** Washington **Filing Company:** Coordinated Care Corporation  
**TOI/Sub-TOI:** HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005C Individual - Other  
**Product Name:** 2026 nongrandfathered individual rate filing - Ambetter  
**Project Name/Number:** /

Re: Ambetter from Coordinated Care – 2026 QHP Filing  
 NAIC No.: 95831  
 FEIN: 39-1821211

INDIVIDUAL HMO “EXCHANGE” MAJOR MEDICAL – RATE FILING  
 Form Filing # CECO-134487486  
 Rate Filing # CECO-134487479  
 Binder Filing # CECO-WA26-125120411

Product(s): 61836WA005

The attached rates are being submitted to your Department for review and approval. We are submitting the captioned products and plans offered by Coordinated Care, to be marketed and sold on the Health Benefit Exchange in Washington under the name Ambetter from Coordinated Care. All of our plans include child coverage or can be purchased as a separate child-only plan.

Rate filing Instructions  
 Benefit Plan --- Metal Level --- Actuarial Value

61836WA0050007 --- Silver --- 71.92%  
 61836WA0050008 --- Gold --- 81.62%  
 61836WA0050017 --- Silver --- 71.84%  
 61836WA0050018 --- Gold --- 81.81%  
 61836WA0050036 --- Bronze --- 64.97%  
 61836WA0050037 --- Silver --- 71.84%  
 61836WA0050038 --- Gold --- 81.81%  
 61836WA0050022 --- Gold --- 78.06%  
 61836WA0050016 --- Gold --- 78.06%

Overall Percentage of Rate Change: 21.95%  
 Percentage Cost Share Change: -0.21%  
 Percentage Benefit Change: 0.13%  
 Percentage Medical Change: 22.05%

Please note that this cover letter breaks the rate change into Benefit Plan, Cost Sharing, and Medical Experience change, consistent with the Rate Change Exhibit within this rate filing.

Please also note that the overall rate change of 21.95% is calculated as the change in the current and proposed community rates. We use current enrollment to weight both current and proposed rate calculations, which follows the WAC 284-43-6020 – the definitions section that supports 284-43-6660. The overall rate change from the WAC 284-43-6660 form also supports the following files: Rate Review Detail Data (R2D2), Rate Change Exhibit and Part II justification. Please note, the WA Standardized Rate Filing Exhibits submitted with this filing have been populated such that we no longer require additional time to submit an amended version of these files.

The Rate Change Exhibit shows rate increase by plan, which matches the increase by plan reported in the UPMJ. The Rate Change Exhibit also breaks out the rate increase by plan into the required components (medical vs. benefit) and is reported in the UPMJ.

---

<b>State:</b>	Washington	<b>Filing Company:</b>	Coordinated Care Corporation
<b>TOI/Sub-TOI:</b>	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005C Individual - Other		
<b>Product Name:</b>	2026 nongrandfathered individual rate filing - Ambetter		
<b>Project Name/Number:</b>	/		

This filing was prepared with the intention of following the Speed to Market (STM) Tools provided by the OIC.

If you have any questions, please feel free to contact me at [stephanie.schlaich@centene.com](mailto:stephanie.schlaich@centene.com). Thank you for your consideration, we look forward to your favorable review.

## Company and Contact

### Filing Contact Information

Stephanie Schlaich, 1145 Broadway Plaza Tacoma, WA 98402	<a href="mailto:stephanie.schlaich@centene.com">stephanie.schlaich@centene.com</a> 253-332-2602 [Phone]
--	--

### Filing Company Information

Coordinated Care Corporation 1099 N. Meridian Street Suite 400 Indianapolis, IN 46204 (877) 647-4848 ext. [Phone]	CoCode: 95831 Group Code: 1295 Group Name: Centene Corp Grp FEIN Number: 39-1821211	State of Domicile: Indiana Company Type: Health Maintenance Organization State ID Number:
---	--	--

---

<b>State:</b>	Washington	<b>Filing Company:</b>	Coordinated Care Corporation
<b>TOI/Sub-TOI:</b>	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005C Individual - Other		
<b>Product Name:</b>	2026 nongrandfathered individual rate filing - Ambetter		
<b>Project Name/Number:</b>	/		

## Filing Fees

### State Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

### State Specific

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

Yes

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

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

State:Washington

Filing Company:Coordinated Care Corporation

TOI/Sub-TOI:HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005C Individual - Other

Product Name:2026 nongrandfathered individual rate filing - Ambetter

Project Name/Number:/

Correspondence Summary

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Notice for Second Set of Rates Review Process	Note To Filer	Rocky Patterson II	05/19/2025	05/19/2025
Rate Request Summary	Reviewer Note	Kelli Armfield	05/27/2025	

---

<b>State:</b>	Washington	<b>Filing Company:</b>	Coordinated Care Corporation
<b>TOI/Sub-TOI:</b>	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005C Individual - Other		
<b>Product Name:</b>	2026 nongrandfathered individual rate filing - Ambetter		
<b>Project Name/Number:</b>	/		

## Note To Filer

**Created By:**

Rocky Patterson II on 05/19/2025 05:52 PM

**Last Edited By:**

Gail Jones

**Submitted On:**

05/27/2025 12:05 PM

**Subject:**

Notice for Second Set of Rates Review Process

**Comments:**

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

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

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

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

---

<b>State:</b>	Washington	<b>Filing Company:</b>	Coordinated Care Corporation
<b>TOI/Sub-TOI:</b>	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005C Individual - Other		
<b>Product Name:</b>	2026 nongrandfathered individual rate filing - Ambetter		
<b>Project Name/Number:</b>	/		

## Reviewer Note

**Created By:**

Kelli Armfield on 05/27/2025 12:04 PM

**Last Edited By:**

Gail Jones

**Submitted On:**

05/27/2025 12:05 PM

**Subject:**

Rate Request Summary

**Comments:**

See attached



## Coordinated Care Corporation – Individual plans

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

### Overview

Requested rate change:	21.95% <i>average*</i>
Requested effective date:	Jan. 1, 2026
Plans impacted:	Coordinated Care Corporation's Individual plans
People impacted:	107,649
Counties:	Statewide

### Key information used to develop the rate request

(Jan. 2024 - Dec. 2024)

Premiums	\$517,777,241
Claims	\$360,361,854
Administrative expenses	\$90,630,894
Risk adjustment	-\$68,113,886
Company lost	-\$1,329,392

The company expects its annual medical costs to increase 22.10%.

### How it plans to spend your premium

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

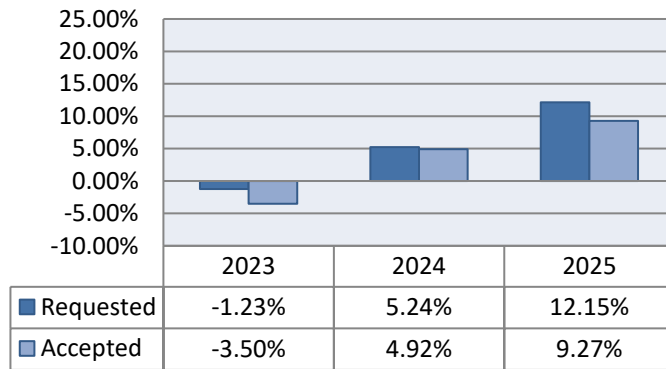
Claims:	80.94%
Administration:	15.11%
Profit:	3.95%

### Are there any benefit changes?

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

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

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



**Need Help?**

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

## Glossary

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

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

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

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

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

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

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

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

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

## Rate request summary #CECO-134487479

Washington State Office of the Insurance Commissioner | [www.insurance.wa.gov](http://www.insurance.wa.gov)

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

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

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

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

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

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

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

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

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

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

State:Washington

Filing Company:Coordinated Care Corporation

TOI/Sub-TOI:HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005C Individual - Other

Product Name:2026 nongrandfathered individual rate filing - Ambetter

Project Name/Number:/

Rate Information

Rate data applies to filing.

Filing Method:

SERFF

Rate Change Type:

Increase

Overall Percentage of Last Rate Revision:

9.300%

Effective Date of Last Rate Revision:

01/01/2025

Filing Method of Last Filing:

SERFF

SERFF Tracking Number of Last Filing:

CECO-134033519

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Coordinated Care Corporation	Increase	22.000%	22.000%	\$157,821,582	81,231	\$718,883,940	32.400%	-6.000%

**State:** Washington **Filing Company:** Coordinated Care Corporation  
**TOI/Sub-TOI:** HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005C Individual - Other  
**Product Name:** 2026 nongrandfathered individual rate filing - Ambetter  
**Project Name/Number:** /

## Rate Review Detail

### COMPANY:

Company Name: Coordinated Care Corporation  
HHS Issuer Id: 61836

### PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
Ambetter	61836WA005		107649

Trend Factors: The overall annual incurred trend is 22.10%. This trend comprises utilization and unit cost trends across all service categories, consistent with Worksheet 1 of the URRT (Part I). Section 6 of the actuarial memorandum (Part III) provides additional support.

### FORMS:

New Policy Forms:  
Affected Forms:  
Other Affected Forms: 61836WA005

### REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual  
Member Months: 1,006,022  
Benefit Change: Decrease  
Percent Change Requested: Min: -6.0 Max: 32.4 Avg: 22.0

### PRIOR RATE:

Total Earned Premium: 427,737,173.00  
Total Incurred Claims: 293,400,181.00  
Annual \$: Min: 167.00 Max: 1,499.00 Avg: 552.00

### REQUESTED RATE:

Projected Earned Premium: 720,687,079.00  
Projected Incurred Claims: 557,615,671.00  
Annual \$: Min: 185.00 Max: 1,513.00 Avg: 690.00

State:Washington

Filing Company:Coordinated Care Corporation

TOI/Sub-TOI:HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005C Individual - Other

Product Name:2026 nongrandfathered individual rate filing - Ambetter

Project Name/Number:/

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Rate Schedule	61836WA005	Revised	Previous State Filing Number: CECO-133627447 Percent Rate Change Request: 22	Rate Schedule.pdf, Rate Schedule Duplicate.xlsx,
2		Rating Example	61836WA005	Revised	Previous State Filing Number: CECO-133627447 Percent Rate Change Request: 22	Rate Review Detail Rating Example.pdf, Rate Review Detail Rating Example Duplicate.xlsx,

**Coordinated Care Corporation**  
**RATE SCHEDULE**

**Plan Information**

**Plan Name:** Ambetter Balanced Care 4  
**HIOS Plan ID:** 61836WA0050007  
**Effective Date:** 1/1/2026  
**Market Type:** Individual  
**Exchange Status:** In the exchange  
**Metal Level:** Silver  
**Plan Type:** Non-Standardized Plan

**Plan Geographic Availability**

Area Number	Available in area?	Counties where this plan is available
1	Yes	King
2	Yes	Clallam, Cowlitz, Grays Harbor, Jefferson, Kitsap, Lewis, Pacific, Wahkiakum
3	Yes	Clark, Klickitat, Skamania
4	Yes	Ferry, Lincoln, Pend Oreille, Spokane, Stevens
5	Yes	Mason, Pierce, Thurston
6	Yes	Benton, Franklin, Kittitas, Yakima
7	Yes	Adams, Chelan, Douglas, Grant, Okanogan
8	Yes	Island, San Juan, Skagit, Snohomish, Whatcom
9	Yes	Asotin, Columbia, Garfield, Walla Walla, Whitman

**Plan Rates**

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	316.04	322.10	359.27	304.56	317.52	293.38	308.83	344.86	293.03	316.04	322.10	359.27	304.56	317.52	293.38	308.83	344.86	293.03
15	344.13	350.74	391.21	331.64	345.75	319.46	336.28	375.51	319.08	344.13	350.74	391.21	331.64	345.75	319.46	336.28	375.51	319.08
16	354.87	361.68	403.42	341.99	356.54	329.43	346.78	387.23	329.04	354.87	361.68	403.42	341.99	356.54	329.43	346.78	387.23	329.04
17	365.61	372.63	415.63	352.34	367.33	339.40	357.28	398.96	338.99	365.61	372.63	415.63	352.34	367.33	339.40	357.28	398.96	338.99
18	377.18	384.42	428.78	363.49	378.95	350.14	368.58	411.58	349.72	377.18	384.42	428.78	363.49	378.95	350.14	368.58	411.58	349.72
19	388.75	396.21	441.93	374.63	390.57	360.87	379.88	424.20	360.45	388.75	396.21	441.93	374.63	390.57	360.87	379.88	424.20	360.45
20	400.73	408.42	455.55	386.18	402.61	371.99	391.59	437.27	371.55	400.73	408.42	455.55	386.18	402.61	371.99	391.59	437.27	371.55
21	413.12	421.05	469.64	398.12	415.06	383.50	403.70	450.80	383.05	413.12	421.05	469.64	398.12	415.06	383.50	403.70	450.80	383.05
22	413.12	421.05	469.64	398.12	415.06	383.50	403.70	450.80	383.05	413.12	421.05	469.64	398.12	415.06	383.50	403.70	450.80	383.05
23	413.12	421.05	469.64	398.12	415.06	383.50	403.70	450.80	383.05	413.12	421.05	469.64	398.12	415.06	383.50	403.70	450.80	383.05
24	413.12	421.05	469.64	398.12	415.06	383.50	403.70	450.80	383.05	413.12	421.05	469.64	398.12	415.06	383.50	403.70	450.80	383.05
25	414.77	422.74	471.51	399.72	416.72	385.03	405.32	452.60	384.58	414.77	422.74	471.51	399.72	416.72	385.03	405.32	452.60	384.58
26	423.04	431.16	480.91	407.68	425.02	392.70	413.39	461.62	392.24	423.04	431.16	480.91	407.68	425.02	392.70	413.39	461.62	392.24
27	432.95	441.26	492.18	417.23	434.98	401.91	423.08	472.44	401.43	432.95	441.26	492.18	417.23	434.98	401.91	423.08	472.44	401.43
28	449.06	457.68	510.49	432.76	451.17	416.86	438.82	490.02	416.37	449.06	457.68	510.49	432.76	451.17	416.86	438.82	490.02	416.37
29	462.28	471.16	525.52	445.50	464.45	429.14	451.74	504.44	428.63	462.28	471.16	525.52	445.50	464.45	429.14	451.74	504.44	428.63
30	468.89	477.89	533.04	451.87	471.10	435.27	458.20	511.65	434.76	468.89	477.89	533.04	451.87	471.10	435.27	458.20	511.65	434.76
31	478.81	488.00	544.31	461.43	481.06	444.48	467.89	522.47	443.95	478.81	488.00	544.31	461.43	481.06	444.48	467.89	522.47	443.95
32	488.72	498.10	555.58	470.98	491.02	453.68	477.58	533.29	453.14	488.72	498.10	555.58	470.98	491.02	453.68	477.58	533.29	453.14
33	494.92	504.42	562.62	476.95	497.24	459.43	483.63	540.05	458.89	494.92	504.42	562.62	476.95	497.24	459.43	483.63	540.05	458.89
34	501.53	511.16	570.14	483.32	503.89	465.57	490.09	547.27	465.02	501.53	511.16	570.14	483.32	503.89	465.57	490.09	547.27	465.02
35	504.83	514.53	573.89	486.51	507.21	468.64	493.32	550.87	468.08	504.83	514.53	573.89	486.51	507.21	468.64	493.32	550.87	468.08
36	508.14	517.89	577.65	489.69	510.53	471.70	496.55	554.48	471.15	508.14	517.89	577.65	489.69	510.53	471.70	496.55	554.48	471.15
37	511.44	521.26	581.41	492.88	513.85	474.77	499.78	558.09	474.21	511.44	521.26	581.41	492.88	513.85	474.77	499.78	558.09	474.21
38	514.75	524.63	585.17	496.06	517.17	477.84	503.01	561.69	477.27	514.75	524.63	585.17	496.06	517.17	477.84	503.01	561.69	477.27
39	521.36	531.37	592.68	502.43	523.81	483.98	509.47	568.91	483.40	521.36	531.37	592.68	502.43	523.81	483.98	509.47	568.91	483.40
40	527.97	538.10	600.19	508.80	530.45	490.11	515.93	576.12	489.53	527.97	538.10	600.19	508.80	530.45	490.11	515.93	576.12	489.53
41	537.88	548.21	611.47	518.36	540.41	499.32	525.62	586.94	498.72	537.88	548.21	611.47	518.36	540.41	499.32	525.62	586.94	498.72
42	547.38	557.89	622.27	527.51	549.96	508.14	534.90	597.31	507.53	547.38	557.89	622.27	527.51	549.96	508.14	534.90	597.31	507.53
43	560.60	571.37	637.29	540.25	563.24	520.41	547.82	611.73	519.79	560.60	571.37	637.29	540.25	563.24	520.41	547.82	611.73	519.79
44	577.13	588.21	656.08	556.18	579.84	535.75	563.97	629.76	535.11	577.13	588.21	656.08	556.18	579.84	535.75	563.97	629.76	535.11
45	596.55	608.00	678.15	574.89	599.35	553.77	582.94	650.95	553.12	596.55	608.00	678.15	574.89	599.35	553.77	582.94	650.95	553.12
46	619.68	631.58	704.45	597.19	622.59	575.25	605.55	676.20	574.57	619.68	631.58	704.45	597.19	622.59	575.25	605.55	676.20	574.57
47	645.71	658.10	734.04	622.27	648.74	599.41	630.98	704.60	598.70	645.71	658.10	734.04	622.27	648.74	599.41	630.98	704.60	598.70
48	675.45	688.42	767.85	650.93	678.63	627.02	660.05	737.05	626.28	675.45	688.42	767.85	650.93	678.63	627.02	660.05	737.05	626.28
49	704.78	718.32	801.20	679.20	708.10	654.25	688.71	769.06	653.48	704.78	718.32	801.20	679.20	708.10	654.25	688.71	769.06	653.48
50	737.83	752.00	838.77	711.05	741.30	684.93	721.01	805.12	684.12	737.83	752.00	838.77	711.05	741.30	684.93	721.01	805.12	684.12
51	770.47	785.26	875.87	742.50	774.09	715.23	752.90	840.74	714.38	770.47	785.26	875.87	742.50	774.09	715.23	752.90	840.74	714.38
52	806.41	821.89	916.73	777.14	810.20	748.59	788.02	879.96	747.70	806.41	821.89	916.73	777.14	810.20	748.59	788.02	879.96	747.70
53	842.77	858.95	958.06	812.17	846.73	782.34	823.55	919.63	781.41	842.77	858.95	958.06	812.17	846.73	782.34	823.55	919.63	781.41
54	882.01	898.95	1002.67	849.99	886.16	818.77	861.90	962.45	817.80	882.01	898.95	1002.67	849.99	886.16	818.77	861.90	962.45	817.80
55	921.26	938.95	1047.29	887.82	925.59	855.20	900.25	1005.28	854.19	921.26	938.95	1047.29	887.82	925.59	855.20	900.25	1005.28	854.19
56	963.81	982.31	1095.66	928.82	968.34	894.70	941.83	1051.71	893.64	963.81	982.31	1095.66	928.82	968.34	894.70	941.83	1051.71	893.64
57	1006.77	1026.10	1144.50	970.23	1011.51	934.59	983.82	1098.59	933.48	1006.77	1026.10	1144.50	970.23	1011.51	934.59	983.82	1098.59	933.48
58	1052.63	1072.84	1196.63	1014.42	1057.58	977.16	1028.63	1148.63	976.00	1052.63	1072.84	1196.63	1014.42	1057.58	977.16	1028.63	1148.63	976.00
59	1075.35	1096.00	1222.46	1036.32	1080.41	998.25	1050.83	1173.42	997.07	1075.35	1096.00	1222.46	1036.32	1080.41	998.25	1050.83	1173.42	997.07
60	1121.21	1142.74	1274.59	1080.51	1126.48	1040.82	1095.65	1223.46	1039.58	1121.21	1142.74	1274.59	1080.51	1126.48	1040.82	1095.65	1223.46	1039.58
61	1160.87	1183.16	1319.67	1118.73	1166.32	1077.63	1134.40	1266.74	1076.36	1160.87	1183.16	1319.67	1118.73	1166.32	1077.63	1134.40	1266.74	1076.36
62	1186.89	1209.68	1349.26	1143.81	1192.47	1101.79	1159.83	1295.14	1100.49	1186.89	1209.68	1349.26	1143.81	1192.47	1101.79	1159.83	1295.14	1100.49
63	1219.53	1242.95	1386.36	1175.26	1225.26	1132.09	1191.73	1330.75	1130.75	1219.53	1242.95	1386.36	1175.26	1225.26	1132.09	1191.73	1330.75	1130.75
64 and over	1239.34	1263.14	1408.89	1194.35	1245.17	1150.48	1211.08	1352.37	1149.12	1239.34	1263.14	1408.89	1194.35	1245.17	1150.48	1211.08	1352.37	1149.12



**Coordinated Care Corporation**  
**RATE SCHEDULE**

**Plan Information**

**Plan Name:** Ambetter Secure Care 5  
**HIOS Plan ID:** 61836WA0050008  
**Effective Date:** 1/1/2026  
**Market Type:** Individual  
**Exchange Status:** In the exchange  
**Metal Level:** Gold  
**Plan Type:** Non-Standardized Plan

**Plan Geographic Availability**

Area Number	Available in area?	Counties where this plan is available
1	Yes	King
2	Yes	Clallam, Cowlitz, Grays Harbor, Jefferson, Kitsap, Lewis, Pacific, Wahkiakum
3	Yes	Clark, Klickitat, Skamania
4	Yes	Ferry, Lincoln, Pend Oreille, Spokane, Stevens
5	Yes	Mason, Pierce, Thurston
6	Yes	Benton, Franklin, Kittitas, Yakima
7	Yes	Adams, Chelan, Douglas, Grant, Okanogan
8	Yes	Island, San Juan, Skagit, Snohomish, Whatcom
9	Yes	Asotin, Columbia, Garfield, Walla Walla, Whitman

**Plan Rates**

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	262.50	267.54	298.41	252.97	263.74	243.68	256.52	286.44	243.39	262.50	267.54	298.41	252.97	263.74	243.68	256.52	286.44	243.39
15	285.84	291.32	324.94	275.46	287.18	265.34	279.32	311.91	265.03	285.84	291.32	324.94	275.46	287.18	265.34	279.32	311.91	265.03
16	294.76	300.42	335.08	284.06	296.14	273.62	288.04	321.64	273.30	294.76	300.42	335.08	284.06	296.14	273.62	288.04	321.64	273.30
17	303.68	309.51	345.22	292.66	305.11	281.91	296.76	331.38	281.57	303.68	309.51	345.22	292.66	305.11	281.91	296.76	331.38	281.57
18	313.29	319.30	356.15	301.92	314.76	290.83	306.15	341.86	290.48	313.29	319.30	356.15	301.92	314.76	290.83	306.15	341.86	290.48
19	322.90	329.10	367.07	311.18	324.41	299.74	315.53	352.34	299.39	322.90	329.10	367.07	311.18	324.41	299.74	315.53	352.34	299.39
20	332.85	339.24	378.38	320.76	334.41	308.98	325.26	363.20	308.62	332.85	339.24	378.38	320.76	334.41	308.98	325.26	363.20	308.62
21	343.14	349.73	390.08	330.69	344.75	318.54	335.32	374.44	318.16	343.14	349.73	390.08	330.69	344.75	318.54	335.32	374.44	318.16
22	343.14	349.73	390.08	330.69	344.75	318.54	335.32	374.44	318.16	343.14	349.73	390.08	330.69	344.75	318.54	335.32	374.44	318.16
23	343.14	349.73	390.08	330.69	344.75	318.54	335.32	374.44	318.16	343.14	349.73	390.08	330.69	344.75	318.54	335.32	374.44	318.16
24	343.14	349.73	390.08	330.69	344.75	318.54	335.32	374.44	318.16	343.14	349.73	390.08	330.69	344.75	318.54	335.32	374.44	318.16
25	344.51	351.13	391.64	332.01	346.13	319.81	336.66	375.93	319.43	344.51	351.13	391.64	332.01	346.13	319.81	336.66	375.93	319.43
26	351.38	358.12	399.45	338.62	353.03	326.18	343.37	383.42	325.80	351.38	358.12	399.45	338.62	353.03	326.18	343.37	383.42	325.80
27	359.61	366.52	408.81	346.56	361.30	333.83	351.41	392.41	333.43	359.61	366.52	408.81	346.56	361.30	333.83	351.41	392.41	333.43
28	372.99	380.16	424.02	359.46	374.75	346.25	364.49	407.01	345.84	372.99	380.16	424.02	359.46	374.75	346.25	364.49	407.01	345.84
29	383.98	391.35	436.50	370.04	385.78	356.44	375.22	418.99	356.02	383.98	391.35	436.50	370.04	385.78	356.44	375.22	418.99	356.02
30	389.47	396.94	442.74	375.33	391.30	361.54	380.59	424.98	361.11	389.47	396.94	442.74	375.33	391.30	361.54	380.59	424.98	361.11
31	397.70	405.34	452.11	383.26	399.57	369.19	388.63	433.97	368.75	397.70	405.34	452.11	383.26	399.57	369.19	388.63	433.97	368.75
32	405.94	413.73	461.47	391.20	407.84	376.83	396.68	442.96	376.38	405.94	413.73	461.47	391.20	407.84	376.83	396.68	442.96	376.38
33	411.08	418.98	467.32	396.16	413.02	381.61	401.71	448.57	381.16	411.08	418.98	467.32	396.16	413.02	381.61	401.71	448.57	381.16
34	416.57	424.57	473.56	401.45	418.53	386.71	407.08	454.57	386.25	416.57	424.57	473.56	401.45	418.53	386.71	407.08	454.57	386.25
35	419.32	427.37	476.68	404.10	421.29	389.25	409.76	457.56	388.79	419.32	427.37	476.68	404.10	421.29	389.25	409.76	457.56	388.79
36	422.06	430.17	479.80	406.74	424.05	391.80	412.44	460.56	391.34	422.06	430.17	479.80	406.74	424.05	391.80	412.44	460.56	391.34
37	424.81	432.97	482.92	409.39	426.81	394.35	415.12	463.55	393.88	424.81	432.97	482.92	409.39	426.81	394.35	415.12	463.55	393.88
38	427.55	435.76	486.04	412.03	429.56	396.90	417.81	466.55	396.43	427.55	435.76	486.04	412.03	429.56	396.90	417.81	466.55	396.43
39	433.04	441.36	492.29	417.33	435.08	402.00	423.17	472.54	401.52	433.04	441.36	492.29	417.33	435.08	402.00	423.17	472.54	401.52
40	438.53	446.95	498.53	422.62	440.60	407.09	428.54	478.53	406.61	438.53	446.95	498.53	422.62	440.60	407.09	428.54	478.53	406.61
41	446.77	455.35	507.89	430.55	448.87	414.74	436.58	487.52	414.25	446.77	455.35	507.89	430.55	448.87	414.74	436.58	487.52	414.25
42	454.66	463.39	516.86	438.16	456.80	422.06	444.30	496.13	421.56	454.66	463.39	516.86	438.16	456.80	422.06	444.30	496.13	421.56
43	465.64	474.58	529.34	448.74	467.83	432.26	455.03	508.11	431.74	465.64	474.58	529.34	448.74	467.83	432.26	455.03	508.11	431.74
44	479.37	488.57	544.95	461.97	481.62	445.00	468.44	523.09	444.47	479.37	488.57	544.95	461.97	481.62	445.00	468.44	523.09	444.47
45	495.50	505.01	563.28	477.51	497.83	459.97	484.20	540.69	459.42	495.50	505.01	563.28	477.51	497.83	459.97	484.20	540.69	459.42
46	514.71	524.59	585.13	496.03	517.13	477.81	502.98	561.65	477.24	514.71	524.59	585.13	496.03	517.13	477.81	502.98	561.65	477.24
47	536.33	546.63	609.70	516.86	538.85	497.88	524.10	585.24	497.29	536.33	546.63	609.70	516.86	538.85	497.88	524.10	585.24	497.29
48	561.04	571.81	637.79	540.67	563.67	520.81	548.24	612.20	520.19	561.04	571.81	637.79	540.67	563.67	520.81	548.24	612.20	520.19
49	585.40	596.64	665.48	564.15	588.15	543.43	572.05	638.79	542.78	585.40	596.64	665.48	564.15	588.15	543.43	572.05	638.79	542.78
50	612.85	624.62	696.69	590.60	615.73	568.91	598.88	668.74	568.24	612.85	624.62	696.69	590.60	615.73	568.91	598.88	668.74	568.24
51	639.96	652.25	727.51	616.73	642.97	594.07	625.37	698.32	593.37	639.96	652.25	727.51	616.73	642.97	594.07	625.37	698.32	593.37
52	669.81	682.67	761.44	645.50	672.96	621.79	654.54	730.90	621.05	669.81	682.67	761.44	645.50	672.96	621.79	654.54	730.90	621.05
53	700.01	713.45	795.77	674.60	703.30	649.82	684.05	763.85	649.05	700.01	713.45	795.77	674.60	703.30	649.82	684.05	763.85	649.05
54	732.61	746.67	832.83	706.01	736.05	680.08	715.90	799.42	679.27	732.61	746.67	832.83	706.01	736.05	680.08	715.90	799.42	679.27
55	765.21	779.90	869.89	737.43	768.80	710.34	747.76	834.99	709.50	765.21	779.90	869.89	737.43	768.80	710.34	747.76	834.99	709.50
56	800.55	815.92	910.06	771.49	804.31	743.15	782.30	873.56	742.27	800.55	815.92	910.06	771.49	804.31	743.15	782.30	873.56	742.27
57	836.24	852.29	950.63	805.88	840.17	776.28	817.17	912.50	775.36	836.24	852.29	950.63	805.88	840.17	776.28	817.17	912.50	775.36
58	874.32	891.11	993.93	842.59	878.43	811.64	854.39	954.06	810.67	874.32	891.11	993.93	842.59	878.43	811.64	854.39	954.06	810.67
59	893.20	910.35	1015.39	860.77	897.40	829.16	872.83	974.66	828.17	893.20	910.35	1015.39	860.77	897.40	829.16	872.83	974.66	828.17
60	931.29	949.17	1058.69	897.48	935.66	864.51	910.05	1016.22	863.49	931.29	949.17	1058.69	897.48	935.66	864.51	910.05	1016.22	863.49
61	964.23	982.74	1096.13	929.23	968.76	895.09	942.24	1052.17	894.03	964.23	982.74	1096.13	929.23	968.76	895.09	942.24	1052.17	894.03
62	985.85	1004.77	1120.71	950.06	990.48	915.16	963.37	1075.75	914.08	985.85	1004.77	1120.71	950.06	990.48	915.16	963.37	1075.75	914.08
63	1012.95	1032.40	1151.53	976.18	1017.71	940.33	989.86	1105.34	939.21	1012.95	1032.40	1151.53	976.18	1017.71	940.33	989.86	1105.34	939.21
64 and over	1029.40	1049.17	1170.23	992.04	1034.24	955.59	1005.93	1123.29	954.46	1029.40	1049.17	1170.23	992.04	1034.24	955.59	1005.93	1123.29	954.46

**Coordinated Care Corporation**  
**RATE SCHEDULE**

**Plan Information**

**Plan Name:** Ambetter Cascade Select Vital Gold  
**HIOS Plan ID:** 61836WA0050016  
**Effective Date:** 1/1/2026  
**Market Type:** Individual  
**Exchange Status:** In the exchange  
**Metal Level:** Gold  
**Plan Type:** Standardized Public Option Plan

**Plan Geographic Availability**

Area Number	Available in area?	Counties where this plan is available
1	Yes	King
2	Yes	Clallam, Grays Harbor, Jefferson, Kitsap, Lewis, Pacific, Wahkiakum
3	Yes	Klickitat, Skamania
4	Yes	Spokane, Stevens
5	Yes	Pierce, Thurston
6	Yes	Benton, Franklin
7	Yes	Adams, Okanogan
8	Yes	Island, Snohomish
9	Yes	Asotin, Garfield, Walla Walla

**Plan Rates**

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	253.34	258.20	288.00	244.14	254.53	235.18	247.56	276.44	234.90	253.34	258.20	288.00	244.14	254.53	235.18	247.56	276.44	234.90
15	275.86	281.16	313.60	265.85	277.16	256.08	269.57	301.02	255.78	275.86	281.16	313.60	265.85	277.16	256.08	269.57	301.02	255.78
16	284.47	289.93	323.38	274.14	285.81	264.07	277.98	310.41	263.76	284.47	289.93	323.38	274.14	285.81	264.07	277.98	310.41	263.76
17	293.08	298.71	333.17	282.44	294.46	272.07	286.40	319.81	271.74	293.08	298.71	333.17	282.44	294.46	272.07	286.40	319.81	271.74
18	302.35	308.16	343.71	291.38	303.77	280.67	295.46	329.93	280.34	302.35	308.16	343.71	291.38	303.77	280.67	295.46	329.93	280.34
19	311.62	317.61	354.26	300.31	313.09	289.28	304.52	340.05	288.94	311.62	317.61	354.26	300.31	313.09	289.28	304.52	340.05	288.94
20	321.23	327.40	365.17	309.57	322.74	298.20	313.90	350.52	297.84	321.23	327.40	365.17	309.57	322.74	298.20	313.90	350.52	297.84
21	331.16	337.52	376.47	319.14	332.72	307.42	323.61	361.37	307.05	331.16	337.52	376.47	319.14	332.72	307.42	323.61	361.37	307.05
22	331.16	337.52	376.47	319.14	332.72	307.42	323.61	361.37	307.05	331.16	337.52	376.47	319.14	332.72	307.42	323.61	361.37	307.05
23	331.16	337.52	376.47	319.14	332.72	307.42	323.61	361.37	307.05	331.16	337.52	376.47	319.14	332.72	307.42	323.61	361.37	307.05
24	331.16	337.52	376.47	319.14	332.72	307.42	323.61	361.37	307.05	331.16	337.52	376.47	319.14	332.72	307.42	323.61	361.37	307.05
25	332.49	338.87	377.97	320.42	334.05	308.65	324.91	362.81	308.28	332.49	338.87	377.97	320.42	334.05	308.65	324.91	362.81	308.28
26	339.11	345.62	385.50	326.80	340.71	314.80	331.38	370.04	314.42	339.11	345.62	385.50	326.80	340.71	314.80	331.38	370.04	314.42
27	347.06	353.72	394.54	334.46	348.69	322.18	339.15	378.71	321.79	347.06	353.72	394.54	334.46	348.69	322.18	339.15	378.71	321.79
28	359.97	366.89	409.22	346.91	361.67	334.16	351.77	392.80	333.77	359.97	366.89	409.22	346.91	361.67	334.16	351.77	392.80	333.77
29	370.57	377.69	421.27	357.12	372.31	344.00	362.12	404.37	343.59	370.57	377.69	421.27	357.12	372.31	344.00	362.12	404.37	343.59
30	375.87	383.09	427.29	362.23	377.64	348.92	367.30	410.15	348.51	375.87	383.09	427.29	362.23	377.64	348.92	367.30	410.15	348.51
31	383.82	391.19	436.32	369.89	385.62	356.30	375.07	418.82	355.88	383.82	391.19	436.32	369.89	385.62	356.30	375.07	418.82	355.88
32	391.77	399.29	445.36	377.55	393.61	363.68	382.83	427.50	363.25	391.77	399.29	445.36	377.55	393.61	363.68	382.83	427.50	363.25
33	396.73	404.35	451.01	382.33	398.60	368.29	387.69	432.92	367.85	396.73	404.35	451.01	382.33	398.60	368.29	387.69	432.92	367.85
34	402.03	409.75	457.03	387.44	403.92	373.21	392.87	438.70	372.76	402.03	409.75	457.03	387.44	403.92	373.21	392.87	438.70	372.76
35	404.68	412.45	460.04	389.99	406.58	375.67	395.46	441.59	375.22	404.68	412.45	460.04	389.99	406.58	375.67	395.46	441.59	375.22
36	407.33	415.15	463.05	392.54	409.25	378.13	398.04	444.48	377.68	407.33	415.15	463.05	392.54	409.25	378.13	398.04	444.48	377.68
37	409.98	417.85	466.07	395.10	411.91	380.58	400.63	447.37	380.13	409.98	417.85	466.07	395.10	411.91	380.58	400.63	447.37	380.13
38	412.63	420.55	469.08	397.65	414.57	383.04	403.22	450.26	382.59	412.63	420.55	469.08	397.65	414.57	383.04	403.22	450.26	382.59
39	417.93	425.95	475.10	402.76	419.89	387.96	408.40	456.04	387.50	417.93	425.95	475.10	402.76	419.89	387.96	408.40	456.04	387.50
40	423.23	431.35	481.12	407.86	425.22	392.88	413.58	461.83	392.42	423.23	431.35	481.12	407.86	425.22	392.88	413.58	461.83	392.42
41	431.17	439.45	490.16	415.52	433.20	400.26	421.34	470.50	399.79	431.17	439.45	490.16	415.52	433.20	400.26	421.34	470.50	399.79
42	438.79	447.22	498.82	422.86	440.85	407.33	428.79	478.81	406.85	438.79	447.22	498.82	422.86	440.85	407.33	428.79	478.81	406.85
43	449.39	458.02	510.87	433.08	451.50	417.17	439.14	490.37	416.67	449.39	458.02	510.87	433.08	451.50	417.17	439.14	490.37	416.67
44	462.64	471.52	525.92	445.84	464.81	429.46	452.09	504.83	428.96	462.64	471.52	525.92	445.84	464.81	429.46	452.09	504.83	428.96
45	478.20	487.38	543.62	460.84	480.45	443.91	467.30	521.81	443.39	478.20	487.38	543.62	460.84	480.45	443.91	467.30	521.81	443.39
46	496.75	506.28	564.70	478.71	499.08	461.13	485.42	542.05	460.58	496.75	506.28	564.70	478.71	499.08	461.13	485.42	542.05	460.58
47	517.61	527.55	588.42	498.82	520.04	480.50	505.81	564.81	479.93	517.61	527.55	588.42	498.82	520.04	480.50	505.81	564.81	479.93
48	541.45	551.85	615.52	521.80	544.00	502.63	529.11	590.83	502.03	541.45	551.85	615.52	521.80	544.00	502.63	529.11	590.83	502.03
49	564.96	575.81	642.25	544.46	567.62	524.46	552.08	616.49	523.84	564.96	575.81	642.25	544.46	567.62	524.46	552.08	616.49	523.84
50	591.46	602.81	672.37	569.99	594.24	549.05	577.97	645.40	548.40	591.46	602.81	672.37	569.99	594.24	549.05	577.97	645.40	548.40
51	617.62	629.48	702.11	595.20	620.52	573.34	603.54	673.95	572.66	617.62	629.48	702.11	595.20	620.52	573.34	603.54	673.95	572.66
52	646.43	658.84	734.86	622.97	649.47	600.08	631.69	705.39	599.37	646.43	658.84	734.86	622.97	649.47	600.08	631.69	705.39	599.37
53	675.57	688.54	767.99	651.05	678.75	627.13	660.17	737.19	626.39	675.57	688.54	767.99	651.05	678.75	627.13	660.17	737.19	626.39
54	707.03	720.61	803.76	681.37	710.36	656.34	690.91	771.52	655.56	707.03	720.61	803.76	681.37	710.36	656.34	690.91	771.52	655.56
55	738.49	752.67	839.52	711.69	741.97	685.54	721.66	805.85	684.73	738.49	752.67	839.52	711.69	741.97	685.54	721.66	805.85	684.73
56	772.60	787.44	878.30	744.56	776.24	717.21	754.99	843.07	716.36	772.60	787.44	878.30	744.56	776.24	717.21	754.99	843.07	716.36
57	807.05	822.54	917.45	777.75	810.84	749.18	788.64	880.65	748.29	807.05	822.54	917.45	777.75	810.84	749.18	788.64	880.65	748.29
58	843.80	860.01	959.24	813.17	847.77	783.30	824.57	920.76	782.38	843.80	860.01	959.24	813.17	847.77	783.30	824.57	920.76	782.38
59	862.02	878.57	979.94	830.73	866.07	800.21	842.36	940.63	799.26	862.02	878.57	979.94	830.73	866.07	800.21	842.36	940.63	799.26
60	898.78	916.03	1021.73	866.15	903.00	834.34	878.29	980.75	833.35	898.78	916.03	1021.73	866.15	903.00	834.34	878.29	980.75	833.35
61	930.57	948.44	1057.87	896.79	934.94	863.85	909.35	1015.44	862.82	930.57	948.44	1057.87	896.79	934.94	863.85	909.35	1015.44	862.82
62	951.43	969.70	1081.59	916.90	955.90	883.21	929.74	1038.20	882.17	951.43	969.70	1081.59	916.90	955.90	883.21	929.74	1038.20	882.17
63	977.59	996.36	1111.33	942.11	982.19	907.50	955.31	1066.75	906.43	977.59	996.36	1111.33	942.11	982.19	907.50	955.31	1066.75	906.43
64 and over	993.47	1012.55	1129.38	957.41	998.14	922.24	970.82	1084.08	921.14	993.47	1012.55	1129.38	957.41	998.14	922.24	970.82	1084.08	921.14

**Coordinated Care Corporation**  
**RATE SCHEDULE**

**Plan Information**

**Plan Name:** Ambetter Cascade Silver  
**HIOS Plan ID:** 61836WA0050017  
**Effective Date:** 1/1/2026  
**Market Type:** Individual  
**Exchange Status:** In the exchange  
**Metal Level:** Silver  
**Plan Type:** Standardized Non-Public Option Plan

**Plan Geographic Availability**

Area Number	Available in area?	Counties where this plan is available
1	Yes	King
2	Yes	Clallam, Cowlitz, Grays Harbor, Jefferson, Kitsap, Lewis, Pacific, Wahkiakum
3	Yes	Clark, Klickitat, Skamania
4	Yes	Ferry, Lincoln, Pend Oreille, Spokane, Stevens
5	Yes	Mason, Pierce, Thurston
6	Yes	Benton, Franklin, Kittitas, Yakima
7	Yes	Adams, Chelan, Douglas, Grant, Okanogan
8	Yes	Island, San Juan, Skagit, Snohomish, Whatcom
9	Yes	Asotin, Columbia, Garfield, Walla Walla, Whitman

**Plan Rates**

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	339.30	345.82	385.72	326.99	340.90	314.97	331.57	370.25	314.60	339.30	345.82	385.72	326.99	340.90	314.97	331.57	370.25	314.60
15	369.46	376.56	420.00	356.05	371.20	342.97	361.04	403.16	342.57	369.46	376.56	420.00	356.05	371.20	342.97	361.04	403.16	342.57
16	380.99	388.31	433.11	367.16	382.78	353.68	372.31	415.74	353.26	380.99	388.31	433.11	367.16	382.78	353.68	372.31	415.74	353.26
17	392.53	400.06	446.22	378.28	394.37	364.38	383.58	428.32	363.95	392.53	400.06	446.22	378.28	394.37	364.38	383.58	428.32	363.95
18	404.94	412.72	460.34	390.25	406.85	375.91	395.71	441.88	375.46	404.94	412.72	460.34	390.25	406.85	375.91	395.71	441.88	375.46
19	417.36	425.38	474.46	402.21	419.33	387.44	407.85	455.43	386.98	417.36	425.38	474.46	402.21	419.33	387.44	407.85	455.43	386.98
20	430.23	438.49	489.08	414.61	432.25	399.38	420.42	469.46	398.91	430.23	438.49	489.08	414.61	432.25	399.38	420.42	469.46	398.91
21	443.53	452.05	504.21	427.43	445.62	411.73	433.42	483.98	411.24	443.53	452.05	504.21	427.43	445.62	411.73	433.42	483.98	411.24
22	443.53	452.05	504.21	427.43	445.62	411.73	433.42	483.98	411.24	443.53	452.05	504.21	427.43	445.62	411.73	433.42	483.98	411.24
23	443.53	452.05	504.21	427.43	445.62	411.73	433.42	483.98	411.24	443.53	452.05	504.21	427.43	445.62	411.73	433.42	483.98	411.24
24	443.53	452.05	504.21	427.43	445.62	411.73	433.42	483.98	411.24	443.53	452.05	504.21	427.43	445.62	411.73	433.42	483.98	411.24
25	445.31	453.86	506.22	429.14	447.40	413.38	435.15	485.92	412.89	445.31	453.86	506.22	429.14	447.40	413.38	435.15	485.92	412.89
26	454.18	462.90	516.31	437.69	456.31	421.61	443.82	495.60	421.11	454.18	462.90	516.31	437.69	456.31	421.61	443.82	495.60	421.11
27	464.82	473.75	528.41	447.95	467.01	431.49	454.22	507.21	430.98	464.82	473.75	528.41	447.95	467.01	431.49	454.22	507.21	430.98
28	482.12	491.38	548.07	464.62	484.39	447.55	471.13	526.09	447.02	482.12	491.38	548.07	464.62	484.39	447.55	471.13	526.09	447.02
29	496.31	505.84	564.21	478.30	498.65	460.73	485.00	541.58	460.18	496.31	505.84	564.21	478.30	498.65	460.73	485.00	541.58	460.18
30	503.41	513.07	572.28	485.14	505.78	467.31	491.93	549.32	466.76	503.41	513.07	572.28	485.14	505.78	467.31	491.93	549.32	466.76
31	514.05	523.92	584.38	495.39	516.47	477.20	502.33	560.94	476.63	514.05	523.92	584.38	495.39	516.47	477.20	502.33	560.94	476.63
32	524.70	534.77	596.48	505.65	527.16	487.08	512.74	572.55	486.50	524.70	534.77	596.48	505.65	527.16	487.08	512.74	572.55	486.50
33	531.35	541.55	604.04	512.06	533.85	493.25	519.24	579.81	492.67	531.35	541.55	604.04	512.06	533.85	493.25	519.24	579.81	492.67
34	538.45	548.79	612.11	518.90	540.98	499.84	526.17	587.55	499.25	538.45	548.79	612.11	518.90	540.98	499.84	526.17	587.55	499.25
35	542.00	552.40	616.14	522.32	544.54	503.14	529.64	591.43	502.54	542.00	552.40	616.14	522.32	544.54	503.14	529.64	591.43	502.54
36	545.54	556.02	620.18	525.74	548.11	506.43	533.11	595.30	505.83	545.54	556.02	620.18	525.74	548.11	506.43	533.11	595.30	505.83
37	549.09	559.64	624.21	529.16	551.67	509.72	536.57	599.17	509.12	549.09	559.64	624.21	529.16	551.67	509.72	536.57	599.17	509.12
38	552.64	563.25	628.24	532.58	555.24	513.02	540.04	603.04	512.41	552.64	563.25	628.24	532.58	555.24	513.02	540.04	603.04	512.41
39	559.74	570.48	636.31	539.42	562.37	519.60	546.98	610.79	518.99	559.74	570.48	636.31	539.42	562.37	519.60	546.98	610.79	518.99
40	566.83	577.72	644.38	546.26	569.50	526.19	553.91	618.53	525.57	566.83	577.72	644.38	546.26	569.50	526.19	553.91	618.53	525.57
41	577.48	588.57	656.48	556.52	580.19	536.07	564.31	630.14	535.44	577.48	588.57	656.48	556.52	580.19	536.07	564.31	630.14	535.44
42	587.68	598.96	668.07	566.35	590.44	545.54	574.28	641.28	544.90	587.68	598.96	668.07	566.35	590.44	545.54	574.28	641.28	544.90
43	601.87	613.43	684.21	580.03	604.70	558.72	588.15	656.76	558.06	601.87	613.43	684.21	580.03	604.70	558.72	588.15	656.76	558.06
44	619.61	631.51	704.38	597.12	622.53	575.19	605.49	676.12	574.51	619.61	631.51	704.38	597.12	622.53	575.19	605.49	676.12	574.51
45	640.46	652.76	728.08	617.21	643.47	594.54	625.86	698.87	593.83	640.46	652.76	728.08	617.21	643.47	594.54	625.86	698.87	593.83
46	665.30	678.07	756.31	641.15	668.43	617.60	650.13	725.97	616.86	665.30	678.07	756.31	641.15	668.43	617.60	650.13	725.97	616.86
47	693.24	706.55	788.08	668.08	696.50	643.54	677.43	756.46	642.77	693.24	706.55	788.08	668.08	696.50	643.54	677.43	756.46	642.77
48	725.18	739.10	824.38	698.85	728.58	673.18	708.64	791.31	672.38	725.18	739.10	824.38	698.85	728.58	673.18	708.64	791.31	672.38
49	756.67	771.19	860.18	729.20	760.22	702.41	739.41	825.67	701.58	756.67	771.19	860.18	729.20	760.22	702.41	739.41	825.67	701.58
50	792.15	807.36	900.51	763.39	795.87	735.35	774.09	864.39	734.48	792.15	807.36	900.51	763.39	795.87	735.35	774.09	864.39	734.48
51	827.19	843.07	940.35	797.16	831.08	767.88	808.33	902.63	766.97	827.19	843.07	940.35	797.16	831.08	767.88	808.33	902.63	766.97
52	865.77	882.40	984.21	834.35	869.84	803.70	846.04	944.73	802.75	865.77	882.40	984.21	834.35	869.84	803.70	846.04	944.73	802.75
53	904.81	922.18	1028.58	871.96	909.06	839.93	884.18	987.32	838.94	904.81	922.18	1028.58	871.96	909.06	839.93	884.18	987.32	838.94
54	946.94	965.12	1076.48	912.57	951.39	879.05	925.35	1033.30	878.00	946.94	965.12	1076.48	912.57	951.39	879.05	925.35	1033.30	878.00
55	989.08	1008.07	1124.38	953.17	993.73	918.16	966.53	1079.28	917.07	989.08	1008.07	1124.38	953.17	993.73	918.16	966.53	1079.28	917.07
56	1034.76	1054.63	1176.32	997.20	1039.62	960.57	1011.17	1129.13	959.43	1034.76	1054.63	1176.32	997.20	1039.62	960.57	1011.17	1129.13	959.43
57	1080.89	1101.64	1228.75	1041.65	1085.97	1003.39	1056.24	1179.46	1002.20	1080.89	1101.64	1228.75	1041.65	1085.97	1003.39	1056.24	1179.46	1002.20
58	1130.12	1151.82	1284.72	1089.10	1135.43	1049.09	1104.35	1233.19	1047.85	1130.12	1151.82	1284.72	1089.10	1135.43	1049.09	1104.35	1233.19	1047.85
59	1154.51	1176.68	1312.45	1112.61	1159.94	1071.74	1128.19	1259.81	1070.47	1154.51	1176.68	1312.45	1112.61	1159.94	1071.74	1128.19	1259.81	1070.47
60	1203.75	1226.86	1368.42	1160.05	1209.40	1117.44	1176.30	1313.53	1116.11	1203.75	1226.86	1368.42	1160.05	1209.40	1117.44	1176.30	1313.53	1116.11
61	1246.33	1270.25	1416.82	1201.08	1252.18	1156.96	1217.91	1359.99	1155.59	1246.33	1270.25	1416.82	1201.08	1252.18	1156.96	1217.91	1359.99	1155.59
62	1274.27	1298.73	1448.59	1228.01	1280.26	1182.90	1245.21	1390.48	1181.50	1274.27	1298.73	1448.59	1228.01	1280.26	1182.90	1245.21	1390.48	1181.50
63	1309.31	1334.45	1488.42	1261.78	1315.46	1215.43	1279.45	1428.72	1213.99	1309.31	1334.45	1488.42	1261.78	1315.46	1215.43	1279.45	1428.72	1213.99
64 and over	1330.58	1356.12	1512.60	1282.28	1336.83	1235.17	1300.24	1451.93	1233.71	1330.58	1356.12	1512.60	1282.28	1336.83	1235.17	1300.24	1451.93	1233.71

**Coordinated Care Corporation**  
**RATE SCHEDULE**

**Plan Information**

**Plan Name:** Ambetter Cascade Complete Gold  
**HIOS Plan ID:** 61836WA0050018  
**Effective Date:** 1/1/2026  
**Market Type:** Individual  
**Exchange Status:** In the exchange  
**Metal Level:** Gold  
**Plan Type:** Standardized Non-Public Option Plan

**Plan Geographic Availability**

Area Number	Available in area?	Counties where this plan is available
1	Yes	King
2	Yes	Clallam, Cowlitz, Grays Harbor, Jefferson, Kitsap, Lewis, Pacific, Wahkiakum
3	Yes	Clark, Klickitat, Skamania
4	Yes	Ferry, Lincoln, Pend Oreille, Spokane, Stevens
5	Yes	Mason, Pierce, Thurston
6	Yes	Benton, Franklin, Kittitas, Yakima
7	Yes	Adams, Chelan, Douglas, Grant, Okanogan
8	Yes	Island, San Juan, Skagit, Snohomish, Whatcom
9	Yes	Asotin, Columbia, Garfield, Walla Walla, Whitman

**Plan Rates**

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	283.11	288.54	321.84	272.83	284.44	262.81	276.65	308.93	262.50	283.11	288.54	321.84	272.83	284.44	262.81	276.65	308.93	262.50
15	308.27	314.19	350.45	297.08	309.72	286.17	301.24	336.39	285.83	308.27	314.19	350.45	297.08	309.72	286.17	301.24	336.39	285.83
16	317.90	324.00	361.38	306.36	319.39	295.10	310.65	346.89	294.75	317.90	324.00	361.38	306.36	319.39	295.10	310.65	346.89	294.75
17	327.52	333.81	372.32	315.63	329.06	304.03	320.05	357.39	303.67	327.52	333.81	372.32	315.63	329.06	304.03	320.05	357.39	303.67
18	337.88	344.37	384.10	325.61	339.47	313.65	330.18	368.69	313.28	337.88	344.37	384.10	325.61	339.47	313.65	330.18	368.69	313.28
19	348.24	354.93	395.88	335.60	349.88	323.27	340.30	380.00	322.89	348.24	354.93	395.88	335.60	349.88	323.27	340.30	380.00	322.89
20	358.97	365.87	408.08	345.94	360.66	333.24	350.79	391.71	332.84	358.97	365.87	408.08	345.94	360.66	333.24	350.79	391.71	332.84
21	370.08	377.18	420.70	356.64	371.82	343.54	361.64	403.83	343.13	370.08	377.18	420.70	356.64	371.82	343.54	361.64	403.83	343.13
22	370.08	377.18	420.70	356.64	371.82	343.54	361.64	403.83	343.13	370.08	377.18	420.70	356.64	371.82	343.54	361.64	403.83	343.13
23	370.08	377.18	420.70	356.64	371.82	343.54	361.64	403.83	343.13	370.08	377.18	420.70	356.64	371.82	343.54	361.64	403.83	343.13
24	370.08	377.18	420.70	356.64	371.82	343.54	361.64	403.83	343.13	370.08	377.18	420.70	356.64	371.82	343.54	361.64	403.83	343.13
25	371.56	378.69	422.39	358.07	373.30	344.92	363.08	405.44	344.51	371.56	378.69	422.39	358.07	373.30	344.92	363.08	405.44	344.51
26	378.96	386.23	430.80	365.20	380.74	351.79	370.32	413.52	351.37	378.96	386.23	430.80	365.20	380.74	351.79	370.32	413.52	351.37
27	387.84	395.29	440.90	373.76	389.66	360.03	379.00	423.21	359.60	387.84	395.29	440.90	373.76	389.66	360.03	379.00	423.21	359.60
28	402.27	410.00	457.30	387.67	404.16	373.43	393.10	438.96	372.99	402.27	410.00	457.30	387.67	404.16	373.43	393.10	438.96	372.99
29	414.12	422.07	470.77	399.08	416.06	384.42	404.67	451.88	383.97	414.12	422.07	470.77	399.08	416.06	384.42	404.67	451.88	383.97
30	420.04	428.10	477.50	404.79	422.01	389.92	410.46	458.34	389.46	420.04	428.10	477.50	404.79	422.01	389.92	410.46	458.34	389.46
31	428.92	437.15	487.59	413.35	430.93	398.16	419.14	468.04	397.69	428.92	437.15	487.59	413.35	430.93	398.16	419.14	468.04	397.69
32	437.80	446.21	497.69	421.91	439.86	406.41	427.82	477.73	405.93	437.80	446.21	497.69	421.91	439.86	406.41	427.82	477.73	405.93
33	443.35	451.86	504.00	427.26	445.43	411.56	433.24	483.78	411.08	443.35	451.86	504.00	427.26	445.43	411.56	433.24	483.78	411.08
34	449.27	457.90	510.73	432.96	451.38	417.06	439.03	490.25	416.57	449.27	457.90	510.73	432.96	451.38	417.06	439.03	490.25	416.57
35	452.23	460.92	514.10	435.82	454.36	419.81	441.92	493.48	419.31	452.23	460.92	514.10	435.82	454.36	419.81	441.92	493.48	419.31
36	455.19	463.93	517.46	438.67	457.33	422.56	444.82	496.71	422.06	455.19	463.93	517.46	438.67	457.33	422.56	444.82	496.71	422.06
37	458.15	466.95	520.83	441.52	460.31	425.30	447.71	499.94	424.80	458.15	466.95	520.83	441.52	460.31	425.30	447.71	499.94	424.80
38	461.11	469.97	524.20	444.38	463.28	428.05	450.60	503.17	427.55	461.11	469.97	524.20	444.38	463.28	428.05	450.60	503.17	427.55
39	467.04	476.00	530.93	450.08	469.23	433.55	456.39	509.63	433.04	467.04	476.00	530.93	450.08	469.23	433.55	456.39	509.63	433.04
40	472.96	482.04	537.66	455.79	475.18	438.05	462.17	516.09	438.53	472.96	482.04	537.66	455.79	475.18	438.05	462.17	516.09	438.53
41	481.84	491.09	547.75	464.35	484.10	447.29	470.85	525.78	446.76	481.84	491.09	547.75	464.35	484.10	447.29	470.85	525.78	446.76
42	490.35	499.77	557.43	472.55	492.66	455.19	479.17	535.07	454.65	490.35	499.77	557.43	472.55	492.66	455.19	479.17	535.07	454.65
43	502.19	511.84	570.89	483.96	504.55	466.19	490.74	547.99	465.63	502.19	511.84	570.89	483.96	504.55	466.19	490.74	547.99	465.63
44	517.00	526.92	587.72	498.23	519.43	479.93	505.21	564.15	479.36	517.00	526.92	587.72	498.23	519.43	479.93	505.21	564.15	479.36
45	534.39	544.65	607.49	514.99	536.90	496.07	522.21	583.13	495.49	534.39	544.65	607.49	514.99	536.90	496.07	522.21	583.13	495.49
46	555.11	565.77	631.05	534.96	557.72	515.31	542.46	605.74	514.70	555.11	565.77	631.05	534.96	557.72	515.31	542.46	605.74	514.70
47	578.43	589.53	657.56	557.43	581.15	536.96	565.24	631.18	536.32	578.43	589.53	657.56	557.43	581.15	536.96	565.24	631.18	536.32
48	605.07	616.69	687.85	583.11	607.92	561.69	591.28	660.26	561.02	605.07	616.69	687.85	583.11	607.92	561.69	591.28	660.26	561.02
49	631.35	643.47	717.72	608.43	634.32	586.08	616.95	688.93	585.39	631.35	643.47	717.72	608.43	634.32	586.08	616.95	688.93	585.39
50	660.96	673.65	751.37	636.96	664.06	613.57	645.89	721.23	612.84	660.96	673.65	751.37	636.96	664.06	613.57	645.89	721.23	612.84
51	690.19	703.44	784.61	665.14	693.44	640.71	674.46	753.14	639.95	690.19	703.44	784.61	665.14	693.44	640.71	674.46	753.14	639.95
52	722.39	736.26	821.21	696.17	725.78	670.59	705.92	788.27	669.80	722.39	736.26	821.21	696.17	725.78	670.59	705.92	788.27	669.80
53	754.96	769.45	858.23	727.55	758.50	700.82	737.74	823.81	699.99	754.96	769.45	858.23	727.55	758.50	700.82	737.74	823.81	699.99
54	790.11	805.28	898.20	761.43	793.83	733.46	772.10	862.17	732.59	790.11	805.28	898.20	761.43	793.83	733.46	772.10	862.17	732.59
55	825.27	841.11	938.17	795.31	829.15	766.10	806.45	900.53	765.19	825.27	841.11	938.17	795.31	829.15	766.10	806.45	900.53	765.19
56	863.39	879.96	981.50	832.05	867.45	801.48	843.70	942.13	800.53	863.39	879.96	981.50	832.05	867.45	801.48	843.70	942.13	800.53
57	901.88	919.19	1025.25	869.14	906.11	837.21	881.31	984.13	836.22	901.88	919.19	1025.25	869.14	906.11	837.21	881.31	984.13	836.22
58	942.95	961.06	1071.95	908.72	947.39	875.34	921.45	1028.95	874.31	942.95	961.06	1071.95	908.72	947.39	875.34	921.45	1028.95	874.31
59	963.31	981.80	1095.09	928.34	967.84	894.24	941.34	1051.16	893.18	963.31	981.80	1095.09	928.34	967.84	894.24	941.34	1051.16	893.18
60	1004.39	1023.67	1141.79	967.93	1009.11	932.37	981.49	1095.99	931.27	1004.39	1023.67	1141.79	967.93	1009.11	932.37	981.49	1095.99	931.27
61	1039.91	1059.88	1182.17	1002.16	1044.80	965.35	1016.20	1134.75	964.21	1039.91	1059.88	1182.17	1002.16	1044.80	965.35	1016.20	1134.75	964.21
62	1063.23	1083.64	1208.68	1024.63	1068.23	986.99	1038.99	1160.19	985.83	1063.23	1083.64	1208.68	1024.63	1068.23	986.99	1038.99	1160.19	985.83
63	1092.46	1113.44	1241.91	1052.81	1097.60	1014.13	1067.56	1192.10	1012.93	1092.46	1113.44	1241.91	1052.81	1097.60	1014.13	1067.56	1192.10	1012.93
64 and over	1110.21	1131.52	1262.09	1069.91	1115.43	1030.60	1084.89	1211.46	1029.38	1110.21	1131.52	1262.09	1069.91	1115.43	1030.60	1084.89	1211.46	1029.38

**Coordinated Care Corporation**  
**RATE SCHEDULE**

**Plan Information**

**Plan Name:** Ambetter Cascade Vital Gold  
**HIOS Plan ID:** 61836WA0050022  
**Effective Date:** 1/1/2026  
**Market Type:** Individual  
**Exchange Status:** In the exchange  
**Metal Level:** Gold  
**Plan Type:** Standardized Non-Public Option Plan

**Plan Geographic Availability**

Area Number	Available in area?	Counties where this plan is available
1	Yes	King
2	Yes	Clallam, Cowlitz, Grays Harbor, Jefferson, Kitsap, Lewis, Pacific, Wahkiakum
3	Yes	Clark, Klickitat, Skamania
4	Yes	Ferry, Lincoln, Pend Oreille, Spokane, Stevens
5	Yes	Mason, Pierce, Thurston
6	Yes	Benton, Franklin, Kittitas, Yakima
7	Yes	Adams, Chelan, Douglas, Grant, Okanogan
8	Yes	Island, San Juan, Skagit, Snohomish, Whatcom
9	Yes	Asotin, Columbia, Garfield, Walla Walla, Whitman

**Plan Rates**

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	264.58	269.66	300.77	254.97	265.82	245.61	258.54	288.70	245.31	264.58	269.66	300.77	254.97	265.82	245.61	258.54	288.70	245.31
15	288.09	293.62	327.50	277.64	289.45	267.44	281.52	314.37	267.12	288.09	293.62	327.50	277.64	289.45	267.44	281.52	314.37	267.12
16	297.09	302.79	337.73	286.30	298.48	275.78	290.31	324.18	275.46	297.09	302.79	337.73	286.30	298.48	275.78	290.31	324.18	275.46
17	306.08	311.95	347.95	294.97	307.52	284.13	299.10	333.99	283.79	306.08	311.95	347.95	294.97	307.52	284.13	299.10	333.99	283.79
18	315.76	321.82	358.96	304.30	317.25	293.12	308.56	344.56	292.77	315.76	321.82	358.96	304.30	317.25	293.12	308.56	344.56	292.77
19	325.44	331.69	369.97	313.63	326.97	302.11	318.02	355.13	301.75	325.44	331.69	369.97	313.63	326.97	302.11	318.02	355.13	301.75
20	335.47	341.92	381.37	323.30	337.05	311.42	327.83	366.07	311.05	335.47	341.92	381.37	323.30	337.05	311.42	327.83	366.07	311.05
21	345.85	352.49	393.16	333.30	347.48	321.05	337.96	377.39	320.67	345.85	352.49	393.16	333.30	347.48	321.05	337.96	377.39	320.67
22	345.85	352.49	393.16	333.30	347.48	321.05	337.96	377.39	320.67	345.85	352.49	393.16	333.30	347.48	321.05	337.96	377.39	320.67
23	345.85	352.49	393.16	333.30	347.48	321.05	337.96	377.39	320.67	345.85	352.49	393.16	333.30	347.48	321.05	337.96	377.39	320.67
24	345.85	352.49	393.16	333.30	347.48	321.05	337.96	377.39	320.67	345.85	352.49	393.16	333.30	347.48	321.05	337.96	377.39	320.67
25	347.23	353.90	394.73	334.63	348.87	322.34	339.32	378.90	321.95	347.23	353.90	394.73	334.63	348.87	322.34	339.32	378.90	321.95
26	354.15	360.95	402.60	341.29	355.81	328.76	346.08	386.45	328.37	354.15	360.95	402.60	341.29	355.81	328.76	346.08	386.45	328.37
27	362.45	369.41	412.03	349.29	364.15	336.46	354.19	395.51	336.06	362.45	369.41	412.03	349.29	364.15	336.46	354.19	395.51	336.06
28	375.94	383.16	427.37	362.29	377.71	348.98	367.37	410.22	348.57	375.94	383.16	427.37	362.29	377.71	348.98	367.37	410.22	348.57
29	387.01	394.44	439.95	372.96	388.82	359.26	378.18	422.30	358.83	387.01	394.44	439.95	372.96	388.82	359.26	378.18	422.30	358.83
30	392.54	400.08	446.24	378.29	394.38	364.39	383.59	428.34	363.96	392.54	400.08	446.24	378.29	394.38	364.39	383.59	428.34	363.96
31	400.84	408.54	455.67	386.29	402.72	372.10	391.70	437.40	371.66	400.84	408.54	455.67	386.29	402.72	372.10	391.70	437.40	371.66
32	409.14	417.00	465.11	394.29	411.06	379.81	399.81	446.45	379.36	409.14	417.00	465.11	394.29	411.06	379.81	399.81	446.45	379.36
33	414.33	422.28	471.01	399.29	416.28	384.62	404.88	452.11	384.17	414.33	422.28	471.01	399.29	416.28	384.62	404.88	452.11	384.17
34	419.86	427.92	477.30	404.62	421.84	389.76	419.30	458.15	389.30	419.86	427.92	477.30	404.62	421.84	389.76	419.30	458.15	389.30
35	422.63	430.74	480.44	407.29	424.61	392.33	412.99	461.17	391.86	422.63	430.74	480.44	407.29	424.61	392.33	412.99	461.17	391.86
36	425.40	433.56	483.59	409.95	427.39	394.89	415.70	464.19	394.43	425.40	433.56	483.59	409.95	427.39	394.89	415.70	464.19	394.43
37	428.16	436.38	486.73	412.62	430.17	397.46	418.40	467.21	396.99	428.16	436.38	486.73	412.62	430.17	397.46	418.40	467.21	396.99
38	430.93	439.20	489.88	415.29	432.95	400.03	421.10	470.23	399.56	430.93	439.20	489.88	415.29	432.95	400.03	421.10	470.23	399.56
39	436.46	444.84	496.17	420.62	438.51	405.17	426.51	476.27	404.69	436.46	444.84	496.17	420.62	438.51	405.17	426.51	476.27	404.69
40	442.00	450.48	502.46	425.95	444.07	410.31	431.92	482.31	409.82	442.00	450.48	502.46	425.95	444.07	410.31	431.92	482.31	409.82
41	450.30	458.94	511.90	433.95	452.41	418.01	440.03	491.36	417.52	450.30	458.94	511.90	433.95	452.41	418.01	440.03	491.36	417.52
42	458.25	467.05	520.94	441.62	460.40	425.39	447.80	500.04	424.89	458.25	467.05	520.94	441.62	460.40	425.39	447.80	500.04	424.89
43	469.32	478.33	533.52	452.28	471.52	435.67	458.62	512.12	435.15	469.32	478.33	533.52	452.28	471.52	435.67	458.62	512.12	435.15
44	483.15	492.43	549.25	465.61	485.42	448.51	472.14	527.22	447.98	483.15	492.43	549.25	465.61	485.42	448.51	472.14	527.22	447.98
45	499.41	509.00	567.73	481.28	501.75	463.60	488.02	544.95	463.05	499.41	509.00	567.73	481.28	501.75	463.60	488.02	544.95	463.05
46	518.77	528.74	589.74	499.94	521.21	481.58	506.95	566.09	481.01	518.77	528.74	589.74	499.94	521.21	481.58	506.95	566.09	481.01
47	540.56	550.94	614.51	520.94	543.10	501.81	528.24	589.86	501.21	540.56	550.94	614.51	520.94	543.10	501.81	528.24	589.86	501.21
48	565.46	576.32	642.82	544.94	568.12	524.92	552.57	617.03	524.30	565.46	576.32	642.82	544.94	568.12	524.92	552.57	617.03	524.30
49	590.02	601.35	670.73	568.60	592.79	547.72	576.57	643.83	547.07	590.02	601.35	670.73	568.60	592.79	547.72	576.57	643.83	547.07
50	617.69	629.55	702.19	595.27	620.59	573.40	603.60	674.02	572.72	617.69	629.55	702.19	595.27	620.59	573.40	603.60	674.02	572.72
51	645.01	657.39	733.25	621.60	648.04	598.76	630.30	703.84	598.05	645.01	657.39	733.25	621.60	648.04	598.76	630.30	703.84	598.05
52	675.10	688.06	767.45	650.59	678.27	626.69	659.71	736.67	625.95	675.10	688.06	767.45	650.59	678.27	626.69	659.71	736.67	625.95
53	705.53	719.08	802.05	679.92	708.85	654.95	689.45	769.88	654.17	705.53	719.08	802.05	679.92	708.85	654.95	689.45	769.88	654.17
54	738.39	752.57	839.40	711.59	741.86	685.45	721.55	805.73	684.63	738.39	752.57	839.40	711.59	741.86	685.45	721.55	805.73	684.63
55	771.25	786.05	876.75	743.25	774.87	715.95	753.66	841.58	715.10	771.25	786.05	876.75	743.25	774.87	715.95	753.66	841.58	715.10
56	806.87	822.36	917.25	777.58	810.66	749.02	788.47	880.45	748.13	806.87	822.36	917.25	777.58	810.66	749.02	788.47	880.45	748.13
57	842.84	859.02	958.14	812.24	846.80	782.40	823.62	919.70	781.48	842.84	859.02	958.14	812.24	846.80	782.40	823.62	919.70	781.48
58	881.23	898.15	1001.78	849.24	885.37	818.04	861.13	961.59	817.07	881.23	898.15	1001.78	849.24	885.37	818.04	861.13	961.59	817.07
59	900.25	917.53	1023.40	867.57	904.48	835.70	879.72	982.35	834.71	900.25	917.53	1023.40	867.57	904.48	835.70	879.72	982.35	834.71
60	938.64	956.66	1067.04	904.56	943.05	871.34	917.24	1024.24	870.30	938.64	956.66	1067.04	904.56	943.05	871.34	917.24	1024.24	870.30
61	971.84	990.50	1104.79	936.56	976.41	902.16	949.68	1060.47	901.09	971.84	990.50	1104.79	936.56	976.41	902.16	949.68	1060.47	901.09
62	993.63	1012.70	1129.55	957.56	998.30	922.38	970.97	1084.25	921.29	993.63	1012.70	1129.55	957.56	998.30	922.38	970.97	1084.25	921.29
63	1020.95	1040.55	1160.61	983.89	1025.75	947.75	997.67	1114.06	946.62	1020.95	1040.55	1160.61	983.89	1025.75	947.75	997.67	1114.06	946.62
64 and over	1037.53	1057.45	1179.47	999.87	1042.41	963.14	1013.87	1132.15	962.00	1037.53	1057.45	1179.47	999.87	1042.41	963.14	1013.87	1132.15	962.00

**Coordinated Care Corporation**  
**RATE SCHEDULE**

**Plan Information**

**Plan Name:** Ambetter Cascade Select Bronze  
**HIOS Plan ID:** 61836WA0050036  
**Effective Date:** 1/1/2026  
**Market Type:** Individual  
**Exchange Status:** In the exchange  
**Metal Level:** Bronze  
**Plan Type:** Standardized Public Option Plan

**Plan Geographic Availability**

Area Number	Available in area?	Counties where this plan is available
1	Yes	King
2	Yes	Clallam, Grays Harbor, Jefferson, Kitsap, Lewis, Pacific, Wahkiakum
3	Yes	Klickitat, Skamania
4	Yes	Spokane, Stevens
5	Yes	Pierce, Thurston
6	Yes	Benton, Franklin
7	Yes	Adams, Okanogan
8	Yes	Island, Snohomish
9	Yes	Asotin, Garfield, Walla Walla

**Plan Rates**

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	199.84	203.68	227.18	192.59	200.78	185.51	195.29	218.07	185.29	199.84	203.68	227.18	192.59	200.78	185.51	195.29	218.07	185.29
15	217.61	221.78	247.37	209.71	218.63	202.00	212.64	237.45	201.76	217.61	221.78	247.37	209.71	218.63	202.00	212.64	237.45	201.76
16	224.40	228.71	255.10	216.25	225.45	208.31	219.28	244.86	208.06	224.40	228.71	255.10	216.25	225.45	208.31	219.28	244.86	208.06
17	231.19	235.63	262.82	222.80	232.28	214.61	225.92	252.28	214.36	231.19	235.63	262.82	222.80	232.28	214.61	225.92	252.28	214.36
18	238.50	243.08	271.13	229.85	239.63	221.40	233.07	260.26	221.14	238.50	243.08	271.13	229.85	239.63	221.40	233.07	260.26	221.14
19	245.82	250.54	279.45	236.90	246.97	228.19	240.21	268.24	227.92	245.82	250.54	279.45	236.90	246.97	228.19	240.21	268.24	227.92
20	253.40	258.26	288.06	244.20	254.59	235.23	247.62	276.50	234.95	253.40	258.26	288.06	244.20	254.59	235.23	247.62	276.50	234.95
21	261.23	266.25	296.97	251.75	262.46	242.50	255.28	285.06	242.21	261.23	266.25	296.97	251.75	262.46	242.50	255.28	285.06	242.21
22	261.23	266.25	296.97	251.75	262.46	242.50	255.28	285.06	242.21	261.23	266.25	296.97	251.75	262.46	242.50	255.28	285.06	242.21
23	261.23	266.25	296.97	251.75	262.46	242.50	255.28	285.06	242.21	261.23	266.25	296.97	251.75	262.46	242.50	255.28	285.06	242.21
24	261.23	266.25	296.97	251.75	262.46	242.50	255.28	285.06	242.21	261.23	266.25	296.97	251.75	262.46	242.50	255.28	285.06	242.21
25	262.28	267.31	298.16	252.76	263.51	243.47	256.30	286.20	243.18	262.28	267.31	298.16	252.76	263.51	243.47	256.30	286.20	243.18
26	267.50	272.64	304.10	257.79	268.76	248.32	261.40	291.90	248.03	267.50	272.64	304.10	257.79	268.76	248.32	261.40	291.90	248.03
27	273.77	279.03	311.22	263.83	275.06	254.14	267.53	298.74	253.84	273.77	279.03	311.22	263.83	275.06	254.14	267.53	298.74	253.84
28	283.96	289.41	322.81	273.65	285.29	263.60	277.49	309.86	263.29	283.96	289.41	322.81	273.65	285.29	263.60	277.49	309.86	263.29
29	292.32	297.93	332.31	281.71	293.69	271.36	285.65	318.98	271.04	292.32	297.93	332.31	281.71	293.69	271.36	285.65	318.98	271.04
30	296.50	302.19	337.06	285.74	297.89	275.24	289.74	323.54	274.91	296.50	302.19	337.06	285.74	297.89	275.24	289.74	323.54	274.91
31	302.77	308.58	344.19	291.78	304.19	281.06	295.86	330.38	280.73	302.77	308.58	344.19	291.78	304.19	281.06	295.86	330.38	280.73
32	309.04	314.97	351.31	297.82	310.49	286.88	301.99	337.22	286.54	309.04	314.97	351.31	297.82	310.49	286.88	301.99	337.22	286.54
33	312.96	318.96	355.77	301.60	314.43	290.52	305.82	341.50	290.17	312.96	318.96	355.77	301.60	314.43	290.52	305.82	341.50	290.17
34	317.14	323.22	360.52	305.62	318.63	294.40	309.91	346.06	294.05	317.14	323.22	360.52	305.62	318.63	294.40	309.91	346.06	294.05
35	319.23	325.35	362.90	307.64	320.73	296.34	311.95	348.34	295.99	319.23	325.35	362.90	307.64	320.73	296.34	311.95	348.34	295.99
36	321.32	327.48	365.27	309.65	322.83	298.28	313.99	350.62	297.92	321.32	327.48	365.27	309.65	322.83	298.28	313.99	350.62	297.92
37	323.41	329.61	367.65	311.67	324.93	300.22	316.03	352.90	299.86	323.41	329.61	367.65	311.67	324.93	300.22	316.03	352.90	299.86
38	325.50	331.74	370.02	313.68	327.03	302.16	318.07	355.18	301.80	325.50	331.74	370.02	313.68	327.03	302.16	318.07	355.18	301.80
39	329.67	336.00	374.77	317.71	331.22	306.04	322.16	359.74	305.67	329.67	336.00	374.77	317.71	331.22	306.04	322.16	359.74	305.67
40	333.85	340.26	379.53	321.74	335.42	309.92	326.24	364.30	309.55	333.85	340.26	379.53	321.74	335.42	309.92	326.24	364.30	309.55
41	340.12	346.65	386.65	327.78	341.72	315.74	332.37	371.14	315.36	340.12	346.65	386.65	327.78	341.72	315.74	332.37	371.14	315.36
42	346.13	352.78	393.48	333.57	347.76	321.31	338.24	377.70	320.93	346.13	352.78	393.48	333.57	347.76	321.31	338.24	377.70	320.93
43	354.49	361.30	402.99	341.62	356.16	329.07	346.41	386.82	328.69	354.49	361.30	402.99	341.62	356.16	329.07	346.41	386.82	328.69
44	364.94	371.95	414.87	351.69	366.66	338.78	356.62	398.22	338.37	364.94	371.95	414.87	351.69	366.66	338.78	356.62	398.22	338.37
45	377.22	384.46	428.82	363.53	378.99	350.17	368.62	411.62	349.76	377.22	384.46	428.82	363.53	378.99	350.17	368.62	411.62	349.76
46	391.85	399.37	445.45	377.62	393.69	363.75	382.91	427.58	363.32	391.85	399.37	445.45	377.62	393.69	363.75	382.91	427.58	363.32
47	408.31	416.15	464.16	393.48	410.22	379.03	399.00	445.54	378.58	408.31	416.15	464.16	393.48	410.22	379.03	399.00	445.54	378.58
48	427.11	435.32	485.54	411.61	429.12	396.49	417.38	466.07	396.02	427.11	435.32	485.54	411.61	429.12	396.49	417.38	466.07	396.02
49	445.66	454.22	506.63	429.48	447.76	413.71	435.50	486.31	413.22	445.66	454.22	506.63	429.48	447.76	413.71	435.50	486.31	413.22
50	466.56	475.52	530.39	449.62	468.75	433.11	455.92	509.11	432.60	466.56	475.52	530.39	449.62	468.75	433.11	455.92	509.11	432.60
51	487.20	496.55	553.85	469.51	489.49	452.27	476.09	531.63	451.73	487.20	496.55	553.85	469.51	489.49	452.27	476.09	531.63	451.73
52	509.93	519.72	579.68	491.41	512.32	473.36	498.30	556.43	472.80	509.93	519.72	579.68	491.41	512.32	473.36	498.30	556.43	472.80
53	532.91	543.15	605.82	513.57	535.42	494.70	520.76	581.52	494.12	532.91	543.15	605.82	513.57	535.42	494.70	520.76	581.52	494.12
54	557.73	568.44	634.03	537.49	560.35	517.74	545.01	608.60	517.13	557.73	568.44	634.03	537.49	560.35	517.74	545.01	608.60	517.13
55	582.55	593.73	662.24	561.40	585.29	540.78	569.27	635.68	540.14	582.55	593.73	662.24	561.40	585.29	540.78	569.27	635.68	540.14
56	609.45	621.16	692.83	587.33	612.32	565.76	595.56	665.04	565.09	609.45	621.16	692.83	587.33	612.32	565.76	595.56	665.04	565.09
57	636.62	648.85	723.71	613.51	639.61	590.98	622.11	694.68	590.28	636.62	648.85	723.71	613.51	639.61	590.98	622.11	694.68	590.28
58	665.62	678.40	756.68	641.46	668.75	617.89	650.44	726.32	617.16	665.62	678.40	756.68	641.46	668.75	617.89	650.44	726.32	617.16
59	679.99	693.04	773.01	655.30	683.18	631.23	664.48	742.00	630.48	679.99	693.04	773.01	655.30	683.18	631.23	664.48	742.00	630.48
60	708.98	722.60	805.97	683.25	712.32	658.15	692.82	773.64	657.37	708.98	722.60	805.97	683.25	712.32	658.15	692.82	773.64	657.37
61	734.06	748.16	834.48	707.42	737.51	681.43	717.33	801.01	680.62	734.06	748.16	834.48	707.42	737.51	681.43	717.33	801.01	680.62
62	750.52	764.93	853.19	723.28	754.05	696.71	733.41	818.97	695.88	750.52	764.93	853.19	723.28	754.05	696.71	733.41	818.97	695.88
63	771.16	785.96	876.65	743.16	774.78	715.87	753.57	841.49	715.02	771.16	785.96	876.65	743.16	774.78	715.87	753.57	841.49	715.02
64 and over	783.68	798.72	890.89	755.23	787.36	727.49	765.81	855.15	726.62	783.68	798.72	890.89	755.23	787.36	727.49	765.81	855.15	726.62

**Coordinated Care Corporation**  
**RATE SCHEDULE**

**Plan Information**

**Plan Name:** Ambetter Cascade Select Silver  
**HIOS Plan ID:** 61836WA0050037  
**Effective Date:** 1/1/2026  
**Market Type:** Individual  
**Exchange Status:** In the exchange  
**Metal Level:** Silver  
**Plan Type:** Standardized Public Option Plan

**Plan Geographic Availability**

Area Number	Available in area?	Counties where this plan is available
1	Yes	King
2	Yes	Clallam, Grays Harbor, Jefferson, Kitsap, Lewis, Pacific, Wahkiakum
3	Yes	Klickitat, Skamania
4	Yes	Spokane, Stevens
5	Yes	Pierce, Thurston
6	Yes	Benton, Franklin
7	Yes	Adams, Okanogan
8	Yes	Island, Snohomish
9	Yes	Asotin, Garfield, Walla Walla

**Plan Rates**

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	324.89	331.13	369.34	313.10	326.42	301.60	317.49	354.52	301.24	324.89	331.13	369.34	313.10	326.42	301.60	317.49	354.52	301.24
15	353.77	360.57	402.17	340.93	355.44	328.41	345.71	386.04	328.02	353.77	360.57	402.17	340.93	355.44	328.41	345.71	386.04	328.02
16	364.82	371.82	414.72	351.57	366.53	338.66	356.50	398.09	338.26	364.82	371.82	414.72	351.57	366.53	338.66	356.50	398.09	338.26
17	375.86	383.07	427.27	362.21	377.62	348.91	367.29	410.14	348.50	375.86	383.07	427.27	362.21	377.62	348.91	367.29	410.14	348.50
18	387.75	395.19	440.79	373.67	389.57	359.95	378.91	423.11	359.52	387.75	395.19	440.79	373.67	389.57	359.95	378.91	423.11	359.52
19	399.64	407.31	454.31	385.13	401.52	370.99	390.53	436.09	370.55	399.64	407.31	454.31	385.13	401.52	370.99	390.53	436.09	370.55
20	411.96	419.87	468.31	397.00	413.89	382.42	402.56	449.53	381.97	411.96	419.87	468.31	397.00	413.89	382.42	402.56	449.53	381.97
21	424.70	432.85	482.80	409.28	426.69	394.25	415.01	463.43	393.78	424.70	432.85	482.80	409.28	426.69	394.25	415.01	463.43	393.78
22	424.70	432.85	482.80	409.28	426.69	394.25	415.01	463.43	393.78	424.70	432.85	482.80	409.28	426.69	394.25	415.01	463.43	393.78
23	424.70	432.85	482.80	409.28	426.69	394.25	415.01	463.43	393.78	424.70	432.85	482.80	409.28	426.69	394.25	415.01	463.43	393.78
24	424.70	432.85	482.80	409.28	426.69	394.25	415.01	463.43	393.78	424.70	432.85	482.80	409.28	426.69	394.25	415.01	463.43	393.78
25	426.40	434.58	484.73	410.92	428.40	395.82	416.67	465.28	395.35	426.40	434.58	484.73	410.92	428.40	395.82	416.67	465.28	395.35
26	434.89	443.24	494.38	419.10	436.93	403.71	424.97	474.55	403.23	434.89	443.24	494.38	419.10	436.93	403.71	424.97	474.55	403.23
27	445.08	453.63	505.97	428.93	447.18	413.17	434.94	485.67	412.68	445.08	453.63	505.97	428.93	447.18	413.17	434.94	485.67	412.68
28	461.65	470.51	524.80	444.89	463.82	428.55	451.12	503.75	428.04	461.65	470.51	524.80	444.89	463.82	428.55	451.12	503.75	428.04
29	475.24	484.36	540.25	457.99	477.47	441.16	464.40	518.58	440.64	475.24	484.36	540.25	457.99	477.47	441.16	464.40	518.58	440.64
30	482.03	491.29	547.97	464.53	484.30	447.47	471.04	525.99	446.94	482.03	491.29	547.97	464.53	484.30	447.47	471.04	525.99	446.94
31	492.22	501.68	559.56	474.36	494.54	456.93	481.00	537.12	456.39	492.22	501.68	559.56	474.36	494.54	456.93	481.00	537.12	456.39
32	502.42	512.06	571.15	484.18	504.78	466.39	490.96	548.24	465.84	502.42	512.06	571.15	484.18	504.78	466.39	490.96	548.24	465.84
33	508.79	518.56	578.39	490.32	511.18	472.31	497.19	555.19	471.75	508.79	518.56	578.39	490.32	511.18	472.31	497.19	555.19	471.75
34	515.58	525.48	586.11	496.87	518.01	478.62	503.83	562.60	478.05	515.58	525.48	586.11	496.87	518.01	478.62	503.83	562.60	478.05
35	518.98	528.94	589.98	500.14	521.42	481.77	507.15	566.31	481.20	518.98	528.94	589.98	500.14	521.42	481.77	507.15	566.31	481.20
36	522.38	532.41	593.84	503.42	524.83	484.92	510.47	570.02	484.35	522.38	532.41	593.84	503.42	524.83	484.92	510.47	570.02	484.35
37	525.78	535.87	597.70	506.69	528.25	488.08	513.79	573.73	487.50	525.78	535.87	597.70	506.69	528.25	488.08	513.79	573.73	487.50
38	529.17	539.33	601.56	509.96	531.66	491.23	517.11	577.43	490.65	529.17	539.33	601.56	509.96	531.66	491.23	517.11	577.43	490.65
39	535.97	546.26	609.29	516.51	538.49	497.54	523.75	584.85	496.95	535.97	546.26	609.29	516.51	538.49	497.54	523.75	584.85	496.95
40	542.76	553.18	617.01	523.06	545.31	503.85	530.39	592.26	503.25	542.76	553.18	617.01	523.06	545.31	503.85	530.39	592.26	503.25
41	552.96	563.57	628.60	532.88	555.56	513.31	540.35	603.39	512.70	552.96	563.57	628.60	532.88	555.56	513.31	540.35	603.39	512.70
42	562.72	573.53	639.71	542.30	565.37	522.38	549.89	614.04	521.76	562.72	573.53	639.71	542.30	565.37	522.38	549.89	614.04	521.76
43	576.31	587.38	655.15	555.39	579.02	534.99	563.17	628.87	534.36	576.31	587.38	655.15	555.39	579.02	534.99	563.17	628.87	534.36
44	593.30	604.69	674.47	571.77	596.09	550.76	579.78	647.41	550.11	593.30	604.69	674.47	571.77	596.09	550.76	579.78	647.41	550.11
45	613.26	625.04	697.16	591.00	616.15	569.29	599.28	669.19	568.62	613.26	625.04	697.16	591.00	616.15	569.29	599.28	669.19	568.62
46	637.05	649.28	724.19	613.92	640.04	591.37	622.52	695.15	590.67	637.05	649.28	724.19	613.92	640.04	591.37	622.52	695.15	590.67
47	663.80	676.55	754.61	639.71	666.92	616.21	648.67	724.34	615.48	663.80	676.55	754.61	639.71	666.92	616.21	648.67	724.34	615.48
48	694.38	707.71	789.37	669.17	697.64	644.59	678.55	757.71	643.83	694.38	707.71	789.37	669.17	697.64	644.59	678.55	757.71	643.83
49	724.53	738.45	823.65	698.23	727.94	672.59	708.01	790.61	671.79	724.53	738.45	823.65	698.23	727.94	672.59	708.01	790.61	671.79
50	758.51	773.07	862.27	730.98	762.08	704.12	741.22	827.69	703.29	758.51	773.07	862.27	730.98	762.08	704.12	741.22	827.69	703.29
51	792.06	807.27	900.42	763.31	795.78	735.27	774.00	864.30	734.40	792.06	807.27	900.42	763.31	795.78	735.27	774.00	864.30	734.40
52	829.01	844.93	942.42	798.92	832.91	769.57	810.11	904.62	768.66	829.01	844.93	942.42	798.92	832.91	769.57	810.11	904.62	768.66
53	866.38	883.02	984.90	834.93	870.46	804.26	846.63	945.40	803.31	866.38	883.02	984.90	834.93	870.46	804.26	846.63	945.40	803.31
54	906.73	924.14	1030.77	873.82	910.99	841.72	886.06	989.42	840.72	906.73	924.14	1030.77	873.82	910.99	841.72	886.06	989.42	840.72
55	947.08	965.26	1076.64	912.70	951.53	879.17	925.48	1033.45	878.13	947.08	965.26	1076.64	912.70	951.53	879.17	925.48	1033.45	878.13
56	990.82	1009.84	1126.36	954.85	995.48	919.78	968.23	1081.18	918.69	990.82	1009.84	1126.36	954.85	995.48	919.78	968.23	1081.18	918.69
57	1034.99	1054.86	1176.57	997.42	1039.85	960.78	1011.39	1129.38	959.64	1034.99	1054.86	1176.57	997.42	1039.85	960.78	1011.39	1129.38	959.64
58	1082.13	1102.91	1230.16	1042.85	1087.22	1004.54	1057.46	1180.82	1003.35	1082.13	1102.91	1230.16	1042.85	1087.22	1004.54	1057.46	1180.82	1003.35
59	1105.49	1126.71	1256.72	1065.36	1110.68	1026.22	1080.28	1206.31	1025.01	1105.49	1126.71	1256.72	1065.36	1110.68	1026.22	1080.28	1206.31	1025.01
60	1152.63	1174.76	1310.31	1110.79	1158.05	1069.99	1126.35	1257.75	1068.72	1152.63	1174.76	1310.31	1110.79	1158.05	1069.99	1126.35	1257.75	1068.72
61	1193.40	1216.31	1356.66	1150.08	1199.01	1107.83	1166.19	1302.24	1106.52	1193.40	1216.31	1356.66	1150.08	1199.01	1107.83	1166.19	1302.24	1106.52
62	1220.16	1243.58	1387.07	1175.86	1225.89	1132.67	1192.34	1331.43	1131.33	1220.16	1243.58	1387.07	1175.86	1225.89	1132.67	1192.34	1331.43	1131.33
63	1253.71	1277.78	1425.21	1208.20	1259.60	1163.82	1225.12	1368.05	1162.44	1253.71	1277.78	1425.21	1208.20	1259.60	1163.82	1225.12	1368.05	1162.44
64 and over	1274.07	1298.54	1448.37	1227.82	1280.06	1182.72	1245.02	1390.27	1181.32	1274.07	1298.54	1448.37	1227.82	1280.06	1182.72	1245.02	1390.27	1181.32

**Coordinated Care Corporation**  
**RATE SCHEDULE**

**Plan Information**

**Plan Name:** Ambetter Cascade Select Complete Gold  
**HIOS Plan ID:** 61836WA0050038  
**Effective Date:** 1/1/2026  
**Market Type:** Individual  
**Exchange Status:** In the exchange  
**Metal Level:** Gold  
**Plan Type:** Standardized Public Option Plan

**Plan Geographic Availability**

Area Number	Available in area?	Counties where this plan is available
1	Yes	King
2	Yes	Clallam, Grays Harbor, Jefferson, Kitsap, Lewis, Pacific, Wahkiakum
3	Yes	Klickitat, Skamania
4	Yes	Spokane, Stevens
5	Yes	Pierce, Thurston
6	Yes	Benton, Franklin
7	Yes	Adams, Okanogan
8	Yes	Island, Snohomish
9	Yes	Asotin, Garfield, Walla Walla

**Plan Rates**

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	271.09	276.29	308.17	261.25	272.36	251.65	264.91	295.81	251.35	271.09	276.29	308.17	261.25	272.36	251.65	264.91	295.81	251.35
15	295.18	300.85	335.56	284.47	296.57	274.02	288.45	322.10	273.69	295.18	300.85	335.56	284.47	296.57	274.02	288.45	322.10	273.69
16	304.40	310.24	346.04	293.35	305.83	282.57	297.46	332.16	282.24	304.40	310.24	346.04	293.35	305.83	282.57	297.46	332.16	282.24
17	313.61	319.63	356.51	302.23	315.08	291.12	306.46	342.21	290.78	313.61	319.63	356.51	302.23	315.08	291.12	306.46	342.21	290.78
18	323.53	329.74	367.79	311.79	325.05	300.33	316.15	353.04	299.98	323.53	329.74	367.79	311.79	325.05	300.33	316.15	353.04	299.98
19	333.45	339.86	379.07	321.35	335.02	309.54	325.85	363.86	309.18	333.45	339.86	379.07	321.35	335.02	309.54	325.85	363.86	309.18
20	343.73	350.33	390.75	331.25	345.35	319.08	335.89	375.08	318.71	343.73	350.33	390.75	331.25	345.35	319.08	335.89	375.08	318.71
21	354.36	361.16	402.84	341.50	356.03	328.95	346.28	386.68	328.56	354.36	361.16	402.84	341.50	356.03	328.95	346.28	386.68	328.56
22	354.36	361.16	402.84	341.50	356.03	328.95	346.28	386.68	328.56	354.36	361.16	402.84	341.50	356.03	328.95	346.28	386.68	328.56
23	354.36	361.16	402.84	341.50	356.03	328.95	346.28	386.68	328.56	354.36	361.16	402.84	341.50	356.03	328.95	346.28	386.68	328.56
24	354.36	361.16	402.84	341.50	356.03	328.95	346.28	386.68	328.56	354.36	361.16	402.84	341.50	356.03	328.95	346.28	386.68	328.56
25	355.78	362.61	404.45	342.86	357.45	330.27	347.67	388.23	329.88	355.78	362.61	404.45	342.86	357.45	330.27	347.67	388.23	329.88
26	362.87	369.83	412.51	349.69	364.57	336.85	354.59	395.96	336.45	362.87	369.83	412.51	349.69	364.57	336.85	354.59	395.96	336.45
27	371.37	378.50	422.17	357.89	373.12	344.74	362.90	405.24	344.33	371.37	378.50	422.17	357.89	373.12	344.74	362.90	405.24	344.33
28	385.19	392.59	437.88	371.21	387.00	357.57	376.41	420.32	357.15	385.19	392.59	437.88	371.21	387.00	357.57	376.41	420.32	357.15
29	396.53	404.14	450.78	382.14	398.39	368.10	387.49	432.69	367.66	396.53	404.14	450.78	382.14	398.39	368.10	387.49	432.69	367.66
30	402.20	409.92	457.22	387.60	404.09	373.36	393.03	438.88	372.92	402.20	409.92	457.22	387.60	404.09	373.36	393.03	438.88	372.92
31	410.70	418.59	466.89	395.80	412.63	381.26	401.34	448.16	380.80	410.70	418.59	466.89	395.80	412.63	381.26	401.34	448.16	380.80
32	419.21	427.26	476.56	403.99	421.18	389.15	409.65	457.44	388.69	419.21	427.26	476.56	403.99	421.18	389.15	409.65	457.44	388.69
33	424.52	432.68	482.60	409.11	426.52	394.09	414.85	463.24	393.62	424.52	432.68	482.60	409.11	426.52	394.09	414.85	463.24	393.62
34	430.19	438.45	489.04	414.58	432.22	399.35	420.39	469.43	398.88	430.19	438.45	489.04	414.58	432.22	399.35	420.39	469.43	398.88
35	433.03	441.34	492.27	417.31	435.06	401.98	423.16	472.52	401.50	433.03	441.34	492.27	417.31	435.06	401.98	423.16	472.52	401.50
36	435.86	444.23	495.49	420.04	437.91	404.61	425.93	475.61	404.13	435.86	444.23	495.49	420.04	437.91	404.61	425.93	475.61	404.13
37	438.70	447.12	498.71	422.77	440.76	407.24	428.70	478.71	406.76	438.70	447.12	498.71	422.77	440.76	407.24	428.70	478.71	406.76
38	441.53	450.01	501.94	425.51	443.61	409.88	431.47	481.80	409.39	441.53	450.01	501.94	425.51	443.61	409.88	431.47	481.80	409.39
39	447.20	455.79	508.38	430.97	449.31	415.14	437.01	487.99	414.65	447.20	455.79	508.38	430.97	449.31	415.14	437.01	487.99	414.65
40	452.87	461.57	514.83	436.43	455.00	420.40	442.55	494.18	419.90	452.87	461.57	514.83	436.43	455.00	420.40	442.55	494.18	419.90
41	461.38	470.24	524.49	444.63	463.55	428.30	450.86	503.46	427.79	461.38	470.24	524.49	444.63	463.55	428.30	450.86	503.46	427.79
42	469.53	478.54	533.76	452.48	471.73	435.86	458.82	512.35	435.35	469.53	478.54	533.76	452.48	471.73	435.86	458.82	512.35	435.35
43	480.87	490.10	546.65	463.41	483.13	446.39	469.90	524.72	445.86	480.87	490.10	546.65	463.41	483.13	446.39	469.90	524.72	445.86
44	495.04	504.55	562.76	477.07	497.37	459.55	483.76	540.19	459.00	495.04	504.55	562.76	477.07	497.37	459.55	483.76	540.19	459.00
45	511.70	521.52	581.70	493.12	514.10	475.01	500.03	558.36	474.45	511.70	521.52	581.70	493.12	514.10	475.01	500.03	558.36	474.45
46	531.54	541.75	604.26	512.25	534.04	493.43	519.42	580.02	492.85	531.54	541.75	604.26	512.25	534.04	493.43	519.42	580.02	492.85
47	553.87	564.50	629.63	533.76	556.47	514.15	541.24	604.38	513.54	553.87	564.50	629.63	533.76	556.47	514.15	541.24	604.38	513.54
48	579.38	590.50	658.64	558.35	582.10	537.84	566.17	632.22	537.20	579.38	590.50	658.64	558.35	582.10	537.84	566.17	632.22	537.20
49	604.54	616.15	687.24	582.59	607.38	561.19	590.76	659.67	560.53	604.54	616.15	687.24	582.59	607.38	561.19	590.76	659.67	560.53
50	632.89	645.04	719.47	609.91	635.86	587.51	618.46	690.61	586.81	632.89	645.04	719.47	609.91	635.86	587.51	618.46	690.61	586.81
51	660.88	673.57	751.29	636.89	663.99	613.50	645.81	721.16	612.77	660.88	673.57	751.29	636.89	663.99	613.50	645.81	721.16	612.77
52	691.71	704.99	786.34	666.60	694.96	642.12	675.94	754.80	641.36	691.71	704.99	786.34	666.60	694.96	642.12	675.94	754.80	641.36
53	722.90	736.78	821.79	696.65	726.29	671.06	706.41	788.82	670.27	722.90	736.78	821.79	696.65	726.29	671.06	706.41	788.82	670.27
54	756.56	771.09	860.06	729.10	760.12	702.31	739.31	825.56	701.48	756.56	771.09	860.06	729.10	760.12	702.31	739.31	825.56	701.48
55	790.22	805.40	898.33	761.54	793.94	733.57	772.21	862.29	732.70	790.22	805.40	898.33	761.54	793.94	733.57	772.21	862.29	732.70
56	826.72	842.60	939.82	796.71	830.61	767.45	807.87	902.12	766.54	826.72	842.60	939.82	796.71	830.61	767.45	807.87	902.12	766.54
57	863.58	880.16	981.71	832.23	867.64	801.66	843.89	942.34	800.71	863.58	880.16	981.71	832.23	867.64	801.66	843.89	942.34	800.71
58	902.91	920.25	1026.43	870.14	907.16	838.17	882.33	985.26	837.18	902.91	920.25	1026.43	870.14	907.16	838.17	882.33	985.26	837.18
59	922.40	940.11	1048.59	888.92	926.74	856.27	901.37	1006.52	855.25	922.40	940.11	1048.59	888.92	926.74	856.27	901.37	1006.52	855.25
60	961.74	980.20	1093.30	926.82	966.26	892.78	939.81	1049.45	891.72	961.74	980.20	1093.30	926.82	966.26	892.78	939.81	1049.45	891.72
61	995.75	1014.87	1131.97	959.61	1000.43	924.36	973.05	1086.57	923.26	995.75	1014.87	1131.97	959.61	1000.43	924.36	973.05	1086.57	923.26
62	1018.08	1037.63	1157.35	981.12	1022.86	945.08	994.87	1110.93	943.96	1018.08	1037.63	1157.35	981.12	1022.86	945.08	994.87	1110.93	943.96
63	1046.07	1066.16	1189.18	1008.10	1050.99	971.07	1022.22	1141.48	969.92	1046.07	1066.16	1189.18	1008.10	1050.99	971.07	1022.22	1141.48	969.92
64 and over	1063.06	1083.47	1208.49	1024.47	1068.06	986.84	1038.82	1160.02	985.67	1063.06	1083.47	1208.49	1024.47	1068.06	986.84	1038.82	1160.02	985.67



**Exhibit 1**  
**Coordinated Care Corporation**  
**Rating Example**  
**Checklist Item 36**

**Family Rating Example**

<b>Plan Design:</b>	Ambetter Cascade Complete Gold
<b>Product:</b>	61836WA005
<b>HIOS ID:</b>	61836WA0050018

				(a)	(b)	(c)	(d)	(e) = (a) x (b) x (c) x (d)
Member	Age	Smoking Status	Rating Area	Calibrated Plan Adjusted Index Rate	Age Factor	Tobacco	Area	Final Premium <sup>(1)</sup>
Subscriber	40	Non-Smoker	Rating Area 1	\$370.08	1.278	1.000	1.0000	\$472.96
Spouse	38	Non-Smoker	Rating Area 1	\$370.08	1.246	1.000	1.0000	\$461.11
Child 1	18	Non-Smoker	Rating Area 1	\$370.08	0.913	1.000	1.0000	\$337.88
Child 2	16	Non-Smoker	Rating Area 1	\$370.08	0.859	1.000	1.0000	\$317.90
Child 3	14	Non-Smoker	Rating Area 1	\$370.08	0.765	1.000	1.0000	\$283.11
Child 4 <sup>(2)</sup>	11	Non-Smoker	Rating Area 1	\$370.08	0.000	1.000	1.0000	\$0.00
<b>Total</b>								<b>\$1,872.96</b>

**Notes:**

(1) The Rate Schedule includes a table outlining premiums by age, smoking status and rating area for each plan.

'Final Premium' is aligned with the Rate Schedule for the appropriate plan, age, smoking status and rating area combination.

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

State:Washington

Filing Company:Coordinated Care Corporation

TOI/Sub-TOI:HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005C Individual - Other

Product Name:2026 nongrandfathered individual rate filing - Ambetter

Project Name/Number:/

URRT

State Determination

Review Status:	Incomplete
----------------	------------

State:Washington

Filing Company:Coordinated Care Corporation

TOI/Sub-TOI:HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005C Individual - Other

Product Name:2026 nongrandfathered individual rate filing - Ambetter

Project Name/Number:/

URRT Items

Item Name	Attachment(s)
Unified Rate Review Template	UnifiedRateReviewSubmission_2025051394139.xml
Actuarial Memorandum	Part_III_Rate_Filing_Documentation_and_Actuarial_Memorandum.pdf
Actuarial Memorandum - Redacted	Part_III_Rate_Filing_Documentation_and_Actuarial_Memorandum_Duplicate.pdf
Consumer Justification Narrative	Part_II_Written_Description_Justifying_the_Rate_Increase.pdf
Other Supporting Documents	Part_I_Unified_Rate_Review_Template.pdf

# Part III: Actuarial Memorandum

Coordinated Care Corporation  
Annual Individual Health Rate Filing  
Washington

Assuming Enhanced Advance Premium Tax Credits (eAPTCs) Have Expired  
Effective January 1, 2026  
Forms: 61836WA005

# Contents

1. General Information . . . . .	3
2. Proposed Rate Changes . . . . .	6
3. Single Risk Pool . . . . .	10
4. Experience and Current Period Premium, Claims and Enrollment . . . . .	11
5. Benefit Categories . . . . .	13
6. Trend Factors . . . . .	14
7. Adjustments to Trended EHB Allowed Claims PMPM . . . . .	17
8. Manual Rate Adjustments . . . . .	19
9. Credibility of Experience . . . . .	20
10. Establishing the Index Rate . . . . .	21
11. Development of the Market-Wide Adjusted Index Rate . . . . .	22
12. Plan Adjusted Index Rate . . . . .	26
13. Calibration . . . . .	30
14. Consumer Adjusted Premium Rate Development . . . . .	33
15. Projected Loss Ratio . . . . .	34
16. AV Metal Values . . . . .	35
17. Membership Projections . . . . .	36
18. Terminated Plans and Products . . . . .	37
19. Plan Type . . . . .	38
20. Effective Rate Review Information . . . . .	39
21. Reliance . . . . .	43
22. Actuarial Certification . . . . .	44

# 1. General Information

## Scope and Purpose

This document contains the Part III Actuarial Memorandum for Coordinated Care Corporation's individual health block of business annual rate filing, effective January 1, 2026. This Actuarial Memorandum is submitted in conjunction with the Part I Unified Rate Review Template (URRT). This is a renewal rate filing.

The purpose of this Actuarial Memorandum is to provide certain information related to the submission, including support for the values entered into the Part I URRT. In combination, these documents support compliance with the market reform rating rules and reasonableness of applicable rate increases. This information may not be appropriate for other purposes.

Consistent with the October 12, 2017 payment memo from the U.S. Department of Health and Human Services (HHS)<sup>1</sup>, the premium rates developed and supported by this Actuarial Memorandum assume that cost-sharing reduction (CSR) subsidies will not be funded and enhanced Advanced Premium Tax Credits (eAPTCs), as provisioned under the Inflation Reduction Act, expire on December 31, 2025 consistent with current law and regulations in effect or otherwise scheduled to take effect in plan year 2026.

Additionally, these rates assume that CMS' Marketplace Integrity and Affordability rule, published in the Federal Register on March 19, 2025, is finalized as proposed - including key rule changes regarding open enrollment, special enrollment periods, and annual eligibility requirements.

Future modifications in legislation, regulation and/or court decisions regarding the funding of CSR payments and eAPTCs, including partial funding relative to current levels, and CMS' Marketplace Integrity and Affordability Rule, may affect the extent to which these premium rates are sufficient and neither excessive nor deficient.

Coordinated Care Corporation asserts that the premium rates developed and supported by this Actuarial Memorandum are based on legislative and regulatory provisions in effect at the time of submission.

Coordinated Care Corporation will seek regulatory approval to file revised rates in the event of changes to the regulatory environment in which they were developed to ensure rates are appropriate. In addition to CSR payments and risk adjustment program payments and disruption, material rating impacts could arise from changes to various factors, including but not limited to:

- Advance Premium Tax Credits, including extension of Advanced Premium Tax Credits as provisioned in the Inflation Reduction Act
- Medicaid Redeterminations that were suspended during the COVID-19 public health emergency (PHE)
- Constraints on age rating factors
- Open enrollment and grace periods
- Enrollment of other populations, such as Medicare, Medicaid, and high risk pools

---

<sup>1</sup><https://www.hhs.gov/sites/default/files/csr-payment-memo.pdf>

- Taxes and fees, notably the suspension of the ACA Insurer Fee
- Emerging experience as it relates to both claims and risk adjustment, notably the updated HCC coefficients in the 2026 model as laid out in the Final Rule for the 2026 Annual Notice of Benefit and Payment Parameters
- Enrollment and emerging experience of members with an FPL under 150% as it relates to the special enrollment period granting year-round enrollment

If there are material deviations in market level premiums from our projected statewide average premium (SWAP) assumption for 2026 - for example, based on changes in the number of carriers in the market or carriers' pricing assumptions for 2026 - we would like to work with the Washington Office of the Insurance Commissioner after initial submissions to revise our filing to update our estimated risk adjustment transfer. Market disruption, resulting from changes or carriers' perceived changes in the risk adjustment program, could also necessitate working with the Department to update other critical pricing assumptions such as market morbidity and relative risk.

This information is intended for the sole use by the Washington Office of the Insurance Commissioner, the Center for Consumer Information and Insurance Oversight (CCIIO), and their subcontractors to assist in the review of the Coordinated Care Corporation individual rate filing. However, we recognize that this certification may become a public document.

CCC makes no representations or warranties regarding the contents of this letter to other users. Likewise, other users of this letter should not place reliance upon this actuarial memorandum that would result in the creation of any duty or liability for CCC or its employees under any theory of law.

These results are actuarial projections. Actual results will vary from those projected in the filing for a number of reasons, including but not limited to changes in membership, claims experience, and random variation from selected assumptions.

### **Company Identifying Information**

- Company Legal Name: Coordinated Care Corporation
- State: The State of Washington has regulatory authority over these policies
- HIOS Issuer ID: 61836
- Market: Individual
- Effective Date: January 1, 2026

### **Company Contact Information**

- Primary Contact Name: Charles Steffens
- Primary Contact Telephone Number: (248) 495-1626
- Primary Contact Email Address: charles.steffens@centene.com

The information in URRT worksheet 1, section 2 experience fields includes only CCC summary experience data. This estimate is not based on any model or method and assumptions other than

those explicitly described in this document. Please see sections 3 and 4 for a detailed description of the experience data used for pricing.

**Description of Benefits**

These products are issued by Coordinated Care Corporation as HMO health policies. The major provisions of this form for each plan design and product can be found in Appendix 1.1.

**Rate Guarantees**

Rates are guaranteed not to change through December 31, 2026.

**Renewability**

Each policy is renewable by paying the applicable renewal premiums, unless the policyholder no longer meets the eligibility requirements of the policy or Coordinated Care Corporation decides to discontinue that specific policy.

**Applicability**

These rates will apply to both new and renewing business.

**General Marketing Method**

This product will be sold through agents, direct mailings, the internet, and the State Based Exchange.

**Estimated Average Annual Premium**

The estimated average annual premium per policy in calendar year 2026 is \$8,282.

**Distribution of Business**

See Appendix 13.1 for the expected age and geographic distributions for these products.

**Rate Tables**

See Appendix 13.1 for allowable rating factors and Appendices 1.2 and 1.2a for clarification on service area definitions. Appendix 1.3 also includes an example of how rating factors will be applied. Note that for family coverage, rates for children are charged to no more than the three oldest covered children under age 21 consistent with the Family Structure rules of the Patient Protection and Affordable Care Act (ACA).

**Impact of eAPTC Expiration**

To account for eAPTC expiration prior to the 2026 benefit year, we have assumed rates will increase due to anticipated reductions in enrollment, both at the issuer and single risk pool level. As eAPTCs expire and enrollees subsequently face increased out-of-pocket premiums, we assume healthier individuals who tend to be more price sensitive will leave the market, worsening the average morbidity of the individual risk pool.



## 2. Proposed Rate Changes

The rate increases for each product offered in the single risk pool by Coordinated Care Corporation in the state of Washington are reflected in Worksheet 2, Section I of the Part I URRT.

### Reasons for Rate Increase(s)

The rate projections for 2026 have been updated from the previous year's projections to reflect the most recent assumptions and information available.

Factor	Impact
Unit Cost Trend	10.5%
Utilization Trend	3.2%
Changes in Benefit Design	(-23.5% to 14.8%)
Non-Benefit Expenses	4.7%

The following provides a narrative description of the significant factors driving the proposed rate increase for 2026.

- Single Risk Pool Experience and Morbidity

The individual single risk pool experience underlying the rate projections has been updated. The current model reflects the projected utilization trend applied to adjusted experience (from 2024 to 2026), including anticipated changes in the average morbidity of the single risk pool. There is a full description of utilization trend and other projection factors applied to experience in Section 6, "Trend Factors".

Risk adjustment transfer experience for 2026 includes consideration of changes to the statewide average premium, the Risk Adjustment program, and Coordinated Care Corporation enrollee population morbidity relative to the Washington single risk pool.

- Unit Cost trend (10.5% impact from 2025 filed rates)

Unit costs and provider reimbursement agreements have been updated to reflect changes in the rating year. Inpatient, outpatient, and professional unit cost trends are driven by addition of new facilities and provider groups, contractual reimbursement increases, and anticipated changes in the Medicare fee schedule. Prescription drug unit cost trends represent a combination of changes in drug prices and contractual discounts.

- Utilization trend (3.2% impact from 2025 filed rates)

The projected utilization trends are consistent with observed historical trends based on internal analysis of our marketplace experience, supplemented by the Milliman Health Cost Guidelines. There is a description of the Health Cost Guidelines in Section 8, "Manual Rate Adjustments". Inpatient, outpatient, and professional utilization trends were determined on a combined basis, using the data sources above. Prescription drug utilization trends rely on these same data sources and reflect raw utilization changes as well as changes in drug mix.

- Benefit Design and CSR Subsidies (varying impact by plan, between -23.5% and 14.8%)

Rates do reflect updated projections of actuarial value and cost sharing by plan, as described in Section 12, "Plan Adjusted Index Rate." Premium rates continue to reflect the expectation

that CCC will not be reimbursed by the U.S. Department of Health and Human Services (HHS)

- Changes in Non-Benefit Expenses (4.7% impact from 2025 filed rates)

Changes in general administrative expenses incorporated into 2026 rates are resulting in a rate change due to differences from prior year expense assumptions. See Section 12, "Plan Adjusted Index Rate", for details on projected non-benefit expenses.

### **Federal Policy Assumptions:**

The proposed rate increase of 22.0% reflected in this memorandum assumes that:

1. eAPTCs expire at the end of 2025, and
2. CMS' Marketplace Integrity and Affordability rule, as published in the Federal Register on March 19, 2025, is finalized as proposed.

Both policy changes are expected to materially affect projected enrollment and morbidity for plan year 2026 at the issuer and single risk pool level. Most notably, as eAPTCs expire and enrollees face increased out-of-pocket premiums, we assume healthier individuals who tend to be more price sensitive will exit the market, worsening the average morbidity of the individual risk pool. Shifts in statewide average morbidity, including both above policy changes, are expected to increase the Index Rate by 1.0% between the base and projection period.

Under an alternate scenario where eAPTCs are funded for plan year 2026 and CMS' proposed rule is implemented without modifications, shifts in statewide average morbidity is expected to increase the Index Rate by -0.7% between the base and projection period. Key provisions included in the proposed rule related to open enrollment, special enrollment periods and annual eligibility redeterminations (e.g. requiring \$5 premium obligation for auto re-enrollees) are still expected to drive a meaningful decline in enrollment, particularly among healthier enrollees and adversely affect the average morbidity of the single risk pool.

The overall average rate change under this alternate scenario is 21.4%, compared to 22.0% in the baseline scenario reflected in this memorandum. The difference in average rate changes also reflects other varying assumptions between scenarios, such as CSR loading, administrative expenses, and other demographic factors.

Note that the requested rate change may not be the same across all plans within a product due to changes to the member cost sharing amounts by plan. Additionally, the defunding of CSR subsidies has contributed to the rate levels being higher than if the subsidies were to be funded.

### **Additional Rate Change Information**

The following sections address the requirements contained in line 24 of the Individual Non-Grandfathered Health Plan Checklist.

Contribution to surplus, contingency charges, or risk charges have not changed on a pre-tax basis between 2025 and 2026. See Appendix 12.2 for support of the pre- and post-tax amounts.

45 CFR 154.301(a)(4)(i) The impact of medical trend changes by major service categories:

See above and Section 6, "Trend Factors" for discussion of medical trend changes and Appendix 6.3 for a comparison of the cost trend factors from the 2025 filing compared to the 2026 filing.

45 CFR 154.301(a)(4)(ii) The impact of utilization changes by major service categories:

See above and Section 6, "Trend Factors" for discussion of utilization changes and Appendix 6.3 for a comparison of the utilization trend factors from the 2025 filing compared to the 2026 filing.

45 CFR 154.301(a)(4)(iii) The impact of cost-sharing changes by major service categories, including actuarial values:

See above and Section 12, "Plan Adjusted Index Rate" for discussion of cost-sharing changes.

45 CFR 154.301(a)(4)(iv) The impact of benefit changes, including essential health benefits and non-essential health benefits:

See above and Section 7, "Adjustments to Trended EHB Allowed Claims PMPM" for discussion of the impact of benefit changes.

45 CFR 154.301(a)(4)(v) The impact of changes in enrollee risk profile and pricing, including rating limitations for age and tobacco use under section 2701 of the Public Health Service Act:

See Section 7, "Adjustments to Trended EHB Allowed Claims PMPM", and Section 11, "Development of Market-Wide Adjusted Index Rate", for a discussion of the impact of changes in enrollee risk profile and pricing and Section 14, "Consumer Adjusted Premium Rate Development", for discussion of the rating limitations for age and tobacco use. Appendix 13.1 compares the calibrated factors for 2025 and 2026.

45 CFR 154.301(a)(4)(vi) The impact of any overestimate or underestimate of medical trend for prior year periods related to the rate increase:

This consideration is not directly applicable to CCC's 2026 rate development. CCC's 2026 rate projections were informed by its 2024 claims experience and expectations regarding trend and other drivers of rate change from 2024 to 2026.

CCC makes no explicit adjustment for overestimation or underestimation of medical trend. See Section 4, "Experience and Current Period Premium, Claims, and Enrollment", for a discussion of the comparison of actual and expected medical costs.

45 CFR 154.301(a)(4)(vii) The impact of changes in reserve needs:

This consideration is not directly applicable to CCC's 2026 rate development. CCC makes no explicit adjustment due to changes in reserve needs.

45 CFR 154.301(a)(4)(viii) The impact of changes in administrative costs related to programs that improve health care quality:

See above and Section 12, "Plan Adjusted Index Rate", for a discussion of administrative costs related to programs that improve health care quality and Appendix 12.2 for a comparison of

the administrative costs from the 2025 filing compared to the 2026 filing.

45 CFR 154.301(a)(4)(ix) The impact of changes in other administrative costs:

See above and Section 12, "Plan Adjusted Index Rate", for a discussion of other administrative costs.

45 CFR 154.301(a)(4)(x) The impact of changes in applicable taxes, licensing or regulatory fees:

See above and Section 12, "Plan Adjusted Index Rate", for a discussion of applicable taxes, licensing, and regulatory fees and Appendix 12.2 for a comparison of the applicable taxes and fees from the 2025 filing compared to the 2026 filing.

45 CFR 154.301(a)(4)(xi) Medical loss ratio:

CCC's 2026 rate projections were informed by the claims experience and quality improvement activities underlying its estimated 2024 MLR. However, its 2026 projected MLR is an outgrowth of its independent projections for each component of the MLR formula (including premium), as opposed to a projection directly built off of its 2024 MLR.

The claims used in the MLR calculation have been adjusted for quality improvement expenses and provider incentive payments. The pharmacy claims used in the MLR calculation are net of prescription drug rebates. In 2024, the rebates were -\$34,633,917.

45 CFR 154.301(a)(4)(xii) The health insurance issuer's capital and surplus:

See the "Contribution to Surplus, Contingency Charges, or Risk Charges" subsection in Section 12, "Plan Adjusted Index Rate", for a discussion of CCC's capital and surplus.

45 CFR 154.301(a)(4)(xiii) The impacts of geographic factors and variations:

See Section 13, "Calibration" for a discussion of the geographic factors and Appendix 13.1 for a comparison of the geographic area rating factors from the 2025 filing compared to the 2026 filing.

45 CFR 154.301(a)(4)(xiv) The impact of changes within a single risk pool to all products or plans within the risk pool:

See above and Section 6, "Trend Factors" for a discussion of the impact of changes within a single risk pool to all plans within the risk pool.

45 CFR 154.301(a)(4)(xv) The impact of reinsurance and risk adjustment payments and charges under sections 1341 and 1343 of the Affordable Care Act:

See Section 11, "Development of Market-Wide Adjusted Index Rate" for a discussion of the impact of reinsurance and risk adjustment payments and charges. The calculations are demonstrated in Appendix 11.2.

### **3. Single Risk Pool**

The Index Rate is based on the single risk pool defined by the state of Washington, which was established according to the requirements in 45 CFR Part 156.80. The single risk pool is defined as including all non-grandfathered individual business in Washington.

The single risk pool for the experience period does not include transitional products/plans. The single risk pool for the 2026 projection period does not include members who still remain enrolled in transitional plans.

#### 4. Experience and Current Period Premium, Claims and Enrollment

The following information supports the best estimate of premium and claims for the single risk pool during the experience period, as reported in Worksheet 1, Section I of the URRT. The experience period for this rate filing is incurrual year 2024, and includes claims paid through 3/31/2025.

##### **Allowed and Incurred Claims Incurred During the Experience Period**

Allowed and incurred claims, as defined by the URR instructions, were determined from Coordinated Care Corporation's claim record system. Per rate filing instructions, American Indian and Alaska Native (AIAN) plan experience was included. Incurred but not paid amounts were estimated using a combination, as appropriate, of the loss development and Bornhuetter-Ferguson completion methodologies. There are no material differences in the methodology for estimating completed allowed versus completed incurred claims. The estimation for incurred but not paid amounts is based on the experience period claims reported. Actual claims run-out may reflect some variability from future expectations. There are no unusually high or low completion factors being applied to allowed or incurred claims resulting from internal shifts in administration practices.

##### **Cost Sharing Reduction (CSR) Subsidies:**

Cost-sharing reduction (CSR) subsidies were unfunded for the entirety of the base period. For rating purposes, we assumed that CSR subsidies will continue to be unfunded throughout the projection period. Within Standardized Rate Filing Exhibit 8, we have included estimates for our 2024 experience CSR subsidy payments had they been funded. While these reflect internal estimates for the subsidies for the experience period, we would expect substantial differences between these estimates and projected CSR subsidies in the 2026 plan year, as trend adjustments, portfolio updates, and changes in demographics would meaningfully change projected subsidies. As a result, the prospective rating impact of CSR subsidies becoming funded in plan year 2024 would also change materially from what is suggested by historical experience.

##### **Documentation and Justification for URRT Worksheet 2, Section II; Experience Period and Current Plan Level Information**

The following supports item 4 of the Individual Non-Grandfathered Health Plan Checklist. "Section II: Experience Period and Current Plan Level Information" from Worksheet 2 of the URRT is based on information as of March 2025 from the following sources:

- Line 2.2, Allowed Claims: Plan-level experience period data, with runout through March 2025. Allowed claims include an estimate for incurred but not paid amounts.
- Line 2.3, Reinsurance: The Federal Transitional Reinsurance Program ended with the 2016 benefit year, so this field has been populated with zero for all plans. There is no state reinsurance.
- Line 2.4, Member Cost Sharing: Plan-level experience period data, with runout through March 2025.
- Line 2.5, Cost Sharing Reduction: Plan-level experience period data, with runout through March 2025.
- Line 2.6, Incurred Claims: This line is calculated by the URRT. It includes all incurred claims that are the issuer's responsibility.

- Line 2.7, Risk Adjustment Transfer Amount: Based on the CMS "Interim Summary Report on Individual and Small Group Market Risk Adjustment for the 2024 Benefit Year", released March 14, 2025.. The Risk Adjustment User Fee is not included in this line, as it is included in the Taxes & Fees line (3.7) of the URRT.
- Line 2.8, Premium: Plan-level experience period data, reported as of March 2025.
- Line 2.9, Experience Period Member Months: Plan-level experience period data, reported as of March 2025.
- Line 2.10, Current Enrollment: Current enrollment by plan as of March 2025.
- Line 2.11, Current Premium PMPM: March 2025 premium by plan divided by enrollment for March 2025.

**Experience Presented in WAC 284-43-6660 and Part II Written Description Justifying the Rate Increase**

The experience table shown in Part II is consistent with the information presented in the WAC. The following statements apply to the claims reported in these documents:

- Allowed and incurred claims are based on claims incurred from 1/1/2024-12/31/2024, and paid through 3/31/2025.
- The paid claims reported throughout the filing are based on claims paid in 2024 and incurred 1/1/2022-12/31/2024.
- The incurred claims are consistent with the definition prescribed by WAC 284-43-6020: "'Incurred claims' means 'claims' paid during the applicable period plus the 'claim reserves' as of the end of the applicable period minus the 'claim reserves' as of the beginning of the applicable period. Alternatively, for the purpose of providing monthly data or trend analysis, 'incurred claims' may be defined as the current best estimate of the 'claims' for services provided during the applicable period."
- The Beginning and Ending Claims Reserves reflect the reserves as of the beginning and end of the period, respectively.

## 5. Benefit Categories

The benefit categories in Worksheet 1, Section II of the Part I URRT were populated using the Milliman Health Cost Guidelines (HCG) methodology. Due to the high detail of the HCG's benefit categories, the HCG categories were consolidated via a mapping to the URRT's benefit categories.

The algorithm used to assign both the experience and manual utilization data and cost information is summarized as follows.

### **Inpatient Hospital**

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**

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**

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**

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**

Capitation includes all services provided under one or more capitated arrangements.

### **Prescription Drug**

Prescription drug includes drugs dispensed by a pharmacy and is net of rebates.

### **Support for Voluntary Abortion Services**

The following supports items 10d, 12, and 26 of the Individual Non-Grandfathered Health Plan Checklist.

Abortion services are priced at 0.14% of premium. Per WA OIC instruction and reference to 45 CFR 156.280(e)(4)(iii) the non-EHB cost attributed to abortion in premium rates must not be less than \$1.00 PMPM. The binder filing lists the % EHB as 99.9% of total premium.

The cost impact of abortion services is removed from the rate development using the Actuarial Value and Cost Sharing factor in the URRT and reloaded in the Benefits in Addition to EHB factor.



## 6. Trend Factors

This section describes and supports the factors used to project the 2024 experience period allowed claims to the 2026 projection period as shown in Worksheet 1, Section II of the URRT.

### Trend Factors

Trend Factors (cost/utilization):

Experience period claims were trended 24 months to 2026. The annualized cost trend factors reflect the following:

- Changes in contractual reimbursement and discounts between the experience and projection periods for a fixed basket of services. This is for providers that were already part of the network in 2024, based on its actual 2024 contracts and ongoing provider and PBM contracting efforts for 2026, controlling for changes in service mix, the geographic distribution of its enrollees, and pharmacy rebates. This also includes the change in distribution of services among network providers other than changes driven by expanding the provider network.
- The provider contracting status for 2026 is as follows:
- Core Network:
  - According to the most accurate data we have, the amount of utilization attributed to signed providers in our submitted assumptions is shown directly below. This table can also be found in Appendix 6.6.

Rating Area	% of Inpatient	% of Outpatient
1	99%	98%
2	100%	100%
3	98%	98%
4	99%	99%
5	99%	100%
6	100%	100%
7	100%	100%
8	100%	99%
9	97%	97%

When estimating reimbursements for providers whose contracts are not finalized at the time of filing, we rely on our contracting team's best estimate of the provider's reimbursement rate. If negotiations have not progressed to a point where a reliable estimate can be made, we assume a conservative reimbursement rate, based on market intelligence. As most contracts are near-finalized at the time of rate filing, we anticipate the deviations from assumed reimbursement rates to have immaterial impact on our unit cost trends.

- CCC's Core service area will continue to include all 39 Washington counties in 2026. In order to expand member experience and access to providers, Coordinated Care Corporation (CCC) is undertaking network expansion initiatives for the 2026 contracting year. While these activities affect the amounts of estimated market share that are signed

in these different rating areas, they do not and will not significantly affect either unit cost projections or member access requirements. These additional contracts are above what is necessary to maintain the minimum level of network access required by WAC 284-170-200. CCC is committed to expanding the choice of providers for their members, while limiting potential premium increases for an already financially vulnerable population. The involved providers have verbally indicated their cooperation in these efforts, and continuous contact is being made to secure signature as soon as possible.

- Cascade Select Care:
  - CCC is expanding into two additional counties for a total of 23 counties in the PO service area for 2026. CCC recognizes the statutory requirement that primary care services for public option providers must be reimbursed at or above a minimum of 135% of Medicare Allowable, and this has been taken into account in the unit cost assumptions.
- Average charge trend between the experience and projection periods normalized for demographics, morbidity, and benefit design based on the Milliman Health Cost Guidelines

Appendix 6.1 decomposes the cost trend factor into its constituent parts.

The annualized utilization trend factors reflect the following:

- Assumed changes in the mix or intensity of services provided for a fixed level of illness burden.
- Secular utilization trend, normalized for demographics, morbidity, and benefit design, informed by consideration of multiple sources, including typical industry trend assumptions, the Milliman Health Cost Guidelines, and analysis of observed historical trends for Ambetter products.
- Utilization trend is independent from the morbidity adjustments used in the rate development, which are described in Section 7, "Adjustments to Trended EHB Allowed Claims PMPM". The morbidity adjustments represent changes in the health status of the covered population (both the statewide single risk pool and CCC's members), holding all other population, plan, and network characteristics constant. The utilization trend is a secular trend, representing the force of trend under a static population. That is, if nothing else were to change between the experience and projection period, we would expect utilization to increase by this amount. As discussed above, the utilization trend has been normalized for other impacts such as morbidity and induced utilization associated with plan mix and benefit richness. As the utilization trends are on a secular basis and do not include any impact related to population morbidity shifts, there is no overlap between these estimates.

Appendix 6.2 decomposes the utilization trend factor into its constituent parts.

### **Trend Leveraging**

The impact of cost sharing leveraging is included as an implicit adjustment in the calculation of the incurred claims trend and is not directly applied to the EHB allowed claims trend. It has been updated to reflect 2026 projected allowed claims and cost sharing.

**Non-EHB Trend**

There are no non-EHB benefits offered.

**Comparison of Worksheet 1, Section II to Prior Year**

A comparison of the current 2026 entries and prior 2025 filing entries in Worksheet 1, Section II of the URRT can be found in Appendix 6.3.

## 7. Adjustments to Trended EHB Allowed Claims PMPM

This section describes and supports the adjustments other than trend used to project the 2024 experience period Essential Health Benefit (EHB) allowed claims to the 2026 projection period as shown in Worksheet 1, Section II of the URRT. Each factor represents the change between the experience period and projection period. The factors, therefore, are not annualized values.

### Morbidity Adjustments

Claims were adjusted for estimated differences in morbidity between Coordinated Care Corporation's 2024 membership and its projected 2026 membership. Appendix 7.1 decomposes the morbidity projection factor into its components.

Utilization was adjusted for projected changes in single risk pool morbidity from 2024 to 2026 considering regulatory and market uncertainties, as well as projected morbidity changes for Coordinated Care Corporation's members relative to the single risk pool from 2024 to 2026.

Consistent with the 2026 URR instructions, these morbidity adjustments reflect the component of the change in average allowed claims PMPM, holding constant the experience period population's demographics (e.g. age, gender, and region), product mix, and all provider network contracts and time parameters.

The relative morbidity assumption used for projection claims reflects Coordinated Care Corporation's expectations regarding the morbidity of its 2026 membership relative to the single risk pool, and is consistent with the relative morbidity assumption used to estimate Coordinated Care Corporation's risk transfer payment or receivable.

Morbidity was adjusted to account for changes in the market population due to the expiration of eAPTCS.

### Demographic Shift

Experience period claims were adjusted for differences in the projected mix of 2026 membership by gender and age band using demographic factors. The factors underlying this trend were developed from Coordinated Care Corporation-specific experience.

Appendix 7.2 decomposes the demographic changes factor into its components.

### Plan Design Changes

This adjustment factor reflects anticipated changes in the demand for services due to differences in product mix and cost-sharing requirements from the experience period to the projection period. Population demographics and morbidity were held constant across plan designs for this adjustment to avoid confounding with morbidity.

Where applicable, this factor is also used to reflect addition or removal of covered benefits to align the 2026 projection with benefits covered by the state EHB benchmark plan. CCC's PY (2026) rates consider the following benefit changes:

- Additional EHBs of Donor Milk, Hearing Aids and Exams, and Artificial Insemination
- Acupuncture no longer subject to visit limit
- Increased Access to Prescription Hormone Therapy under HB 1971

- Member cost sharing is prohibited for prenatal and postnatal care per SB 5057

The following benefit changes, which went effective in 2025, and are not reflected in the base experience, are also reflected:

- An adjustment for the addition of allergy testing
- A cap on copays for prescription epinephrine autoinjectors and inhalers, per HB 1979
- An adjustment for the coverage of HIV post-exposure prophylaxis drugs under SB 6127

Appendix 7.3 decomposes the plan design changes factor into its components.

### **Other Adjustments**

Experience period claims were also adjusted for the following changes between the experience period and projection period:

- Changes in capitation contracts
- Changes in pharmacy rebates and dispensing fees between the experience and projection periods developed based on changes to PBM contracting from 2024 to 2026 and projected drug utilization
- The reimbursement impact of expanding the provider network from 2024 to 2026 (developed using estimates of the distribution of services and relative unit costs by provider). This only reflects the impact of new providers; the impact of changes in the distribution of services among existing network providers is reflected in unit cost trend.
- Adjustment for expected claims costs without corresponding premium revenue, due to ACA grace period provisions.

Appendix 7.4 decomposes the other changes factor into its components.

## 8. Manual Rate Adjustments

This filing is 100% experience rated. No credibility manual rate is being filed for 2026.

Where manual adjustments to claims are required to model changes in Coordinated Care Corporation's population and coverage over time, most notably utilization trend as discussed in section 2, these adjustments are based on the Milliman Managed Care Rating Model (MCRM) and the companion Milliman Health Cost Guidelines (HCGs), and consideration of relevant QHP experience in other states.

The HCGs provide a flexible but consistent basis for the determination of claim costs for a wide variety of health benefit plans. These rating structures are used to anticipate future claim levels, evaluate past experience, and establish interrelationships between different health coverage levels.

The Milliman HCGs are developed as a result of Milliman's continuing research on health care costs. They were first developed in 1954 and have been updated and expanded annually since then. These guidelines are continually monitored as they use them in measuring the experience or evaluating the rates of their clients and as they compare them to other data sources.

The HCGs are a cooperative effort of all Milliman health actuaries and represent a combination of their experience, research, and judgment. An extensive amount of data is used in developing these guidelines including published and unpublished data. In most instances, cost assumptions are based on their evaluation of several data sources and, therefore, are not specifically attributable to a single source. Since these guidelines are a proprietary document of Milliman, they are only available for release to specific clients that lease these guidelines and to Milliman consulting health actuaries.

## 9. Credibility of Experience

This filing is 100% experience rated, based on the assumption that a state with experience exceeding 125,000 member months should receive full credibility. No credibility manual rate is being filed for 2026.

Here, “member months” are defined as the aggregate 2024 member months across Coordinated Care Corporation calendar year 2024 individual block of business that are suitable for pricing.

- Total 2024 Member Months: 1,006,022
- Credibility Level Assigned to Base Period Experience: 100%

Note that credibility is calculated based on 2024 experience data that are suitable for pricing and may not exactly match the total 2024 member months shown above.

Actuarial Standard of Practice #25 “Credibility Procedures” was considered when determining the credibility level.

## 10. Establishing the Index Rate

The Index Rate for the Experience Period (calendar year 2024) is a measurement of the average allowed claims PMPM for EHB benefits. This value is located on Worksheet 1, Section I of the URRT. The Index Rate for the Experience Period reflects the actual mixture of smoker/non-smoker population, area factors, plan enrollment, and the actual mixture of risk morbidity in the single risk pool during the experience period. The Index Rate for the experience period has not been adjusted for payments and charges under the risk adjustment and reinsurance programs or for Exchange user fees. We have adjusted the Index Rate for the Experience Period to remove any non-EHBs. The claim system does not currently distinguish between EHB and non-EHB claims, so this adjustment was made based on the expected percentage of non-EHB claims for the experience period. The experience period did not contain non-single risk pool claims, so no adjustment was made for this.

The Index Rate for the Projection Period (calendar year 2026) is reflected in Worksheet 1, Section II of the URRT. It was developed following the specifications of 45 CFR part 156.80(d) (1). The Index Rate for the Projection Period represents the estimated total combined projected allowed claims PMPM for Essential Health Benefits (EHB) for calendar year 2026 only and has not been adjusted for payments and charges under the risk adjustment program or for Exchange user fees. The index rate differs from the total allowed claims in that the total allowed claims include benefits in excess of EHBs (adult vision and adult dental). The Index Rate for the Projection Period was calculated based on the methodology discussed in Section 6, 'Trend Factors' and Section 7, 'Adjustments to Trended EHB Allowed Claims PMPM' above and does not include benefits in excess of the EHBs. The Index Rate for the Projection Period will remain unchanged until a renewal filing effective January 1, 2027.

The development of the Index Rate for the Projection Period is shown in Worksheet 1, Section II. This reflects:

- The 12-month projection period shown in Worksheet 1, Section II
- The anticipated claim level of the projection period with respect to trend, benefits, and demographics
- The experience of all policies expected to be in the single risk pool (with necessary adjustments)

Worksheet 1, Section II of the URRT demonstrates the calculation of the Projected Index Rate by blending the Experience Period Index Rate with the Credibility Manual Index Rate, as applicable. The next two sections further describe the steps taken to develop the Market Adjusted Index Rate and Plan Adjusted Index Rate.



## 11. Development of the Market-Wide Adjusted Index Rate

The Index Rate for the projection period is adjusted to arrive at the Market Adjusted Index Rate (MAIR) (\$636.61) based on the following, as outlined in 45 CFR 156.80(d):

- Adjustment for the Risk Adjustment Program
- Exchange user fee adjustment

The risk adjustment payment/charge is described below. Since the Index Rate is on an allowed claims basis, the market-level adjustments are also performed on an allowed basis.

The net Exchange user fee adjustment applied to premium rates is \$5.11 Per Member Per Month. Similar to the Index Rate, the MAIR reflects the average demographics of the single risk pool. In other words, the MAIR is not calibrated. In Appendix 20.3a, the user fee is shown on an allowed basis as a multiplicative factor of 1.009. For further detail on the development of the MAIR, please refer to URRT Worksheet 1, Section 2.

### Reinsurance

Commercial reinsurance is not a material component of the market adjusted index rate.

### Risk Adjustment Payment/Charge

The Projected Risk Adjustment PMPM (-\$27.84) is shown on Worksheet 1, Section II. The amount excludes the 2026 Risk Adjustment User Fee of \$0.20 PMPM (0.03% of premium). The amount includes the projected reinsurance impact from the high risk pool assessment under the risk adjustment program. The gross impact in 2026 was estimated by trending experience and applying the provisions of the reinsurance contract to known high risk exposures. This amount was subtracted from a 0.46% of premium charge to fund the pool. This net impact was combined with the projected risk adjustment transfer amount to calculate a final risk adjustment liability for 2026. The Risk Adjustment User Fee is included with Taxes and Fees on Worksheet 2, line 3.7. Appendix 11.1 shows how the anticipated risk adjustment transfer is applied to the Index Rate in the development of the Market Adjusted Index Rate.

The state transfer calculation portion of the total risk adjustment transfer is based on the risk adjustment transfer formula, as provided in the Federal Register Volume 78 Number 47.

We project the portfolio average for each factor in the risk adjustment transfer formula using a combination of (i) actual historical risk adjustment factors adjusted to the projected population and (ii) adjustments for market and risk adjustment program changes. The resulting aggregate payment or receivable is then proportionally allocated to all plans in the portfolio.

For the purposes of stable modeling, each factor was approximated as follows:

$\bar{P}_s$ : The state average premium was assumed to be approximately \$633.77 PMPM (net of the 14% administrative cost carve out).

PLRS: The statewide average risk score (1.121) is projected based on the average PLRS of the single risk pool in 2024, as reported in Appendix A of the CMS Interim 2024 Risk Adjustment report, for the state of Washington.

Coordinated Care Corporation's projected average risk score (1.171) differs from the projected

single risk pool average risk score due to differences in demographics, plan mix, and morbidity between the two populations.

Based on the Final Rule for the 2026 Annual Notice of Benefit and Payment Parameters, HHS's proposed 2024 and 2026 HCC model and coefficient changes for 2026 (including partial year adjustment factors, prescription drug condition categories, and model recalibration) were considered in the development of the projected risk adjustment transfer. The demographic, plan mix, and morbidity assumptions were used to project claims costs.

IDF (1.034 Single Risk Pool; 1.048 CCC): The statewide average IDF is projected based on the average IDF of the single risk pool in 2024, as reported in Appendix A of the CMS Interim 2024 Risk Adjustment report, for the state of Washington.

The average IDF for Coordinated Care Corporation is projected by applying the induced demand factors from the market reform rule published in the March 11, 2013 Federal Register, page 15433, Table 11 to Coordinated Care Corporation's projected population. The formula recognizes the following IDF factors by metallic tier: Bronze 1.00, Silver, 1.03, Gold 1.08, and Platinum 1.15.

AV (0.697 Single Risk Pool; 0.733 CCC): The statewide average actuarial value (AV) is projected based on the average metal level AV of the single risk pool in 2024, as reported in Appendix A of the CMS Interim 2024 Risk Adjustment report, for the state of Washington. The average AV for Coordinated Care Corporation is calculated by applying the metal level AV factors from the market reform rule published in the March 11, 2013 Federal Register, page 15433, Table 9 to Coordinated Care Corporation's projected population. The formula recognizes the following AV values by metallic tier: Bronze 0.60, Silver 0.70, Gold 0.80, and Platinum 0.90.

ARF (1.721 Single Risk Pool; 1.772 CCC): As stated in the March 11, 2013 Federal Register, page 15433, the allowable rating factor (ARF) adjustment accounts only for age rating.

The statewide average ARF was set equal to the average ARF of the single risk pool in 2024, as reported in Appendix A of the CMS Interim 2024 Risk Adjustment report, for the state of Washington.

The average ARF for Coordinated Care Corporation is projected by applying the proposed 2026 HHS age rating factors to Coordinated Care Corporation's projected population. An equal distribution across ages within each age band was assumed.

GCF (1.000 Single Risk Pool; 0.990 CCC): The average Geographic Cost Factors for Coordinated Care Corporation's membership is projected based on the 2023 GCFs, as reported by HHS, adjusted for projected changes caused by carrier rate actions from 2023 to 2026.

Outliers were reflected in our calculations to the extent that outliers are reflected in historical risk scores used as the starting point of the 2026 risk transfer projection and via the calculation of the net High Risk Pool receivable or payment. Otherwise, there were no "potential outlier assumptions" that would have an impact on transfers.

The risk adjustment transfer amounts (-\$27.84) shown on Worksheet 1 of the URRT are the actual PMPM amounts expected in the projection period. The risk adjustment transfer amount applied to the Index Rate in the development of the Market Adjusted Index Rate is on an allowed claims basis, as the Index Rate is on an allowed claims basis.

The demographic, plan mix, and morbidity assumptions supporting the risk transfer projection are consistent with the demographic, plan mix, and the morbidity assumptions used to project claims costs.

### **Projected 2026 Risk Adjustment Data by Metal Level and Durational Cohort**

Appendix 11.1 includes support for the Individual Non-Grandfathered Health Plan Checklist item 17, 18a, 18c, and 18e.

Appendix 11.1 provides the 2026 projected risk adjustment data used to project CCC's 2026 risk transfer liability, including the projected 2026 state average premium, separately by metal level and broken down by each of the following durational cohorts:

1. 2024 members projected to persist into 2026
2. new 2025 members, as of March 2025, projected to persist into 2026
3. new members projected in 2026
4. total 2026 projected membership outcomes

Risk adjustment results are not projected at the member cohort level of detail. For the purpose of Appendix 11.1, the same plan, demographics, and health status mix across all of the projected membership cohorts are reported regardless of whether renewing or new. Membership is allocated to the three cohorts based on CCC's expectations regarding the composition of its 2026 membership between renewing and new members.

Risk adjustment projections are broken out by metal level by adjusting the total risk adjustment projection allowable rating factor differences by metal level, the impact of differences in demographic composition on allowable ratings factors and plan liability risk scores, and for differences in HHS HCC risk models by metal level, including CSR variation adjustments.

Note that we used consistent assumptions for each of the durational cohorts listed above.

In support of the Individual Non-Grandfathered Health Plan Checklist items 17 and 18b, see Appendix 11.1. Elements of the risk transfer formula are provided for Washington State and CCC totals, as well as CCC by metal level.

We calculated parameters intended to approximate the following aspects of the HHS-HCC risk model and the associated impacts of risk model changes through 2026:

1. Risk Adjuster Efficiency - The efficiency (or inefficiency) of the risk model in translating variation in morbidity into variation in plan liability risk scores.
2. Residual Model Change Factors (MCF) - Measurement of the estimated, residual favorable or unfavorable impact of a particular HHS-HCC Risk Adjuster model version on relative risk scores for Coordinated Care Corporation (CCC), after accounting for changes in the "efficiency" of the risk adjuster.

We estimated values for these parameters for each of model years 2024, 2025, and 2026 (proposed coefficients) based on analysis of simulated risk scores and risk transfer amounts (holding the underlying CCC and statewide EDGE submissions constant) using information from Wakely

National Risk Adjustment Reports (WNRAR) for the Washington state individual marketplace risk pool.

In support of the Individual Non-Grandfathered Health Plan Checklist items 18c, 18e, and 18f, see Appendix 11.2. Appendix 11.2 shows the total 2026 projected risk adjustment plus High Cost Risk Pool (HCRP) payment and assessment on an incurred and allowed basis as well as on an incurred basis by plan.

The HCRP reinsurance program is based on an attachment point of \$1 million. Issuers are reimbursed for 60% of annualized enrollee claims costs in excess of the attachment point.

The High-Cost Risk Pool (HCRP) reinsurance program assessment fee changed from an assumed 0.51% of premium in plan-year (PY) 2025 to an assumed 0.46% of premium in PY 2026. Projected PY 2026 premiums, coupled with an updated assessment fee as a percentage of premium, results in changes to the projected PY 2026 aggregate High-Cost Risk Pool (HCRP) assessment underlying CCC's projected risk adjustment transfer. Projected receipts for HCRP were 0.00% of premium in PY 2025 and 0.00% of premium in PY 2026. Differences between these estimates are driven by changes in the underlying model used to calculate HCRP recoveries.

HCRP	2022 Actual	2023 Actual	2024 Actual	2022 Filed	2023 Filed	2024 Filed
Recoveries	\$0	\$264,778	\$674,178	\$281,919	\$222,772	\$0
Assessments	(\$785,524)	(\$1,307,365)	(\$2,122,730)	(\$619,427)	(\$584,783)	(\$1,363,605)

Differences between pricing projections and historical actual values for HCRP charges and receivables may be driven by differences between actual and projected membership, deviations from internal estimates of the total pooled costs in the High Cost Risk Pool, differences between actual and expected claims distributions, and random variation in the experience of the carrier's population.

#### **Impact due to Risk Adjustment Data Validation (RADV)**

The projected transfer amount assumes no impact under the Risk Adjustment Data Validation (RADV) process.

#### **Exchange User Fees**

Exchange user fees have been applied as an adjustment to the Index Rate at the market level. In Appendix 11.1, the user fee is shown on an allowed basis as a multiplicative factor. The Exchange fee is \$5.11 PMPM, and there is no fee if sold outside of the Exchange. Note, we assumed 100.00% of members would enroll through the Exchange and 0.00% would enroll outside of the Exchange. On Worksheet 1, Section II of the URRT, the user fee is shown on an allowed basis as 0.91% of premium.

## 12. Plan Adjusted Index Rate

The Plan Adjusted Index Rate (PAIR) (average Plan Adjusted Index Rate: (\$690.16) is included in Worksheet 2, Section III of the URRT. The PAIR is the MAIR adjusted for only the following allowable adjustments, where applicable, as outlined in 45 CFR 156.80(d):

- Actuarial value and cost-sharing design of the plan.
  - The CMS Actuarial Value Calculator was used to determine the AV metal value for plan provisions that fit within the calculator parameters. The AVs for all plans were developed using appropriate adjustments as described in section 16 of this actuarial memorandum.
  - The actuarial value and cost-sharing pricing adjustment was developed using a claims simulation methodology with a large dataset of individual exchange data, calibrated to the expected population.
    - \* Under a claims simulation approach to modeling plan relativities, member-level claims are re-adjudicated using the cost sharing parameters of each plan design, thereby calculating plan versus patient liability.
    - \* Using the same dataset for plan rating factors ensures that a static demographic and risk profile informs the rating factor of each plan so that allowed relativities by plan solely reflect benefit design differences.
    - \* Rate increases can vary by plan under this methodology without reflecting morbidity differences. For example, rate increases naturally vary by plan over time as the relationship changes between cost sharing levels and the allowed costs to which they are applied (i.e., leveraging).
    - \* Actuarial value calculations under the claims simulation methodology were adjusted to conform to new guidance under Washington Emergency Regulation, such that AV Pricing Values are within 2% of AV metal values.
    - \* The induced demand factor was determined using the following formula:  

$$IDF = AV^2 - AV + 1.24$$
 where AV is the plan's AV Pricing Value
  - The actuarial value and cost-sharing pricing adjustment reflects full plan liability for CSR subsidies. CSR costs are reflected as a uniform percentage load applied to each Silver ACA-compliant plan (those sold through the Exchange).
  - The development of the CSR funded actuarial value and cost sharing pricing adjustment is shown in Appendix 12.3. A comparison of funded CSR pricing AV relativities to AV metal value relativities is also included.
- The plan's provider network, delivery system characteristics, and utilization management adjustment practices

CCC offers a select high performance HMO network of providers, CCCWA Exchange. Public Option Plans (Cascade Select) will be offered under the Cascade Complete Care HMO network. The Cascade Complete Care network offers the public option plans and

follows all reimbursement requirements relative to Medicare reimbursement specified in the Cascade Care Public Option guidance. The network factor for the Cascade Care plans is 0.9697, reflecting the expected difference in reimbursement relative to the CCCWA Exchange network, which have a network factor of 1.0127. Network information is filed annually with the QHP filing process and with the OIC per state regulations. CCC provides benefits for emergency services by non-network providers, and applies the requirements from the Balance Bill Protection Act and Federal No Surprises Act when processing services from non-network providers at an in network hospital or Ambulatory Surgical center

- Benefits provided under the plan that are in addition to the EHBs.
  - All plans include coverage for elective abortion. In accordance with the 2026 URR instructions and checklist item 12, the adjustment for elective abortion is included in the Benefits in Addition to EHB line of the URRT. URRT Worksheet 2, field 3.5 as a non-EHB benefit.
- Administrative costs, excluding the Exchange user fees (which are already accounted for in the Market Adjusted Index Rate).
  - The administrative costs (\$76.52) are discussed further in the subsequent paragraphs of this section

There are no catastrophic plans being offered, so there is no eligibility adjustment made for catastrophic plan enrollment.

Administrative costs and non-EHB benefits common to all plans are added to the Market Adjusted Index Rate. Then, factors for actuarial value and cost-sharing and non-EHBs by plan are applied to reach the Plan Adjusted Index Rate for each plan.

The development and values of the Plan Adjusted Index Rates are shown in Worksheet 2, Section III of the URRT and are not calibrated.

On Worksheet 2, Section II, the Plan Adjusted Index Rate of the Experience Period is reported.

### **Silver CSR Loading and Subsidized Membership**

CCC received no member cost-sharing subsidy payments from HHS in 2024. Per Washington Emergency Regulation, CSR costs (including CSR costs for AIAN plans) are included as a 43.5% load applied to each Silver ACA-compliant plan sold through the Exchange.

Note that after the CSR loads are applied to the Silver plans, the AV and Cost Sharing Factors for Silver plans overlap with those of Gold plans. The full support for AV and Cost Sharing factors can be seen in Appendix 12.3. Additionally, support for the Provider Factor Normalization has been provided in Appendix 12.3a in order to fulfill the requirement of Checklist Item 12.

### **Administrative Expense Load**

The administrative expense load (\$76.52) was provided by CCC. A demonstration of the development of the Administrative Expense load shown on Worksheet 2 of the URRT is shown in Appendix 12.2. This allowance is based on projected enrollment and is estimated to appropriately cover expenses for overhead, operations, sales and marketing expenses, quality improvement expenses, and provider incentive payments.

The administrative expenses are allocated proportionally by plan on a constant percentage of premium basis.

The administrative expense load includes commissions and bonuses. The commission fee and broker bonus fee are included in the Sales Compensation assumption shown on Appendix 12.2. For 2026 rate development, we assumed a \$25.00 PMPM commission for new and renewing members who purchase plans through compensated channels, and we assumed that 43.1% of members will purchase plans through compensated channels. We also assumed a per member broker bonus fee that varies based on the number of new enrollments, as detailed in the Agent Incentive Program document. Sales compensation also includes broker marketing, broker staffing costs, and call center bonuses. For 2025 rate development, we assumed a \$25.00 PMPM commission for new and renewing members who purchase plans through compensated channels, and we assumed that 43.0% of members will purchase plans through compensated channels.

Unlike Life Insurance and Property and Casualty products, the claim liabilities for Health Insurance have very short durations. Therefore, because the time between premium receipt and claim reimbursement is very short, investments are highly liquid with little time to achieve material returns. Our rate filing does not consider interest earned on funds backing the company's projected risk transfer because this does not represent operating income and pricing to an operating shortfall is not actuarially sound.

To fulfill the requirements of line 20 of the Individual Non-Grandfathered Health Plan Checklist, a breakdown of historical administrative expenses is shown in Appendix 12.2.

### **Contribution to Surplus, Contingency Charges, or Risk Charges**

This load (\$27.26) was applied proportionally to all products. A demonstration of the development of the Profit & Risk Load shown on Worksheet 2 of the URRT is shown in Appendix 12.2.

Contribution to surplus, contingency charges, or risk charges is defined as the portion of projected earned premium not associated directly with claims or expenses. This represents 3.95% of the projected earned premium, or 5.0% of premium before income taxes. This load does not vary by product or plan. See Appendix 12.2 for more detail on these values.

CCC will target accumulating an 8 to 1 premium to surplus ratio on its Individual market business over approximately ten years. To achieve this goal, the rate development assumes that 40% of contribution to surplus, contingency charges, or risk charges will be used in each year, for approximately ten years, to build the overall surplus level. In our opinion, this is a reasonable assumption and consistent with contribution to surplus, contingency charges, or risk charges assumptions we have seen in the market. Experience unpaid claims liability estimate does not include any margin, it reflects our best estimate of unpaid claims liability. No additional margin provisions were added to other rating assumptions. Appendix 12.4 shows a calculation of the current months of surplus, based on CCC's financial statement.

To fulfill the requirements of lines 20, 21, and 22 of the Individual Non-Grandfathered Health Plan Checklist, a breakdown of historical expenses compared to expense loads applied in the development of the rates is shown in Appendix 12.5.

### **Taxes and Fees**

The taxes and fees (\$27.72) which may be subtracted from premiums for purposes of calculating

the MLR are listed in Appendix 12.2. The Taxes & Fees shown on Worksheet 2 of the URRT do not include the Exchange User Fee (\$5.11) and are changed to a percent of premium by dividing by the Base Premium PMPM (\$690.16) as follows:  $(\$27.72 - \$5.11) / \$690.16 = 3.28\%$ . Note that this flat percent of premium is applied to all plans. This demonstration of the development of the Taxes & Fees shown on Worksheet 2 of the URRT is shown in Appendix 12.2. The Risk Adjustment Taxes and Fees shown in Appendix 12.2 is comprised of the Regulatory Surcharge fee, Insurance Fraud Surcharge fee and ACA annual fee that are attributed to the risk adjustment transfer payment.

The Patient Centered Outcomes Research Fee (PCORI) amount of \$0.32 shown on Appendix 12.2 is calculated as follows:  $\$3.47 / 12 * 1.075^{(15 / 12)} = \$0.32$  PMPM. The \$3.47 annual fee per member for plan years ending October 1, 2025 through September 30, 2026 is first divided by 12 to transfer the fee to a PMPM basis. It is then trended by the projected NHE trend for 2019-2028 of 7.5%, as noted on the CMS website on 12/18/2024 (<https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NHE-Fact-Sheet>). Fifteen months of trend are applied to project the payment for plan years ending 9/30/2025 to plan years ending 12/31/2026.

For 2026, the Risk Adjustment User Fee is included as part of Taxes and Fees on line 3.7 on Worksheet 2 of the URRT.

The 2026 WSHIP Assessment of \$0.34 PMPM is included in Appendix 12.2, along with the \$0.07 PMPM assessment for the WAPAL fund. The WSHIP 2023 Final Assessment is \$0.25 PMPM, and the Interim III 2024 Assessment is \$0.13 PMPM.

In Appendix 12.2, the ACA Annual Fee is \$0.00. These fees are not in effect in 2026. State income tax is expected to be \$0.00. The Mitigating Inequity Fee (WAC 284-43-6590) is \$0.00. This fee does not apply to Coordinated Care Corporation.



### 13. Calibration

The Plan Adjusted Index Rate is calibrated for plans within the single risk pool to correspond to an age rating factor of 1.0, a geographic rating factor of 1.0, and a tobacco use rating factor of 1.0. The intent of the calibration factors is to reset the Plan Adjusted Index Rate so that applying the age factor, geographic rating area factor, and tobacco use factor will result in the appropriate consumer adjusted premium rate. The calibration factors for each of the age, geographic, and tobacco use factors are shown in Appendix 13.1.

- Note that each of the calibration factors has one value that is applied uniformly and does not vary by plan.
- Premiums are developed without consideration of family composition for dependent premiums. Based on low historical frequency of greater than three child dependents, the impact of waived premiums due to family composition is negligible and premiums are developed assuming each covered member pays a premium.

#### Age Curve Calibration

The age curve calibration factor (1.7716) is applied in Worksheet 2, Section III of the URRT. The age curve calibration factor is calculated by weighting the prescribed age rating factors with the single risk pool membership distribution. This age curve calibration calculation is based on page 9 of the 2026 Unified Rate Review Instructions. Appendix 13.1 demonstrates the factors and member months used in the calculation of the average age rating factor. The age factor for each age band is the simple average of the factors in that band. The rounded weighted average age corresponding to this age calibration factor is 50 years.

Appendix 13.1 of the Actuarial Memorandum demonstrates the calibration of the Plan Adjusted Index Rate for age.

#### Geographic Factor Calibration

The geographic rating factors are displayed in Appendix 13.1 and Appendix 13.2. Appendix 13.1 demonstrates the factors and member months used in the calculation of the average geographic rating factor (1.0132). In order to determine the calibration factor for geography, the projected distribution of members by area was determined. Next, the weighted average of the area factors was calculated utilizing this distribution. The calibration factor is the inverse of the weighted average geographic factor.

The following section addresses the requirements contained in lines 16a, 16b and 16c of the Individual Non-Grandfathered Health Plan Checklist. The geographic factors were developed to reflect provider reimbursement differences by area. The reimbursement reflected in the geographic factors is based on current and projected contracts for providers by rating area. Projected risk pool morbidity and age/gender factors were set at statewide levels during geographic factor development. The area factors used are reflective of differences in delivery costs only and do not reflect differences in population morbidity. Appendix 13.2 demonstrates this development and shows that the geographic rating area factors are established without using the following health-status related factors listed in line 16b of the Individual Non-Grandfathered Health Plan Checklist:

- Health status of enrollees or the population in an area

- Medical condition of enrollees or the population in an area, including physical, mental and behavioral health illnesses
- Claims experience
- Health services utilization in the area
- Medical history of enrollees or the population in an area
- Genetic information of enrollees or the population in an area
- Disability status of enrollees or the population in an area
- Other evidence of insurability applicable in the area

The rating areas have been normalized so that King County has a factor of 1.00. The ratio between the highest and lowest area factor is no greater than 1.40. Appendix 13.1 lists the counties covered within each rating area.

The geographic factors changed from 2025 to 2026. The key elements causing the change in geographic factors include:

- Reimbursement assumptions including changes in provider contracting from 2025 to 2026
- Shifts in demographics

The following outlines the methodology used to determine the final 2026 factors:

1. Area-specific Medicare average allowed amounts by type of service are determined using Medicare average charge factors from the Milliman Health Cost Guidelines (HCGs).
2. These base Medicare amounts are adjusted to reflect provider reimbursement levels by area and type of service. Provider reimbursement is defined as a percentage of Medicare (e.g., 120% of Medicare), so the percentages of Medicare are applied directly to the base Medicare amounts.
3. Projected utilization by type of service is determined at the statewide, single risk pool level.
4. The projected statewide single risk pool utilization and average allowed charges are used to set area factors that only reflect unit cost reimbursement differentials by rating area.
5. Area factor relativities are developed as the ratio of the projected statewide risk pool utilization and regional unit cost PMPM for each area divided by the Area 1 projected statewide risk pool utilization and regional unit cost PMPM so area factors will be relative to Rating Area 1.
6. The state of Washington requires the ratio of the highest and lowest area factor be limited to 1.40. The area factors were adjusted to meet this requirement as shown in Appendix 13.2.

### **Tobacco Use Rating Factor Calibration**

The tobacco use calibration factor (1.0000) is applied in Worksheet 2, Section III of the URRT. This reflects that Coordinated Care Corporation will no longer rate for tobacco use in 2026. Proposed and historical tobacco factors are included in Appendix 13.1.

**Calibration adjustments are applied uniformly to all plans**

The calibration adjustment does not vary by plan. This is demonstrated in URRT Worksheet 2, Section III. Member-level adjustments as described in 45 CFR 147.102 are applied uniformly to all plans in the single risk pool, and these adjustments do not vary by plan.

In URRT Worksheet 2, Section III, the Plan Adjusted Index Rate is calibrated for age, tobacco, and geography to determine the Calibrated Plan Adjusted Index Rate. The Calibrated Plan Adjusted Index Rate can then be converted to the Base Rate by dividing by the average plan factor. Multiplying the Base Rate by the plan, age, tobacco, and area factors produces the Consumer Adjusted Premium Rate.

## 14. Consumer Adjusted Premium Rate Development

Each Plan Adjusted Index Rate is divided by the overall calibration factor to determine the Calibrated Plan Adjusted Index Rate.

The following allowable rating factors, as specified by 45 CFR Part 147.102, are applied to the Calibrated Plan Adjusted Index Rate to determine the rate that is charged to the health insurance subscriber:

- Rating Area
  - The area factors are listed in Appendix 13.1. The methodology for developing geographic factors is included in Section 13, "Calibration".
- Age
  - The prescribed standard age factors were used. Final premium rates are rounded to the nearest \$0.01. To guarantee that the rates for members aged 64+ years are not more than three times the rate for members 21 years old, \$0.02 is subtracted from the 64-and-over rate when calculating the final premiums shown in the rate table.
- Tobacco Status
  - The tobacco factor for 2026 is set to 1.000 for all ages 21+.
- For family coverage, rates for children are charged to no more than the three oldest covered children under age 21.

The Calibrated Plan Adjusted Index Rate for each plan is developed in Worksheet 2, Section III of the URRT. Appendix 13.1 lists the allowable rating factors and "Rate\_Review\_Detail\_Rating\_Example.pdf" has an example calculation of a family's rates.

## **15. Projected Loss Ratio**

The projected medical loss ratio (MLR) for Coordinated Care Corporation in 2026 in Washington is 85.2%, which satisfies the state of Washington's minimum MLR requirement of 80%. This projected MLR is calculated according to 45 CFR 158. The projected MLR is the projected 2026 calendar year single risk pool experience rather than the three-year period used for determining rebates. No credibility adjustment based on projected enrollment and average deductible was estimated. See Appendix 15.1 for the detail underlying the calculation.

Additionally the loss ratio as defined in the 2026 URR Instructions and calculated on URRT Worksheet 2 Line 4.10 is 80.24%. This represents incurred claims as a percent of premium after risk adjustment and is calculated in Appendix 15.1.

## 16. AV Metal Values

The AV Metal Values included in Worksheet 2 of the Part I URRT were calculated using the Final 2026 Federal AV Calculator for the plan provisions that fit within the calculator parameters and using alternative methods for plan design features that are not compatible with the parameters of the AV Calculator. Consistent with CMS' Marketplace Integrity and Affordability rule, the plan designs in this filing have been developed in compliance with these proposed expanded AV parameters.

The AVC only has one input for MH/SUD OP services and one input for generic drug cost sharing. Plans with different cost shares for MH/SUD OP office visits and MH/SUD OP other services, or with multiple tiers of generic drugs, cannot be input into the current Federal AVC without a unique benefit design certification.

The unique plan design certification for non-standardized plans is located in: "2026\_WA\_Unique\_Plan\_Design\_Justification.pdf".

Appendix 16.1 shows a summary of the AV, unique plan design status and certification of each plan. Appendix 16.2 contains the screenshots documenting the outcomes of the AV Calculator for each non-standardized plan. Due to size, Appendix 16.2 can be found in the standalone file named "WA\_State\_Appendix\_16\_2\_AV\_Screenshots.pdf".

Appendix 16.4 contains the Unique Plan Design Certification for the WA Standardized benefit designs, performed by Ksenia Whittal of Wakely Consulting. Due to size, Appendix 16.4 can be found in a standalone file named "WA\_State\_Appendix\_16\_4\_AV\_Screenshots\_Wakely.pdf".

Appendix 16.5 provides additional detail on the methodology used to calculate AVs for plans with benefit design features that were incompatible with the parameters of the AV Calculator. Appendix 16.6 details the benefit designs for plans included in the unique plan design certification. Both of these appendices are included in the file "WA\_State\_Appendix\_16\_5-6\_AVC\_Methodology.pdf".

## **17. Membership Projections**

The projected 2026 enrollment is 1,044,239 member months. It is expected that 660,151 of these member months will be from renewal membership. Based on CCC's price position, we project that 384,088 member months will be from new members, including newly eligible members under Washington's approved 1332 waiver. The projected enrollment for 2026 is developed by scaling the 2025 CCC member distribution by age, gender, service area and metal tier for expected growth or decrease in total CCC membership.

Silver plan membership projections are broken out separately for each cost-sharing reduction subsidy variant. We use the 2025 silver variant proportions at the rating area level and apply it to each county in that rating area in the 2026 projections, unless the 2026 membership for the rating area is projected to be less than 1,200, in which case we use the 2025 state-level proportions and apply it to those counties.

The details of the projected membership by subsidy level are shown in Appendix 17.1.

## 18. Terminated Plans and Products

A list of the plans being terminated and the plans to which these are being mapped is included below.

The following plans will not be offered in 2026:

Terminated 2025 Plan ID	Terminated 2025 Plan Name	Mapped 2026 Plan ID	Mapped 2026 Plan Name
61836WA0050026	Ambetter Cascade Bronze	61836WA0050022	Ambetter Cascade Vital Gold
61836WA0050034	Ambetter Clear Gold	61836WA0050022	Ambetter Cascade Vital Gold
61836WA0050019	Ambetter Essential Care 1	61836WA0050022	Ambetter Cascade Vital Gold
61836WA0050030	Ambetter Essential Care: \$0 Medical Deductible	61836WA0050022	Ambetter Cascade Vital Gold

All plans offered in plan year 2024 were also offered in 2025.



## **19. Plan Type**

The plan types listed in Worksheet 2, Section I of the Part I URRT describe Coordinated Care Corporation's plans exactly.

## 20. Effective Rate Review Information

**SUPPORTING SPEED TO MARKET TOOLS (STM)** The following speed to market tools were submitted with this filing:

- Checklist - Rates - 2026 Individual Nongrandfathered Health Plans
- 2026 Medical Uniform Product Modification Justification
- 2026 Ind Mental Health and Substance Use Disorder Financial Reqs
- 2026 Individual Nongrandfathered Health Plan Rate Schedule
- WAC 284-43-6660
- Format - Rates - 2026 MHSUD Parity Calculations
- Checklist - Rates - 2026 Individual Supplemental for 1332 Waiver Reporting
- Standardized Rate Filing Exhibits

**Additional Support for the Individual Health Plan Rate Filing WAC 284-43-6660** The experience shown in the WAC 284-43-6660 is current through March 2025 and is consistent with the financial data shown in URRT Worksheet 1, Section I.

**Investment Earnings** We anticipate investment earnings of 0.0%.

**Reinsurance (Checklist item 1b)** In 2024, there were \$99,759 of reinsurance premiums paid, and no recoveries as of March 2025. CCC has \$0 of reinsurance premiums projected in 2026.

**Overall Allowed EHB and non-EHB Claims Trend (Checklist item 5)** The overall annual EHB and non-EHB claims annual “trend” (before adjusting for URRT Worksheet 1, Section II non-trend adjustments) is 1.193. This change impact is developed through the following steps:

1. The starting point is the experience period allowed claims PMPM in URRT Worksheet 1, Section I (\$423.50 PMPM)
2. The experience period allowed claims PMPM (\$423.50 PMPM) is trended forward to calendar year 2026 using the allowed claims trends in URRT Worksheet 1, Section II.
3. The trended allowed claims PMPM (\$515.07 PMPM) is multiplied by the product of the four adjustment factors in URRT Worksheet 1, Section II ( 1.171) to develop the adjusted trended EHB allowed claims PMPM (\$603.00 PMPM).

The annualized difference between the PMPMs in URRT Worksheet 1, Section I (\$423.50 PMPM) and URRT Worksheet 2, Field 4.11 (\$603.00 PMPM) is 1.193, which is consistent with the overall annual EHB and non-EHB claims annual trend (adjusted for URRT Worksheet 1, Section II non-trend adjustments) listed above.

**Rate Review Detail in SERFF (Checklist items 23a and 23b)** The following addresses the requirements contained in lines 23a and 23b of the Individual Non-Grandfathered Health Plan Checklist.

Descriptions for the information listed in each section of “View Rate Review Detail” under Rate/Rule Schedule tab of SERFF rate filing are provided below. Note that the actual information will be entered directly into SERFF.

#### Company Rate Information

1. The number of policy holders: the number of subscribers enrolled in CCC’s individual marketplace health plans for March 2025.
2. The minimum, maximum, and average rate changes are consistent with the UPMJ Q5. Changes are developed using March 2025 enrollment and the 2025 and 2026 rating factors.
3. The overall percent rate impact matches the calculated overall average rate change in UPMJ Q5. The rate change calculation reflects the impact of mapping terminated plans and is member-weighted using March 2025 enrollment.
4. The Written Premium and Premium Change are annual amounts.

#### Rate Review Detail

1. The number of covered lives: the number of members enrolled in CCC’s individual marketplace health plans for March 2025.
2. Requested rate change information:
  - (a) Member months as of March 2025: the total member months for CY 2024 (the Experience Period) as of March 2025.
  - (b) The minimum, maximum, and weighted average rate changes match the initial UPMJ Q5. Changes are developed using March 2025 enrollment and the 2025 and 2026 rating factors.
3. Prior Rate:
  - (a) Projected earned premiums and incurred claims for 2025 match the amounts shown in the 2025 rate filing under "Requested Rate".
  - (b) The minimum and maximum PMPM rates come from the 2025 final Rate Schedule.
  - (c) The weighted average PMPM is consistent with the requested 2025 PMPM and average rate change.
4. Requested Rate:
  - (a) Projected earned premiums are for CY 2026 and are calculated as the total premium PMPM from line 4.17 on Worksheet 2, Section IV of the URRT multiplied by projected member months. Projected incurred claims are for CY 2026 and are calculated as the total incurred claims PMPM from line 4.15 on Worksheet 2, Section IV of the URRT multiplied by projected member months.
  - (b) The minimum and maximum PMPM rates come from the initial 2026 Rate Schedule.
  - (c) The weighted average PMPM is consistent with the total premium PMPM from line 4.17 on Worksheet 2, Section IV of the URRT.

5. The annual incurred claims trend factor, including leveraging, matches the weighted average of the trends by category in the WAC 284-43-6660 summary.

Appendix 20.2 shows the values entered into the “View Rate Review Detail” section under Rate/Rule Schedule tab of SERFF.

#### **45 CFR §156.130(h)(2) (Checklist item 24)**

Per 45 CFR §156.130(h)(2), for plan years beginning on or after January 1, 2020, amounts paid toward cost sharing using any form of direct support offered by drug manufacturers to insured patients to reduce or eliminate immediate out-of-pocket costs for specific prescription brand drugs are permitted, but not required, to be counted toward the annual limitation on cost sharing. CCC is not implementing this option.

**Membership Reconciliation (Checklist item 25a)** The experience period average monthly membership is consistent between the Additional Data Statement and WAC 284-43-6660.

**URRT Paid-to-Allowed Factor (Checklist item 28b)** See Appendix 12.3 for the development of the paid-to-allowed factor. The paid-to-allowed factor used in the URRT is consistent with the aggregate impact of the four plan factors from URRT Worksheet 2 (Fields 3.3, 3.4, 3.5, and 3.9).

**URRT Worksheet 2, Section IV Projected Allowed Claims, Incurred Claims & Premiums (Checklist item 28f)** Total allowed and incurred claims represent the expected cost by plan for the projection period, reflecting all characteristics of the population being enrolled.

In total, Claims PMPM is equal to Premium PMPM, plus Risk Adjustment PMPM, minus retention PMPM. At the plan level, there may be deviations from this expected relationship.

The Single Risk Pool rate development methodology requires that rates are developed by combining projected allowed costs and risk adjustment transfer (expressed on allowed basis). This sum produces the allowed claims projection, to which the AV and Cost Sharing Factor applies, to produce plan-level incurred claims projections. In reference to the AV and Cost Sharing Factor, the URR instructions state, “This factor should not include adjustments that take into account the morbidity of the population expected to enroll in the plan.”

Each plan’s incurred claims PMPM projection must implicitly reflect a single composite Risk Transfer value. However, we typically estimate there is a difference of hundreds of dollars PMPM between the Risk Transfers of Bronze and Gold enrollees. Due to this disconnect in the expected plan-level results and the required rate development methodology, accurate plan-level risk adjustment projections cannot reconcile perfectly with plan-level premium, claims, and retention projections developed under the URRT framework.

**Differences in the UPMJ and URRT Aggregate Rate Change (Checklist item 30c)** The URRT Worksheet 2, fields 1.12 and 1.13 premium-weight the overall rate change while the Aggregate Rate Change in UPMJ Q5 and only weights by current enrollment.

**Mitigating Inequity in the Health Insurance Market (Checklist item 38)** This item is not applicable to Coordinated Care Corporation.

**Demonstrating Consistency with URRT** Appendix 20.3a and 20.3b demonstrate the flow of calculations in the URRT.

**Use of Artificial Intelligence, Machine Learning, and/or Predictive Modeling (Checklist Item 39)** The following describes Coordinated Care Corporation reliance on predictive modeling techniques in preparing assumptions and premium rates for this filing:

- To forecast 2026 membership, we start with our 2025 OE results and trend this to December 2025 before applying a renewal rate and new member volume. We use predictive models to forecast how many members will join and leave our plans during the year to understand how membership volume will change over time. We compare these trends with historical patterns to ensure our forecasts are accurate and reasonable.
- Utilization trend estimates place partial reliance on predictive models, specifically a Generalized Linear Model (GLM). The GLM uses utilization data from 2022 to 2024 and quantifies medical utilization trends for the full two years in between those periods. It uses predictor variables that include risk scores, product, and geographic information to predict an assumed Tweedie target variable, which is the normalized allowed costs at the HCG category level. At the national level, the GLM results do not stray away significantly from the other model's results, with the exception of the Other Medical trends, which are liable to be volatile. The blended trends, guided by several benchmarks such as trends from previous year's filing, URRT trends, and Milliman trend guidelines, are used to inform the recommended trends for CNC in the 2026 pricing cycle.
- The expected morbidity of CNC's 2026 population relative to that of the state of Washington is calculated using a linear model. The inputs of the model are 2024 risk score and age/gender data from our nationwide population. The output of the model estimates the impact of age on our nationwide risk score split by metal and gender, which is then applied to the demographics of our projected membership in the state of Washington. The reasonableness of the results is assessed by actual to expected analysis using historical model results.

## **21. Reliance**

In the preparation of this filing, I relied upon data provided by other parties within Coordinated Care Corporation and its parent company Centene Corporation. I performed general reasonableness checks, but I have not audited the data and have relied upon its accuracy. To the extent that the underlying data is inaccurate, this filing may also be inaccurate. Actual results will vary from those projected in the filing. This is due to random fluctuations, unexpected large claims, changes in population, and other such factors.

Models used in the preparation of our analysis were applied consistent with their intended use. Where we relied on models developed by others, we have made a reasonable effort to understand the intended purpose, general operation, dependencies and sensitivities of those models.

As permitted by the OIC, we have relied on the Actuarial Value Certification for WAHBE 2026 Standard Medical Plan designs performed by Wakely Consulting Group. We have relied on the certification by Wakely Consulting Group since we do not have access to the underlying data used in their assessment of the Actuarial Value for these plans which the OIC has indicated must be matched. Documentation of the analysis performed by Wakely Consulting Group is included in Appendix 16.4.

See Appendix 21.1 for a detailed listing of items received and relied upon for rate development.

## 22. Actuarial Certification

I, Charles Steffens, am a member of the American Academy of Actuaries in good standing and meet its qualification standards for actuaries issuing statements of actuarial opinion in the United States promulgated by the American Academy of Actuaries, and have the education and experience necessary to perform the work.

I certify the rates were developed in accordance with the appropriate Actuarial Standards of Practice (ASOPs) and the profession's Code of Professional Conduct. While other ASOPs apply, particular emphasis was placed on the following

- ASOP No. 5, Incurred Health and Disability Claims
- ASOP No. 8, Regulatory Filings for Health Benefits, Accident and Health Insurance, and Entities Providing Health Benefits
- ASOP No. 12, Risk Classification
- ASOP No. 23, Data Quality
- ASOP No. 25, Credibility Procedures
- ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans
- ASOP No. 41, Actuarial Communications
- ASOP No. 42, Health and Disability Actuarial Assets and Liabilities Other Than Liabilities for Incurred Claims
- ASOP No. 45, The Use of Health Status Based Risk Adjustment Methodologies
- ASOP No. 50, Determining minimum value and Actuarial Value under the Affordable Care Act
- ASOP No. 56, Modeling

I certify that to the best of my knowledge and judgement:

1. The Index Rate for the Projection Period is:
  - (a) In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80 and 147.102);
  - (b) Developed in compliance with the applicable Actuarial Standards of Practice;
  - (c) Reasonable in relation to the benefits provided and the population anticipated to be covered;
  - (d) Neither excessive nor deficient based on my best estimate 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 difference in the cost of delivery and do not include differences for population morbidity by geographic area.
4. The CMS Actuarial Value Calculator, with appropriate adjustments, was used to determine the AV Metal Values shown in Worksheet 2, Section I of the URRT for all plans. This rate filing was prepared in compliance with all applicable state and federal statutes and regulations.

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

The 2026 plan year premium rates in this actuarial memorandum are contingent upon the status of the ACA statutes and regulations including any regulatory guidance, such as CMS' Marketplace Integrity and Affordability Rule, court decisions, or otherwise. Changes have the potential to greatly impact the 2026 plan year premium rates provided in this Actuarial Memorandum and the alignment of these premium rates with incurred costs. Changes include, but are not limited to, any legislative or regulatory amendment, court decision, or a decision by Congress, the Health and Human Services Secretary or the Centers for Medicare and Medicaid Services director to adjust funding of CSR subsidies or advance premium tax credits. In the event that a material provision is enacted renewing eAPTCs at current or partially funded levels, a revision to the rates will be needed. In particular, rates were developed assuming steady funding of Advanced Premium Tax Credits (APTCs) and elimination of cost-sharing reduction (CSR) subsidy payments. Rates assume extended Advanced Premium Tax Credits (eAPTCs) funded through the American Rescue Plan have been discontinued. The discontinuation of such funding, as it relates to both standard APTCs, eAPTCs and CSR subsidy payments, will impact whether rates are sufficient and not excessive.

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 URRT's process used to develop proposed premium rates. It does certify that rates were developed in accordance with applicable regulations, as noted.

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

Signed: 

Name: Charles Steffens FSA, MAAA

Date: 5/8/2025



### **Expected Plan Payments Used For Federal Mental Health Parity Testing**

When reviewing Coordinated Care Corporation Washington Individual HMO plans for compliance with the Final Rules under the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008, Coordinated Care Corporation first considered the overall data volume to determine the credibility level. Using the methods below, Coordinated Care Corporation determined that there is not sufficient Washington Individual HMO plan level experience available for use in testing for compliance with the Final Rules and blended the available experience with appropriate manual experience.

To test a given 2026 Individual HMO plan for Mental Health Parity compliance, Coordinated Care Corporation used the Limited Fluctuation Classical Credibility procedure in accordance with Actuarial Standard of Practice No. 25 to blend the 2024 Washington plan experience with 2024 Individual Marketplace experience. The Limited Fluctuation Classical Credibility procedure is appropriate for producing expected plan payments for use in Mental Health Parity testing.

The 2024 Individual Marketplace experience used in the credibility blend is fully credible. The experience is appropriate for the purpose of credibility blending with WA plan experience to determine expected costs and the associated distribution of costs by benefit category for this Mental Health Parity testing. The 2024 Individual Marketplace experience is internal company data and has similar risk characteristics as the WA plan experience. The 2024 Individual Marketplace data reflects similarities in demographics, coverages, frequency and severity with the subject plan experience and is therefore appropriate to be used in the credibility blend.

To produce the expected 2026 plan payments, 2024 claim experience allowed cost was trended with unit cost and utilization trends for 2 years using 2024 trend factor guidelines according to the type of coverage of the claim (inpatient, outpatient, or professional). Allowed cost was then summarized at the benefit category level and expressed on a per member per month basis. This was done for both the plan experience and the 2024 Individual Marketplace experience. The plan experience was assigned a credibility weight based on the experience member months according to the Limited Fluctuation Classical Credibility procedure. This credibility weight was used to blend the plan specific experience with the credible 2024 Individual Marketplace experience at the benefit category level. The blended allowed cost per member per month multiplied by projected member months for the plan is the 2026 expected plan payment that was used for testing Mental Health Parity.

### **Actuarial Certification**

This memorandum provides actuarial certification of the methods used to estimate expected plan payments for the purpose of testing the Individual HMO plans for the 2026 plan year.

I, Ashlesha Joshi, am associated with Coordinated Care Corporation. I am a member of the American Academy of Actuaries and meet its qualifications standards for the issuance of a statement of actuarial opinion in regard to health plans in the United States.

I certify that, to the best of my knowledge, this rate filing is in compliance with WAC 284-43-7040(1)(c)(ii) and applicable Actuarial Standards of Practice.

Ashlesha Joshi ASA, MAAA

5/8/2025

# Part III: Actuarial Memorandum

Coordinated Care Corporation  
Annual Individual Health Rate Filing  
Washington

Assuming Enhanced Advance Premium Tax Credits (eAPTCs) Have Expired  
Effective January 1, 2026  
Forms: 61836WA005

## Contents

1. General Information . . . . .	3
2. Proposed Rate Changes . . . . .	6
3. Single Risk Pool . . . . .	10
4. Experience and Current Period Premium, Claims and Enrollment . . . . .	11
5. Benefit Categories . . . . .	13
6. Trend Factors . . . . .	14
7. Adjustments to Trended EHB Allowed Claims PMPM . . . . .	17
8. Manual Rate Adjustments . . . . .	19
9. Credibility of Experience . . . . .	20
10. Establishing the Index Rate . . . . .	21
11. Development of the Market-Wide Adjusted Index Rate . . . . .	22
12. Plan Adjusted Index Rate . . . . .	26
13. Calibration . . . . .	30
14. Consumer Adjusted Premium Rate Development . . . . .	33
15. Projected Loss Ratio . . . . .	34
16. AV Metal Values . . . . .	35
17. Membership Projections . . . . .	36
18. Terminated Plans and Products . . . . .	37
19. Plan Type . . . . .	38
20. Effective Rate Review Information . . . . .	39
21. Reliance . . . . .	43
22. Actuarial Certification . . . . .	44

# 1. General Information

## Scope and Purpose

This document contains the Part III Actuarial Memorandum for Coordinated Care Corporation's individual health block of business annual rate filing, effective January 1, 2026. This Actuarial Memorandum is submitted in conjunction with the Part I Unified Rate Review Template (URRT). This is a renewal rate filing.

The purpose of this Actuarial Memorandum is to provide certain information related to the submission, including support for the values entered into the Part I URRT. In combination, these documents support compliance with the market reform rating rules and reasonableness of applicable rate increases. This information may not be appropriate for other purposes.

Consistent with the October 12, 2017 payment memo from the U.S. Department of Health and Human Services (HHS)<sup>1</sup>, the premium rates developed and supported by this Actuarial Memorandum assume that cost-sharing reduction (CSR) subsidies will not be funded and enhanced Advanced Premium Tax Credits (eAPTCs), as provisioned under the Inflation Reduction Act, expire on December 31, 2025 consistent with current law and regulations in effect or otherwise scheduled to take effect in plan year 2026.

Additionally, these rates assume that CMS' Marketplace Integrity and Affordability rule, published in the Federal Register on March 19, 2025, is finalized as proposed - including key rule changes regarding open enrollment, special enrollment periods, and annual eligibility requirements.

Future modifications in legislation, regulation and/or court decisions regarding the funding of CSR payments and eAPTCs, including partial funding relative to current levels, and CMS' Marketplace Integrity and Affordability Rule, may affect the extent to which these premium rates are sufficient and neither excessive nor deficient.

Coordinated Care Corporation asserts that the premium rates developed and supported by this Actuarial Memorandum are based on legislative and regulatory provisions in effect at the time of submission.

Coordinated Care Corporation will seek regulatory approval to file revised rates in the event of changes to the regulatory environment in which they were developed to ensure rates are appropriate. In addition to CSR payments and risk adjustment program payments and disruption, material rating impacts could arise from changes to various factors, including but not limited to:

- Advance Premium Tax Credits, including extension of Advanced Premium Tax Credits as provisioned in the Inflation Reduction Act
- Medicaid Redeterminations that were suspended during the COVID-19 public health emergency (PHE)
- Constraints on age rating factors
- Open enrollment and grace periods
- Enrollment of other populations, such as Medicare, Medicaid, and high risk pools

---

<sup>1</sup><https://www.hhs.gov/sites/default/files/csr-payment-memo.pdf>

- Taxes and fees, notably the suspension of the ACA Insurer Fee
- Emerging experience as it relates to both claims and risk adjustment, notably the updated HCC coefficients in the 2026 model as laid out in the Final Rule for the 2026 Annual Notice of Benefit and Payment Parameters
- Enrollment and emerging experience of members with an FPL under 150% as it relates to the special enrollment period granting year-round enrollment

If there are material deviations in market level premiums from our projected statewide average premium (SWAP) assumption for 2026 - for example, based on changes in the number of carriers in the market or carriers' pricing assumptions for 2026 - we would like to work with the Washington Office of the Insurance Commissioner after initial submissions to revise our filing to update our estimated risk adjustment transfer. Market disruption, resulting from changes or carriers' perceived changes in the risk adjustment program, could also necessitate working with the Department to update other critical pricing assumptions such as market morbidity and relative risk.

This information is intended for the sole use by the Washington Office of the Insurance Commissioner, the Center for Consumer Information and Insurance Oversight (CCIIO), and their subcontractors to assist in the review of the Coordinated Care Corporation individual rate filing. However, we recognize that this certification may become a public document.

CCC makes no representations or warranties regarding the contents of this letter to other users. Likewise, other users of this letter should not place reliance upon this actuarial memorandum that would result in the creation of any duty or liability for CCC or its employees under any theory of law.

These results are actuarial projections. Actual results will vary from those projected in the filing for a number of reasons, including but not limited to changes in membership, claims experience, and random variation from selected assumptions.

### **Company Identifying Information**

- Company Legal Name: Coordinated Care Corporation
- State: The State of Washington has regulatory authority over these policies
- HIOS Issuer ID: 61836
- Market: Individual
- Effective Date: January 1, 2026

### **Company Contact Information**

- Primary Contact Name: Charles Steffens
- Primary Contact Telephone Number: (248) 495-1626
- Primary Contact Email Address: charles.steffens@centene.com

The information in URRT worksheet 1, section 2 experience fields includes only CCC summary experience data. This estimate is not based on any model or method and assumptions other than

those explicitly described in this document. Please see sections 3 and 4 for a detailed description of the experience data used for pricing.

**Description of Benefits**

These products are issued by Coordinated Care Corporation as HMO health policies. The major provisions of this form for each plan design and product can be found in Appendix 1.1.

**Rate Guarantees**

Rates are guaranteed not to change through December 31, 2026.

**Renewability**

Each policy is renewable by paying the applicable renewal premiums, unless the policyholder no longer meets the eligibility requirements of the policy or Coordinated Care Corporation decides to discontinue that specific policy.

**Applicability**

These rates will apply to both new and renewing business.

**General Marketing Method**

This product will be sold through agents, direct mailings, the internet, and the State Based Exchange.

**Estimated Average Annual Premium**

The estimated average annual premium per policy in calendar year 2026 is \$8,282.

**Distribution of Business**

See Appendix 13.1 for the expected age and geographic distributions for these products.

**Rate Tables**

See Appendix 13.1 for allowable rating factors and Appendices 1.2 and 1.2a for clarification on service area definitions. Appendix 1.3 also includes an example of how rating factors will be applied. Note that for family coverage, rates for children are charged to no more than the three oldest covered children under age 21 consistent with the Family Structure rules of the Patient Protection and Affordable Care Act (ACA).

**Impact of eAPTC Expiration**

To account for eAPTC expiration prior to the 2026 benefit year, we have assumed rates will increase due to anticipated reductions in enrollment, both at the issuer and single risk pool level. As eAPTCs expire and enrollees subsequently face increased out-of-pocket premiums, we assume healthier individuals who tend to be more price sensitive will leave the market, worsening the average morbidity of the individual risk pool.

## 2. Proposed Rate Changes

The rate increases for each product offered in the single risk pool by Coordinated Care Corporation in the state of Washington are reflected in Worksheet 2, Section I of the Part I URRT.

### Reasons for Rate Increase(s)

The rate projections for 2026 have been updated from the previous year's projections to reflect the most recent assumptions and information available.

Factor	Impact
Unit Cost Trend	10.5%
Utilization Trend	3.2%
Changes in Benefit Design	(-23.5% to 14.8%)
Non-Benefit Expenses	4.7%

The following provides a narrative description of the significant factors driving the proposed rate increase for 2026.

- Single Risk Pool Experience and Morbidity

The individual single risk pool experience underlying the rate projections has been updated. The current model reflects the projected utilization trend applied to adjusted experience (from 2024 to 2026), including anticipated changes in the average morbidity of the single risk pool. There is a full description of utilization trend and other projection factors applied to experience in Section 6, "Trend Factors".

Risk adjustment transfer experience for 2026 includes consideration of changes to the statewide average premium, the Risk Adjustment program, and Coordinated Care Corporation enrollee population morbidity relative to the Washington single risk pool.

- Unit Cost trend (10.5% impact from 2025 filed rates)

Unit costs and provider reimbursement agreements have been updated to reflect changes in the rating year. Inpatient, outpatient, and professional unit cost trends are driven by addition of new facilities and provider groups, contractual reimbursement increases, and anticipated changes in the Medicare fee schedule. Prescription drug unit cost trends represent a combination of changes in drug prices and contractual discounts.

- Utilization trend (3.2% impact from 2025 filed rates)

The projected utilization trends are consistent with observed historical trends based on internal analysis of our marketplace experience, supplemented by the Milliman Health Cost Guidelines. There is a description of the Health Cost Guidelines in Section 8, "Manual Rate Adjustments". Inpatient, outpatient, and professional utilization trends were determined on a combined basis, using the data sources above. Prescription drug utilization trends rely on these same data sources and reflect raw utilization changes as well as changes in drug mix.

- Benefit Design and CSR Subsidies (varying impact by plan, between -23.5% and 14.8%)

Rates do reflect updated projections of actuarial value and cost sharing by plan, as described in Section 12, "Plan Adjusted Index Rate." Premium rates continue to reflect the expectation

that CCC will not be reimbursed by the U.S. Department of Health and Human Services (HHS)

- Changes in Non-Benefit Expenses (4.7% impact from 2025 filed rates)

Changes in general administrative expenses incorporated into 2026 rates are resulting in a rate change due to differences from prior year expense assumptions. See Section 12, "Plan Adjusted Index Rate", for details on projected non-benefit expenses.

### **Federal Policy Assumptions:**

The proposed rate increase of 22.0% reflected in this memorandum assumes that:

1. eAPTCs expire at the end of 2025, and
2. CMS' Marketplace Integrity and Affordability rule, as published in the Federal Register on March 19, 2025, is finalized as proposed.

Both policy changes are expected to materially affect projected enrollment and morbidity for plan year 2026 at the issuer and single risk pool level. Most notably, as eAPTCs expire and enrollees face increased out-of-pocket premiums, we assume healthier individuals who tend to be more price sensitive will exit the market, worsening the average morbidity of the individual risk pool. Shifts in statewide average morbidity, including both above policy changes, are expected to increase the Index Rate by 1.0% between the base and projection period.

Under an alternate scenario where eAPTCs are funded for plan year 2026 and CMS' proposed rule is implemented without modifications, shifts in statewide average morbidity is expected to increase the Index Rate by -0.7% between the base and projection period. Key provisions included in the proposed rule related to open enrollment, special enrollment periods and annual eligibility redeterminations (e.g. requiring \$5 premium obligation for auto re-enrollees) are still expected to drive a meaningful decline in enrollment, particularly among healthier enrollees and adversely affect the average morbidity of the single risk pool.

The overall average rate change under this alternate scenario is 21.4%, compared to 22.0% in the baseline scenario reflected in this memorandum. The difference in average rate changes also reflects other varying assumptions between scenarios, such as CSR loading, administrative expenses, and other demographic factors.

Note that the requested rate change may not be the same across all plans within a product due to changes to the member cost sharing amounts by plan. Additionally, the defunding of CSR subsidies has contributed to the rate levels being higher than if the subsidies were to be funded.

### **Additional Rate Change Information**

The following sections address the requirements contained in line 24 of the Individual Non-Grandfathered Health Plan Checklist.

Contribution to surplus, contingency charges, or risk charges have not changed on a pre-tax basis between 2025 and 2026. See Appendix 12.2 for support of the pre- and post-tax amounts.

45 CFR 154.301(a)(4)(i) The impact of medical trend changes by major service categories:



See above and Section 6, "Trend Factors" for discussion of medical trend changes and Appendix 6.3 for a comparison of the cost trend factors from the 2025 filing compared to the 2026 filing.

45 CFR 154.301(a)(4)(ii) The impact of utilization changes by major service categories:

See above and Section 6, "Trend Factors" for discussion of utilization changes and Appendix 6.3 for a comparison of the utilization trend factors from the 2025 filing compared to the 2026 filing.

45 CFR 154.301(a)(4)(iii) The impact of cost-sharing changes by major service categories, including actuarial values:

See above and Section 12, "Plan Adjusted Index Rate" for discussion of cost-sharing changes.

45 CFR 154.301(a)(4)(iv) The impact of benefit changes, including essential health benefits and non-essential health benefits:

See above and Section 7, "Adjustments to Trended EHB Allowed Claims PMPM" for discussion of the impact of benefit changes.

45 CFR 154.301(a)(4)(v) The impact of changes in enrollee risk profile and pricing, including rating limitations for age and tobacco use under section 2701 of the Public Health Service Act:

See Section 7, "Adjustments to Trended EHB Allowed Claims PMPM", and Section 11, "Development of Market-Wide Adjusted Index Rate", for a discussion of the impact of changes in enrollee risk profile and pricing and Section 14, "Consumer Adjusted Premium Rate Development", for discussion of the rating limitations for age and tobacco use. Appendix 13.1 compares the calibrated factors for 2025 and 2026.

45 CFR 154.301(a)(4)(vi) The impact of any overestimate or underestimate of medical trend for prior year periods related to the rate increase:

This consideration is not directly applicable to CCC's 2026 rate development. CCC's 2026 rate projections were informed by its 2024 claims experience and expectations regarding trend and other drivers of rate change from 2024 to 2026.

CCC makes no explicit adjustment for overestimation or underestimation of medical trend. See Section 4, "Experience and Current Period Premium, Claims, and Enrollment", for a discussion of the comparison of actual and expected medical costs.

45 CFR 154.301(a)(4)(vii) The impact of changes in reserve needs:

This consideration is not directly applicable to CCC's 2026 rate development. CCC makes no explicit adjustment due to changes in reserve needs.

45 CFR 154.301(a)(4)(viii) The impact of changes in administrative costs related to programs that improve health care quality:

See above and Section 12, "Plan Adjusted Index Rate", for a discussion of administrative costs related to programs that improve health care quality and Appendix 12.2 for a comparison of

the administrative costs from the 2025 filing compared to the 2026 filing.

45 CFR 154.301(a)(4)(ix) The impact of changes in other administrative costs:

See above and Section 12, "Plan Adjusted Index Rate", for a discussion of other administrative costs.

45 CFR 154.301(a)(4)(x) The impact of changes in applicable taxes, licensing or regulatory fees:

See above and Section 12, "Plan Adjusted Index Rate", for a discussion of applicable taxes, licensing, and regulatory fees and Appendix 12.2 for a comparison of the applicable taxes and fees from the 2025 filing compared to the 2026 filing.

45 CFR 154.301(a)(4)(xi) Medical loss ratio:

CCC's 2026 rate projections were informed by the claims experience and quality improvement activities underlying its estimated 2024 MLR. However, its 2026 projected MLR is an outgrowth of its independent projections for each component of the MLR formula (including premium), as opposed to a projection directly built off of its 2024 MLR.

The claims used in the MLR calculation have been adjusted for quality improvement expenses and provider incentive payments. The pharmacy claims used in the MLR calculation are net of prescription drug rebates. In 2024, the rebates were -\$34,633,917.

45 CFR 154.301(a)(4)(xii) The health insurance issuer's capital and surplus:

See the "Contribution to Surplus, Contingency Charges, or Risk Charges" subsection in Section 12, "Plan Adjusted Index Rate", for a discussion of CCC's capital and surplus.

45 CFR 154.301(a)(4)(xiii) The impacts of geographic factors and variations:

See Section 13, "Calibration" for a discussion of the geographic factors and Appendix 13.1 for a comparison of the geographic area rating factors from the 2025 filing compared to the 2026 filing.

45 CFR 154.301(a)(4)(xiv) The impact of changes within a single risk pool to all products or plans within the risk pool:

See above and Section 6, "Trend Factors" for a discussion of the impact of changes within a single risk pool to all plans within the risk pool.

45 CFR 154.301(a)(4)(xv) The impact of reinsurance and risk adjustment payments and charges under sections 1341 and 1343 of the Affordable Care Act:

See Section 11, "Development of Market-Wide Adjusted Index Rate" for a discussion of the impact of reinsurance and risk adjustment payments and charges. The calculations are demonstrated in Appendix 11.2.

### **3. Single Risk Pool**

The Index Rate is based on the single risk pool defined by the state of Washington, which was established according to the requirements in 45 CFR Part 156.80. The single risk pool is defined as including all non-grandfathered individual business in Washington.

The single risk pool for the experience period does not include transitional products/plans. The single risk pool for the 2026 projection period does not include members who still remain enrolled in transitional plans.

## 4. Experience and Current Period Premium, Claims and Enrollment

The following information supports the best estimate of premium and claims for the single risk pool during the experience period, as reported in Worksheet 1, Section I of the URRT. The experience period for this rate filing is incurrual year 2024, and includes claims paid through 3/31/2025.

### **Allowed and Incurred Claims Incurred During the Experience Period**

Allowed and incurred claims, as defined by the URR instructions, were determined from Coordinated Care Corporation's claim record system. Per rate filing instructions, American Indian and Alaska Native (AIAN) plan experience was included. Incurred but not paid amounts were estimated using a combination, as appropriate, of the loss development and Bornhuetter-Ferguson completion methodologies. There are no material differences in the methodology for estimating completed allowed versus completed incurred claims. The estimation for incurred but not paid amounts is based on the experience period claims reported. Actual claims run-out may reflect some variability from future expectations. There are no unusually high or low completion factors being applied to allowed or incurred claims resulting from internal shifts in administration practices.

### **Cost Sharing Reduction (CSR) Subsidies:**

Cost-sharing reduction (CSR) subsidies were unfunded for the entirety of the base period. For rating purposes, we assumed that CSR subsidies will continue to be unfunded throughout the projection period. Within Standardized Rate Filing Exhibit 8, we have included estimates for our 2024 experience CSR subsidy payments had they been funded. While these reflect internal estimates for the subsidies for the experience period, we would expect substantial differences between these estimates and projected CSR subsidies in the 2026 plan year, as trend adjustments, portfolio updates, and changes in demographics would meaningfully change projected subsidies. As a result, the prospective rating impact of CSR subsidies becoming funded in plan year 2024 would also change materially from what is suggested by historical experience.

### **Documentation and Justification for URRT Worksheet 2, Section II; Experience Period and Current Plan Level Information**

The following supports item 4 of the Individual Non-Grandfathered Health Plan Checklist. "Section II: Experience Period and Current Plan Level Information" from Worksheet 2 of the URRT is based on information as of March 2025 from the following sources:

- Line 2.2, Allowed Claims: Plan-level experience period data, with runout through March 2025. Allowed claims include an estimate for incurred but not paid amounts.
- Line 2.3, Reinsurance: The Federal Transitional Reinsurance Program ended with the 2016 benefit year, so this field has been populated with zero for all plans. There is no state reinsurance.
- Line 2.4, Member Cost Sharing: Plan-level experience period data, with runout through March 2025.
- Line 2.5, Cost Sharing Reduction: Plan-level experience period data, with runout through March 2025.
- Line 2.6, Incurred Claims: This line is calculated by the URRT. It includes all incurred claims that are the issuer's responsibility.

- Line 2.7, Risk Adjustment Transfer Amount: Based on the CMS "Interim Summary Report on Individual and Small Group Market Risk Adjustment for the 2024 Benefit Year", released March 14, 2025.. The Risk Adjustment User Fee is not included in this line, as it is included in the Taxes & Fees line (3.7) of the URRT.
- Line 2.8, Premium: Plan-level experience period data, reported as of March 2025.
- Line 2.9, Experience Period Member Months: Plan-level experience period data, reported as of March 2025.
- Line 2.10, Current Enrollment: Current enrollment by plan as of March 2025.
- Line 2.11, Current Premium PMPM: March 2025 premium by plan divided by enrollment for March 2025.

**Experience Presented in WAC 284-43-6660 and Part II Written Description Justifying the Rate Increase**

The experience table shown in Part II is consistent with the information presented in the WAC. The following statements apply to the claims reported in these documents:

- Allowed and incurred claims are based on claims incurred from 1/1/2024-12/31/2024, and paid through 3/31/2025.
- The paid claims reported throughout the filing are based on claims paid in 2024 and incurred 1/1/2022-12/31/2024.
- The incurred claims are consistent with the definition prescribed by WAC 284-43-6020: "'Incurred claims' means 'claims' paid during the applicable period plus the 'claim reserves' as of the end of the applicable period minus the 'claim reserves' as of the beginning of the applicable period. Alternatively, for the purpose of providing monthly data or trend analysis, 'incurred claims' may be defined as the current best estimate of the 'claims' for services provided during the applicable period."
- The Beginning and Ending Claims Reserves reflect the reserves as of the beginning and end of the period, respectively.

## 5. Benefit Categories

The benefit categories in Worksheet 1, Section II of the Part I URRT were populated using the Milliman Health Cost Guidelines (HCG) methodology. Due to the high detail of the HCG's benefit categories, the HCG categories were consolidated via a mapping to the URRT's benefit categories.

The algorithm used to assign both the experience and manual utilization data and cost information is summarized as follows.

### **Inpatient Hospital**

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**

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**

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**

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**

Capitation includes all services provided under one or more capitated arrangements.

### **Prescription Drug**

Prescription drug includes drugs dispensed by a pharmacy and is net of rebates.

### **Support for Voluntary Abortion Services**

The following supports items 10d, 12, and 26 of the Individual Non-Grandfathered Health Plan Checklist.

Abortion services are priced at 0.14% of premium. Per WA OIC instruction and reference to 45 CFR 156.280(e)(4)(iii) the non-EHB cost attributed to abortion in premium rates must not be less than \$1.00 PMPM. The binder filing lists the % EHB as 99.9% of total premium.

The cost impact of abortion services is removed from the rate development using the Actuarial Value and Cost Sharing factor in the URRT and reloaded in the Benefits in Addition to EHB factor.

## 6. Trend Factors

This section describes and supports the factors used to project the 2024 experience period allowed claims to the 2026 projection period as shown in Worksheet 1, Section II of the URRT.

### Trend Factors

Trend Factors (cost/utilization):

Experience period claims were trended 24 months to 2026. The annualized cost trend factors reflect the following:

- Changes in contractual reimbursement and discounts between the experience and projection periods for a fixed basket of services. This is for providers that were already part of the network in 2024, based on its actual 2024 contracts and ongoing provider and PBM contracting efforts for 2026, controlling for changes in service mix, the geographic distribution of its enrollees, and pharmacy rebates. This also includes the change in distribution of services among network providers other than changes driven by expanding the provider network.
- The provider contracting status for 2026 is as follows:
- Core Network:
  - According to the most accurate data we have, the amount of utilization attributed to signed providers in our submitted assumptions is shown directly below. This table can also be found in Appendix 6.6.

Rating Area	% of Inpatient	% of Outpatient
1	99%	98%
2	100%	100%
3	98%	98%
4	99%	99%
5	99%	100%
6	100%	100%
7	100%	100%
8	100%	99%
9	97%	97%

When estimating reimbursements for providers whose contracts are not finalized at the time of filing, we rely on our contracting team's best estimate of the provider's reimbursement rate. If negotiations have not progressed to a point where a reliable estimate can be made, we assume a conservative reimbursement rate, based on market intelligence. As most contracts are near-finalized at the time of rate filing, we anticipate the deviations from assumed reimbursement rates to have immaterial impact on our unit cost trends.

- CCC's Core service area will continue to include all 39 Washington counties in 2026. In order to expand member experience and access to providers, Coordinated Care Corporation (CCC) is undertaking network expansion initiatives for the 2026 contracting year. While these activities affect the amounts of estimated market share that are signed

in these different rating areas, they do not and will not significantly affect either unit cost projections or member access requirements. These additional contracts are above what is necessary to maintain the minimum level of network access required by WAC 284-170-200. CCC is committed to expanding the choice of providers for their members, while limiting potential premium increases for an already financially vulnerable population. The involved providers have verbally indicated their cooperation in these efforts, and continuous contact is being made to secure signature as soon as possible.

- Cascade Select Care:
  - CCC is expanding into two additional counties for a total of 23 counties in the PO service area for 2026. CCC recognizes the statutory requirement that primary care services for public option providers must be reimbursed at or above a minimum of 135% of Medicare Allowable, and this has been taken into account in the unit cost assumptions.
- Average charge trend between the experience and projection periods normalized for demographics, morbidity, and benefit design based on the Milliman Health Cost Guidelines

Appendix 6.1 decomposes the cost trend factor into its constituent parts.

The annualized utilization trend factors reflect the following:

- Assumed changes in the mix or intensity of services provided for a fixed level of illness burden.
- Secular utilization trend, normalized for demographics, morbidity, and benefit design, informed by consideration of multiple sources, including typical industry trend assumptions, the Milliman Health Cost Guidelines, and analysis of observed historical trends for Ambetter products.
- Utilization trend is independent from the morbidity adjustments used in the rate development, which are described in Section 7, "Adjustments to Trended EHB Allowed Claims PMPM". The morbidity adjustments represent changes in the health status of the covered population (both the statewide single risk pool and CCC's members), holding all other population, plan, and network characteristics constant. The utilization trend is a secular trend, representing the force of trend under a static population. That is, if nothing else were to change between the experience and projection period, we would expect utilization to increase by this amount. As discussed above, the utilization trend has been normalized for other impacts such as morbidity and induced utilization associated with plan mix and benefit richness. As the utilization trends are on a secular basis and do not include any impact related to population morbidity shifts, there is no overlap between these estimates.

Appendix 6.2 decomposes the utilization trend factor into its constituent parts.

### **Trend Leveraging**

The impact of cost sharing leveraging is included as an implicit adjustment in the calculation of the incurred claims trend and is not directly applied to the EHB allowed claims trend. It has been updated to reflect 2026 projected allowed claims and cost sharing.



**Non-EHB Trend**

There are no non-EHB benefits offered.

**Comparison of Worksheet 1, Section II to Prior Year**

A comparison of the current 2026 entries and prior 2025 filing entries in Worksheet 1, Section II of the URRT can be found in Appendix 6.3.

## 7. Adjustments to Trended EHB Allowed Claims PMPM

This section describes and supports the adjustments other than trend used to project the 2024 experience period Essential Health Benefit (EHB) allowed claims to the 2026 projection period as shown in Worksheet 1, Section II of the URRT. Each factor represents the change between the experience period and projection period. The factors, therefore, are not annualized values.

### Morbidity Adjustments

Claims were adjusted for estimated differences in morbidity between Coordinated Care Corporation's 2024 membership and its projected 2026 membership. Appendix 7.1 decomposes the morbidity projection factor into its components.

Utilization was adjusted for projected changes in single risk pool morbidity from 2024 to 2026 considering regulatory and market uncertainties, as well as projected morbidity changes for Coordinated Care Corporation's members relative to the single risk pool from 2024 to 2026.

Consistent with the 2026 URR instructions, these morbidity adjustments reflect the component of the change in average allowed claims PMPM, holding constant the experience period population's demographics (e.g. age, gender, and region), product mix, and all provider network contracts and time parameters.

The relative morbidity assumption used for projection claims reflects Coordinated Care Corporation's expectations regarding the morbidity of its 2026 membership relative to the single risk pool, and is consistent with the relative morbidity assumption used to estimate Coordinated Care Corporation's risk transfer payment or receivable.

Morbidity was adjusted to account for changes in the market population due to the expiration of eAPTCS.

### Demographic Shift

Experience period claims were adjusted for differences in the projected mix of 2026 membership by gender and age band using demographic factors. The factors underlying this trend were developed from Coordinated Care Corporation-specific experience.

Appendix 7.2 decomposes the demographic changes factor into its components.

### Plan Design Changes

This adjustment factor reflects anticipated changes in the demand for services due to differences in product mix and cost-sharing requirements from the experience period to the projection period. Population demographics and morbidity were held constant across plan designs for this adjustment to avoid confounding with morbidity.

Where applicable, this factor is also used to reflect addition or removal of covered benefits to align the 2026 projection with benefits covered by the state EHB benchmark plan. CCC's PY (2026) rates consider the following benefit changes:

- Additional EHBs of Donor Milk, Hearing Aids and Exams, and Artificial Insemination
- Acupuncture no longer subject to visit limit
- Increased Access to Prescription Hormone Therapy under HB 1971

- Member cost sharing is prohibited for prenatal and postnatal care per SB 5057

The following benefit changes, which went effective in 2025, and are not reflected in the base experience, are also reflected:

- An adjustment for the addition of allergy testing
- A cap on copays for prescription epinephrine autoinjectors and inhalers, per HB 1979
- An adjustment for the coverage of HIV post-exposure prophylaxis drugs under SB 6127

Appendix 7.3 decomposes the plan design changes factor into its components.

### **Other Adjustments**

Experience period claims were also adjusted for the following changes between the experience period and projection period:

- Changes in capitation contracts
- Changes in pharmacy rebates and dispensing fees between the experience and projection periods developed based on changes to PBM contracting from 2024 to 2026 and projected drug utilization
- The reimbursement impact of expanding the provider network from 2024 to 2026 (developed using estimates of the distribution of services and relative unit costs by provider). This only reflects the impact of new providers; the impact of changes in the distribution of services among existing network providers is reflected in unit cost trend.
- Adjustment for expected claims costs without corresponding premium revenue, due to ACA grace period provisions.

Appendix 7.4 decomposes the other changes factor into its components.

## 8. Manual Rate Adjustments

This filing is 100% experience rated. No credibility manual rate is being filed for 2026.

Where manual adjustments to claims are required to model changes in Coordinated Care Corporation's population and coverage over time, most notably utilization trend as discussed in section 2, these adjustments are based on the Milliman Managed Care Rating Model (MCRM) and the companion Milliman Health Cost Guidelines (HCGs), and consideration of relevant QHP experience in other states.

The HCGs provide a flexible but consistent basis for the determination of claim costs for a wide variety of health benefit plans. These rating structures are used to anticipate future claim levels, evaluate past experience, and establish interrelationships between different health coverage levels.

The Milliman HCGs are developed as a result of Milliman's continuing research on health care costs. They were first developed in 1954 and have been updated and expanded annually since then. These guidelines are continually monitored as they use them in measuring the experience or evaluating the rates of their clients and as they compare them to other data sources.

The HCGs are a cooperative effort of all Milliman health actuaries and represent a combination of their experience, research, and judgment. An extensive amount of data is used in developing these guidelines including published and unpublished data. In most instances, cost assumptions are based on their evaluation of several data sources and, therefore, are not specifically attributable to a single source. Since these guidelines are a proprietary document of Milliman, they are only available for release to specific clients that lease these guidelines and to Milliman consulting health actuaries.

## 9. Credibility of Experience

This filing is 100% experience rated, based on the assumption that a state with experience exceeding 125,000 member months should receive full credibility. No credibility manual rate is being filed for 2026.

Here, “member months” are defined as the aggregate 2024 member months across Coordinated Care Corporation calendar year 2024 individual block of business that are suitable for pricing.

- Total 2024 Member Months: 1,006,022
- Credibility Level Assigned to Base Period Experience: 100%

Note that credibility is calculated based on 2024 experience data that are suitable for pricing and may not exactly match the total 2024 member months shown above.

Actuarial Standard of Practice #25 “Credibility Procedures” was considered when determining the credibility level.

## 10. Establishing the Index Rate

The Index Rate for the Experience Period (calendar year 2024) is a measurement of the average allowed claims PMPM for EHB benefits. This value is located on Worksheet 1, Section I of the URRT. The Index Rate for the Experience Period reflects the actual mixture of smoker/non-smoker population, area factors, plan enrollment, and the actual mixture of risk morbidity in the single risk pool during the experience period. The Index Rate for the experience period has not been adjusted for payments and charges under the risk adjustment and reinsurance programs or for Exchange user fees. We have adjusted the Index Rate for the Experience Period to remove any non-EHBs. The claim system does not currently distinguish between EHB and non-EHB claims, so this adjustment was made based on the expected percentage of non-EHB claims for the experience period. The experience period did not contain non-single risk pool claims, so no adjustment was made for this.

The Index Rate for the Projection Period (calendar year 2026) is reflected in Worksheet 1, Section II of the URRT. It was developed following the specifications of 45 CFR part 156.80(d) (1). The Index Rate for the Projection Period represents the estimated total combined projected allowed claims PMPM for Essential Health Benefits (EHB) for calendar year 2026 only and has not been adjusted for payments and charges under the risk adjustment program or for Exchange user fees. The index rate differs from the total allowed claims in that the total allowed claims include benefits in excess of EHBs (adult vision and adult dental). The Index Rate for the Projection Period was calculated based on the methodology discussed in Section 6, 'Trend Factors' and Section 7, 'Adjustments to Trended EHB Allowed Claims PMPM' above and does not include benefits in excess of the EHBs. The Index Rate for the Projection Period will remain unchanged until a renewal filing effective January 1, 2027.

The development of the Index Rate for the Projection Period is shown in Worksheet 1, Section II. This reflects:

- The 12-month projection period shown in Worksheet 1, Section II
- The anticipated claim level of the projection period with respect to trend, benefits, and demographics
- The experience of all policies expected to be in the single risk pool (with necessary adjustments)

Worksheet 1, Section II of the URRT demonstrates the calculation of the Projected Index Rate by blending the Experience Period Index Rate with the Credibility Manual Index Rate, as applicable. The next two sections further describe the steps taken to develop the Market Adjusted Index Rate and Plan Adjusted Index Rate.

## 11. Development of the Market-Wide Adjusted Index Rate

The Index Rate for the projection period is adjusted to arrive at the Market Adjusted Index Rate (MAIR) (\$636.61) based on the following, as outlined in 45 CFR 156.80(d):

- Adjustment for the Risk Adjustment Program
- Exchange user fee adjustment

The risk adjustment payment/charge is described below. Since the Index Rate is on an allowed claims basis, the market-level adjustments are also performed on an allowed basis.

The net Exchange user fee adjustment applied to premium rates is \$5.11 Per Member Per Month. Similar to the Index Rate, the MAIR reflects the average demographics of the single risk pool. In other words, the MAIR is not calibrated. In Appendix 20.3a, the user fee is shown on an allowed basis as a multiplicative factor of 1.009. For further detail on the development of the MAIR, please refer to URRT Worksheet 1, Section 2.

### Reinsurance

Commercial reinsurance is not a material component of the market adjusted index rate.

### Risk Adjustment Payment/Charge

The Projected Risk Adjustment PMPM (-\$27.84) is shown on Worksheet 1, Section II. The amount excludes the 2026 Risk Adjustment User Fee of \$0.20 PMPM (0.03% of premium). The amount includes the projected reinsurance impact from the high risk pool assessment under the risk adjustment program. The gross impact in 2026 was estimated by trending experience and applying the provisions of the reinsurance contract to known high risk exposures. This amount was subtracted from a 0.46% of premium charge to fund the pool. This net impact was combined with the projected risk adjustment transfer amount to calculate a final risk adjustment liability for 2026. The Risk Adjustment User Fee is included with Taxes and Fees on Worksheet 2, line 3.7. Appendix 11.1 shows how the anticipated risk adjustment transfer is applied to the Index Rate in the development of the Market Adjusted Index Rate.

The state transfer calculation portion of the total risk adjustment transfer is based on the risk adjustment transfer formula, as provided in the Federal Register Volume 78 Number 47.

We project the portfolio average for each factor in the risk adjustment transfer formula using a combination of (i) actual historical risk adjustment factors adjusted to the projected population and (ii) adjustments for market and risk adjustment program changes. The resulting aggregate payment or receivable is then proportionally allocated to all plans in the portfolio.

For the purposes of stable modeling, each factor was approximated as follows:

$\bar{P}_s$ : The state average premium was assumed to be approximately \$633.77 PMPM (net of the 14% administrative cost carve out).

PLRS: The statewide average risk score (1.121) is projected based on the average PLRS of the single risk pool in 2024, as reported in Appendix A of the CMS Interim 2024 Risk Adjustment report, for the state of Washington.

Coordinated Care Corporation's projected average risk score (1.171) differs from the projected

single risk pool average risk score due to differences in demographics, plan mix, and morbidity between the two populations.

Based on the Final Rule for the 2026 Annual Notice of Benefit and Payment Parameters, HHS's proposed 2024 and 2026 HCC model and coefficient changes for 2026 (including partial year adjustment factors, prescription drug condition categories, and model recalibration) were considered in the development of the projected risk adjustment transfer. The demographic, plan mix, and morbidity assumptions were used to project claims costs.

IDF (1.034 Single Risk Pool; 1.048 CCC): The statewide average IDF is projected based on the average IDF of the single risk pool in 2024, as reported in Appendix A of the CMS Interim 2024 Risk Adjustment report, for the state of Washington.

The average IDF for Coordinated Care Corporation is projected by applying the induced demand factors from the market reform rule published in the March 11, 2013 Federal Register, page 15433, Table 11 to Coordinated Care Corporation's projected population. The formula recognizes the following IDF factors by metallic tier: Bronze 1.00, Silver, 1.03, Gold 1.08, and Platinum 1.15.

AV (0.697 Single Risk Pool; 0.733 CCC): The statewide average actuarial value (AV) is projected based on the average metal level AV of the single risk pool in 2024, as reported in Appendix A of the CMS Interim 2024 Risk Adjustment report, for the state of Washington. The average AV for Coordinated Care Corporation is calculated by applying the metal level AV factors from the market reform rule published in the March 11, 2013 Federal Register, page 15433, Table 9 to Coordinated Care Corporation's projected population. The formula recognizes the following AV values by metallic tier: Bronze 0.60, Silver 0.70, Gold 0.80, and Platinum 0.90.

ARF (1.721 Single Risk Pool; 1.772 CCC): As stated in the March 11, 2013 Federal Register, page 15433, the allowable rating factor (ARF) adjustment accounts only for age rating.

The statewide average ARF was set equal to the average ARF of the single risk pool in 2024, as reported in Appendix A of the CMS Interim 2024 Risk Adjustment report, for the state of Washington.

The average ARF for Coordinated Care Corporation is projected by applying the proposed 2026 HHS age rating factors to Coordinated Care Corporation's projected population. An equal distribution across ages within each age band was assumed.

GCF (1.000 Single Risk Pool; 0.990 CCC): The average Geographic Cost Factors for Coordinated Care Corporation's membership is projected based on the 2023 GCFs, as reported by HHS, adjusted for projected changes caused by carrier rate actions from 2023 to 2026.

Outliers were reflected in our calculations to the extent that outliers are reflected in historical risk scores used as the starting point of the 2026 risk transfer projection and via the calculation of the net High Risk Pool receivable or payment. Otherwise, there were no "potential outlier assumptions" that would have an impact on transfers.

The risk adjustment transfer amounts (-\$27.84) shown on Worksheet 1 of the URRT are the actual PMPM amounts expected in the projection period. The risk adjustment transfer amount applied to the Index Rate in the development of the Market Adjusted Index Rate is on an allowed claims basis, as the Index Rate is on an allowed claims basis.



The demographic, plan mix, and morbidity assumptions supporting the risk transfer projection are consistent with the demographic, plan mix, and the morbidity assumptions used to project claims costs.

### **Projected 2026 Risk Adjustment Data by Metal Level and Durational Cohort**

Appendix 11.1 includes support for the Individual Non-Grandfathered Health Plan Checklist item 17, 18a, 18c, and 18e.

Appendix 11.1 provides the 2026 projected risk adjustment data used to project CCC's 2026 risk transfer liability, including the projected 2026 state average premium, separately by metal level and broken down by each of the following durational cohorts:

1. 2024 members projected to persist into 2026
2. new 2025 members, as of March 2025, projected to persist into 2026
3. new members projected in 2026
4. total 2026 projected membership outcomes

Risk adjustment results are not projected at the member cohort level of detail. For the purpose of Appendix 11.1, the same plan, demographics, and health status mix across all of the projected membership cohorts are reported regardless of whether renewing or new. Membership is allocated to the three cohorts based on CCC's expectations regarding the composition of its 2026 membership between renewing and new members.

Risk adjustment projections are broken out by metal level by adjusting the total risk adjustment projection allowable rating factor differences by metal level, the impact of differences in demographic composition on allowable ratings factors and plan liability risk scores, and for differences in HHS HCC risk models by metal level, including CSR variation adjustments.

Note that we used consistent assumptions for each of the durational cohorts listed above.

In support of the Individual Non-Grandfathered Health Plan Checklist items 17 and 18b, see Appendix 11.1. Elements of the risk transfer formula are provided for Washington State and CCC totals, as well as CCC by metal level.

We calculated parameters intended to approximate the following aspects of the HHS-HCC risk model and the associated impacts of risk model changes through 2026:

1. Risk Adjuster Efficiency - The efficiency (or inefficiency) of the risk model in translating variation in morbidity into variation in plan liability risk scores.
2. Residual Model Change Factors (MCF) - Measurement of the estimated, residual favorable or unfavorable impact of a particular HHS-HCC Risk Adjuster model version on relative risk scores for Coordinated Care Corporation (CCC), after accounting for changes in the "efficiency" of the risk adjuster.

We estimated values for these parameters for each of model years 2024, 2025, and 2026 (proposed coefficients) based on analysis of simulated risk scores and risk transfer amounts (holding the underlying CCC and statewide EDGE submissions constant) using information from Wakely

National Risk Adjustment Reports (WNRAR) for the Washington state individual marketplace risk pool.

In support of the Individual Non-Grandfathered Health Plan Checklist items 18c, 18e, and 18f, see Appendix 11.2. Appendix 11.2 shows the total 2026 projected risk adjustment plus High Cost Risk Pool (HCRP) payment and assessment on an incurred and allowed basis as well as on an incurred basis by plan.

The HCRP reinsurance program is based on an attachment point of \$1 million. Issuers are reimbursed for 60% of annualized enrollee claims costs in excess of the attachment point.

The High-Cost Risk Pool (HCRP) reinsurance program assessment fee changed from an assumed 0.51% of premium in plan-year (PY) 2025 to an assumed 0.46% of premium in PY 2026. Projected PY 2026 premiums, coupled with an updated assessment fee as a percentage of premium, results in changes to the projected PY 2026 aggregate High-Cost Risk Pool (HCRP) assessment underlying CCC's projected risk adjustment transfer. Projected receipts for HCRP were 0.00% of premium in PY 2025 and 0.00% of premium in PY 2026. Differences between these estimates are driven by changes in the underlying model used to calculate HCRP recoveries.

HCRP	2022 Actual	2023 Actual	2024 Actual	2022 Filed	2023 Filed	2024 Filed
Recoveries	\$0	\$264,778	\$674,178	\$281,919	\$222,772	\$0
Assessments	(\$785,524)	(\$1,307,365)	(\$2,122,730)	(\$619,427)	(\$584,783)	(\$1,363,605)

Differences between pricing projections and historical actual values for HCRP charges and receivables may be driven by differences between actual and projected membership, deviations from internal estimates of the total pooled costs in the High Cost Risk Pool, differences between actual and expected claims distributions, and random variation in the experience of the carrier's population.

#### **Impact due to Risk Adjustment Data Validation (RADV)**

The projected transfer amount assumes no impact under the Risk Adjustment Data Validation (RADV) process.

#### **Exchange User Fees**

Exchange user fees have been applied as an adjustment to the Index Rate at the market level. In Appendix 11.1, the user fee is shown on an allowed basis as a multiplicative factor. The Exchange fee is \$5.11 PMPM, and there is no fee if sold outside of the Exchange. Note, we assumed 100.00% of members would enroll through the Exchange and 0.00% would enroll outside of the Exchange. On Worksheet 1, Section II of the URRT, the user fee is shown on an allowed basis as 0.91% of premium.

## 12. Plan Adjusted Index Rate

The Plan Adjusted Index Rate (PAIR) (average Plan Adjusted Index Rate: (\$690.16) is included in Worksheet 2, Section III of the URRT. The PAIR is the MAIR adjusted for only the following allowable adjustments, where applicable, as outlined in 45 CFR 156.80(d):

- Actuarial value and cost-sharing design of the plan.
  - The CMS Actuarial Value Calculator was used to determine the AV metal value for plan provisions that fit within the calculator parameters. The AVs for all plans were developed using appropriate adjustments as described in section 16 of this actuarial memorandum.
  - The actuarial value and cost-sharing pricing adjustment was developed using a claims simulation methodology with a large dataset of individual exchange data, calibrated to the expected population.
    - \* Under a claims simulation approach to modeling plan relativities, member-level claims are re-adjudicated using the cost sharing parameters of each plan design, thereby calculating plan versus patient liability.
    - \* Using the same dataset for plan rating factors ensures that a static demographic and risk profile informs the rating factor of each plan so that allowed relativities by plan solely reflect benefit design differences.
    - \* Rate increases can vary by plan under this methodology without reflecting morbidity differences. For example, rate increases naturally vary by plan over time as the relationship changes between cost sharing levels and the allowed costs to which they are applied (i.e., leveraging).
    - \* Actuarial value calculations under the claims simulation methodology were adjusted to conform to new guidance under Washington Emergency Regulation, such that AV Pricing Values are within 2% of AV metal values.
    - \* The induced demand factor was determined using the following formula:  

$$IDF = AV^2 - AV + 1.24$$
 where AV is the plan's AV Pricing Value
  - The actuarial value and cost-sharing pricing adjustment reflects full plan liability for CSR subsidies. CSR costs are reflected as a uniform percentage load applied to each Silver ACA-compliant plan (those sold through the Exchange).
  - The development of the CSR funded actuarial value and cost sharing pricing adjustment is shown in Appendix 12.3. A comparison of funded CSR pricing AV relativities to AV metal value relativities is also included.
- The plan's provider network, delivery system characteristics, and utilization management adjustment practices

CCC offers a select high performance HMO network of providers, CCCWA Exchange. Public Option Plans (Cascade Select) will be offered under the Cascade Complete Care HMO network. The Cascade Complete Care network offers the public option plans and

follows all reimbursement requirements relative to Medicare reimbursement specified in the Cascade Care Public Option guidance. The network factor for the Cascade Care plans is 0.9697, reflecting the expected difference in reimbursement relative to the CCCWA Exchange network, which have a network factor of 1.0127. Network information is filed annually with the QHP filing process and with the OIC per state regulations. CCC provides benefits for emergency services by non-network providers, and applies the requirements from the Balance Bill Protection Act and Federal No Surprises Act when processing services from non-network providers at an in network hospital or Ambulatory Surgical center

- Benefits provided under the plan that are in addition to the EHBs.
  - All plans include coverage for elective abortion. In accordance with the 2026 URR instructions and checklist item 12, the adjustment for elective abortion is included in the Benefits in Addition to EHB line of the URRT. URRT Worksheet 2, field 3.5 as a non-EHB benefit.
- Administrative costs, excluding the Exchange user fees (which are already accounted for in the Market Adjusted Index Rate).
  - The administrative costs (\$76.52) are discussed further in the subsequent paragraphs of this section

There are no catastrophic plans being offered, so there is no eligibility adjustment made for catastrophic plan enrollment.

Administrative costs and non-EHB benefits common to all plans are added to the Market Adjusted Index Rate. Then, factors for actuarial value and cost-sharing and non-EHBs by plan are applied to reach the Plan Adjusted Index Rate for each plan.

The development and values of the Plan Adjusted Index Rates are shown in Worksheet 2, Section III of the URRT and are not calibrated.

On Worksheet 2, Section II, the Plan Adjusted Index Rate of the Experience Period is reported.

### **Silver CSR Loading and Subsidized Membership**

CCC received no member cost-sharing subsidy payments from HHS in 2024. Per Washington Emergency Regulation, CSR costs (including CSR costs for AIAN plans) are included as a 43.5% load applied to each Silver ACA-compliant plan sold through the Exchange.

Note that after the CSR loads are applied to the Silver plans, the AV and Cost Sharing Factors for Silver plans overlap with those of Gold plans. The full support for AV and Cost Sharing factors can be seen in Appendix 12.3. Additionally, support for the Provider Factor Normalization has been provided in Appendix 12.3a in order to fulfill the requirement of Checklist Item 12.

### **Administrative Expense Load**

The administrative expense load (\$76.52) was provided by CCC. A demonstration of the development of the Administrative Expense load shown on Worksheet 2 of the URRT is shown in Appendix 12.2. This allowance is based on projected enrollment and is estimated to appropriately cover expenses for overhead, operations, sales and marketing expenses, quality improvement expenses, and provider incentive payments.

The administrative expenses are allocated proportionally by plan on a constant percentage of premium basis.

The administrative expense load includes commissions and bonuses. The commission fee and broker bonus fee are included in the Sales Compensation assumption shown on Appendix 12.2. For 2026 rate development, we assumed a \$25.00 PMPM commission for new and renewing members who purchase plans through compensated channels, and we assumed that 43.1% of members will purchase plans through compensated channels. We also assumed a per member broker bonus fee that varies based on the number of new enrollments, as detailed in the Agent Incentive Program document. Sales compensation also includes broker marketing, broker staffing costs, and call center bonuses. For 2025 rate development, we assumed a \$25.00 PMPM commission for new and renewing members who purchase plans through compensated channels, and we assumed that 43.0% of members will purchase plans through compensated channels.

Unlike Life Insurance and Property and Casualty products, the claim liabilities for Health Insurance have very short durations. Therefore, because the time between premium receipt and claim reimbursement is very short, investments are highly liquid with little time to achieve material returns. Our rate filing does not consider interest earned on funds backing the company's projected risk transfer because this does not represent operating income and pricing to an operating shortfall is not actuarially sound.

To fulfill the requirements of line 20 of the Individual Non-Grandfathered Health Plan Checklist, a breakdown of historical administrative expenses is shown in Appendix 12.2.

### **Contribution to Surplus, Contingency Charges, or Risk Charges**

This load (\$27.26) was applied proportionally to all products. A demonstration of the development of the Profit & Risk Load shown on Worksheet 2 of the URRT is shown in Appendix 12.2.

Contribution to surplus, contingency charges, or risk charges is defined as the portion of projected earned premium not associated directly with claims or expenses. This represents 3.95% of the projected earned premium, or 5.0% of premium before income taxes. This load does not vary by product or plan. See Appendix 12.2 for more detail on these values.

CCC will target accumulating an 8 to 1 premium to surplus ratio on its Individual market business over approximately ten years. To achieve this goal, the rate development assumes that 40% of contribution to surplus, contingency charges, or risk charges will be used in each year, for approximately ten years, to build the overall surplus level. In our opinion, this is a reasonable assumption and consistent with contribution to surplus, contingency charges, or risk charges assumptions we have seen in the market. Experience unpaid claims liability estimate does not include any margin, it reflects our best estimate of unpaid claims liability. No additional margin provisions were added to other rating assumptions. Appendix 12.4 shows a calculation of the current months of surplus, based on CCC's financial statement.

To fulfill the requirements of lines 20, 21, and 22 of the Individual Non-Grandfathered Health Plan Checklist, a breakdown of historical expenses compared to expense loads applied in the development of the rates is shown in Appendix 12.5.

### **Taxes and Fees**

The taxes and fees (\$27.72) which may be subtracted from premiums for purposes of calculating

the MLR are listed in Appendix 12.2. The Taxes & Fees shown on Worksheet 2 of the URRT do not include the Exchange User Fee (\$5.11) and are changed to a percent of premium by dividing by the Base Premium PMPM (\$690.16) as follows:  $(\$27.72 - \$5.11) / \$690.16 = 3.28\%$ . Note that this flat percent of premium is applied to all plans. This demonstration of the development of the Taxes & Fees shown on Worksheet 2 of the URRT is shown in Appendix 12.2. The Risk Adjustment Taxes and Fees shown in Appendix 12.2 is comprised of the Regulatory Surcharge fee, Insurance Fraud Surcharge fee and ACA annual fee that are attributed to the risk adjustment transfer payment.

The Patient Centered Outcomes Research Fee (PCORI) amount of \$0.32 shown on Appendix 12.2 is calculated as follows:  $\$3.47 / 12 * 1.075^{(15 / 12)} = \$0.32$  PMPM. The \$3.47 annual fee per member for plan years ending October 1, 2025 through September 30, 2026 is first divided by 12 to transfer the fee to a PMPM basis. It is then trended by the projected NHE trend for 2019-2028 of 7.5%, as noted on the CMS website on 12/18/2024 (<https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NHE-Fact-Sheet>). Fifteen months of trend are applied to project the payment for plan years ending 9/30/2025 to plan years ending 12/31/2026.

For 2026, the Risk Adjustment User Fee is included as part of Taxes and Fees on line 3.7 on Worksheet 2 of the URRT.

The 2026 WSHIP Assessment of \$0.34 PMPM is included in Appendix 12.2, along with the \$0.07 PMPM assessment for the WAPAL fund. The WSHIP 2023 Final Assessment is \$0.25 PMPM, and the Interim III 2024 Assessment is \$0.13 PMPM.

In Appendix 12.2, the ACA Annual Fee is \$0.00. These fees are not in effect in 2026. State income tax is expected to be \$0.00. The Mitigating Inequity Fee (WAC 284-43-6590) is \$0.00. This fee does not apply to Coordinated Care Corporation.

### 13. Calibration

The Plan Adjusted Index Rate is calibrated for plans within the single risk pool to correspond to an age rating factor of 1.0, a geographic rating factor of 1.0, and a tobacco use rating factor of 1.0. The intent of the calibration factors is to reset the Plan Adjusted Index Rate so that applying the age factor, geographic rating area factor, and tobacco use factor will result in the appropriate consumer adjusted premium rate. The calibration factors for each of the age, geographic, and tobacco use factors are shown in Appendix 13.1.

- Note that each of the calibration factors has one value that is applied uniformly and does not vary by plan.
- Premiums are developed without consideration of family composition for dependent premiums. Based on low historical frequency of greater than three child dependents, the impact of waived premiums due to family composition is negligible and premiums are developed assuming each covered member pays a premium.

#### Age Curve Calibration

The age curve calibration factor (1.7716) is applied in Worksheet 2, Section III of the URRT. The age curve calibration factor is calculated by weighting the prescribed age rating factors with the single risk pool membership distribution. This age curve calibration calculation is based on page 9 of the 2026 Unified Rate Review Instructions. Appendix 13.1 demonstrates the factors and member months used in the calculation of the average age rating factor. The age factor for each age band is the simple average of the factors in that band. The rounded weighted average age corresponding to this age calibration factor is 50 years.

Appendix 13.1 of the Actuarial Memorandum demonstrates the calibration of the Plan Adjusted Index Rate for age.

#### Geographic Factor Calibration

The geographic rating factors are displayed in Appendix 13.1 and Appendix 13.2. Appendix 13.1 demonstrates the factors and member months used in the calculation of the average geographic rating factor (1.0132). In order to determine the calibration factor for geography, the projected distribution of members by area was determined. Next, the weighted average of the area factors was calculated utilizing this distribution. The calibration factor is the inverse of the weighted average geographic factor.

The following section addresses the requirements contained in lines 16a, 16b and 16c of the Individual Non-Grandfathered Health Plan Checklist. The geographic factors were developed to reflect provider reimbursement differences by area. The reimbursement reflected in the geographic factors is based on current and projected contracts for providers by rating area. Projected risk pool morbidity and age/gender factors were set at statewide levels during geographic factor development. The area factors used are reflective of differences in delivery costs only and do not reflect differences in population morbidity. Appendix 13.2 demonstrates this development and shows that the geographic rating area factors are established without using the following health-status related factors listed in line 16b of the Individual Non-Grandfathered Health Plan Checklist:

- Health status of enrollees or the population in an area

- Medical condition of enrollees or the population in an area, including physical, mental and behavioral health illnesses
- Claims experience
- Health services utilization in the area
- Medical history of enrollees or the population in an area
- Genetic information of enrollees or the population in an area
- Disability status of enrollees or the population in an area
- Other evidence of insurability applicable in the area

The rating areas have been normalized so that King County has a factor of 1.00. The ratio between the highest and lowest area factor is no greater than 1.40. Appendix 13.1 lists the counties covered within each rating area.

The geographic factors changed from 2025 to 2026. The key elements causing the change in geographic factors include:

- Reimbursement assumptions including changes in provider contracting from 2025 to 2026
- Shifts in demographics

The following outlines the methodology used to determine the final 2026 factors:

1. Area-specific Medicare average allowed amounts by type of service are determined using Medicare average charge factors from the Milliman Health Cost Guidelines (HCGs).
2. These base Medicare amounts are adjusted to reflect provider reimbursement levels by area and type of service. Provider reimbursement is defined as a percentage of Medicare (e.g., 120% of Medicare), so the percentages of Medicare are applied directly to the base Medicare amounts.
3. Projected utilization by type of service is determined at the statewide, single risk pool level.
4. The projected statewide single risk pool utilization and average allowed charges are used to set area factors that only reflect unit cost reimbursement differentials by rating area.
5. Area factor relativities are developed as the ratio of the projected statewide risk pool utilization and regional unit cost PMPM for each area divided by the Area 1 projected statewide risk pool utilization and regional unit cost PMPM so area factors will be relative to Rating Area 1.
6. The state of Washington requires the ratio of the highest and lowest area factor be limited to 1.40. The area factors were adjusted to meet this requirement as shown in Appendix 13.2.

### **Tobacco Use Rating Factor Calibration**

The tobacco use calibration factor (1.0000) is applied in Worksheet 2, Section III of the URRT. This reflects that Coordinated Care Corporation will no longer rate for tobacco use in 2026. Proposed and historical tobacco factors are included in Appendix 13.1.



**Calibration adjustments are applied uniformly to all plans**

The calibration adjustment does not vary by plan. This is demonstrated in URRT Worksheet 2, Section III. Member-level adjustments as described in 45 CFR 147.102 are applied uniformly to all plans in the single risk pool, and these adjustments do not vary by plan.

In URRT Worksheet 2, Section III, the Plan Adjusted Index Rate is calibrated for age, tobacco, and geography to determine the Calibrated Plan Adjusted Index Rate. The Calibrated Plan Adjusted Index Rate can then be converted to the Base Rate by dividing by the average plan factor. Multiplying the Base Rate by the plan, age, tobacco, and area factors produces the Consumer Adjusted Premium Rate.

## 14. Consumer Adjusted Premium Rate Development

Each Plan Adjusted Index Rate is divided by the overall calibration factor to determine the Calibrated Plan Adjusted Index Rate.

The following allowable rating factors, as specified by 45 CFR Part 147.102, are applied to the Calibrated Plan Adjusted Index Rate to determine the rate that is charged to the health insurance subscriber:

- Rating Area
  - The area factors are listed in Appendix 13.1. The methodology for developing geographic factors is included in Section 13, "Calibration".
- Age
  - The prescribed standard age factors were used. Final premium rates are rounded to the nearest \$0.01. To guarantee that the rates for members aged 64+ years are not more than three times the rate for members 21 years old, \$0.02 is subtracted from the 64-and-over rate when calculating the final premiums shown in the rate table.
- Tobacco Status
  - The tobacco factor for 2026 is set to 1.000 for all ages 21+.
- For family coverage, rates for children are charged to no more than the three oldest covered children under age 21.

The Calibrated Plan Adjusted Index Rate for each plan is developed in Worksheet 2, Section III of the URRT. Appendix 13.1 lists the allowable rating factors and "Rate\_Review\_Detail\_Rating\_Example.pdf" has an example calculation of a family's rates.

## **15. Projected Loss Ratio**

The projected medical loss ratio (MLR) for Coordinated Care Corporation in 2026 in Washington is 85.2%, which satisfies the state of Washington's minimum MLR requirement of 80%. This projected MLR is calculated according to 45 CFR 158. The projected MLR is the projected 2026 calendar year single risk pool experience rather than the three-year period used for determining rebates. No credibility adjustment based on projected enrollment and average deductible was estimated. See Appendix 15.1 for the detail underlying the calculation.

Additionally the loss ratio as defined in the 2026 URR Instructions and calculated on URRT Worksheet 2 Line 4.10 is 80.24%. This represents incurred claims as a percent of premium after risk adjustment and is calculated in Appendix 15.1.

## 16. AV Metal Values

The AV Metal Values included in Worksheet 2 of the Part I URRT were calculated using the Final 2026 Federal AV Calculator for the plan provisions that fit within the calculator parameters and using alternative methods for plan design features that are not compatible with the parameters of the AV Calculator. Consistent with CMS' Marketplace Integrity and Affordability rule, the plan designs in this filing have been developed in compliance with these proposed expanded AV parameters.

The AVC only has one input for MH/SUD OP services and one input for generic drug cost sharing. Plans with different cost shares for MH/SUD OP office visits and MH/SUD OP other services, or with multiple tiers of generic drugs, cannot be input into the current Federal AVC without a unique benefit design certification.

The unique plan design certification for non-standardized plans is located in: "2026\_WA\_Unique\_Plan\_Design\_Justification.pdf".

Appendix 16.1 shows a summary of the AV, unique plan design status and certification of each plan. Appendix 16.2 contains the screenshots documenting the outcomes of the AV Calculator for each non-standardized plan. Due to size, Appendix 16.2 can be found in the standalone file named "WA\_State\_Appendix\_16\_2\_AV\_Screenshots.pdf".

Appendix 16.4 contains the Unique Plan Design Certification for the WA Standardized benefit designs, performed by Ksenia Whittal of Wakely Consulting. Due to size, Appendix 16.4 can be found in a standalone file named "WA\_State\_Appendix\_16\_4\_AV\_Screenshots\_Wakely.pdf".

Appendix 16.5 provides additional detail on the methodology used to calculate AVs for plans with benefit design features that were incompatible with the parameters of the AV Calculator. Appendix 16.6 details the benefit designs for plans included in the unique plan design certification. Both of these appendices are included in the file "WA\_State\_Appendix\_16\_5-6\_AVC\_Methodology.pdf".

## **17. Membership Projections**

The projected 2026 enrollment is 1,044,239 member months. It is expected that 660,151 of these member months will be from renewal membership. Based on CCC's price position, we project that 384,088 member months will be from new members, including newly eligible members under Washington's approved 1332 waiver. The projected enrollment for 2026 is developed by scaling the 2025 CCC member distribution by age, gender, service area and metal tier for expected growth or decrease in total CCC membership.

Silver plan membership projections are broken out separately for each cost-sharing reduction subsidy variant. We use the 2025 silver variant proportions at the rating area level and apply it to each county in that rating area in the 2026 projections, unless the 2026 membership for the rating area is projected to be less than 1,200, in which case we use the 2025 state-level proportions and apply it to those counties.

The details of the projected membership by subsidy level are shown in Appendix 17.1.

## 18. Terminated Plans and Products

A list of the plans being terminated and the plans to which these are being mapped is included below.

The following plans will not be offered in 2026:

Terminated 2025 Plan ID	Terminated 2025 Plan Name	Mapped 2026 Plan ID	Mapped 2026 Plan Name
61836WA0050026	Ambetter Cascade Bronze	61836WA0050022	Ambetter Cascade Vital Gold
61836WA0050034	Ambetter Clear Gold	61836WA0050022	Ambetter Cascade Vital Gold
61836WA0050019	Ambetter Essential Care 1	61836WA0050022	Ambetter Cascade Vital Gold
61836WA0050030	Ambetter Essential Care: \$0 Medical Deductible	61836WA0050022	Ambetter Cascade Vital Gold

All plans offered in plan year 2024 were also offered in 2025.

## **19. Plan Type**

The plan types listed in Worksheet 2, Section I of the Part I URRT describe Coordinated Care Corporation's plans exactly.

## 20. Effective Rate Review Information

**SUPPORTING SPEED TO MARKET TOOLS (STM)** The following speed to market tools were submitted with this filing:

- Checklist - Rates - 2026 Individual Nongrandfathered Health Plans
- 2026 Medical Uniform Product Modification Justification
- 2026 Ind Mental Health and Substance Use Disorder Financial Reqs
- 2026 Individual Nongrandfathered Health Plan Rate Schedule
- WAC 284-43-6660
- Format - Rates - 2026 MHSUD Parity Calculations
- Checklist - Rates - 2026 Individual Supplemental for 1332 Waiver Reporting
- Standardized Rate Filing Exhibits

**Additional Support for the Individual Health Plan Rate Filing WAC 284-43-6660** The experience shown in the WAC 284-43-6660 is current through March 2025 and is consistent with the financial data shown in URRT Worksheet 1, Section I.

**Investment Earnings** We anticipate investment earnings of 0.0%.

**Reinsurance (Checklist item 1b)** In 2024, there were \$99,759 of reinsurance premiums paid, and no recoveries as of March 2025. CCC has \$0 of reinsurance premiums projected in 2026.

**Overall Allowed EHB and non-EHB Claims Trend (Checklist item 5)** The overall annual EHB and non-EHB claims annual “trend” (before adjusting for URRT Worksheet 1, Section II non-trend adjustments) is 1.193. This change impact is developed through the following steps:

1. The starting point is the experience period allowed claims PMPM in URRT Worksheet 1, Section I (\$423.50 PMPM)
2. The experience period allowed claims PMPM (\$423.50 PMPM) is trended forward to calendar year 2026 using the allowed claims trends in URRT Worksheet 1, Section II.
3. The trended allowed claims PMPM (\$515.07 PMPM) is multiplied by the product of the four adjustment factors in URRT Worksheet 1, Section II ( 1.171) to develop the adjusted trended EHB allowed claims PMPM (\$603.00 PMPM).

The annualized difference between the PMPMs in URRT Worksheet 1, Section I (\$423.50 PMPM) and URRT Worksheet 2, Field 4.11 (\$603.00 PMPM) is 1.193, which is consistent with the overall annual EHB and non-EHB claims annual trend (adjusted for URRT Worksheet 1, Section II non-trend adjustments) listed above.

**Rate Review Detail in SERFF (Checklist items 23a and 23b)** The following addresses the requirements contained in lines 23a and 23b of the Individual Non-Grandfathered Health Plan Checklist.



Descriptions for the information listed in each section of “View Rate Review Detail” under Rate/Rule Schedule tab of SERFF rate filing are provided below. Note that the actual information will be entered directly into SERFF.

#### Company Rate Information

1. The number of policy holders: the number of subscribers enrolled in CCC’s individual marketplace health plans for March 2025.
2. The minimum, maximum, and average rate changes are consistent with the UPMJ Q5. Changes are developed using March 2025 enrollment and the 2025 and 2026 rating factors.
3. The overall percent rate impact matches the calculated overall average rate change in UPMJ Q5. The rate change calculation reflects the impact of mapping terminated plans and is member-weighted using March 2025 enrollment.
4. The Written Premium and Premium Change are annual amounts.

#### Rate Review Detail

1. The number of covered lives: the number of members enrolled in CCC’s individual marketplace health plans for March 2025.
2. Requested rate change information:
  - (a) Member months as of March 2025: the total member months for CY 2024 (the Experience Period) as of March 2025.
  - (b) The minimum, maximum, and weighted average rate changes match the initial UPMJ Q5. Changes are developed using March 2025 enrollment and the 2025 and 2026 rating factors.
3. Prior Rate:
  - (a) Projected earned premiums and incurred claims for 2025 match the amounts shown in the 2025 rate filing under "Requested Rate".
  - (b) The minimum and maximum PMPM rates come from the 2025 final Rate Schedule.
  - (c) The weighted average PMPM is consistent with the requested 2025 PMPM and average rate change.
4. Requested Rate:
  - (a) Projected earned premiums are for CY 2026 and are calculated as the total premium PMPM from line 4.17 on Worksheet 2, Section IV of the URRT multiplied by projected member months. Projected incurred claims are for CY 2026 and are calculated as the total incurred claims PMPM from line 4.15 on Worksheet 2, Section IV of the URRT multiplied by projected member months.
  - (b) The minimum and maximum PMPM rates come from the initial 2026 Rate Schedule.
  - (c) The weighted average PMPM is consistent with the total premium PMPM from line 4.17 on Worksheet 2, Section IV of the URRT.

5. The annual incurred claims trend factor, including leveraging, matches the weighted average of the trends by category in the WAC 284-43-6660 summary.

Appendix 20.2 shows the values entered into the “View Rate Review Detail” section under Rate/Rule Schedule tab of SERFF.

#### **45 CFR §156.130(h)(2) (Checklist item 24)**

Per 45 CFR §156.130(h)(2), for plan years beginning on or after January 1, 2020, amounts paid toward cost sharing using any form of direct support offered by drug manufacturers to insured patients to reduce or eliminate immediate out-of-pocket costs for specific prescription brand drugs are permitted, but not required, to be counted toward the annual limitation on cost sharing. CCC is not implementing this option.

**Membership Reconciliation (Checklist item 25a)** The experience period average monthly membership is consistent between the Additional Data Statement and WAC 284-43-6660.

**URRT Paid-to-Allowed Factor (Checklist item 28b)** See Appendix 12.3 for the development of the paid-to-allowed factor. The paid-to-allowed factor used in the URRT is consistent with the aggregate impact of the four plan factors from URRT Worksheet 2 (Fields 3.3, 3.4, 3.5, and 3.9).

**URRT Worksheet 2, Section IV Projected Allowed Claims, Incurred Claims & Premiums (Checklist item 28f)** Total allowed and incurred claims represent the expected cost by plan for the projection period, reflecting all characteristics of the population being enrolled.

In total, Claims PMPM is equal to Premium PMPM, plus Risk Adjustment PMPM, minus retention PMPM. At the plan level, there may be deviations from this expected relationship.

The Single Risk Pool rate development methodology requires that rates are developed by combining projected allowed costs and risk adjustment transfer (expressed on allowed basis). This sum produces the allowed claims projection, to which the AV and Cost Sharing Factor applies, to produce plan-level incurred claims projections. In reference to the AV and Cost Sharing Factor, the URR instructions state, “This factor should not include adjustments that take into account the morbidity of the population expected to enroll in the plan.”

Each plan’s incurred claims PMPM projection must implicitly reflect a single composite Risk Transfer value. However, we typically estimate there is a difference of hundreds of dollars PMPM between the Risk Transfers of Bronze and Gold enrollees. Due to this disconnect in the expected plan-level results and the required rate development methodology, accurate plan-level risk adjustment projections cannot reconcile perfectly with plan-level premium, claims, and retention projections developed under the URRT framework.

**Differences in the UPMJ and URRT Aggregate Rate Change (Checklist item 30c)** The URRT Worksheet 2, fields 1.12 and 1.13 premium-weight the overall rate change while the Aggregate Rate Change in UPMJ Q5 and only weights by current enrollment.

**Mitigating Inequity in the Health Insurance Market (Checklist item 38)** This item is not applicable to Coordinated Care Corporation.

**Demonstrating Consistency with URRT** Appendix 20.3a and 20.3b demonstrate the flow of calculations in the URRT.

**Use of Artificial Intelligence, Machine Learning, and/or Predictive Modeling (Checklist Item 39)** The following describes Coordinated Care Corporation reliance on predictive modeling techniques in preparing assumptions and premium rates for this filing:

- To forecast 2026 membership, we start with our 2025 OE results and trend this to December 2025 before applying a renewal rate and new member volume. We use predictive models to forecast how many members will join and leave our plans during the year to understand how membership volume will change over time. We compare these trends with historical patterns to ensure our forecasts are accurate and reasonable.
- Utilization trend estimates place partial reliance on predictive models, specifically a Generalized Linear Model (GLM). The GLM uses utilization data from 2022 to 2024 and quantifies medical utilization trends for the full two years in between those periods. It uses predictor variables that include risk scores, product, and geographic information to predict an assumed Tweedie target variable, which is the normalized allowed costs at the HCG category level. At the national level, the GLM results do not stray away significantly from the other model's results, with the exception of the Other Medical trends, which are liable to be volatile. The blended trends, guided by several benchmarks such as trends from previous year's filing, URRT trends, and Milliman trend guidelines, are used to inform the recommended trends for CNC in the 2026 pricing cycle.
- The expected morbidity of CNC's 2026 population relative to that of the state of Washington is calculated using a linear model. The inputs of the model are 2024 risk score and age/gender data from our nationwide population. The output of the model estimates the impact of age on our nationwide risk score split by metal and gender, which is then applied to the demographics of our projected membership in the state of Washington. The reasonableness of the results is assessed by actual to expected analysis using historical model results.

## **21. Reliance**

In the preparation of this filing, I relied upon data provided by other parties within Coordinated Care Corporation and its parent company Centene Corporation. I performed general reasonableness checks, but I have not audited the data and have relied upon its accuracy. To the extent that the underlying data is inaccurate, this filing may also be inaccurate. Actual results will vary from those projected in the filing. This is due to random fluctuations, unexpected large claims, changes in population, and other such factors.

Models used in the preparation of our analysis were applied consistent with their intended use. Where we relied on models developed by others, we have made a reasonable effort to understand the intended purpose, general operation, dependencies and sensitivities of those models.

As permitted by the OIC, we have relied on the Actuarial Value Certification for WAHBE 2026 Standard Medical Plan designs performed by Wakely Consulting Group. We have relied on the certification by Wakely Consulting Group since we do not have access to the underlying data used in their assessment of the Actuarial Value for these plans which the OIC has indicated must be matched. Documentation of the analysis performed by Wakely Consulting Group is included in Appendix 16.4.

See Appendix 21.1 for a detailed listing of items received and relied upon for rate development.

## 22. Actuarial Certification

I, Charles Steffens, am a member of the American Academy of Actuaries in good standing and meet its qualification standards for actuaries issuing statements of actuarial opinion in the United States promulgated by the American Academy of Actuaries, and have the education and experience necessary to perform the work.

I certify the rates were developed in accordance with the appropriate Actuarial Standards of Practice (ASOPs) and the profession's Code of Professional Conduct. While other ASOPs apply, particular emphasis was placed on the following

- ASOP No. 5, Incurred Health and Disability Claims
- ASOP No. 8, Regulatory Filings for Health Benefits, Accident and Health Insurance, and Entities Providing Health Benefits
- ASOP No. 12, Risk Classification
- ASOP No. 23, Data Quality
- ASOP No. 25, Credibility Procedures
- ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans
- ASOP No. 41, Actuarial Communications
- ASOP No. 42, Health and Disability Actuarial Assets and Liabilities Other Than Liabilities for Incurred Claims
- ASOP No. 45, The Use of Health Status Based Risk Adjustment Methodologies
- ASOP No. 50, Determining minimum value and Actuarial Value under the Affordable Care Act
- ASOP No. 56, Modeling

I certify that to the best of my knowledge and judgement:

1. The Index Rate for the Projection Period is:
  - (a) In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80 and 147.102);
  - (b) Developed in compliance with the applicable Actuarial Standards of Practice;
  - (c) Reasonable in relation to the benefits provided and the population anticipated to be covered;
  - (d) Neither excessive nor deficient based on my best estimate 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 difference in the cost of delivery and do not include differences for population morbidity by geographic area.
4. The CMS Actuarial Value Calculator, with appropriate adjustments, was used to determine the AV Metal Values shown in Worksheet 2, Section I of the URRT for all plans. This rate filing was prepared in compliance with all applicable state and federal statutes and regulations.

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

The 2026 plan year premium rates in this actuarial memorandum are contingent upon the status of the ACA statutes and regulations including any regulatory guidance, such as CMS' Marketplace Integrity and Affordability Rule, court decisions, or otherwise. Changes have the potential to greatly impact the 2026 plan year premium rates provided in this Actuarial Memorandum and the alignment of these premium rates with incurred costs. Changes include, but are not limited to, any legislative or regulatory amendment, court decision, or a decision by Congress, the Health and Human Services Secretary or the Centers for Medicare and Medicaid Services director to adjust funding of CSR subsidies or advance premium tax credits. In the event that a material provision is enacted renewing eAPTCs at current or partially funded levels, a revision to the rates will be needed. In particular, rates were developed assuming steady funding of Advanced Premium Tax Credits (APTCs) and elimination of cost-sharing reduction (CSR) subsidy payments. Rates assume extended Advanced Premium Tax Credits (eAPTCs) funded through the American Rescue Plan have been discontinued. The discontinuation of such funding, as it relates to both standard APTCs, eAPTCs and CSR subsidy payments, will impact whether rates are sufficient and not excessive.

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 URRT's process used to develop proposed premium rates. It does certify that rates were developed in accordance with applicable regulations, as noted.

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

Signed: 

Name: Charles Steffens FSA, MAAA

Date: 5/8/2025

### **Expected Plan Payments Used For Federal Mental Health Parity Testing**

When reviewing Coordinated Care Corporation Washington Individual HMO plans for compliance with the Final Rules under the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008, Coordinated Care Corporation first considered the overall data volume to determine the credibility level. Using the methods below, Coordinated Care Corporation determined that there is not sufficient Washington Individual HMO plan level experience available for use in testing for compliance with the Final Rules and blended the available experience with appropriate manual experience.

To test a given 2026 Individual HMO plan for Mental Health Parity compliance, Coordinated Care Corporation used the Limited Fluctuation Classical Credibility procedure in accordance with Actuarial Standard of Practice No. 25 to blend the 2024 Washington plan experience with 2024 Individual Marketplace experience. The Limited Fluctuation Classical Credibility procedure is appropriate for producing expected plan payments for use in Mental Health Parity testing.

The 2024 Individual Marketplace experience used in the credibility blend is fully credible. The experience is appropriate for the purpose of credibility blending with WA plan experience to determine expected costs and the associated distribution of costs by benefit category for this Mental Health Parity testing. The 2024 Individual Marketplace experience is internal company data and has similar risk characteristics as the WA plan experience. The 2024 Individual Marketplace data reflects similarities in demographics, coverages, frequency and severity with the subject plan experience and is therefore appropriate to be used in the credibility blend.

To produce the expected 2026 plan payments, 2024 claim experience allowed cost was trended with unit cost and utilization trends for 2 years using 2024 trend factor guidelines according to the type of coverage of the claim (inpatient, outpatient, or professional). Allowed cost was then summarized at the benefit category level and expressed on a per member per month basis. This was done for both the plan experience and the 2024 Individual Marketplace experience. The plan experience was assigned a credibility weight based on the experience member months according to the Limited Fluctuation Classical Credibility procedure. This credibility weight was used to blend the plan specific experience with the credible 2024 Individual Marketplace experience at the benefit category level. The blended allowed cost per member per month multiplied by projected member months for the plan is the 2026 expected plan payment that was used for testing Mental Health Parity.

### **Actuarial Certification**

This memorandum provides actuarial certification of the methods used to estimate expected plan payments for the purpose of testing the Individual HMO plans for the 2026 plan year.

I, Ashlesha Joshi, am associated with Coordinated Care Corporation. I am a member of the American Academy of Actuaries and meet its qualifications standards for the issuance of a statement of actuarial opinion in regard to health plans in the United States.

I certify that, to the best of my knowledge, this rate filing is in compliance with WAC 284-43-7040(1)(c)(ii) and applicable Actuarial Standards of Practice.

Ashlesha Joshi ASA, MAAA

5/8/2025

## Part II: Written Justification of Rate Increase

Coordinated Care Corporation  
Annual Individual Health Rate Filing  
Washington

Assuming Enhanced Advance Premium Tax Credits (eAPTCs) Have Expired  
Effective January 1, 2026  
Forms: 61836WA005



Coordinated Care Corporation is filing rates for the individual block of business, effective January 1, 2026. This document is submitted in conjunction with the Part I Unified Rate Review Template and the Part III Actuarial Memorandum.

The results are actuarial projections. Actual experience will differ for a number of reasons, including population changes, claims experience, and random deviations from assumptions.

### **Scope and Range of Rate Increase**

Number of Individuals Impacted by Rate Increase: 107,649 individuals (membership as of March 2025)

The rating structure has not changed from 2025 to 2026; premium rates are developed based on the benefit plan, geographic area, age, and tobacco use of the insured. Premiums are charged for each individual in a family, but for no more than the three oldest dependent children under age 21. The rating factors for benefit plan and geographic area have changed. Age factors have not changed. Tobacco factors have changed to reflect that premiums no longer vary based on tobacco use. Renewing plans in 2026 will see rate changes, which vary depending on the plan selected and the member's location in the state. The average rate increase is 21.95%.

The components of the rate change are shown in Table 1. Further discussion of these drivers can be found below.

Factor	Impact
Unit Cost Trend	10.5%
Utilization Trend	3.2%
Changes in Benefit Design	(-23.5% to 14.8%)
Non-Benefit Expenses	4.7%

### **Financial Experience of the Product**

#### **Single Risk Pool Experience and Morbidity**

The individual single risk pool experience underlying the rate projections has been updated. The table below shows a summary of the pooled experience with adjustments. Additionally, risk adjustment transfer experience for calendar year 2024 was projected forward to 2026, including consideration of changes to the statewide average premium, risk adjustment program, and CCC enrollee population morbidity relative to the Washington single risk pool and the high-cost risk pool.

	Experience Period From 1/1/2024 to 12/31/2024	First Prior Period From 1/1/2023 to 12/31/2023	Second Prior Period From 1/1/2022 to 12/31/2022
Member Months	1,006,022	727,349	400,907
Earned Premium	\$517,777,241	\$361,813,091	\$214,614,590
Paid Claims	\$352,930,070	\$211,895,378	\$143,452,428
Beginning Claim Reserve	\$36,103,013	\$21,396,167	\$18,979,466
Ending Claim Reserve	\$43,534,797	\$36,103,013	\$21,396,167
Incurred Claims	\$360,361,854	\$226,602,224	\$145,869,129
Expenses	\$90,630,894	\$68,751,562	\$30,179,665
Gain/Loss	\$66,784,493	\$66,459,304	\$38,565,796
Loss Ratio Percentage	69.6%	62.6%	68.0%
Reinsurance	\$0	\$0	\$0
Risk Adjustment Transfer Amount	-\$64,653,292	-\$45,640,884	-\$1,358,336
High-Cost Risk Pool Transfer Amount	\$674,178	\$264,778	\$0
High-Cost Risk Pool Assessment	-\$2,122,730	-\$1,307,365	-\$785,524
HHS-RADV Adjustments	-\$2,012,042	-\$1,455,965	\$0
Adjusted Gain/Loss	-\$1,329,392	\$18,319,870	\$36,421,936
Total Anticipated MLR Rebates	\$0	\$0	-\$8,863,084
Gain/Loss, Net of MLR	-\$1,329,392	\$18,319,870	\$27,558,852
Gain/Loss, Net of MLR (% of Premium)	-0.3%	5.1%	12.8%

## Changes in Medical Service Costs

### Unit Cost Trend

Expected unit cost levels and reimbursement arrangements with providers have changed between 2025 and 2026. Additionally, certain third-party administrative expenses have been reclassified from claims to administrative expenses for consistency with medical loss ratio reporting. Experience period claims were trended 14.8% from 2024 to 2026.

### Utilization Trend

The projected utilization trends are consistent with observed historical trends based on internal analysis of our marketplace experience, supplemented by the Milliman Health Cost Guidelines. Inpatient, outpatient, and professional utilization trends were determined on a combined basis. Prescription drug utilization trends rely on these same data sources and reflect raw utilization changes as well as changes in drug mix. Experience period claims were trended 5.9% from 2024 to 2026.

## Changes in Benefits

### Changes in Benefit Design

Coverage has been added for Donor Milk, Hearing Aids and Exams, and Artificial Insemination. Acupuncture is no longer subject to any visit limit and HB 1971 allows certain Hormone therapy prescriptions to be filled in greater quantities. Premium rates continue to reflect the expectation that CCC will not be reimbursed by the U.S. Department of Health and Human Services (HHS) for cost-sharing on CSR Silver plans. Enrollment projections reflect updated expectations regarding member plan selections by metal and CSR level, which in turn affect the required rate load to compensate for CSR non-funding.

### Summary of Cost Sharing Changes

We anticipate some cost share changes from 2025 to 2026. SB 5057 prohibits cost sharing for prenatal and postnatal care. The table below provides a high-level summary of the changes in deductible and out-of-pocket (OOP) maximum. Cost sharing changes are listed out in more detail in our actuarial memorandum appendices (Appendix 20.5). There may be other cost sharing changes, not listed, for more detailed services. These changes may also impact premium rate changes.

Plan Name	Deductible 2025	Deductible 2026	OOP Max 2025	OOP Max 2026
Ambetter Balanced Care 4 - Standard Silver On Exchange Plan	\$8,050 INT	\$8,200 INT	\$8,050	\$8,200
Ambetter Balanced Care 4 - 73% AV Level Silver Plan	\$7,250 INT	\$7,450 INT	\$7,250	\$7,450
Ambetter Balanced Care 4 - 87% AV Level Silver Plan	\$2,550 INT	\$2,650 INT	\$2,550	\$2,650
Ambetter Balanced Care 4 - 94% AV Level Silver Plan	\$800 INT	\$800 INT	\$800	\$800
Ambetter Secure Care 5 - Standard Gold On Exchange Plan	\$1,450 INT	\$1,450 INT	\$7,500	\$7,500
Ambetter Cascade Silver - Standard Silver On Exchange Plan	\$2,500 INT	\$2,500 INT	\$9,200	\$9,750
Ambetter Cascade Silver - 73% AV Level Silver Plan	\$2,500 INT	\$2,500 INT	\$7,250	\$7,950
Ambetter Cascade Silver - 87% AV Level Silver Plan	\$750 INT	\$750 INT	\$2,500	\$2,850
Ambetter Cascade Silver - 94% AV Level Silver Plan	\$0 INT	\$0 INT	\$1,900	\$2,400
Ambetter Cascade Complete Gold - Standard Gold On Exchange Plan	\$600 INT	\$1,000 INT	\$7,000	\$7,000
Ambetter Cascade Select Bronze - Standard Bronze On Exchange Plan	\$6,000 INT	\$6,000 INT	\$9,200	\$10,150
Ambetter Cascade Select Silver - Standard Silver On Exchange Plan	\$2,500 INT	\$2,500 INT	\$9,200	\$9,750
Ambetter Cascade Select Silver - 73% AV Level Silver Plan	\$2,500 INT	\$2,500 INT	\$7,250	\$7,950
Ambetter Cascade Select Silver - 87% AV Level Silver Plan	\$750 INT	\$750 INT	\$2,500	\$2,850
Ambetter Cascade Select Silver - 94% AV Level Silver Plan	\$0 INT	\$0 INT	\$1,900	\$2,400
Ambetter Cascade Select Complete Gold - Standard Gold On Exchange Plan	\$600 INT	\$1,000 INT	\$7,000	\$7,000

## Administrative Costs and Anticipated Margin

### Non-Benefit Expenses

Expected costs for Core Administrative Costs and Provider Incentive Payments increased between 2025 and 2026. An after-tax profit & risk load of \$27.26 was applied proportionally to all products. The overall non-benefit expense load decreased from \$105.74 PMPM in the 2025 filing to \$131.51 PMPM in the 2026 filing, an impact of 4.7% where  $4.7\% = \frac{\$131.51 - \$105.74}{\$552.15}$  (\$552.15 is the projected premium from URRT Worksheet 2 Section IV in the 2025 filing).

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

35

36

37

38

39

40

41

42

43

44

45

46

47

48

49

50

51

Unified Rate Review v6.1

Company Legal Name:Coordinated Care Corporation

HIOS Issuer ID:61836

State:WA

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

Market:Individual

Market Level Calculations (Same for all Plans)

Section I: Experience Period Data

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

	Total	PMPM
Allowed Claims	\$426,046,154.82	\$423.50
Reinsurance	\$0.00	\$0.00
Incurred Claims in Experience Period	\$360,361,853.54	\$358.20
Risk Adjustment	-\$68,113,885.12	-\$67.71
Experience Period Premium	\$517,777,240.60	\$514.68
Experience Period Member Months	1,006,022	

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	\$85.40	1.093	1.025	1.093	1.025	\$107.13
Outpatient Hospital	\$130.76	1.091	1.025	1.091	1.025	\$163.62
Professional	\$110.99	1.043	1.025	1.043	1.025	\$126.89
Other Medical	\$11.49	0.998	1.025	0.998	1.025	\$12.02
Capitation	\$2.90	1.000	1.000	1.000	1.000	\$2.90
Prescription Drug	\$81.95	1.068	1.048	1.068	1.048	\$102.52
Total	\$423.50					\$515.07

Morbidity Adjustment	0.985
Demographic Shift	1.191
Plan Design Changes	0.993
Other	1.005
Adjusted Trended EHB Allowed Claims PMPM for 1/1/2026	\$603.00

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

Projected Period Totals		
Projected Index Rate for 1/1/2026	\$603.00	\$629,676,117.00
Reinsurance	\$0.00	\$0.00
Risk Adjustment Payment/Charge	-\$27.84	-\$29,071,230.36
Exchange User Fees	0.91%	\$6,025,655.29
Market Adjusted Index Rate	\$636.61	\$664,773,002.65

Projected Member Months	1,044,239
-------------------------	-----------

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: Coordinated Care Corporation  
 HIOS Issuer ID: 61836 State: WA  
 Effective Date of Rate Change(s): 1/1/2026 Market: Individual

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

Product/Plan Level Calculations

Field # Section I: General Product and Plan Information

1.1 Product Name	Ambetter Essential Care													
1.2 Product ID	61836WA0050007													
1.3 Plan Name	Ambetter	Ambetter Cascade	Ambetter Cascade	Ambetter Cascade	Ambetter Cascade	Ambetter Cascade	Ambetter Secure	Ambetter Cascade	Ambetter Cascade	Ambetter Cascade	Ambetter Clear	Ambetter	Ambetter	Ambetter
1.4 Plan ID (Standard Component ID)	61836WA0050007	61836WA0050018	61836WA0050036	61836WA0050038	61836WA0050037	61836WA0050017	61836WA0050008	61836WA0050022	61836WA0050016	61836WA0050026	61836WA0050034	61836WA0050019	61836WA0050030	61836WA0050030
1.5 Metal	Silver	Gold	Bronze	Gold	Silver	Silver	Gold	Gold	Gold	Bronze	Gold	Bronze	Bronze	Bronze
1.6 AV Metal Value	0.719	0.818	0.850	0.818	0.718	0.718	0.816	0.781	0.781	0.636	0.782	0.603	0.647	0.647
1.7 Plan Category	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Yes	Yes	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated
1.8 Plan Type	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
1.9 Exchange Plan?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	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	1/1/2026	1/1/2026
1.11 Cumulative Rate Change % (over 12 mos prior)	24.49%	-4.16%	9.03%	1.65%	32.36%	26.34%	-6.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
1.12 Product Rate Increase %	19.92%													
1.13 Submission Level Rate Increase %	19.92%													

Worksheet 1 Totals

Section II: Experience Period and Current Plan Level Information

2.1 Plan ID (Standard Component ID)	Total	61836WA0050007	61836WA0050018	61836WA0050036	61836WA0050038	61836WA0050037	61836WA0050017	61836WA0050008	61836WA0050022	61836WA0050016	61836WA0050026	61836WA0050034	61836WA0050019	61836WA0050030
2.2 Allowed Claims	\$426,046,155	\$57,331,789	\$91,836,645	\$11,476,515	\$30,595,762	\$51,778,864	\$93,374,119	\$8,661,912	\$0	\$0	\$31,808,743	\$13,739,549	\$21,813,787	\$13,628,490
2.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.4 Member Cost Sharing	\$65,684,301	\$6,160,360	\$10,144,533	\$3,941,875	\$4,497,113	\$4,999,113	\$11,149,784	\$1,519,162	\$0	\$0	\$10,026,898	\$3,312,684	\$6,343,682	\$3,590,097
2.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.6 Incurred Claims	\$360,361,854	\$51,121,408	\$81,692,112	\$7,534,639	\$26,098,649	\$46,780,751	\$82,224,335	\$7,142,750	\$0	\$0	\$21,781,846	\$10,426,864	\$15,470,105	\$10,038,391
2.7 Risk Adjustment Transfer Amount	\$68,113,885	\$6,348,750	\$6,541,365	\$12,460,485	\$4,668,633	\$8,896,988	\$10,484,692	\$675,427	\$0	\$0	\$22,530,797	\$1,723,886	\$13,241,928	\$7,759,556
2.8 Premium	\$517,777,241	\$71,755,688	\$64,842,725	\$23,604,850	\$38,663,065	\$87,526,086	\$110,203,091	\$6,997,148	\$0	\$0	\$50,643,268	\$16,177,111	\$26,299,349	\$21,064,858
2.9 Experience Period Member Months	1,006,022	113,909	116,922	64,445	82,512	170,693	188,756	12,094	0	0	116,358	30,749	69,188	39,996
2.10 Current Enrollment	107,649	10,998	9,561	8,518	6,960	22,438	21,092	1,005	0	0	12,399	2,542	8,159	3,883
2.11 Current Premium PMPM	\$556.50	\$670.69	\$643.92	\$394.84	\$527.36	\$534.65	\$633.72	\$633.97	\$0.00	\$0.00	\$487.95	\$613.20	\$418.46	\$587.35
2.12 Loss Ratio	80.14%	78.24%	114.44%	67.61%	60.23%	59.50%	82.47%	93.09%	#DIV/0!	#DIV/0!	77.48%	88.25%	118.48%	75.45%
Per Member Per Month														
2.13 Allowed Claims	\$423.50	\$503.31	\$785.45	\$178.08	\$369.01	\$303.34	\$494.68	\$716.22	#DIV/0!	#DIV/0!	\$273.37	\$446.83	\$315.28	\$340.75
2.14 Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00
2.15 Member Cost Sharing	\$65.29	\$54.08	\$86.76	\$61.17	\$54.24	\$29.28	\$59.07	\$125.61	#DIV/0!	#DIV/0!	\$86.17	\$107.73	\$91.69	\$89.76
2.16 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00
2.17 Incurred Claims	\$358.20	\$449.23	\$698.69	\$116.92	\$314.78	\$274.06	\$435.61	\$590.60	#DIV/0!	#DIV/0!	\$187.20	\$339.10	\$223.60	\$250.98
2.18 Risk Adjustment Transfer Amount	\$67.71	\$55.74	\$55.95	\$193.35	\$56.31	\$52.12	\$55.55	\$55.85	#DIV/0!	#DIV/0!	\$193.63	\$56.06	\$191.39	\$194.01
2.19 Premium	\$514.68	\$629.94	\$554.58	\$366.28	\$466.31	\$512.77	\$583.84	\$578.56	#DIV/0!	#DIV/0!	\$435.24	\$526.10	\$380.11	\$526.67

Section III: Plan Adjustment Factors

3.1 Plan ID (Standard Component ID)	61836WA0050007	61836WA0050018	61836WA0050036	61836WA0050038	61836WA0050037	61836WA0050017	61836WA0050008	61836WA0050022	61836WA0050016	61836WA0050026	61836WA0050034	61836WA0050019	61836WA0050030
3.2 Market Adjusted Index Rate							\$636.61						
3.3 AV and Cost Sharing Design of Plan	0.9381	0.8404	0.6195	0.8404	1.0072	1.0072	0.7792	0.7854	0.7854	0.0000	0.0000	0.0000	0.0000
3.4 Provider Network Adjustment	1.0127	1.0127	0.9697	0.9697	0.9697	1.0127	1.0127	1.0127	0.9697	0.0000	0.0000	0.0000	0.0000
3.5 Benefits in Addition to EHB	1.0015	1.0015	1.0015	1.0015	1.0015	1.0015	1.0015	1.0015	1.0015	0.0000	0.0000	0.0000	0.0000
Administrative Costs													
3.6 Administrative Expense	11.09%	11.09%	11.09%	11.09%	11.09%	11.09%	11.09%	11.09%	11.09%	0.00%	0.00%	0.00%	0.00%
3.7 Taxes and Fees	3.28%	3.28%	3.28%	3.28%	3.28%	3.28%	3.28%	3.28%	3.28%	0.00%	0.00%	0.00%	0.00%
3.8 Profit & Risk Load	3.95%	3.95%	3.95%	3.95%	3.95%	3.95%	3.95%	3.95%	3.95%	0.00%	0.00%	0.00%	0.00%
3.9 Catastrophic Adjustment	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.0000	0.0000	0.0000	0.0000
3.10 Plan Adjusted Index Rate	\$741.53	\$664.26	\$468.90	\$636.06	\$762.31	\$796.11	\$615.92	\$620.78	\$594.42	\$0.00	\$0.00	\$0.00	\$0.00
3.11 Age Calibration Factor	0.5645												
3.12 Geographic Calibration Factor	0.9870												
3.13 Tobacco Calibration Factor	1.0000												
3.14 Calibrated Plan Adjusted Index Rate	\$413.12	\$370.08	\$261.23	\$354.36	\$424.70	\$443.53	\$343.14	\$345.85	\$331.16	\$0.00	\$0.00	\$0.00	\$0.00

Section IV: Projected Plan Level Information

4.1 Plan ID (Standard Component ID)	Total	61836WA0050007	61836WA0050018	61836WA0050036	61836WA0050038	61836WA0050037	61836WA0050017	61836WA0050008	61836WA0050022	61836WA0050016	61836WA0050026	61836WA0050034	61836WA0050019	61836WA0050030
4.2 Allowed Claims	\$629,677,890	\$97,862,867	\$84,240,473	\$44,956,057	\$30,509,662	\$81,853,302	\$151,142,960	\$12,812,636	\$97,896,878	\$27,203,053	\$0	\$0	\$0	\$0
4.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.4 Member Cost Sharing	\$72,062,219	\$7,702,334	\$9,401,288	\$13,507,710	\$3,404,897	\$5,947,552	\$11,497,010	\$1,939,150	\$14,604,155	\$4,058,124	\$0	\$0	\$0	\$0
4.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.6 Incurred Claims	\$557,615,674	\$90,160,534	\$74,830,186	\$21,448,347	\$27,104,766	\$77,905,750	\$139,645,951	\$10,073,486	\$83,292,722	\$23,144,930	\$0	\$0	\$0	\$0
4.7 Risk Adjustment Transfer Amount	\$25,744,232	\$3,817,065	\$3,464,543	\$2,092,966	\$1,310,412	\$3,383,038	\$5,880,255	\$506,212	\$4,115,447	\$1,194,293	\$0	\$0	\$0	\$0
4.8 Premium	\$720,687,079	\$114,808,951	\$93,348,329	\$39,806,906	\$33,808,286	\$104,605,962	\$189,239,261	\$12,646,647	\$103,627,336	\$28,795,402	\$0	\$0	\$0	\$0
4.9 Projected Member Months	1,044,239	154,828	140,529	84,895	53,153	137,223	237,704	20,533	166,931	48,443	0	0	0	0
4.10 Loss Ratio	80.24%	81.23%	83.26%	83.39%	83.40%	76.96%	76.15%	82.97%	83.70%	83.86%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Per Member Per Month														
4.11 Allowed Claims	\$603.00	\$632.07	\$599.45	\$529.55	\$574.00	\$611.07	\$635.85	\$585.04	\$586.45	\$561.55	#DIV/0!	#DIV/0!	#DIV/0!	#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	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
4.13 Member Cost Sharing	\$69.01	\$49.75	\$66.90	\$159.11	\$64.06	\$43.34	\$48.37	\$94.44	\$67.49	\$83.77	#DIV/0!	#DIV/0!	#DIV/0!	#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	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
4.15 Incurred Claims	\$533.99	\$582.33	\$532.55	\$370.44	\$509.94	\$567.73	\$587.48	\$490.60	\$498.96	\$477.78	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
4.16 Risk Adjustment Transfer Amount	\$24.65	\$24.65	\$24.65	\$24.65	\$24.65	\$24.65	\$24.65	\$24.65	\$24.65	\$24.65	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
4.17 Premium	\$690.16	\$741.53	\$664.26	\$468.90	\$636.06	\$762.31	\$796.11	\$615.92	\$620.78	\$594.42	#DIV/0!	#DIV/0!	#DIV/0!	#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	1.0000
Rating Area 2	1.0192
Rating Area 3	1.1368
Rating Area 4	0.9637
Rating Area 5	1.0047
Rating Area 6	0.9283
Rating Area 7	0.9772
Rating Area 8	1.0912
Rating Area 9	0.9272



<b>State:</b>	Washington	<b>Filing Company:</b>	Coordinated Care Corporation
<b>TOI/Sub-TOI:</b>	HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005C Individual - Other		
<b>Product Name:</b>	2026 nongrandfathered individual rate filing - Ambetter		
<b>Project Name/Number:</b>	/		

## Supporting Document Schedules

<b>Bypassed - Item:</b>	Written Description Justifying the Rate Increase
<b>Bypass Reason:</b>	N/A, Part II (Written Description Justifying the Rate Increase) is loaded on the URRT tab as required.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Corresponding Filing Tracking Numbers
<b>Comments:</b>	
<b>Attachment(s):</b>	Corresponding Tracking Numbers 2026.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Checklist-R&F-2026 Individual Medical Uniform Product Modification Justification
<b>Comments:</b>	
<b>Attachment(s):</b>	Uniform Product Modification Justification.pdf Uniform Product Modification Justification Duplicate.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Certification-Rates-2026 Individual Mental Health and Substance Use Disorder Financial Requirements
<b>Comments:</b>	
<b>Attachment(s):</b>	MHSUD Financial Requirement Parity Certification.pdf Individual NG Health Plan MH Parity Financial Requirements Workbook - 2026.pdf Individual NG Health Plan MH Parity Financial Requirements Workbook - 2026 Duplicate.xlsm
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Checklist-Rates-2026 Individual Nongrandfathered Health Plans
<b>Comments:</b>	
<b>Attachment(s):</b>	checklist-rates-2026-individual-nongrandfathered-health-plans_20250515.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	2026 Individual Supplemental Checklist for 1332 Waiver Reporting
<b>Comments:</b>	
<b>Attachment(s):</b>	Checklist - Rates - 2026 Supplement for Waiver Reporting.pdf



<b>State:</b>	Washington	<b>Filing Company:</b>	Coordinated Care Corporation
<b>TOI/Sub-TOI:</b>	HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005C Individual - Other		
<b>Product Name:</b>	2026 nongrandfathered individual rate filing - Ambetter		
<b>Project Name/Number:</b>	/		

<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	Rate Change Exhibit
<b>Comments:</b>	
<b>Attachment(s):</b>	Coordinated Care Rate Change Exhibit.pdf Coordinated Care Rate Change Exhibit Duplicate.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	WAC 284-43-6660
<b>Comments:</b>	
<b>Attachment(s):</b>	WAC 284-43-6660.pdf WAC 284-43-6660 Duplicate.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	WA Experience
<b>Comments:</b>	
<b>Attachment(s):</b>	WA Experience.pdf WA Experience Duplicate.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	Certification to 2026 Commission Schedule
<b>Comments:</b>	
<b>Attachment(s):</b>	2026 WA Only Ambetter Standard Commission Schedule_4.15.25_Filing_v1.pdf Certification to the 2026 Commission Schedule_signed.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	Additional Data Statement
<b>Comments:</b>	
<b>Attachment(s):</b>	2024 additional data statement.pdf 2024 Additional Data Statement Reconciliation to URRT.pdf 2024 Additional Data Statement Reconciliation to URRT Duplicate.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>State:</b>	Washington	<b>Filing Company:</b>	Coordinated Care Corporation
<b>TOI/Sub-TOI:</b>	HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005C Individual - Other		
<b>Product Name:</b>	2026 nongrandfathered individual rate filing - Ambetter		
<b>Project Name/Number:</b>	/		

<b>Satisfied - Item:</b>	Benefit Components
<b>Comments:</b>	
<b>Attachment(s):</b>	Benefit Components.pdf Benefit Components Duplicate.xlsm
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	Unique Plan Design Justification
<b>Comments:</b>	
<b>Attachment(s):</b>	2026 UPDJ WA (61836) 20250430 signed.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	WA State Appendices
<b>Comments:</b>	
<b>Attachment(s):</b>	WA_State_Appendix_16_4_AV_Screenshots_Wakely.pdf WA_State_Appendix_16_2_AV_Screenshots.pdf WA_State_Appendix_16_5-6_AVC_Methodology.pdf WA State Appendices.pdf WA State Appendices Duplicate.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	Rating Documents for Extended ARPA Subsidies
<b>Comments:</b>	
<b>Attachment(s):</b>	Rate Schedule with ARPA extension.pdf Part_III_Rate_Filing_Documentation_and_Actuarial_Memorandum with ARPA extension.pdf Part I Unified Rate Review Template with ARPA Extension.pdf WA State Appendices with ARPA Extension.pdf Part I Unified Rate Review Template with ARPA extension Duplicate.xlsm Rate Schedule with ARPA extension Duplicate.xlsx WA State Appendices with ARPA extension Duplicate.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	

Re: Ambetter from Coordinated Care - 2026 QHP Filing

NAIC No.: 95831

FEIN: 39-1821211

Below is a listing of Corresponding Tracking Numbers for the Ambetter from Coordinated Care 2026 QHP filings:

Form Filing # CECO-134487486 – Product 61836WA005 (Renewal Product)

Rate Filing # CECO-134487479

Binder Filing # CECO-WA26-125120411

**Question 1:**

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

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

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

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

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

<b>Issuer Name:</b>	Coordinated Care Corporation
<b>HIOS Issuer ID:</b>	61836
<b>Market:</b>	Individual
<b>Plan Year:</b>	2026

**Part 2**

2025 HIOS Plan ID and 2026 HIOS Plan ID	2025 Plan Name	2026 Plan Name	New, Renewal, or Terminated in 2026?	Enrollment as of 3/31/2025
61836WA0050007	Ambetter Balanced Care 4	Ambetter Balanced Care 4	Renewal	10998
61836WA0050008	Ambetter Secure Care 5	Ambetter Secure Care 5	Renewal	1005
61836WA0050017	Ambetter Cascade Silver	Ambetter Cascade Silver	Renewal	21092
61836WA0050018	Ambetter Cascade Gold	Ambetter Cascade Complete Gold	Renewal	9561
61836WA0050036	Ambetter Cascade Select Bronze	Ambetter Cascade Select Bronze	Renewal	8618
61836WA0050037	Ambetter Cascade Select Silver	Ambetter Cascade Select Silver	Renewal	22438
61836WA0050038	Ambetter Cascade Select Gold	Ambetter Cascade Select Complete Gold	Renewal	6960
61836WA0050019	Ambetter Essential Care 1	N/A	Terminated	8159
61836WA0050026	Ambetter Cascade Bronze	N/A	Terminated	12393
61836WA0050030	Ambetter Essential Care: \$0 Medical Deductible	N/A	Terminated	3883
61836WA0050034	Ambetter Clear Gold	N/A	Terminated	2542
<b>Total</b>				<b>107649</b>

## Question 2:

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

The renewing plans within products 61836WA005 are renewal plans within renewal products because they meet all of the criteria for a Uniform Product Modification:

- These products/ plans are being offered by the same health insurance issuer, Coordinated Care.
- These products/ plans are being offered as the same product network type, a Health Maintenance Organization (HMO).
- The product continues to cover at least a majority of the same service area.
- Each plan within the product has the same cost sharing structure as before the modification, except for the MOOP and deductible where we made minimal changes to maintain the same metal tier level and other benefits cost sharing changes to align with Mental Health Parity guidelines.
- The product provides the same covered benefits.

## Response:

Question 3:

For each 2026 plan with a new HIOS Plan ID (aka a new plan in 2026), explain in detail (in the table below) why the plan is not considered a renewal plan within a renewal product.

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

Response:

2025 HIOS Plan ID	Plan Name	Why is this a new plan?
61836WA0050022	Ambetter Cascade Vital Gold	This plan is a new Standardized plan design
61836WA0050016	Ambetter Cascade Select Vital Gold	This plan is a new Standardized plan design

**Question 4a:**

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

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

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

**Response:**

HIOS Plan ID	2025 Plan Name	2026 Plan Name (if different)	2026 Form Filing SERFF Tracking Number	Benefit Changes (2025 to 2026)	Cost-Share Changes		
					Cost-Share Description	From (2025)	To (2026)
61836WA0050007	Ambetter Balanced Care 4	N/A-Same as 2025	CECO-134487486	Hearing Aids/Exams	Deductible	\$8,050	\$8,200
61836WA0050007				Artificial Insemination	MOOP	\$8,050	\$8,200
61836WA0050007				Donor Milk	Acupuncture	Limit 12 visits per year	No limit
61836WA0050008	Ambetter Secure Care 5	N/A-Same as 2025	CECO-134487486	Hearing Aids/Exams	Acupuncture	Limit 12 visits per year	No limit
61836WA0050008				Artificial Insemination			
61836WA0050008				Donor Milk			
61836WA0050017	Ambetter Cascade Silver	N/A-Same as 2025	CECO-134487486	Hearing Aids/Exams	MOOP	\$9,200	\$9,750
61836WA0050017				Artificial Insemination	Primary Care Office Visit	\$30 Copay. First 2 visits \$1 copay	\$20 Copay. First 2 visits \$1 copay
61836WA0050017				Donor Milk	Behavioral Health Outpatient Services	\$30 Copay. First 2 visits \$1 copay	\$20 Copay. First 2 visits \$1 copay
61836WA0050017					Behavioral Health Emergency Transportation/Ambulance	\$375 copay	\$800 copay after deductible
61836WA0050017					Chiropractic Care	\$30 Copay. First 2 visits \$1 copay	\$20 Copay. First 2 visits \$1 copay
61836WA0050017					Acupuncture	\$30 Copay. First 2 visits \$1 copay	\$20 Copay. First 2 visits \$1 copay
61836WA0050017					Acupuncture	Limit 12 visits per year	No limit
61836WA0050018	Ambetter Cascade Gold	Ambetter Cascade Complete Gold	CECO-134487486	Hearing Aids/Exams	Deductible	\$600	\$1,000
61836WA0050018				Artificial Insemination	Behavioral Health Emergency Transportation/Ambulance	\$375 copay	\$450 copay after deductible
61836WA0050018				Donor Milk	Acupuncture	Limit 12 visits per year	No limit
61836WA0050036	Ambetter Cascade Select Bronze	N/A-Same as 2025	CECO-134487486	Hearing Aids/Exams	MOOP	\$9,200	\$10,150
61836WA0050036				Artificial Insemination	Primary Care Office Visit	\$50 Copay. First 2 visits \$1 copay	\$40 Copay. First 2 visits \$1 copay
61836WA0050036				Donor Milk	Specialist Office Visit	\$100 copay after deductible	\$100 copay
61836WA0050036					Behavioral Health Outpatient Services	\$50 Copay. First 2 visits \$1 copay	\$40 Copay. First 2 visits \$1 copay
61836WA0050036					Chiropractic Care	\$50 Copay. First 2 visits \$1 copay	\$40 Copay. First 2 visits \$1 copay
61836WA0050036					Acupuncture	\$50 Copay. First 2 visits \$1 copay	\$40 Copay. First 2 visits \$1 copay
61836WA0050036					Acupuncture	Limit 12 visits per year	No limit
61836WA0050037	Ambetter Cascade Select Silver	N/A-Same as 2025	CECO-134487486	Hearing Aids/Exams	MOOP	\$9,200	\$9,750
61836WA0050037				Artificial Insemination	Primary Care Office Visit	\$30 Copay. First 2 visits \$1 copay	\$20 Copay. First 2 visits \$1 copay
61836WA0050037				Donor Milk	Behavioral Health Outpatient Services	\$30 Copay. First 2 visits \$1 copay	\$20 Copay. First 2 visits \$1 copay
61836WA0050037					Behavioral Health Emergency Transportation/Ambulance	\$375 copay	\$800 copay after deductible
61836WA0050037					Chiropractic Care	\$30 Copay. First 2 visits \$1 copay	\$20 Copay. First 2 visits \$1 copay
61836WA0050037					Acupuncture	\$30 Copay. First 2 visits \$1 copay	\$20 Copay. First 2 visits \$1 copay
61836WA0050037					Acupuncture	Limit 12 visits per year	No limit
61836WA0050038	Ambetter Cascade Select Gold	Ambetter Cascade Select Complete Gold	CECO-134487486	Hearing Aids/Exams	Deductible	\$600	\$1,000
61836WA0050038				Artificial Insemination	Behavioral Health Emergency Transportation/Ambulance	\$375 copay	\$450 copay after deductible
61836WA0050038				Donor Milk	Acupuncture	Limit 12 visits per year	No limit

**Question 4b:**

For each terminated plan (i.e., a plan offered in 2025 but not in 2026), please provide the following:

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

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

**Response:**

						<b>Cost-Share Changes</b>		
2025 Terminated HIOS Plan ID	2025 Terminated Plan Name	2026 Mapped Plan HIOS Plan ID	2026 Mapped Plan Name	2026 Mapped Plan Form Filing SERFF Tracking Number	Benefit Changes (2025 Terminated to 2026 Mapped Plan)	Cost-Share Description	From (2025)	To (2026)
61836WA0050019	Ambetter Essential Care 1	61836WA0050022	Ambetter Cascade Vital Gold	CECO-134487486	Hearing Aids/Exams	Deductible	\$9,000	\$1,900
61836WA0050019		61836WA0050022			Artificial Insemination	Coinsurance	0%	20%
61836WA0050019		61836WA0050022			Donor Milk	MOOP	\$9,000	\$8,800
61836WA0050019		61836WA0050022				Primary Care Office Visit	\$0 after deductible	\$15 copay
61836WA0050019		61836WA0050022				Specialist Office Visit	\$0 after deductible	\$40 copay
61836WA0050019		61836WA0050022				Diagnostic Tests	\$0 after deductible	\$30 copay
61836WA0050019		61836WA0050022				Imaging (CT/PET/MRI)	\$0 after deductible	\$300 copay after deductible
61836WA0050019		61836WA0050022				Rx - Preferred Generic	\$3 copay	\$10 copay
61836WA0050019		61836WA0050022				Rx - Other Generic	\$25 copay	\$10 copay
61836WA0050019		61836WA0050022				Rx - Preferred Brand	\$0 after deductible	\$75 copay
61836WA0050019		61836WA0050022				Rx - Non-Preferred Brand	\$0 after deductible	\$200 copay
61836WA0050019		61836WA0050022				Rx - Specialty	\$0 after deductible	\$200 copay
61836WA0050019		61836WA0050022				Rx - Preferred Generic - Mailorder	\$7.50 copay	\$25 copay
61836WA0050019		61836WA0050022				Rx - Other Generic - Mailorder	\$62.50 copay	\$25 copay
61836WA0050019		61836WA0050022				Rx - Preferred Brand - Mailorder	\$0 after deductible	\$187.50 copay
61836WA0050019		61836WA0050022				Rx - Non-Preferred Brand - Mailorder	\$0 after deductible	\$500 copay after deductible
61836WA0050019		61836WA0050022				Rx - Specialty - Mailorder	\$0 after deductible	\$200 copay after deductible
61836WA0050019		61836WA0050022				Outpatient Facility	\$0 after deductible	\$350 copay after deductible
61836WA0050019		61836WA0050022				Outpatient Surgery	\$0 after deductible	\$75 copay after deductible
61836WA0050019		61836WA0050022				ER Facility	\$0 after deductible	\$800 copay after deductible
61836WA0050019		61836WA0050022				Emergency Transportation/Ambulance	\$0 after deductible	\$375 copay
61836WA0050019		61836WA0050022				Urgent Care	\$60 copay	\$35 copay
61836WA0050019		61836WA0050022				Inpatient Facility	\$0 after deductible	\$650 copay per day after deductible, up to 5 days
61836WA0050019		61836WA0050022				Inpatient Physician	\$0 after deductible	\$0
61836WA0050019		61836WA0050022				Outpatient Behavioral Health	\$0 after deductible	\$15 copay
61836WA0050019		61836WA0050022				Home Health Care	\$0 after deductible	\$15 copay per day
61836WA0050019		61836WA0050022				Outpatient Rehabilitation	\$0 after deductible	\$30 copay
61836WA0050019		61836WA0050022				DME	\$0 after deductible	20% coinsurance after deductible
61836WA0050019		61836WA0050022				Hospice	\$0 after deductible	\$15 copay per day
61836WA0050019		61836WA0050022				Chiropractic Care	\$0 after deductible	\$15 copay
61836WA0050019		61836WA0050022				Acupuncture	\$0 after deductible	\$15 copay
61836WA0050019		61836WA0050022				Acupuncture	Limit 12 visits per year	No limit
61836WA0050019		61836WA0050022				Routine Foot Care	\$0 after deductible	\$40 copay
61836WA0050019		61836WA0050022				Transplants	\$0 after deductible	\$650 copay per day after deductible, up to 5 days
61836WA0050026	Ambetter Cascade Bronze	61836WA0050022	Ambetter Cascade Vital Gold	CECO-134487486	Hearing Aids/Exams	Deductible	\$6,000	\$1,900
61836WA0050026		61836WA0050022			Artificial Insemination	Coinsurance	40%	20%
61836WA0050026		61836WA0050022			Donor Milk	MOOP	\$9,200	\$8,800
61836WA0050026		61836WA0050022				Primary Care Office Visit	\$50 copay. First 2 visits \$1 copay	\$15 copay
61836WA0050026		61836WA0050022				Specialist Office Visit	\$100 copay after deductible	\$40 copay
61836WA0050026		61836WA0050022				Diagnostic Tests	40% coinsurance after deductible	\$30 copay
61836WA0050026		61836WA0050022				Imaging (CT/PET/MRI)	40% coinsurance after deductible	\$300 copay after deductible
61836WA0050026		61836WA0050022				Rx - Preferred Generic	\$32 copay	\$10 copay
61836WA0050026		61836WA0050022				Rx - Other Generic	40% coinsurance after deductible	\$10 copay



61836WA0050026		61836WA0050022				Rx - Preferred Brand	40% coinsurance after deductible	\$75 copay
61836WA0050026		61836WA0050022				Rx - Non-Preferred Brand	40% coinsurance after deductible	\$200 copay
61836WA0050026		61836WA0050022				Rx - Specialty	40% coinsurance after deductible	\$200 copay
61836WA0050026		61836WA0050022				Rx - Preferred Generic - Mailorder	\$80 copay	\$25 copay
61836WA0050026		61836WA0050022				Rx - Other Generic - Mailorder	\$80 copay	\$25 copay
61836WA0050026		61836WA0050022				Rx - Preferred Brand - Mailorder	33% coinsurance after deductible	\$187.50 copay
61836WA0050026		61836WA0050022				Rx - Non-Preferred Brand - Mailorder	33% coinsurance after deductible	\$500 copay after deductible
61836WA0050026		61836WA0050022				Rx - Specialty - Mailorder	40% coinsurance after deductible	\$200 copay after deductible
61836WA0050026		61836WA0050022				Outpatient Facility	40% coinsurance after deductible	\$350 copay after deductible
61836WA0050026		61836WA0050022				Outpatient Surgery	40% coinsurance after deductible	\$75 copay after deductible
61836WA0050026		61836WA0050022				ER Facility	40% coinsurance after deductible	\$800 copay after deductible
61836WA0050026		61836WA0050022				Emergency Transportation/Ambulance	40% coinsurance after deductible	\$375 copay
61836WA0050026		61836WA0050022				Urgent Care	\$100 copay	\$35 copay
61836WA0050026		61836WA0050022				Inpatient Facility	40% coinsurance after deductible	\$650 copay per day after deductible, up to 5 days
61836WA0050026		61836WA0050022				Inpatient Physician	40% coinsurance after deductible	\$0
61836WA0050026		61836WA0050022				Outpatient Behavioral Health	\$50 copay. First 2 visits \$1 copay; 40% coinsurance for other outpatient services	\$15 copay
61836WA0050026		61836WA0050022				Home Health Care	\$50 copay per day	\$15 copay per day
61836WA0050026		61836WA0050022				Outpatient Rehabilitation	40% coinsurance after deductible	\$30 copay
61836WA0050026		61836WA0050022				DME	40% coinsurance after deductible	20% coinsurance after deductible
61836WA0050026		61836WA0050022				Hospice	\$50 copay per day	\$15 copay per day
61836WA0050026		61836WA0050022				Chiropractic Care	\$50 copay per day	\$15 copay
61836WA0050026		61836WA0050022				Acupuncture	\$50 copay. First 2 visits \$1 copay	\$15 copay
61836WA0050026		61836WA0050022				Acupuncture	Limit 12 visits per year	No limit
61836WA0050026		61836WA0050022				Routine Foot Care	\$100 copay	\$40 copay
61836WA0050026		61836WA0050022				Transplants	40% coinsurance after deductible	\$650 copay per day after deductible, up to 5 days
61836WA0050030	Ambetter Essential Care: \$0 Medical Deductible	61836WA0050022	Ambetter Cascade Vital Gold	CECO-134487486	Hearing Aids/Exams	Deductible	\$0	\$1,900
61836WA0050030		61836WA0050022			Artificial Insemination	Rx Deductible	\$3,800	Integrated with Medical deductible
61836WA0050030		61836WA0050022		Donor Milk	Coinsurance	50%		20%
61836WA0050030		61836WA0050022			MOOP	\$9,200		\$8,800
61836WA0050030		61836WA0050022			Primary Care Office Visit	\$50 copay		\$15 copay
61836WA0050030		61836WA0050022			Specialist Office Visit	\$115 copay		\$40 copay
61836WA0050030		61836WA0050022			Diagnostic Tests - x-ray	50% coinsurance		\$30 copay
61836WA0050030		61836WA0050022			Diagnostic Tests - Lab	\$60 copay		\$30 copay
61836WA0050030		61836WA0050022			Imaging (CT/PET/MRI)	50% coinsurance		\$300 copay after deductible
61836WA0050030		61836WA0050022				Rx - Preferred Generic	\$3 copay	\$10 copay
61836WA0050030		61836WA0050022				Rx - Other Generic	\$35 copay	\$10 copay
61836WA0050030		61836WA0050022				Rx - Preferred Brand	\$195 copay	\$75 copay
61836WA0050030		61836WA0050022				Rx - Non-Preferred Brand	\$250 copay	\$200 copay
61836WA0050030		61836WA0050022				Rx - Specialty	50% coinsurance after Rx deductible	\$200 copay
61836WA0050030		61836WA0050022				Rx - Preferred Generic - Mailorder	\$7.50 copay	\$25 copay
61836WA0050030		61836WA0050022				Rx - Other Generic - Mailorder	\$87.50 copay	\$25 copay
61836WA0050030		61836WA0050022				Rx - Preferred Brand - Mailorder	\$487.50 copay	\$187.50 copay
61836WA0050030		61836WA0050022				Rx - Non-Preferred Brand - Mailorder	\$625 copay	\$500 copay after deductible
61836WA0050030		61836WA0050022				Rx - Specialty - Mailorder	50% coinsurance after Rx deductible	\$200 copay after deductible
61836WA0050030		61836WA0050022				Outpatient Facility	50% coinsurance	\$350 copay after deductible
61836WA0050030		61836WA0050022				Outpatient Surgery	50% coinsurance	\$75 copay after deductible
61836WA0050030		61836WA0050022				ER Facility	\$1250 Copay	\$800 copay after deductible
61836WA0050030		61836WA0050022				ER Physician	\$1250 Copay	\$800 copay after deductible
61836WA0050030		61836WA0050022				Emergency Transportation/Ambulance	50% coinsurance	\$375 copay
61836WA0050030		61836WA0050022				Urgent Care	\$60 copay	\$35 copay

61836WA0050030		61836WA0050022				Inpatient Facility	\$3000 copay per day	\$650 copay per day after deductible, up to 5 days
61836WA0050030		61836WA0050022				Inpatient Physician	\$0	\$0
61836WA0050030		61836WA0050022				Outpatient Behavioral Health	\$50 copay; 50% coinsurance for other outpatient services	\$15 copay
61836WA0050030		61836WA0050022				Home Health Care	50% coinsurance	\$15 copay per day
61836WA0050030		61836WA0050022				Outpatient Rehabilitation	50% coinsurance	\$30 copay
61836WA0050030		61836WA0050022				DME	50% coinsurance	20% coinsurance after deductible
61836WA0050030		61836WA0050022				Hospice	50% coinsurance	\$15 copay per day
61836WA0050030		61836WA0050022				Chiropractic Care	\$115 copay	\$15 copay
61836WA0050030		61836WA0050022				Acupuncture	\$115 copay	\$15 copay
61836WA0050030		61836WA0050022				Acupuncture	Limit 12 visits per year	No limit
61836WA0050030		61836WA0050022				Routine Foot Care	\$115 copay	\$40 copay
61836WA0050030		61836WA0050022				Transplants	\$3000 copay per day	\$650 copay per day after deductible, up to 5 days
61836WA0050034	Ambetter Clear Gold	61836WA0050022	Ambetter Cascade Vital Gold	CECO-134487486	Hearing Aids/Exams	Deductible	\$900	\$1,900
61836WA0050034		61836WA0050022			Artificial Insemination	Coinsurance	30%	20%
61836WA0050034		61836WA0050022			Donor Milk	MOOP	\$8,400	\$8,800
61836WA0050034		61836WA0050022				Primary Care Office Visit	\$25 copay	\$15 copay
61836WA0050034		61836WA0050022				Specialist Office Visit	\$60 copay	\$40 copay
61836WA0050034		61836WA0050022				Diagnostic Tests	30% coinsurance after deductible	\$30 copay
61836WA0050034		61836WA0050022				Imaging (CT/PET/MRI)	30% coinsurance after deductible	\$300 copay after deductible
61836WA0050034		61836WA0050022				Rx - Preferred Generic	\$3 copay	\$10 copay
61836WA0050034		61836WA0050022				Rx - Other Generic	\$15 copay	\$10 copay
61836WA0050034		61836WA0050022				Rx - Preferred Brand	\$40 copay	\$75 copay
61836WA0050034		61836WA0050022				Rx - Non-Preferred Brand	45% coinsurance after deductible	\$200 copay
61836WA0050034		61836WA0050022				Rx - Specialty	50% coinsurance after deductible	\$200 copay
61836WA0050034		61836WA0050022				Rx - Preferred Generic - Mailorder	\$7.50 copay	\$25 copay
61836WA0050034		61836WA0050022				Rx - Other Generic - Mailorder	\$37.50 copay	\$25 copay
61836WA0050034		61836WA0050022				Rx - Preferred Brand - Mailorder	\$100 copay	\$187.50 copay
61836WA0050034		61836WA0050022				Rx - Non-Preferred Brand - Mailorder	38% coinsurance after deductible	\$500 copay after deductible
61836WA0050034		61836WA0050022				Rx - Specialty - Mailorder	50% coinsurance after deductible	\$200 copay after deductible
61836WA0050034		61836WA0050022				Outpatient Facility	30% coinsurance after deductible	\$350 copay after deductible
61836WA0050034		61836WA0050022				Outpatient Surgery	30% coinsurance after deductible	\$75 copay after deductible
61836WA0050034		61836WA0050022				ER Facility	30% coinsurance after deductible	\$800 copay after deductible
61836WA0050034		61836WA0050022				ER Physician	30% coinsurance after deductible	\$0 after deductible
61836WA0050034		61836WA0050022				Emergency Transportation/Ambulance	30% coinsurance after deductible	\$375 copay
61836WA0050034		61836WA0050022				Urgent Care	\$60 copay	\$35 copay
61836WA0050034		61836WA0050022				Inpatient Facility	30% coinsurance after deductible	\$650 copay per day after deductible, up to 5 days
61836WA0050034		61836WA0050022				Inpatient Physician	30% coinsurance after deductible	\$0
61836WA0050034		61836WA0050022				Outpatient Behavioral Health	\$25 copay per visit; 30% coinsurance after deductible for other outpatient services	\$15 copay
61836WA0050034		61836WA0050022				Home Health Care	30% coinsurance after deductible	\$15 copay per day
61836WA0050034		61836WA0050022				Outpatient Rehabilitation	\$35 copay	\$30 copay
61836WA0050034		61836WA0050022				DME	30% coinsurance after deductible	20% coinsurance after deductible
61836WA0050034		61836WA0050022				Hospice	30% coinsurance after deductible	\$15 copay per day
61836WA0050034		61836WA0050022				Chiropractic Care	\$60 copay	\$15 copay
61836WA0050034		61836WA0050022				Acupuncture	\$60 copay	\$15 copay
61836WA0050034		61836WA0050022				Acupuncture	Limit 12 visits per year	No limit
61836WA0050034		61836WA0050022				Routine Foot Care	\$60 copay	\$40 copay
61836WA0050034		61836WA0050022				Transplants	30% coinsurance after deductible	\$650 copay per day after deductible, up to 5 days

**Question 5:**

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

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

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

**Response:**

<b>Total Enrollment 5(k):</b>	107,649
<b>Overall Average Rate Change (weighted by 03/31/2025 enrollment) 5(l):</b>	21.95%

<b>COLUMN: 5(a)</b>	<b>5(b)</b>	<b>5(c)</b>	<b>5(d)</b>	<b>5(e)</b>	<b>5(f)</b>	<b>5(g)</b>	<b>5(h)</b>	<b>5(i)</b>	<b>5(j)</b>
2025 HIOS Plan ID	2025 Plan Name	Renewal or Terminated in 2026?	Enrollment as of 03/31/2025	Terminated Plans: HIOS Plan ID of plan mapped to in 2026	Terminated Plans: Plan Name corresponding to HIOS Plan ID in column 5(e)	Experience Rate Change for Plan	Benefit Rate Change for Plan	Cost-Share Rate Change for Plan	Overall Average Rate Change for Plan
61836WA0050007	Ambetter Balanced Care 4	Renewal	10,998	N/A	N/A	24.64%	0.13%	-0.25%	24.49%
61836WA0050008	Ambetter Secure Care 5	Renewal	1,005	N/A	N/A	-6.40%	0.13%	0.27%	-6.02%
61836WA0050017	Ambetter Cascade Silver	Renewal	21,092	N/A	N/A	26.06%	0.13%	0.09%	26.34%
61836WA0050018	Ambetter Cascade Gold	Renewal	9,561	N/A	N/A	-3.57%	0.13%	-0.74%	-4.16%
61836WA0050036	Ambetter Cascade Select Bronze	Renewal	8,618	N/A	N/A	9.71%	0.13%	-0.75%	9.03%
61836WA0050037	Ambetter Cascade Select Silver	Renewal	22,438	N/A	N/A	32.08%	0.13%	0.09%	32.36%
61836WA0050038	Ambetter Cascade Select Gold	Renewal	6,960	N/A	N/A	2.27%	0.13%	-0.74%	1.65%
61836WA0050019	Ambetter Essential Care 1	Terminated	8,159	61836WA0050022	Ambetter Cascade Vital Gold	41.50%	0.13%	0.27%	42.07%
61836WA0050026	Ambetter Cascade Bronze	Terminated	12,393	61836WA0050022	Ambetter Cascade Vital Gold	31.72%	0.13%	-0.75%	30.90%
61836WA0050030	Ambetter Essential Care: \$0 Medical Deductible	Terminated	3,883	61836WA0050022	Ambetter Cascade Vital Gold	10.91%	0.13%	0.27%	11.36%
61836WA0050034	Ambetter Clear Gold	Terminated	2,542	61836WA0050022	Ambetter Cascade Vital Gold	-0.92%	0.13%	0.27%	-0.52%

# Mental Health and Substance Use Disorder (MHSUD) Financial Requirement Parity Certification

*Required to be submitted with Plan Year (PY) 2026  
ACA Individual and Small Group Market Rate Filings*

---

## **I. PURPOSE**

---

Issuers are required to comply with the federal Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) and its implementing regulations and guidance, such as Chapter 284-43 WAC Subchapter K, Mental Health and Substance Use Disorder. Financial requirements and treatment limitations applicable to mental health/substance use disorder (MHSUD) benefits cannot be more restrictive than those applicable to medical/surgical benefits.

This document focuses on financial parity requirements [MHPAEA and WAC 284-43-7040]. For quantitative treatment limitations (QTL) and non-quantitative treatment limitations (NQTL), see the checklist under the form filing instructions; for QTL and NQTL definitions, see MHPAEA and WAC 284-43-7010.

Financial requirements are defined in MHPAEA and WAC 284-43-7010 as cost sharing measures, such as deductibles, copayments, coinsurance, and out-of-pocket maximums; note that the definition explicitly excludes aggregate lifetime and annual dollar limits.

See WAC 284-43-7010 for additional relevant definitions (e.g., classification of benefits, medical/surgical benefits, mental health benefits, predominant level, substance use disorder benefits, and substantially all).

## **II. KEY POINTS**

---

### **A. Required level of review**

Attest/certify in section III below.

1. Parity review must be done separately by plan, for each type of financial requirement and each benefit classification.
2. Parity review also must be done separately by coverage unit, if a plan or issuer applies different levels of financial requirement (i.e., different cost shares) to different coverage units. [WAC 284-43-7020(6)(e), WAC 284-43-7040(2) and WAC 284-43-7040(4)]

WAC 284-43-7010 defines a coverage unit as the way in which a plan or issuer groups individuals for purposes of determining benefits, premiums, or contributions. For example, different coverage units could be self-only, family, or employee-plus-spouse.

## B. Classifying Benefits

[Note especially WAC 284-43-7020.]

Attest/certify in section III below.

1. All medical/surgical and MHSUD benefits are subject to parity review. Each medical/surgical and MHSUD benefit must be assigned to a benefit classification.
2. Permitted classifications of benefits:
  - (1) Inpatient, In-Network
  - (2) Inpatient, Out-of-Network
  - (3) Outpatient, In-Network
    - (3a) Outpatient, In-Network – Office Visits
    - (3b) Outpatient, In-Network – All Other Outpatient
  - (4) Outpatient, Out-of-Network
    - (4a) Outpatient, Out-of-Network – Office Visits
    - (4b) Outpatient, Out-of-Network – All Other Outpatient
  - (5) Emergency Care
  - (6) Prescription Drugs

Per WAC 284-43-7020(6)(a), plans and issuers may split outpatient into “office visits” and “all other outpatient items and services.” A particular plan should address (3) **or** both (3a)+(3b), not all three; similarly, a particular plan should address (4) **or** both (4a)+(4b), not all three.

3. When classifying benefits, the same standards must apply to both medical/surgical and MHSUD benefits.

For example, assign covered intermediate MHSUD benefits (e.g., residential treatment, partial hospitalization, and intensive outpatient treatment) in the same way comparable intermediate medical/surgical benefits are assigned. Additionally, if home health care is classified as outpatient, then any covered MHSUD intensive outpatient services and partial hospitalizations must also be classified as outpatient. [WAC 284-43-7020(3)]

## C. Financial requirement parity details

[Note especially WAC 284-43-7020, WAC 284-43-7020(4), and WAC 284-43-7040.]

Attest/certify in section III below.

1. Financial requirement parity analysis considers both type and level.
  - a) Financial requirement cost share types include deductibles, copayments, coinsurance, and out-of-pocket maximums but not aggregate lifetime and annual dollar limits.
  - b) A financial requirement cost share level is the amount of the financial requirement type. For example, coinsurance levels might include 20% and 25%; copayment levels might include \$15 and \$20; and deductible levels might include \$250 and \$500.

2. Financial requirement parity methodology:

Within each benefit classification [WAC 284-43-7020], a plan or issuer may not apply any financial requirement to MHSUD benefits that is more restrictive than the corresponding predominant level applied to medical/surgical benefits.

- a) WAC 284-43-7010 indicates that a type of financial requirement is considered to apply to "substantially all" medical/surgical benefits in a classification if it applies to at least two-thirds of all medical/surgical benefits in that classification as determined by WAC 284-43-7040(2)(a).
- b) WAC 284-43-7010 indicates if a type of financial requirement applies to substantially all medical/surgical benefits in a classification, the "predominant level" is the level that applies to more than one-half of the medical/surgical benefits in that classification subject to the financial requirement.
- c) Review projected plan payments for medical/surgical benefits for the upcoming plan year.  
Dollar amounts should be stated as allowed claim amounts (i.e., the amount the plan allows) before enrollee cost sharing because payments based on the allowed amounts cover the full scope of benefits being provided. A reasonable actuarial method must be used to project the dollar amounts. [WAC 284-43-7040(1)(c)]
- d) Note that WAC 284-43-7040(1)(d) clarifies how to handle certain plan dollar thresholds.

3. Rate filing documentation of financial requirement parity:

In the rate filing, address the following for each plan, classification, and coverage unit (if applicable).

- a) For medical/surgical benefits, show every different cost share type and level. Then, demonstrate what meets the "substantially all" requirements and what qualifies as the "predominant level."
- b) Compare MHSUD benefit cost shares to medical/surgical benefits' substantially all and predominant level cost shares.
- c) As noted under section B above, WAC 284-43-7020(6)(a) allows, but does not require, subclassifications within outpatient – (a) office visits versus (b) all other outpatient items and services.

For each plan, please indicate whether outpatient parity testing was conducted in aggregate (i.e., one outpatient benefit classification) or using the outpatient subclassifications. Provide information and results accordingly.

4. Actuarial memorandum discussion of projected plan dollar amounts:

In the Part III Actuarial Memorandum, please describe how the 2026 annual projected plan and benefit dollar amounts were determined.

Address the following:

- a) Describe the underlying claims data source and characteristics as well as any adjustments made. Explain any differences versus the data used to project PY2026 claims and premium rates.
- b) Ensure claim amounts reflect what the plan allows before reductions for enrollee cost sharing.

- c) How does plan-level data compare to data for the book of business?  
The underlying data set will not usually be your issuer's entire projected book of business; additionally, the projections will reflect plan-level assumptions as opposed to product-level assumptions. For example, see the (\*) CMS FAQs listed below.
- d) Certify that a reasonable actuarial method was used to project amounts for each plan in accordance with WAC 284-43-7040(1)(c)(ii) and applicable Actuarial Standards of Practice.
- e) Provide additional requested data details on the 'Data Information' tab in your complementary Excel workbook of MHSUD financial requirement parity calculations.

(\*) CMS/CCIIO ACA FAQ 31; April 20, 2016; Q8. CMS/CCIIO ACA FAQ 34; October 27, 2016; Q3.

## D. Cumulative financial requirements

[Note especially WAC 284-43-7040(3).]

Attest/certify in section III below.

A plan or issuer may not apply cumulative financial requirements (e.g., deductibles and out-of-pocket maximums) for MHSUD benefits in a classification that accumulate separately from any cumulative requirement established for medical/surgical benefits in the same classification. Note that cumulative requirements must also satisfy the quantitative parity analysis.

## E. Prohibited exclusions

[Note especially WAC 284-43-7080.]

Attest/certify in section III below.

A plan may not exclude MHSUD treatments or services for any of the reasons documented in WAC 284-43-7080.

## III. DOCUMENTATION & ATTESTATION

General Information	
Issuer Name:	Coordinated Care Corporation
Applicable Market:	Individual
Plan Year:	2026

- Please complete and submit one set of MHSUD financial requirement parity certification documents for each rate filing.
  - Certification: PDF version of this certification document.
  - Calculations: Excel file (and its corresponding PDF file) demonstrating financial requirement parity testing results. See below for details.

2. For the calculations, use the OIC-developed Excel template found on our website ([Certification - Rates - 2026 Mental Health and Substance Use Disorder Financial Req Parity Calculations](#)).
  - a) Review instructions on the first worksheet tab.
  - b) Create and populate a separate detailed worksheet for each plan.
  - c) After fully populating the Excel file, create a PDF version of the file. In SERFF, submit both the Excel and PDF file formats. Remember the Excel and PDF file contents and file names should exactly match with the only exception being that the Excel file name will end in "DUPLICATE."
3. Actuarial certification:
  - a) Complete the actuarial certification below.
  - b) Enter requested information, as needed.
  - c) Check attestation boxes, where appropriate, to indicate your agreement.
  - d) Then, complete the signature block.
  - e) Create a PDF version of the file, and upload the PDF version to SERFF.
4. List below the names of the supporting files:

<a href="#">Individual NG Health Plan MH Parity Financial Requirements Certification - 2026 Duplicate.xlsm</a> <a href="#">Individual NG Health Plan MH Parity Financial Requirements Certification - 2026.pdf</a>
---

---

**Actuarial Certification  
of MHSUD Financial Requirement Parity  
for the PY2026 ACA Rate Filing:**

I, [Ashlesha Joshi, ASA, MAAA](#), certify the following:

- ☒ I am an employee of [Coordinated Care Corporation](#) or  
☐ I am a consultant associated with the firm of [<<insert name of consulting firm>>](#);
- ☒ I am a qualified actuary as outlined in Chapter 284-05 WAC. I am a member of the American Academy of Actuaries, and I am acting within the scope of my training, experience, and qualifications.
- ☒ Level of review:  
I attest to conducting MHSUD financial requirement parity analysis at the appropriate level, as noted below:
- ☒ Parity review was done separately by plan, for each type of financial requirement and each benefit classification. Parity analysis does not vary by coverage unit because financial requirements do not vary by coverage unit.
- ☐ Parity review was done separately by plan and coverage unit, for each type of financial requirement and each benefit classification. Parity analysis varies by coverage unit because financial requirements vary by coverage unit.



☒ Benefit classifications:

I attest that all medical/surgical and MHSUD benefits were assigned to benefit classifications.

I attest that the issuer (1) has criteria documented as to how medical/surgical benefits were assigned to each permitted classification and (2) the same standards apply for both medical/surgical and MHSUD benefits.

Upon request, the documentation can be made available to the Washington OIC within 10 business days.

☒ Cost-share accuracy:

For the 2026 plan year, I certify the accuracy of the cost shares for both medical/surgical and MHSUD benefits that are used to evaluate parity of MHSUD financial requirements as loaded into the calculation workbook ([Individual NG Health Plan MH Parity Financial Requirements Certification - 2026 Duplicate.xlsm](#)) and as otherwise discussed in this rate filing.

☒ Projected plan dollar amounts:

I attest to the following related to dollar amounts used to test MHSUD financial requirement parity:

- ☐ Projected dollar amounts are consistent with plan-specific projected allowed amounts used elsewhere in this rate filing, or
- ☒ Projected dollar amounts differ from plan-specific projected allowed amounts used elsewhere in this rate filing as explained in the Part III actuarial memorandum.
- ☒ Projected dollar amounts reflect what the plan allows before reductions for enrollee cost sharing.
- ☒ Plan-level dollar amounts do not reflect aggregate data for the book of business.
- ☒ A reasonable actuarial method was used to project amounts for each plan in accordance with WAC 284-43-7040(1)(c)(ii) and applicable Actuarial Standards of Practice (ASOPs).
- ☒ Additional data details are available on the 'Data Information' tab in the Excel workbook of MHSUD financial requirement parity calculations.

☒ Financial requirement parity:

I attest to parity between MHSUD benefits and medical/surgical benefits in

- ☒ Financial requirements as outlined in Chapter 284-43 WAC Subchapter K Mental Health and Substance Use Disorder and
- ☒ Financial accumulators, such as deductibles and out-of-pocket maximums, by plan and classification.  
[Note especially WAC 284-43-7040(3).]

☒ Substantially all and predominance:

I certify that each plan submitted in this rate filing meets the "substantially all" and "predominant" / "predominant level" financial requirement parity testing requirements under MHPAEA and Chapter 284-43 WAC, Subchapter K Mental Health and Substance Use Disorder.

- ☒ Type: I attest that for each plan, the type of financial requirement imposed upon MHSUD benefits in each classification (or applicable subclassification) applies to at least two-thirds of projected allowed amounts for medical/surgical benefits within that classification (or applicable subclassification).

Mental Health and Substance Use Disorder (MHSUD) Financial Requirement Parity Certification  
– Submit with Plan Year 2026 ACA Individual and Small Group Market Rate Filings

- ☒ Level: I attest that for each plan, the level of financial requirement imposed upon MHSUD benefits in each classification (or applicable subclassification) is no more restrictive than the level of financial requirement imposed upon more than one-half of projected allowed amounts for medical/surgical benefits within that classification (or applicable subclassification).
- ☒ I attest that if a single financial requirement did not meet the one-half threshold for a particular plan and classification (or applicable subclassification), then the level of financial requirement imposed upon MHSUD benefits was determined after combining levels until the combination of levels covered more than one-half of projected allowed amounts for medical/surgical benefits within that classification (or applicable subclassification), as described in WAC 284-43-7040(2)(b)(ii) and (iii).
- ☒ I attest that the above statements are supported by details in the complementary MHSUD financial requirement calculation workbook (cited above) and submitted as part of this rate filing.
- ☒ Parity across tiers:
- WAC 284-43-7020(5)(a): A plan or issuer must treat the least restrictive level of the financial requirement that applies to at least two-thirds of medical/surgical benefits across all provider tiers in a classification as the predominant level that it may apply to MHSUD benefits in the same classification.
    - ☒ I certify that this does not apply to any plans in this rate filing. The plans do not use provider tiers, or the financial requirements do not vary by provider tier.
    - ☐ This situation applies to at least one plan in this rate filing, and I certify that the requirements were met. See this related file for additional documentation and explanation: < <enter name of file(s)> > .
  - WAC 284-43-7020(5)(b): If a plan or issuer classifies providers into tiers and varies cost-sharing by tier, the criteria for classification must be applied to generalists and specialists providing MHSUD services no more restrictively than such criteria are applied to medical/surgical benefit providers.
    - ☒ I certify that this does not apply to any plans in this rate filing. The plans do not use provider tiers, or the cost-sharing does not vary by provider tier.
    - ☐ This situation applies to at least one plan in this rate filing, and I certify that the requirements were met. See this related file for additional documentation and explanation: < <enter name of file(s)> > .
  - WAC 284-43-7020(6)(b): A plan or issuer may divide its benefits furnished on an in-network basis into subclassifications that reflect network tiers if the tiering is based on reasonable factors and without regard to whether a provider is an MHSUD provider or a medical/surgical provider.
    - ☒ I certify that this does not apply to any plans in this rate filing. The plans do not use network tiers.
    - ☐ This situation applies to at least one plan in this rate filing, and I certify that the requirements were met. See this related file for additional documentation and explanation: < <enter name of file(s)> > .
  - WAC 284-43-7020(6)(c): After network tiers are established, the plan or issuer may not impose any financial requirement on MHSUD benefits in any tier that is more restrictive than the predominant financial requirement that applies to substantially all medical/surgical benefits in that tier.
    - ☒ I certify that this does not apply to any plans in this rate filing. The plans do not use network tiers.
    - ☐ This situation applies to at least one plan in this rate filing, and I certify that the requirements were addressed. See this related file for additional documentation and explanation: < <enter name of file(s)> > .

Mental Health and Substance Use Disorder (MHSUD) Financial Requirement Parity Certification  
– Submit with Plan Year 2026 ACA Individual and Small Group Market Rate Filings

- WAC 284-43-7020(6)(d): If a plan applies different levels of financial requirements to different tiers of prescription drug benefits based on reasonable factors and without regard to whether a drug is generally prescribed with respect to medical/surgical benefits or with respect to MHSUD benefits, the plan satisfies the parity requirements with respect to prescription drug benefits. Reasonable factors include cost, efficacy, generic versus brand name, and mail order versus pharmacy pick-up.

☒ I certify that none of the plans in this rate filing use prohibited prescription drug tiers. Prescription drug tiers are based only on the reasonable factors listed above and without regard to whether a drug is prescribed for medical/surgical or MHSUD benefits.

☒ No prohibited exclusions:

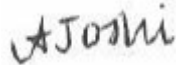
WAC 284-43-7080 (*including rule updates effective January 1, 2022, for gender affirming treatment*): A plan may not exclude MHSUD treatments or services for any of the reasons documented in WAC 284-43-7080.

☒ I certify that none of the plans in this rate filing apply exclusions prohibited by WAC 284-43-7080.

☒ I attest that, to the best of my knowledge, each of the plans otherwise satisfy the requirements under MHPAEA and Chapter 284-43 WAC, Subchapter K.

Actuary's Name & Designations: Ashlesha Joshi, ASA, MAAA

Signature:



Title Senior Manager, Actuarial Services

Contact Information: ashlesha.joshi@centene.com

Date of Attestation: 5/12/2025

# MHSUD Financial Requirement Parity Testing -- Summary

## Issuer and Filing Information

Issuer Name:	Coordinated Care Corporation
HIOS Issuer ID:	61836
Market:	Individual
Plan Year:	2026
State Filing Tracking Number:	

## Worksheet Instructions

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

Step 2) Enter Plans.

- List HIOS Plan IDs and Plan Names in the first two columns of the table below. Include Silver base and CSR plan variants.

- When a plan has multiple in-network tiers, load information for each tier. Enter each in-network tier here in this file as a separate "plan" record with the plan ID formatted as "12345WA0010001\_INN-T1." This will create a separate worksheet for each in-network tier and allows for parity to be analyzed for each tier.

- Confirm all HIOS Plan IDs are included in the table-object and then remove any extra rows in the table.
- For ease of review, we request that plans in this file be in the same order as they are in the Benefit Components' file.

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

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

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

This format is used for cells that need user input

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

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

## Testing Summary

HIOS Plan ID	Plan Name	Test Results	Notes
61836WA0050007-01	Ambetter Balanced Care 4	Pass	
61836WA0050007-04	Ambetter Balanced Care 4 - 73% AV Level Silver Plan	Pass	
61836WA0050007-05	Ambetter Balanced Care 4 - 87% AV Level Silver Plan	Pass	
61836WA0050007-06	Ambetter Balanced Care 4 - 94% AV Level Silver Plan	Pass	
61836WA0050008-01	Ambetter Secure Care 5	Pass	
61836WA0050016-01	Ambetter Cascade Select Vital Gold	Pass	
61836WA0050017-01	Ambetter Cascade Silver	Pass	
61836WA0050017-04	Ambetter Cascade Silver - 73% AV Level Silver Plan	Pass	
61836WA0050017-05	Ambetter Cascade Silver - 87% AV Level Silver Plan	Pass	
61836WA0050017-06	Ambetter Cascade Silver - 94% AV Level Silver Plan	Pass	
61836WA0050018-01	Ambetter Cascade Complete Gold	Pass	
61836WA0050022-01	Ambetter Cascade Vital Gold	Pass	
61836WA0050036-01	Ambetter Cascade Select Bronze	Pass	
61836WA0050037-01	Ambetter Cascade Select Silver	Pass	
61836WA0050037-04	Ambetter Cascade Select Silver - 73% AV Level Silver Plan	Pass	
61836WA0050037-05	Ambetter Cascade Select Silver - 87% AV Level Silver Plan	Pass	
61836WA0050037-06	Ambetter Cascade Select Silver - 94% AV Level Silver Plan	Pass	
61836WA0050038-01	Ambetter Cascade Select Complete Gold	Pass	

# MHSUD Financial Requirement Parity Testing

## Testing Data Information

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

Item #	Task
1	<p>Identify the data source used to estimate allowed claims for the purpose of MHSUD financial requirement parity testing. This refers to the allowed amounts by service entered in Part 1 of each plan's testing worksheet.</p> <p><u>2024 Washington plan level experience is blended with 2024 Individual Marketplace experience based on the Limited Fluctuation Classical Credibility procedure in accordance with Actuarial Standard of Practice No. 25.</u></p>
2	<p>Identify the period (i.e., date range) represented in the data.</p> <p><u>2024 claim experience allowed cost is trended with unit cost and utilization trends for 2 years using 2024 trend factor guidelines according to the type of coverage of the claim (inpatient, outpatient, or professional).</u></p>
3	<p>Address the credibility of the data used in your MHSUD financial requirement parity testing.</p> <p><u>2024 Washington plan level experience is not full credible, so it is blended with the fully credible 2024 Individual Marketplace experience.</u></p>
4	<p>Identify whether the data is consistent with the data in your URRT. If not, explain why the data is not consistent, why the data is appropriate, and summarize material adjustments made to the data.</p> <p><u>2024 Washington experience is used in the rate development (URRT), but plan level data required for MHSUD parity testing is not credible, that is why it is necessary to blend with 2024 Individual Marketplace experience.</u></p>
5	<p>If data other than State of Washington plan data was used, what is the source, and why is it appropriate for MHSUD financial requirement parity testing purposes?</p> <p><u>The 2024 Individual Marketplace experience is nationwide internal company data and has similar risk characteristics as the WA plan experience. The 2024 Individual Marketplace data reflects similarities in demographics, coverages, frequency and severity with the subject plan experience and is therefore appropriate to be used in the credibility blend.</u></p>

# MHSUD Financial Requirement Parity Testing

## Mapping Medical/Surgical Services to Benefit Classifications

### Instructions

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

#### A. Service Description column:

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

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

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

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

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

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

### Mapping Table

A. Service Description	B. Mapped Benefit Classification for MHSUD Parity Testing	C. Mapped Benefit in corresponding Benefit Components document (If applicable)	Notes
Inpatient Hospital Services (e.g., Hospital Stay)	Inpatient		
Skilled Nursing Facility	Inpatient		
Inpatient Hospice care	Inpatient		
Inpatient physician fee (e.g., inpatient surgeon, physician visit to hospital)	Inpatient		
Primary Care Visit to Treat an Injury or Illness	Outpatient - Office Visits	Exception: We do not subclassify outpatient services for the Cascade Silver and Cascade Silver Select plans (FR/QTL testing).	
Urgent Care	Outpatient - Office Visits	Exception: We do not subclassify outpatient services for the Cascade Silver and Cascade Silver Select plans (FR/QTL testing).	
Preventive office visit	Outpatient - Office Visits	Exception: We do not subclassify outpatient services for the Cascade Silver and Cascade Silver Select plans (FR/QTL testing).	
Specialist Visit	Outpatient - Office Visits	Exception: We do not subclassify outpatient services for the Cascade Silver and Cascade Silver Select plans (FR/QTL testing).	
Prenatal office visit	Outpatient - Office Visits	Exception: We do not subclassify outpatient services for the Cascade Silver and Cascade Silver Select plans (FR/QTL testing).	
Postnatal office visit	Outpatient - Office Visits	Exception: We do not subclassify outpatient services for the Cascade Silver and Cascade Silver Select plans (FR/QTL testing).	
Acupuncture	Outpatient - Office Visits	Exception: We do not subclassify outpatient services for the Cascade Silver and Cascade Silver Select plans (FR/QTL testing).	
Chiropractic care	Outpatient - Office Visits	Exception: We do not subclassify outpatient services for the Cascade Silver and Cascade Silver Select plans (FR/QTL testing).	
Pediatric vision (exam & hardware)	Outpatient - Office Visits	Exception: We do not subclassify outpatient services for the Cascade Silver and Cascade Silver Select plans (FR/QTL testing).	
Virtual Visits	Outpatient - Office Visits	Exception: We do not subclassify outpatient services for the Cascade Silver and Cascade Silver Select plans (FR/QTL testing).	
Preventive Care/Screening/Immunization	Outpatient - All Other	Exception: We do not subclassify outpatient services for the Cascade Silver and Cascade Silver Select plans (FR/QTL testing).	
Allergy testing	Outpatient - All Other	Exception: We do not subclassify outpatient services for the Cascade Silver and Cascade Silver Select plans (FR/QTL testing).	
Office based injections	Outpatient - All Other	Exception: We do not subclassify outpatient services for the Cascade Silver and Cascade Silver Select plans (FR/QTL testing).	
Laboratory Outpatient and Professional Services	Outpatient - All Other	Exception: We do not subclassify outpatient services for the Cascade Silver and Cascade Silver Select plans (FR/QTL testing).	
X-rays and Diagnostic Imaging	Outpatient - All Other	Exception: We do not subclassify outpatient services for the Cascade Silver and Cascade Silver Select plans (FR/QTL testing).	
Imaging (CT/PET Scans, MRIs)	Outpatient - All Other	Exception: We do not subclassify outpatient services for the Cascade Silver and Cascade Silver Select plans (FR/QTL testing).	
Rehabilitative Occupational and Rehabilitative Physical Therapy	Outpatient - All Other	Exception: We do not subclassify outpatient services for the Cascade Silver and Cascade Silver Select plans (FR/QTL testing).	

Rehabilitative Speech Therapy	Outpatient - All Other	Exception: We do not subclassify outpatient services for the Cascade Silver and Cascade Silver Select plans (FR/QTL testing).	
Habilitation outpatient services - physical and occupational therapy	Outpatient - All Other	Exception: We do not subclassify outpatient services for the Cascade Silver and Cascade Silver Select plans (FR/QTL testing).	
Habilitation outpatient services - speech therapy	Outpatient - All Other	Exception: We do not subclassify outpatient services for the Cascade Silver and Cascade Silver Select plans (FR/QTL testing).	
Hearing aids	Outpatient - All Other	Exception: We do not subclassify outpatient services for the Cascade Silver and Cascade Silver Select plans (FR/QTL testing).	
Sterilization of males	Outpatient - All Other	Exception: We do not subclassify outpatient services for the Cascade Silver and Cascade Silver Select plans (FR/QTL testing).	
Patient education	Outpatient - All Other	Exception: We do not subclassify outpatient services for the Cascade Silver and Cascade Silver Select plans (FR/QTL testing).	
Durable medical equipment, including prosthetics	Outpatient - All Other	Exception: We do not subclassify outpatient services for the Cascade Silver and Cascade Silver Select plans (FR/QTL testing).	
Transplants	Outpatient - All Other	Exception: We do not subclassify outpatient services for the Cascade Silver and Cascade Silver Select plans (FR/QTL testing).	
Chemotherapy / Radiation Therapy	Outpatient - All Other	Exception: We do not subclassify outpatient services for the Cascade Silver and Cascade Silver Select plans (FR/QTL testing).	
Renal dialysis	Outpatient - All Other	Exception: We do not subclassify outpatient services for the Cascade Silver and Cascade Silver Select plans (FR/QTL testing).	
Outpatient Hospice care	Outpatient - All Other	Exception: We do not subclassify outpatient services for the Cascade Silver and Cascade Silver Select plans (FR/QTL testing).	
Infusion therapy	Outpatient - All Other	Exception: We do not subclassify outpatient services for the Cascade Silver and Cascade Silver Select plans (FR/QTL testing).	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Outpatient - All Other	Exception: We do not subclassify outpatient services for the Cascade Silver and Cascade Silver Select plans (FR/QTL testing).	
Outpatient Surgery Physician/Surgical Services	Outpatient - All Other	Exception: We do not subclassify outpatient services for the Cascade Silver and Cascade Silver Select plans (FR/QTL testing).	
Medically necessary abortions	Outpatient - All Other	Exception: We do not subclassify outpatient services for the Cascade Silver and Cascade Silver Select plans (FR/QTL testing).	
Pediatric vision (med & surg)	Outpatient - All Other	Exception: We do not subclassify outpatient services for the Cascade Silver and Cascade Silver Select plans (FR/QTL testing).	
Home health care services	Outpatient - All Other	Exception: We do not subclassify outpatient services for the Cascade Silver and Cascade Silver Select plans (FR/QTL testing).	
Nonemergent transportation - ground/air	Outpatient - All Other	Exception: We do not subclassify outpatient services for the Cascade Silver and Cascade Silver Select plans (FR/QTL testing).	
Emergency Room - facility	Emergency Care		
Emergency Room - Professional	Emergency Care		
Emergency Transportation	Emergency Care		

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

Workbook Info

Link back to Summary Sheet

Use Issues Call Format

See the Example worksheet for additional details.

PLAN INFORMATION

Plan Name: Ambetter Balanced Care 4

Plan ID: 61836WA050007-01

CRF Variant Description:

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result: Pass

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

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

Testing Options

Column Options

No Errors found? TRUE

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

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

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

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

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

Benefit Classification		(3a) Outpatient - Office Visits, In-Network (OP-OV INN)		Notes:			
Classification		Outpatient - Office Visits		OP-OV			
Network (In/Out)		In-Network		INN			
Classification Code		3a		OP-OV INN			
Table Name				111, 112(OV INN, P)			
For each row show, if it does not apply, enter "N/A"				Number of Rows: 3			
Service Description	Cost Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out of Pocket Maximum (OOPM)	No Cost Share (If true, enter "X")
Primary Care Visit to Treat an Injury or Illness	Before Deductible	\$310.00	N/A	\$30.00	N/A	\$8,200.00	
Urgent Care	Before Deductible	\$23.00	N/A	\$50.00	N/A	\$8,200.00	
Preventive office visit	Before and After Deductible	\$80.00	N/A	N/A	N/A	N/A	x
Specialist Visit	Before Deductible	\$274.00	N/A	\$60.00	N/A	\$8,200.00	
Perinatal office visit	Before and After Deductible	\$8.70	N/A	N/A	N/A	N/A	x
Perinatal office visit	Before and After Deductible	\$1.80	N/A	N/A	N/A	N/A	x
Acupuncture	Before Deductible	\$2.00	N/A	\$60.00	N/A	\$8,200.00	
Chiropractic care	Before Deductible	\$8.00	N/A	\$60.00	N/A	\$8,200.00	
Prosthetic vision (eyeglasses and contact lenses)	Before and After Deductible	\$4.35	N/A	N/A	N/A	N/A	x
Total Row		\$721.24					

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

Financial Parity for (3a) Outpatient - Office Visits, In-Network (OP-OV INN)				Enter Footnotes	
Deductible	N/A	Fail	Pass		
Copayment	\$30.00	Fail	Pass		
Coinsurance	N/A	Fail	Pass		

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

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

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

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

Benefit Classification		(3b) Outpatient - All Other, In-Network (OP-AO INN)		Notes:			
Classification		Outpatient - All Other	OP-AO				
Network (In/Out)		In-Network	INN				
Classification Code		OP-AO INN	111				
Table Name		OP-AO INN	111				
For each row show, if it does not apply, enter "N/A"				Number of Rows: 25			
Service Description	Cost Share Description	Plan Projected Allowed Amount	Deductible	Copayment	Coinsurance	Out of Pocket Maximum (OOPM)	No Cost Share (If true, enter "X")
Preventive Care/Screening/Immunization	Before and After Deductible	\$340.00	N/A	N/A	N/A	N/A	X
Allergy testing	Before Deductible	\$1.70	N/A	\$80.00	N/A	\$8,200.00	
Office based injections	After Deductible	\$64.00	\$8,200.00	N/A	N/A	\$8,200.00	
Laboratory Outpatient and Professional Services		\$203.00	\$8,200.00	N/A	N/A	\$8,200.00	
X-rays and Diagnostic Imaging	After Deductible	\$178.00	\$8,200.00	N/A	N/A	\$8,200.00	
Imaging (CT/PET Scans, MRI)	After Deductible	\$221.00	\$8,200.00	N/A	N/A	\$8,200.00	
Rehabilitative Occupational and Rehabilitative Physical Therapy	After Deductible	\$97.00	\$8,200.00	N/A	N/A	\$8,200.00	
Rehabilitative Speech Therapy	After Deductible	\$6.00	\$8,200.00	N/A	N/A	\$8,200.00	
Rehabilitative outpatient services - physical and occupational therapy	After Deductible	\$0.00	\$8,200.00	N/A	N/A	\$8,200.00	
Rehabilitative outpatient services - speech therapy	After Deductible	\$0.00	\$8,200.00	N/A	N/A	\$8,200.00	
Wearing aids	After Deductible	\$2.00	\$8,200.00	N/A	N/A	\$8,200.00	
Prosthetic vision (eyeglasses)	Before and After Deductible	\$8.70	N/A	N/A	N/A	N/A	X
Patient education	Before Deductible	\$0.00	N/A	\$60.00	N/A	\$8,200.00	
Durable medical equipment, including prosthetics	After Deductible	\$102.00	\$8,200.00	N/A	N/A	\$8,200.00	
Urology	After Deductible	\$0.70	\$8,200.00	N/A	N/A	\$8,200.00	
Chemotherapy / Radiation Therapy	After Deductible	\$203.00	\$8,200.00	N/A	N/A	\$8,200.00	
Specialty services	After Deductible	\$119.00	\$8,200.00	N/A	N/A	\$8,200.00	
Outpatient hospital care	After Deductible	\$1.00	\$8,200.00	N/A	N/A	\$8,200.00	
Outpatient therapy (e.g., Ambulatory Surgery Center)	After Deductible	\$1,040.00	\$8,200.00	N/A	N/A	\$8,200.00	
Outpatient Surgery Physician/Surgical Services	After Deductible	\$100.00	\$8,200.00	N/A	N/A	\$8,200.00	
Medically necessary abortions	Before and After Deductible	\$17.00	N/A	N/A	N/A	N/A	X
Prosthetic vision (lens and frame)	Before and After Deductible	\$0.00	N/A	N/A	N/A	N/A	X
Home health care	After Deductible	\$66.00	\$8,200.00	N/A	N/A	\$8,200.00	
Non-emergency transportation - wheelchair	After Deductible	\$0.00	\$8,200.00	N/A	N/A	\$8,200.00	
Total Row		\$5,343.00					

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

Financial Parity for (3b) Outpatient - All Other, In-Network (OP-AO INN)				Enter Footnotes	
Deductible	\$8,200.00	Fail	Pass		
Copayment	N/A	Fail	Pass		
Coinsurance	N/A	Fail	Pass		



DCPM	\$8,200.00	\$8,200.00	Pass
Overall			Pass

\*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ½ of medical/surgical benefits)				
Deductible	\$0.00	0.00%	Fail	
Copayment	\$0.00	0.00%	OP-AD INN	
Coinsurance	\$0.00	0.00%	Fail	
DCPM	\$8,200.00	85.00%	OP-OV INN DCPM	
Total Projected	\$2,134.24			

Step 2 Predominant Level

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

Does not apply to substantially all medical/surgical benefits in this classification.

DELETE any values in the left hand column below.

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

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

Applies to substantially all medical/surgical benefits in this classification.

ENTER different copayment amounts from smallest to largest.

Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$10.00	\$810.39	50.00%	\$30.00	
\$20.00	\$23.38	2.77%		
\$50.00	\$286.51	44.39%		
	\$0.00			
Total	\$820.30	100.00%		

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

Does not apply to substantially all medical/surgical benefits in this classification.

DELETE any values in the left hand column below.

DCPM	\$8,200.00	\$8,200.00	Pass
Overall			Pass

\*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ½ of medical/surgical benefits)				
Deductible	\$2,975.46	89.04%	OP-AD INN Deductible	
Copayment	\$0.00	0.00%	Fail	
Coinsurance	\$0.00	0.00%	Fail	
DCPM	\$2,977.26	89.09%	OP-AD INN DCPM	
Total Projected	\$3,343.80			

Step 2 Predominant Level

Deductible — (3d) Outpatient - All Other, In-Network (OP-AD INN)	Errors found:	0
--	---------------	---

Applies to substantially all medical/surgical benefits in this classification.

ENTER different deductible amounts from smallest to largest.

Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$8,200.00	\$2,975.46	100.00%	\$8,200.00	
	\$0.00			
Total	\$2,975.46	100.00%		

Copayment — (3d) Outpatient - All Other, In-Network (OP-AD INN)	Errors found:	0
---	---------------	---

Does not apply to substantially all medical/surgical benefits in this classification.

DELETE any values in the left hand column below.

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

Coinsurance — (3d) Outpatient - All Other, In-Network (OP-AD INN)	Errors found:	0
---	---------------	---

Does not apply to substantially all medical/surgical benefits in this classification.

DELETE any values in the left hand column below.

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

Issuer / Market: Coordinated Care Corporation  
Market: Individual  
State Filing Tracking Number: 0

Workbook Info  
Link back to Summary Sheet  
View Input Cell Formulas  
See the Example worksheet for additional details.

PLAN INFORMATION  
Plan Name: Ambetter Balanced Care 4 - 73% AV Level Sh  
Plan ID: 61836WAD050007-04  
CSR Variant Description: 73% AV Level Silver Plan  
Links only work for sections that are not already hidden

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION  
Overall Result: Pass  
Click the links in the cells below to scroll directly to the stated section

Testing Options  
Option: Selection  
Out-of-Network Tier? No  
Outpatient Benefit Testing: Office Visit Separate  
Column Options: Update Columns, Hide/Unhide All Columns  
No Errors found? TRUE

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

Benefit Classification (3a) Outpatient - Office Visits, In-Network (OP-OV INN)  
Click the links in the cells below to scroll directly to the stated section

Errors found: 0  
Click the links in the cells below to scroll directly to the stated section

Move to OP INN  
Move to OP OOV  
Move to OP OOV INN  
Move to OP-AD INN  
Move to OP-AD OOV  
Move to ER  
Move to RX

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

Benefit Classification Notes:		[3a] Outpatient - Office Visits, In-Network (OP-OV INN) Use this table if you are separately testing outpatient office visits and all other outpatient services.					
Classification Code (3a)		Outpatient - Office Visit		OP-OV			
Network (3a/3b)		In-Network		N/A			
Classification Code (3a)		OP-OV (INN)		N/A		Number of Rows	
Table Name		P1		USE OP(OV)(INN)_P1		9	
For most rows, if 3a does not apply, enter "N/A"							
Service Description	Cost-Share Description	Plan Projected Allowed Amount	Deductible	Co-payment	Coinsurance	Out-of-Pocket Maximum (OOPM)	No Cost-Share (If True, enter "Y")
Primary Care Visit to Treat an Injury or Illness	Before Deductible	\$100.00	N/A	\$15.00	N/A	\$7,450.00	
Urgent Care	Before Deductible	\$23.50	N/A	\$35.00	N/A	\$7,450.00	
Preventive office visit	Before and After Deductible	\$86.50	N/A	N/A	N/A	N/A	x
Specialist Visit	Before Deductible	\$274.85	N/A	\$45.00	N/A	\$7,450.00	
Preventive office visit	Before and After Deductible	\$8.70	N/A	N/A	N/A	N/A	x
Preventive office visit	Before and After Deductible	\$1.00	N/A	N/A	N/A	N/A	x
Acupuncture	Before Deductible	\$2.80	N/A	\$45.00	N/A	\$7,450.00	
Chiropractic care	Before Deductible	\$8.80	N/A	\$45.00	N/A	\$7,450.00	
Podiatric vision (exam & refraction)	Before and After Deductible	\$4.95	N/A	N/A	N/A	N/A	x
Total Row		\$721.24					

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

Financial Parity for (3a) Outpatient - Office Visits, In-Network (OP-OV INN)	Enter Test Results
Deductible: N/A Co-payment: \$10.00 Coinsurance: \$7,450.00 OOPM: \$7,450.00 Overall: Pass	NA

Benefit Classification (3b) Outpatient - All Other, In-Network (OP-AD INN)  
Click the links in the cells below to scroll directly to the stated section

Errors found: 0  
Click the links in the cells below to scroll directly to the stated section

Move to OP INN  
Move to OP OOV  
Move to OP OOV INN  
Move to OP-AD INN  
Move to OP-AD OOV  
Move to ER  
Move to RX

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

Classification Notes:		(3b) Outpatient - All Other, In-Network (OP-AD INN) Use this table if you are separately testing outpatient office visits and all other outpatient services.						
Classification Network (OP-AD) Classification Code Table Name	Outpatient - All Other (OP-AD)		Number of Rows					
	In-Network	Non-						
	OP-AD INN	OP-AD INN (P1)						
For cost share, if it does not apply enter "N/A"			Plan Projected Allowed Amount	Deductible	Co-payment	Coinsurance	Out-of-Pocket Maximum (OOPM)	No Cost Share (If True, enter "Y")
Preventive Care/Screening/Immunization	Before and After Deductible	\$246.50		N/A	N/A	N/A	N/A	x
Allergy testing	Before Deductible	\$1.70		N/A	\$40.00	N/A	\$7,450.00	
Office based injections	After Deductible	\$64.00		\$7,450.00	N/A	N/A	\$7,450.00	
Laboratory Outpatient and Professional Services	After Deductible	\$203.50		\$7,450.00	N/A	N/A	\$7,450.00	
X-rays and Diagnostic Imaging	After Deductible	\$178.50		\$7,450.00	N/A	N/A	\$7,450.00	
Imaging (CT/PET Scans, etc.)	After Deductible	\$221.50		\$7,450.00	N/A	N/A	\$7,450.00	
Rehabilitative Occupational and Neuropsychological Physical Therapy	After Deductible	\$87.20		\$7,450.00	N/A	N/A	\$7,450.00	
Rehabilitative Speech	After Deductible	\$6.30		\$7,450.00	N/A	N/A	\$7,450.00	
Rehabilitation outpatient services - physical and occupational therapy	After Deductible	\$8.00		\$7,450.00	N/A	N/A	\$7,450.00	
Rehabilitation outpatient services - speech therapy	After Deductible	\$8.00		\$7,450.00	N/A	N/A	\$7,450.00	
Hearing aids	After Deductible	\$1.00		\$7,450.00	N/A	N/A	\$7,450.00	
Classification of males	Before and After Deductible	\$5.75		N/A	N/A	N/A	N/A	x
Parent education	Before Deductible	\$8.00		N/A	\$40.00	N/A	\$7,450.00	
Stable medical equipment, including prosthetics	After Deductible	\$102.00		\$7,450.00	N/A	N/A	\$7,450.00	
Contraception	After Deductible	\$8.70		\$7,450.00	N/A	N/A	\$7,450.00	
Chemotherapy / Radiation Therapy	After Deductible	\$580.75		\$7,450.00	N/A	N/A	\$7,450.00	
Respiratory Therapy	After Deductible	\$15.80		\$7,450.00	N/A	N/A	\$7,450.00	
Outpatient response card	After Deductible	\$7.00		\$7,450.00	N/A	N/A	\$7,450.00	
Infusion therapy	After Deductible	\$7.90		\$7,450.00	N/A	N/A	\$7,450.00	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	After Deductible	\$1,245.70		\$7,450.00	N/A	N/A	\$7,450.00	
Outpatient Surgery Physician/Surgical Services	After Deductible	\$109.00		\$7,450.00	N/A	N/A	\$7,450.00	
Medically necessary abortions	Before and After Deductible	\$17.25		N/A	N/A	N/A	N/A	x
Podiatric vision (exam & refraction)	Before and After Deductible	\$5.50		N/A	N/A	N/A	N/A	x
Home health care services	After Deductible	\$48.50		\$7,450.00	N/A	N/A	\$7,450.00	
Home management transportation - ground/air	After Deductible	\$8.00		\$7,450.00	N/A	N/A	\$7,450.00	
Total Row		\$3,341.80						

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

Financial Parity for (3b) Outpatient - All Other, In-Network (OP-AD INN)	Enter Test Results
Deductible: \$7,450.00 Co-payment: N/A Coinsurance: N/A OOPM: \$7,450.00 Overall: Pass	NA

**Step 1 Substantially All (i.e., ≥ ¼ of medical/surgical benefits)**

Deductible	\$0.00	0.00%	Fail
Coinsurance	\$600.00	86.01%	OP-OV INN
Copayment	\$0.00	0.00%	Fail
ODPM	\$600.00	86.01%	OP-OV INN ODPM
Total Projected	\$720.00		

**Step 2 Predominant Level**

**Deductible — (Bk) Outpatient - Office Visits, In-Network (OP-OV INN)** Errors found: 0

Does not apply to substantially all medical/surgical benefits in this classification.  
DELETE any values in the left-hand column below.

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

**Copayment — (Bk) Outpatient - Office Visits, In-Network (OP-OV INN)** Errors found: 0

Applies to substantially all medical/surgical benefits in this classification.  
ENTER different copayment amounts from smallest to largest.

Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
\$10.00	\$10.00	50.00%	\$10.00	
\$20.00	\$20.00	5.71%		
\$40.00	\$40.00	46.29%		
	\$0.00			
Total	\$60.00	100.00%		

**Coinsurance — (Bk) Outpatient - Office Visits, In-Network (OP-OV INN)** Errors found: 0

Does not apply to substantially all medical/surgical benefits in this classification.  
DELETE any values in the left-hand column below.

**Step 1 Substantially All (i.e., ≥ ¼ of medical/surgical benefits)**

Deductible	\$2,975.48	89.04%	OP-AO INN Deductible
Coinsurance	\$0.00	0.00%	Fail
Copayment	\$0.00	0.00%	Fail
ODPM	\$2,975.48	89.04%	OP-AO INN ODPM
Total Projected	\$3,345.88		

**Step 2 Predominant Level**

**Deductible — (Bk) Outpatient - All Other, In-Network (OP-AO INN)** Errors found: 0

Applies to substantially all medical/surgical benefits in this classification.  
ENTER different deductible amounts from smallest to largest.

Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$2,975.48	100.00%	\$2,975.48	
	\$0.00			
Total	\$2,975.48	100.00%		

**Copayment — (Bk) Outpatient - All Other, In-Network (OP-AO INN)** Errors found: 0

Does not apply to substantially all medical/surgical benefits in this classification.  
DELETE any values in the left-hand column below.

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

**Coinsurance — (Bk) Outpatient - All Other, In-Network (OP-AO INN)** Errors found: 0

Does not apply to substantially all medical/surgical benefits in this classification.  
DELETE any values in the left-hand column below.



DOPM	\$2,650.00	\$2,650.00	Pass
Overall			Pass

If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ½ of medical/surgical benefits)

Deductible	\$0.00	0.00%	Fail
Coinsurance	\$1,307,864.36	87.54%	Fail
Out-of-Pocket	\$0.00	0.00%	Fail
DOPM	\$2,650.00	87.54%	OP-OUT-NN DOPM
Total Projected	\$1,307,864.36		

Step 2 Predominant Level

Deductible — (In) Outpatient — Office Visits, In-Network (OP-AD-NN)

Does not apply to substantially all medical/surgical benefits in this classification.

DELETE any values in the left-hand column below.

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

Coinsurance — (In) Outpatient — Office Visits, In-Network (OP-AD-NN)

Does not apply to substantially all medical/surgical benefits in this classification.

DELETE any values in the left-hand column below.

Coinsurance	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$103,167.30	7.89%	\$0.00	
	\$1,204,727.26	92.11%	\$10.00	
	\$0.00			
	\$0.00			
Total	\$1,307,864.36	100.00%		

Out-of-Pocket — (In) Outpatient — Office Visits, In-Network (OP-AD-NN)

Does not apply to substantially all medical/surgical benefits in this classification.

DELETE any values in the left-hand column below.

Out-of-Pocket	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

DOPM	\$2,650.00	\$2,650.00	Pass
Overall			Pass

If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ½ of medical/surgical benefits)

Deductible	\$12,537,775.92	88.27%	OP-AD-NN Deductible
Coinsurance	\$0.00	0.00%	Fail
DOPM	\$12,538,128.11	88.28%	OP-AD-NN DOPM
Total Projected	\$14,264,594.83		

Step 2 Predominant Level

Deductible — (In) Outpatient — All Other, In-Network (OP-AD-NN)

Does not apply to substantially all medical/surgical benefits in this classification.

ENTER different deductible amounts from smallest to largest.

Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$12,537,775.92	100.00%	\$2,650.00	
	\$0.00			
Total	\$12,537,775.92	100.00%		

Coinsurance — (In) Outpatient — All Other, In-Network (OP-AD-NN)

Does not apply to substantially all medical/surgical benefits in this classification.

DELETE any values in the left-hand column below.

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

Out-of-Pocket — (In) Outpatient — All Other, In-Network (OP-AD-NN)

Does not apply to substantially all medical/surgical benefits in this classification.

DELETE any values in the left-hand column below.

Out-of-Pocket	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

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

Issuer / Market: Coordinated Care Corporation  
Market: Individual  
State Filing Tracking Number: 0

PLAN INFORMATION

Plan Name: Ambetter Balanced Care 4 - 94% AV Level SH <<<<This will auto-populate from summary sheet macro  
Plan ID: 61836WAZ000007-06 <<<<This will auto-populate from summary sheet macro  
CSR Variant Description: 94% AV Level Silver Plan <<<<If the plan is a CSR variant, identify it here. Otherwise, leave the field blank.

PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION

Overall Result: Pass

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

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

Testing Options

Option

Selection

Out of Network Tier? No

Outpatient Benefit Testing: Private/In-Network

Column Options

No Errors found? TRUE

Update Columns

Hide/Unhide All Columns

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

Workbook Info

Link back to Summary Sheet

Visit Inputs Call Format

See the Example worksheet for additional details.

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

Click>>>>> Home Errors found: 0

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

Move to OP INN Move to OP OON Move to OP INN Move to OP-OV INN Move to OP-AD INN Move to OP OON Move to OP-OV OON Move to OP-AD OON Move to EE Move to EE

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

Click>>>>> Home Errors found: 0

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

Move to OP INN Move to IP OON Move to OP INN Move to OP-OV INN Move to OP-AD INN Move to OP OON Move to OP-OV OON Move to OP-AD OON Move to EE Move to EE

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

Benefit Classification	(3a) Outpatient - Office Visits, In-Network (OP-OV INN)						
Notes:	Use this table if you are separately testing outpatient office visits and all other outpatient services.						
Classification Network (In/Out)	Outpatient - Office Visits		OP-OV				
Classification Code	3a		OP-OVINN				
Table Name	3a		OP-OVINN_P1				
			Number of Rows = 9				
For each cost share, if it does not apply, enter "N/A"							
Service Description	Cost-Share Description	Plan Projected Allowed Amount	Deductible	Copyment	Coinsurance	Out-of-Pocket Maximum (OOPM)	No Cost-Share (If "true", enter "Y")
Primary Care Visit to Treat an Injury or Illness	Before Deductible	\$1,584,555.34	N/A	N/A	N/A	\$800.00	
Urgent Care	Before Deductible	\$108,759.67	N/A	\$5.00	N/A	\$800.00	
Preventive office visit	Before and After Deductible	\$168,354.71	N/A	N/A	N/A	N/A	x
Specialist Visit	Before Deductible	\$1,175,063.63	N/A	\$10.00	N/A	\$800.00	
Prenatal office visit	Before and After Deductible	\$27,343.63	N/A	N/A	N/A	N/A	x
Postnatal office visit	Before and After Deductible	\$8,585.89	N/A	N/A	N/A	N/A	x
Acupuncture	Before Deductible	\$48,826.37	N/A	\$10.00	N/A	\$800.00	
Chiropractic care	Before Deductible	\$49,127.33	N/A	\$10.00	N/A	\$800.00	
Podiatric visit (exam & hardware)	Before and After Deductible	\$5,768.74	N/A	N/A	N/A	N/A	x
Total Row		\$3,369,943.12					

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

Financial Parity for (3a) Outpatient - Office Visits, In-Network (OP-OV INN)				
Cost Share Type	MHSUD Cost Shares	Predominant Level for	MHSUD Financial	
Deductible	N/A	Pass	Pass	
Copyment	N/A	Fail	Fail	
Coinsurance	N/A	Fail	Pass	

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

(3b) Outpatient - All Other, In-Network (OP-AO INN)							
Use this table if you are separately testing outpatient office visits and all other outpatient services.							
Classification Network (In/Out)	Outpatient - All Other In Network						
Classification Code	3b						
Table Name	OP-AOINN_P1						
Number of Rows: 25							
For each cost share, if it does not apply, enter "N/A"							
Service Description	Cost-Share Description	Plan Projected Allowed Amount	Deductible	Co-payment	Coinsurance	Out-of-Pocket Maximum (OOPM)	No Cost-Share (If "true", enter "Y")
Prescription Care/Screening/Immunization	Before and After Deductible	\$1,695,503.50	N/A	N/A	N/A	N/A	X
Urgency Testing	Before Deductible	\$2,420.38	N/A	\$10.00	N/A	\$800.00	
Office based injections	After Deductible	\$158,467.30	\$800.00	N/A	N/A	\$800.00	
Laboratory Outpatient and Professional Services	After Deductible	\$758,425.29	\$800.00	N/A	N/A	\$800.00	
Imaging and Diagnostic Imaging	After Deductible	\$861,476.68	\$800.00	N/A	N/A	\$800.00	
Imaging (CT/MRI/Scans, etc.)	After Deductible	\$991,720.27	\$800.00	N/A	N/A	\$800.00	
Rehabilitative Occupational and Rehabilitative Physical Therapy	After Deductible	\$501,204.32	\$800.00	N/A	N/A	\$800.00	
Rehabilitative Speech	After Deductible	\$1,777.47	\$800.00	N/A	N/A	\$800.00	
Rehabilitative outpatient services - physical and occupational therapy	After Deductible	\$42.18	\$800.00	N/A	N/A	\$800.00	
Rehabilitative outpatient services - speech therapy	After Deductible	\$5.85	\$800.00	N/A	N/A	\$800.00	
Hearing aids	After Deductible	\$5,576.52	\$800.00	N/A	N/A	\$800.00	
Distribution of meals	Before and After Deductible	\$1,597.37	N/A	N/A	N/A	N/A	X
Patient education	Before Deductible	\$5.25	N/A	\$10.00	N/A	\$800.00	
Portable medical equipment, including prosthetics	After Deductible	\$381,839.65	\$800.00	N/A	N/A	\$800.00	
Transplants	After Deductible	\$9,967.24	\$800.00	N/A	N/A	\$800.00	
Chemotherapy / Radiation Therapy	After Deductible	\$2,382,624.32	\$800.00	N/A	N/A	\$800.00	
Bone marrow	After Deductible	\$920,089.13	\$800.00	N/A	N/A	\$800.00	
Outpatient Respiratory Care	After Deductible	\$179,836.63	\$800.00	N/A	N/A	\$800.00	
Infusion therapies	After Deductible	\$5,769.28	\$800.00	N/A	N/A	\$800.00	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	After Deductible	\$5,681,795.36	\$800.00	N/A	N/A	\$800.00	
Outpatient Surgery Physician/Surgical Services	After Deductible	\$594,674.08	\$800.00	N/A	N/A	\$800.00	
Medically necessary abortion	Before and After Deductible	\$58,935.58	N/A	N/A	N/A	N/A	X
Public health exam (oral & nasal)	Before and After Deductible	\$389.72	N/A	N/A	N/A	N/A	X
Home health care services	After Deductible	\$116,579.81	\$800.00	N/A	N/A	\$800.00	
Non-emergent transportation - wheelchair	After Deductible	\$0.01	\$800.00	N/A	N/A	\$800.00	
Total Row		\$14,976,061.10					

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

Financial Parity for (3b) Outpatient - All Other, In-Network (OP-AO INN)				
Cost Share Type	MHSUD Cost Shares	Predominant Level for	MHSUD Financial Parity Result	
Deductible	\$800.00	\$800.00	Pass	
Copyment	N/A	Fail	Pass	
Coinsurance	N/A	Fail	Pass	

DDPM	\$800.00	\$800.00	Pass
Overall			Pass

If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ½ of medical/surgical benefits)

Deductible	\$0.00	0.00%	Fail
Coinsurance	\$1,328,656.00	80.00%	Fail
Out-of-Pocket	\$0.00	0.00%	Fail
DDPM	\$2,963,472.15	87.94%	OP-OUT INN DDPM
Total Projected	\$3,369,843.15		

Step 2 Predominant Level

Deductible — (Outpatient - Office Visits, In-Network (OP-OUT INN))

Does not apply to substantially all medical/surgical benefits in this classification.

DELETE any values in the left-hand column below.

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

Coinsurance — (Outpatient - Office Visits, In-Network (OP-OUT INN))

Does not apply to substantially all medical/surgical benefits in this classification.

DELETE any values in the left-hand column below.

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

Out-of-Pocket — (Outpatient - Office Visits, In-Network (OP-OUT INN))

Does not apply to substantially all medical/surgical benefits in this classification.

DELETE any values in the left-hand column below.

Out-of-Pocket	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		

DDPM	\$800.00	\$800.00	Pass
Overall			Pass

If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ½ of medical/surgical benefits)

Deductible	\$13,218,715.55	88.27%	OP-AD INN Deductible
Coinsurance	\$1,474,543.00	0.00%	Fail
Out-of-Pocket	\$0.00	0.00%	Fail
DDPM	\$13,220,141.18	88.28%	OP-AD INN DDPM
Total Projected	\$14,694,684.18		

Step 2 Predominant Level

Deductible — (Outpatient - All Other, In-Network (OP-AD INN))

Does not apply to substantially all medical/surgical benefits in this classification.

ENTER different deductible amounts from smallest to largest.

Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$800.00	\$13,218,715.55	100.00%	\$800.00	
	\$0.00			
Total	\$13,218,715.55	100.00%		

Coinsurance — (Outpatient - All Other, In-Network (OP-AD INN))

Does not apply to substantially all medical/surgical benefits in this classification.

DELETE any values in the left-hand column below.

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

Out-of-Pocket — (Outpatient - All Other, In-Network (OP-AD INN))

Does not apply to substantially all medical/surgical benefits in this classification.

DELETE any values in the left-hand column below.

Out-of-Pocket	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		





ODPM	\$7,500.00	\$7,500.00	Pass
Overall			Pass

If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ½ of medical/surgical benefits)				
Deductible	\$0.00	0.00%	Fail	
Copayment	\$682,055.53	85.34%	OP-OV INN	
Coinsurance	\$0.00	0.00%	Fail	
ODPM	\$682,055.53	85.34%	OP-OV INN ODPM	
Total Projected	\$799,556.24			

#### Step 2 Predominant Level

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

Errors found:

0

Does not apply to substantially all medical/surgical benefits in this classification.  
DELETE any values in the left-hand column below.

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

**Copayment — (3a) Outpatient - Office Visits, In-Network (OP-OV INN)**

Errors found:

0

Applies to substantially all medical/surgical benefits in this classification.  
ENTER different copayment amounts from smallest to largest.

Copayment	Allowed Claims	Portion	Predominant & Smaller	Error Checking
\$15.00	\$332,933.30	48.81%	\$15.00	
\$35.00	\$349,122.23	51.19%	\$35.00	
	\$0.00			
	\$0.00			
Total	\$682,055.53	100.00%		

**Coinsurance — (3a) Outpatient - Office Visits, In-Network (OP-OV INN)**

Errors found:

0

Does not apply to substantially all medical/surgical benefits in this classification.  
DELETE any values in the left-hand column below.

ODPM	\$7,500.00	\$7,500.00	Pass
Overall			Pass

If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ ½ of medical/surgical benefits)				
Deductible	\$2,745,793.97	83.45%	OP-AD INN Deductible	
Copayment	\$2,745,793.97	83.45%	Fail	
Coinsurance	\$2,745,793.97	83.45%	OP-AD INN Coinsurance	
ODPM	\$2,975,729.48	90.44%	OP-AD INN ODPM	
Total Projected	\$2,995,215.25			

#### Step 2 Predominant Level

**Deductible — (3b) Outpatient - All Other, In-Network (OP-AD INN)**

Errors found:

0

Applies to substantially all medical/surgical benefits in this classification.  
ENTER different deductible amounts from smallest to largest.

Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$2,745,793.97	100.00%	\$1,450.00	
	\$0.00			
Total	\$2,745,793.97	100.00%		

**Copayment — (3b) Outpatient - All Other, In-Network (OP-AD INN)**

Errors found:

0

Does not apply to substantially all medical/surgical benefits in this classification.  
DELETE any values in the left-hand column below.

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

**Coinsurance — (3b) Outpatient - All Other, In-Network (OP-AD INN)**

Errors found:

0

Applies to substantially all medical/surgical benefits in this classification.  
ENTER different coinsurance amounts from smallest to largest.

Issue /Market:	Coordinated Care Corporation
Market:	Individual
State Filing Tracking Number:	0

[illegible][illegible][illegible]

<b>Experiment 1 – Network 100 Hz</b> Report on suitability of multistage transformer in this classification. (100 Hz different operating parameter has been used in this report)			Group Name: _____ _____ _____	Group Number: _____
<b>Parameters</b>	<b>Observed Data</b>	<b>Theory</b>	<b>Prediction &amp; Remarks</b>	<b>Error Checking</b>
	100 Hz (5000 turns)	100 Hz (5000 turns)		
	100 Hz (5000 turns)	100 Hz (5000 turns)		
<b>Experiment 2 – Comparison to Network 100 Hz</b> Report on suitability of multistage transformer in this classification. (100 Hz different operating parameter has been used in this report)				
			Group Name: _____ _____ _____	Group Number: _____
<b>Parameters</b>	<b>Observed Data</b>	<b>Theory</b>	<b>Prediction &amp; Remarks</b>	<b>Error Checking</b>
	100 Hz (5000 turns)	100 Hz (5000 turns)		
	100 Hz (5000 turns)	100 Hz (5000 turns)		
	100 Hz (5000 turns)	100 Hz (5000 turns)		
<b>Experiment 3 – Comparison to Network 100 Hz</b> Report on suitability of multistage transformer in this classification. (100 Hz different operating parameter has been used in this report)				
			Group Name: _____ _____ _____	Group Number: _____
<b>Parameters</b>	<b>Observed Data</b>	<b>Theory</b>	<b>Prediction &amp; Remarks</b>	<b>Error Checking</b>
	100 Hz (5000 turns)	100 Hz (5000 turns)		
	100 Hz (5000 turns)	100 Hz (5000 turns)		
	100 Hz (5000 turns)	100 Hz (5000 turns)		

[Click the links in the cells below to scroll directly to the stated occurrence:](#)

<a href="#">Move to 0F 0000</a>	<a href="#">Move to 0F 0001</a>	<a href="#">Move to 0F 0002</a>	<a href="#">Move to 0F 0003</a>	<a href="#">Move to 0F 0004</a>
<a href="#">Move to 0F 0005</a>	<a href="#">Move to 0F 0006</a>	<a href="#">Move to 0F 0007</a>	<a href="#">Move to 0F 0008</a>	<a href="#">Move to 0F 0009</a>

[illegible][illegible][illegible]

Click on the  button. Then click on the  button. The results will appear in the table below.

Click the links in the cells below to go directly to the stated cell address					
<a href="#">Move to 1st row</a>	<a href="#">Move to 2nd row</a>	<a href="#">Move to 3rd row</a>	<a href="#">Move to 4th row</a>	<a href="#">Move to 5th row</a>	<a href="#">Move to 6th row</a>
<a href="#">Move to 7th row</a>	<a href="#">Move to 8th row</a>	<a href="#">Move to 9th row</a>	<a href="#">Move to 10th row</a>	<a href="#">Move to 11th row</a>	<a href="#">Move to 12th row</a>

[illegible][illegible][illegible]

<input type="text" value="00000000"/> <input type="text" value="12345678"/>		<input type="text" value="00000000"/> <input type="text" value="12345678"/>	
<p>Click the links in the cells below to scroll directly to the state sections:</p>			
<a href="#">Move to NY 0000</a>	<a href="#">Move to NY 0001</a>	<a href="#">Move to NY 0002</a>	<a href="#">Move to NY 0003</a>
<a href="#">Move to NY 0004</a>	<a href="#">Move to NY 0005</a>	<a href="#">Move to NY 0006</a>	<a href="#">Move to NY 0007</a>

[illegible][illegible]

<b>Table 1: Summary of all financial and/or benefits to the classification</b> <b>Subject to substantial independent review and analysis by the classification</b> <b>NOTE: All relevant disclosure items have been analyzed to target</b>				<b>Review Period:</b> <b>2022/23</b>	
<b>Classification</b>	<b>Approved Costs</b>	<b>Reserves</b>	<b>Provisionalists &amp; Transfer</b>	<b>Errors/Overruns</b>	
<b>2022/23</b>	<b>10,000,000</b>	<b>10,000,000</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>10,000,000</b>	<b>10,000,000</b>	<b>0</b>	<b>0</b>	<b>0</b>

<b>Table 2: Summary of all financial and/or benefits to the classification</b> <b>Subject to substantial independent review and analysis by the classification</b> <b>NOTE: All relevant disclosure items have been analyzed to target</b>				<b>Review Period:</b> <b>2023/24</b>	
<b>Classification</b>	<b>Approved Costs</b>	<b>Reserves</b>	<b>Provisionalists &amp; Transfer</b>	<b>Errors/Overruns</b>	
<b>2023/24</b>	<b>10,000,000</b>	<b>10,000,000</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>10,000,000</b>	<b>10,000,000</b>	<b>0</b>	<b>0</b>	<b>0</b>

<b>Table 3: Summary of all financial and/or benefits to the classification</b> <b>Subject to substantial independent review and analysis by the classification</b> <b>NOTE: All relevant disclosure items have been analyzed to target</b>				<b>Review Period:</b> <b>2024/25</b>	
<b>Classification</b>	<b>Approved Costs</b>	<b>Reserves</b>	<b>Provisionalists &amp; Transfer</b>	<b>Errors/Overruns</b>	
<b>2024/25</b>	<b>10,000,000</b>	<b>10,000,000</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>10,000,000</b>	<b>10,000,000</b>	<b>0</b>	<b>0</b>	<b>0</b>

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

cccThis will auto populate from summary sheet macro  
cccThis will auto populate from summary sheet macro  
cccIf the plan is a CSA variant, identify it here. Otherwise, leave the field blank.

**PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION**

Overall Result

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

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

Testing Options
-----------------

Option	Selection
Out-of-Network Tier?	No
Outpatient Benefit Testing	All Combined

Column Options

No Errors found?

TRUE

[illegible]

**PART 1**

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

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

Classification	Inpatient	IP
Network (In/Out)	In-Network	OWN
Classification Code	1	IP/OWN
Table Name		tbl_ip_owb_01

Number of Rows 6

[illegible]

Benefit Classification	(3) Outpatient, In-Network (OP INN)
------------------------	-------------------------------------

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

Number of Rows 36

[illegible]

**Benefit Classification** (S) Emergency Care, (ER )

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

Number of Rows 6

Project Description		Flies Projected Affected Aircraft	Deductions	Compensation	Collaborative	Out-of-Pocket Maximum	No Cost Maximum (if no- action T-2)
Emergency Response	Other Deductions	2,445.00	22,000.00	1,800.00	N/A	257,000.00	
Emergency Response	Other Deductions	1,125.00	12,000.00	N/A	N/A	50,000.00	
Emergency Response	Medical and Other	400.00	N/A	1,000.00	N/A	100,000.00	
Total Row		\$4,970.00					

## PART 2

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

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

Cost Share Type	Midland Cost Share	Redundant Level Fee	Midland Financial Party Result
Deductible	\$3,500.00	\$3,500.00	Pass
Copayment	\$800.00	\$800.00	Pass
Coinurance	80%	80%	Pass
OCM	\$8,750.00	\$8,750.00	Pass
Overall			Pass

**Step 1: Substantially All (i.e.,  $\geq 5\%$  of ms)**

Deductible	\$1,727.81	86.65%	IP INN Deductible
Copayment	\$1,728.03	86.67%	IP INN Copayment
Coinurance	\$0.00	0.00%	Fail
OOPM	\$1,993.91	100.00%	IP INN OOPM
Total Projects	\$1,993.91		

Enter Factorial(s)
XX

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

Cash Share Type	M&L CoD Shares	Predominant Level Fee	M&L Co Financial Party Result
Deductible	\$0.00	\$0.00	Pass
Co-payment	\$600.00	\$600.00	Pass
Coinsurance	\$0.00	\$0.00	Pass
OOWB	\$8,750.00	\$8,750.00	Pass
Out-of-Pocket	\$0.00	\$0.00	Pass

**Step 1 Substantially All (i.e.,  $\geq 5\%$  of medical/surgical benefits)**

Deductible	\$2,558.52	98.20%	Fail
Co-payment	\$2,532.45	80.35%	OP INN Co-payment
Coinsurance	\$234.44	7.38%	Fail
OOPM	\$4,268.09	97.08%	OP INN OOPM
Total Project	\$4,396.38		

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

Cost Share Type	Midcoast Cost Share	Production Level for	Midcoast Financial Party Result
Deductible	\$2,500.00	\$2,500.00	Pass
Co-payment	\$800.00	\$800.00	Pass
Co-insurance	N/A	Fail	Pass
CRIME	\$8,750.00	\$9,750.00	Pass
<b>Overall</b>			<b>Pass</b>

Large Rectangles
10

Step 1 Substantially All (i.e.,  $\geq 5\%$  of  $n$ )

Deductible	5582.04	88.41%	CR Deductible
Copayment	5533.50	80.98%	CR Copayment
Coinurance	50.00	0.00%	Nil
ODPM	5658.34	100.00%	CR ODPM
Total Projects	5658.34		

Step 2 Predominant Level				
Deductible --- 01 Outpatient In-Network (P 000)				
Agree to indemnify all medical-surgical benefits in this classification. [ENTER different deductible amounts from smallest to largest.]				
Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$1,500.00	\$0.00%	\$1,500.00	
	\$0.00			
Total	\$1,500.00	\$0.00%		
Continuum --- 03 Inpatient In-Network (P 000)				
Agree to indemnify all medical-surgical benefits in this classification. [ENTER different copayment amounts from smallest to largest.]				

Step 2 Predominant Level				
Deductible --- 01 Outpatient In-Network (P 000)				
Agree to indemnify all medical-surgical benefits in this classification. [ENTER any values in the left-hand column below.]				
Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$0.00			
	\$0.00			
Total	\$0.00	0.00%		
Continuum --- 03 Outpatient In-Network (P 000)				
Agree to indemnify all medical-surgical benefits in this classification. [ENTER different copayment amounts from smallest to largest.]				

Step 2 Predominant Level				
Deductible --- 01 Outpatient Care - 001				
Agree to indemnify all medical-surgical benefits in this classification. [ENTER different deductible amounts from smallest to largest.]				
Deductible	Allowed Claims	Portion	Predominant & Smaller	Error Checking
	\$1,000.00	\$0.00%	\$1,000.00	
	\$0.00			
Total	\$1,000.00	\$0.00%		
Continuum --- 03 Outpatient Care - 001				
Agree to indemnify all medical-surgical benefits in this classification. [ENTER different copayment amounts from smallest to largest.]				



Plan	2024-25	2025-26	
Participant -- 911 Insurance in Network 9th Plan			
Agrees to voluntarily all medical/legal benefits in this classification		Amount Due/0	
2025A different copayment amounts from smallest to largest.			

Plan	2024-25	2025-26	
Participant -- 911 Insurance in Network 9th Plan			
Agrees to voluntarily all medical/legal benefits in this classification		Amount Due/0	
2025B different copayment amounts from smallest to largest.			

Plan	2024-25	2025-26	
Participant -- 911 Insurance in Network 9th Plan			
Agrees to voluntarily all medical/legal benefits in this classification		Amount Due/0	
2025C different copayment amounts from smallest to largest.			







## PLAN INFORMATION

Issue / Market: Coordinated Care Corporation  
Market: Individual  
State Filing Tracking Number: 0

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

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

Clickxxxxx [Home](#)

Errors found: 0

Benefit Classification	(1) Outpatient, In-Network (OP INN)
------------------------	-------------------------------------

Clickxxxx [Home](#)

Errors found: 0

Benefit Classification	(S) Emergency Care, (ER)
------------------------	--------------------------

[Click here](#) [Home](#)

Errors found: 0

QUALITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION			
Overall Results:		Page	View the data in the table below to quickly identify the data and configurations.
Link to each work for sections that are not already in the table.		<a href="#">View all of data</a> <a href="#">View by MTD - 10/20/2019</a> <a href="#">View by MTD - 10/20/2019</a> <a href="#">View by MTD - 10/20/2019</a>	<a href="#">View by MTD - 10/20/2019</a> <a href="#">View by MTD - 10/20/2019</a> <a href="#">View by MTD - 10/20/2019</a>
Testing Options			
Options	Selection	Customize Options	No Errors Found
Out-of-Network Test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Outpatient Benefit Testing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes

[illegible]

**PART 1**

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

Classification		[1] (signature, in-foreword [2] (date))						
Classification (by [3] (date))	Classification Code	Signature	Date					
Title Name		[4] (signature, [5] (date))		Number of Sheets				
Service Description	Char-Share Description	Fee Proposed	Amount Received	Deductible	Co-payment	Coinsurance	Out-of-Pocket Maximum (OPOM)	Net Char-Share (net "C")
Expenses Reimbursed (e.g., medical bills)	Medical and other Deductible	\$6,289,210.18		\$0.00	\$0.00	0.0%	\$1,400,000	\$4,889,210.18
Out-of-Pocket Maximum (OPOM)	Out-of-Pocket Maximum (OPOM)	\$1,400,000		\$0.00	\$0.00	0.0%	\$1,400,000	\$0.00
Expenses Reimbursed (e.g., medical bills)	Medical and other Deductible	\$188,112.00		\$0.00	\$0.00	0.0%	\$1,400,000	\$188,112.00
Out-of-Pocket Maximum (OPOM)	Out-of-Pocket Maximum (OPOM)	\$1,400,000		\$0.00	\$0.00	0.0%	\$1,400,000	\$0.00
<b>Total Rows</b>		<b>\$7,435,587.41</b>						

**PART 1**

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

[illegible]

**PART 1**

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

[illegible]

## PART 2

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

Financial Party for (3) Substantially All, In-network (IP/IN)			
Cost Share Type	Substantially All Costs	Substantially All IP/IN	Substantially All Financial Party Responsibility
Co-insurance	50/50	50/50	Pass
Co-payment	\$100.00	\$100.00	Pass
Co-payment	50%	50%	Pass
COBRA	\$1,450.00	\$1,450.00	Pass
<b>Overall</b>			<b>Pass</b>

\*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ % of medical/surgical benefits)			
Co-insurance	50/50	50/50	Pass
Co-payment	\$1,450.00	\$1,450.00	Pass
Co-payment	50%	50%	Pass
COBRA	\$1,450.00	\$1,450.00	Pass
<b>Total Projects</b>	<b>\$1,450.00</b>	<b>\$1,450.00</b>	<b>Pass</b>

Enter Footnotes
<p>13</p>

## PART 2

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

Financial Priority for (s) Outpatient, In-Network (OP) Only			
Cost/Unit Type	MAHCO Cost/Units	Reimbursement Level for	MAHCO Self-Pay Rate
Deliverable	\$100.00	\$100.00	Pass
Concomitant	\$150.00	\$150.00	Pass
Concomitant	\$15.00	\$15.00	Pass
OOM	\$1,400.00	\$2,400.00	Pass
<b>Overall</b>			<b>Pass</b>

\*If not applicable, enter "N/A"

Step 1 Substantially All (i.e., ≥ % of medical/surgical benefits)			
Deliverable	\$0.00	0.00%	Fail
Concomitant	\$110.00	7.33%	OP (Ink Concomitant)
Concomitant	\$125.00	7.33%	Fail
OOM	\$16,250.00	87.80%	OP (Ink OOM)
<b>Total Project</b>	<b>\$16,675.00</b>		

<p>Every Foreman</p> <p>KE</p>
--------------------------------

## PART 2

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

Financial Priority for (3) Emergency Case, (EX)				
Case-Event Type	Method Case-Event	Relevant Level for	Method Financial Priority Result	
Subsistence	\$150.00	\$150.00	Pass	
Commutation	N/A	Fail	Pass	
ODDM	\$2,400.00	\$2,400.00	Pass	
<b>Overall</b>			<b>Pass</b>	

\*If not applicable, enter "N/A"

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

Subsistence	90.00	0.00%	Fail
Commutation	\$2,304.42	8.00%	ER Commut
ODDM	20.00	0.00%	Fail
ODDM	\$2,580.62	100.00%	ER ODDM
<b>Total Project</b>	<b>\$2,580.62</b>		

Enter Footnotes

Step 2 Predominant Level

DEDUCTIBLE — (1) Outpatient In-Network OP 000

Enter HD plans to substantiate all medical/surgical benefits in this classification.  
DELETE any values in the left-hand column below.

Deductible	Allowed Claims	Period	Predominant & Smaller	Error-Checking
	01-01			
	01-01			
	01-01			
Total	01-01	01-01		

Co-payment — (1) Outpatient In-Network OP 000

Enter HD plans to substantiate all medical/surgical benefits in this classification.  
ENTER different copayment amounts from smallest to largest.

Enter Request

0

Step 2 Predominant Level

DEDUCTIBLE — (1) Outpatient In-Network OP 000

Enter HD plans to substantiate all medical/surgical benefits in this classification.  
DELETE any values in the left-hand column below.

Deductible	Allowed Claims	Period	Predominant & Smaller	Error-Checking
	01-01			
	01-01			
	01-01			
Total	01-01	01-01		

Co-payment — (1) Outpatient In-Network OP 000

Enter HD plans to substantiate all medical/surgical benefits in this classification.  
ENTER different copayment amounts from smallest to largest.

Enter Request

0

Step 2 Predominant Level

DEDUCTIBLE — (1) Outpatient Care 000 1

Enter HD plans to substantiate all medical/surgical benefits in this classification.  
DELETE any values in the left-hand column below.

Deductible	Allowed Claims	Period	Predominant & Smaller	Error-Checking
	01-01			
	01-01			
	01-01			
Total	01-01	01-01		

Co-payment — (1) Outpatient Care 000 1

Enter HD plans to substantiate all medical/surgical benefits in this classification.  
ENTER different copayment amounts from smallest to largest.

Enter Request

0



Issuer / Market:	Coordinated Care Corporation Market: Individual
State Filing Tracking Number:	0

[illegible][illegible]

<input type="text"/>		<input type="text"/>		<input type="text"/>	
<a href="#">Click the links in the cells below to email directly to the stated addressee(s)</a>					
<a href="#">Move to SP-001</a>	<a href="#">Move to SP-002</a>	<a href="#">Move to SP-003</a>	<a href="#">Move to SP-004</a>	<a href="#">Move to SP-005</a>	<a href="#">Move to SP-006</a>
<a href="#">Move to SP-007</a>	<a href="#">Move to SP-008</a>	<a href="#">Move to SP-009</a>	<a href="#">Move to SP</a>	<a href="#">Move to SP</a>	<a href="#">Move to SP</a>

CHS00000	None	Smart Search	3
----------	------	--------------	---

cccCHS the links in the table below to scroll directly to the stated section:ccc

<a href="#">Home</a>	<a href="#">About Us</a>	<a href="#">Contact Us</a>	<a href="#">Privacy Policy</a>	<a href="#">Terms of Service</a>	<a href="#">FAQ</a>
----------------------	--------------------------	----------------------------	--------------------------------	----------------------------------	---------------------

[illegible][illegible][illegible][illegible]

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

Client/Share Type	Medical Cost (Share)	Productivity Loss (P)	Additional Financial Penalty (Share)
Client/Share Type	\$1,400.00	\$1,900.00	25%
Engagement	\$800.00	\$800.00	10%
OT/OTPE	\$600.00	\$600.00	10%
OT/OTPE	\$1,400.00	\$1,900.00	25%
Special			25%

"If not applicable, enter "N/A"

Step 2 Substantially All (i.e., ≥ 5% of medical/surgical benefits)

Subcategory	2018-2019 (\$17.75)	88.7%	SP-Substantially All
Engagement	\$800.00	88.7%	SP-Substantially All
OT/OTPE	\$600.00	88.7%	SP-Substantially All
OT/OTPE	\$1,400.00	88.7%	SP-Substantially All
Special	\$1,900.00	88.7%	SP-Substantially All

[illegible]

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

Cost Source Type	Medical Care Costs	Insurance	Medical Premiums
Individual	5.5%	0.0%	0.0%
Corporate	2.5%	0.0%	0.0%
Government	0.0%	0.0%	0.0%
Other	5.5%	0.0%	0.0%
<b>Total</b>	<b>13.5%</b>	<b>0.0%</b>	<b>0.0%</b>

"Not applicable, use '0.0'"

**Step 3 Substantially All (i.e., > 5% of medical/surgical benefits)**

Cost Source Type	Medical Care Costs	Insurance	Medical Premiums
Individual	5.5%	0.0%	0.0%
Corporate	2.5%	0.0%	0.0%
Government	0.0%	0.0%	0.0%
Other	5.5%	0.0%	0.0%
<b>Total</b>	<b>13.5%</b>	<b>0.0%</b>	<b>0.0%</b>

<b>Appendix 1 – North Macedonia – Office Visit, in Network IDP 05/06/2018</b>					<b>Report Number:</b>	
Do not copy to a subsidiary of central/supervisory levels in classification 10/1010, available in the MfI-based network tables						
Indicator	Allowed Values	Parties	Performance & Results	Star Ranking		
<b>Total</b>						
<b>Performance – North Macedonia – Office Visit, in Network IDP 05/06/2018</b>						
Aggregate subsidiary, administrative/supervisory levels in classification 10/1010, available in the MfI-based network tables						
Do not copy to a subsidiary of central/supervisory levels in classification 10/1010, available in the MfI-based network tables						
Support	Allowed Values	Parties	Performance & Results	Star Ranking		
<b>Total</b>						
<b>Performance – North Macedonia – Office Visit, in Network IDP 05/06/2018</b>						
Do not copy to a subsidiary of central/supervisory levels in classification 10/1010, available in the MfI-based network tables						

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

Financial Policy for DB (Unfunded) - All Other, In-Network (OP-AD, RUC)			
Cost Share Type	SHARED Cost Share	Member's Cost Share	SHARED Percent of Total Cost
deductible	\$0.00	\$1,500.00	0.00%
copayment	\$15.00	\$985.00	1.50%
coinsurance	\$0.00	\$90.00	0.00%
out-of-pocket	\$0.00	\$1,500.00	0.00%
total	\$15.00	\$3,000.00	0.50%

\*If not applicable, enter "N/A"

**Step 3. Substantially All (i.e., ≥ 2% of medical/surgical benefits)**

Cost Share Type	SHARED Cost Share	Member's Cost Share	SHARED Percent of Total Cost
deductible	\$16,432.875.98	71.12%	OP-AD, RUC Deductible
copayment	\$0.00	0.00%	0.00%
coinsurance	\$16,432.875.98	71.12%	OP-AD, RUC Coinsurance
out-of-pocket	\$16,432.875.98	71.12%	OP-AD, RUC Out-of-Pocket
total	\$32,865.751.96	142.24%	142.24%

[illegible]

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

Cost Source Type	Medical Cost Shyres	Proportionate Share for	Medical/Operational Pct for Special
Debt/Equity	\$1,543,389.27	51.96% (52%)	52%
Capex/Opex	\$300,000.00	\$300,000.00	50%
Professional Fees	0.00	0.00	50%
CGP/PM	10,000.00	10,000.00	50%
<b>Total</b>		<b>\$1,843,389.27</b>	

"If not applicable, enter "N/A"

Cost Source Type	\$4,531,689.27	96.02%	52% (Debt/Equity)
Capex/Opex	0.00	0.00%	
Professional Fees	0.00	0.00%	
CGP/PM	\$4,531,689.27	100.00%	50% (Debt/Equity)
<b>Total Project</b>	<b>\$4,531,689.27</b>		

[illegible]



State / Market:	California / CA
Market:	Individual
State Filing Tracking Number:	

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

### PLAN INFORMATION

Plan Name:	Amberlite C18/10 Select Silver	evenThis will auto assemble from summary sheet name
Plan ID:	65EWAN00007-01	evenThis will auto populate from summary sheet name
CST Variant Description:		evenIf the plan is a CST variant, identify it here. Otherwise, leave the field blank

**BATCH NAME (RAW, SUPPLY, OR ANALYSIS CLASSIFICATION)**

**PARITY PASS/FAIL RESULTS, BY BENEFIT CLASSIFICATION**

Overall Result: **Pass**

*Link only work for sections that are not already fulfilled*

Toolbox Options	
Option	Selection
Out-of-Network Tax?	No
Outpatient Recall Timing	Office Visits Management

Exclusion Options
<a href="#">Include Columns</a>
<a href="#">Exclude Columns</a>

[illegible]

**PART 1**

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

[illegible]

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

[illegible]

**PART 1**

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

[illegible]

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

[illegible]

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

[illegible]

## PART 2

<b>Parent Payroll for (20) Employees, All Other, In Response (20-40)</b>				<b>Comments</b>	
<b>Employee</b>	<b>Amount</b>	<b>Period</b>	<b>Amount</b>	<b>Period</b>	<b>Comments</b>
1	10,000.00	1/1/20	10,000.00	1/1/20	
2	10,000.00	1/1/20	10,000.00	1/1/20	
3	10,000.00	1/1/20	10,000.00	1/1/20	
4	10,000.00	1/1/20	10,000.00	1/1/20	
5	10,000.00	1/1/20	10,000.00	1/1/20	
6	10,000.00	1/1/20	10,000.00	1/1/20	
7	10,000.00	1/1/20	10,000.00	1/1/20	
8	10,000.00	1/1/20	10,000.00	1/1/20	
9	10,000.00	1/1/20	10,000.00	1/1/20	
10	10,000.00	1/1/20	10,000.00	1/1/20	
11	10,000.00	1/1/20	10,000.00	1/1/20	
12	10,000.00	1/1/20	10,000.00	1/1/20	
13	10,000.00	1/1/20	10,000.00	1/1/20	
14	10,000.00	1/1/20	10,000.00	1/1/20	
15	10,000.00	1/1/20	10,000.00	1/1/20	
16	10,000.00	1/1/20	10,000.00	1/1/20	
17	10,000.00	1/1/20	10,000.00	1/1/20	
18	10,000.00	1/1/20	10,000.00	1/1/20	
19	10,000.00	1/1/20	10,000.00	1/1/20	
20	10,000.00	1/1/20	10,000.00	1/1/20	
<b>Total</b>	<b>200,000.00</b>		<b>200,000.00</b>		

**Step 2 Subpart (b) (1) (i) - Is it a net operating (loss) benefit?**

<b>Step 2 Subpart (b) (1) (i) - Is it a net operating (loss) benefit?</b>			
<b>Employee</b>	<b>Amount</b>	<b>Period</b>	<b>Amount</b>
1	10,000.00	1/1/20	10,000.00
2	10,000.00	1/1/20	10,000.00
3	10,000.00	1/1/20	10,000.00
4	10,000.00	1/1/20	10,000.00
5	10,000.00	1/1/20	10,000.00
6	10,000.00	1/1/20	10,000.00
7	10,000.00	1/1/20	10,000.00
8	10,000.00	1/1/20	10,000.00
9	10,000.00	1/1/20	10,000.00
10	10,000.00	1/1/20	10,000.00
11	10,000.00	1/1/20	10,000.00
12	10,000.00	1/1/20	10,000.00
13	10,000.00	1/1/20	10,000.00
14	10,000.00	1/1/20	10,000.00
15	10,000.00	1/1/20	10,000.00
16	10,000.00	1/1/20	10,000.00
17	10,000.00	1/1/20	10,000.00
18	10,000.00	1/1/20	10,000.00
19	10,000.00	1/1/20	10,000.00
20	10,000.00	1/1/20	10,000.00
<b>Total</b>	<b>200,000.00</b>		<b>200,000.00</b>

**Step 2 Subpart (b) (1) (ii) - Is it a net operating (loss) benefit?**

<b>Step 2 Subpart (b) (1) (ii) - Is it a net operating (loss) benefit?</b>			
<b>Employee</b>	<b>Amount</b>	<b>Period</b>	<b>Amount</b>
1	10,000.00	1/1/20	10,000.00
2	10,000.00	1/1/20	10,000.00
3	10,000.00	1/1/20	10,000.00
4	10,000.00	1/1/20	10,000.00
5	10,000.00	1/1/20	10,000.00
6	10,000.00	1/1/20	10,000.00
7	10,000.00	1/1/20	10,000.00
8	10,000.00	1/1/20	10,000.00
9	10,000.00	1/1/20	10,000.00
10	10,000.00	1/1/20	10,000.00
11	10,000.00	1/1/20	10,000.00
12	10,000.00	1/1/20	10,000.00
13	10,000.00	1/1/20	10,000.00
14	10,000.00	1/1/20	10,000.00
15	10,000.00	1/1/20	10,000.00
16	10,000.00		

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

Financial Institutions		2016		2015		2014		2013		2012		2011		2010		2009		2008		2007		2006		2005		2004		2003		2002		2001		2000		1999		1998		1997		1996		1995		1994		1993		1992		1991		1990		1989		1988		1987		1986		1985		1984		1983		1982		1981		1980		1979		1978		1977		1976		1975		1974		1973		1972		1971		1970		1969		1968		1967		1966		1965		1964		1963		1962		1961		1960		1959		1958		1957		1956		1955		1954		1953		1952		1951		1950		1949		1948		1947		1946		1945		1944		1943		1942		1941		1940		1939		1938		1937		1936		1935		1934		1933		1932		1931		1930		1929		1928		1927		1926		1925		1924		1923		1922		1921		1920		1919		1918		1917		1916		1915		1914		1913		1912		1911		1910		1909		1908		1907		1906		1905		1904		1903		1902		1901		1900		1899		1898		1897		1896		1895		1894		1893		1892		1891		1890		1889		1888		1887		1886		1885		1884		1883		1882		1881		1880		1879		1878		1877		1876		1875		1874		1873		1872		1871		1870		1869		1868		1867		1866		1865		1864		1863		1862		1861		1860		1859		1858		1857		1856		1855		1854		1853		1852		1851		1850		1849		1848		1847		1846		1845		1844		1843		1842		1841		1840		1839		1838		1837		1836		1835		1834		1833		1832		1831		1830		1829		1828		1827		1826		1825		1824		1823		1822		1821		1820		1819		1818		1817		1816		1815		1814		1813		1812		1811		1810		1809		1808		1807		1806		1805		1804		1803		1802		1801		1800		1799		1798		1797		1796		1795		1794		1793		1792		1791		1790		1789		1788		1787		1786		1785		1784		1783		1782		1781		1780		1779		1778		1777		1776		1775		1774		1773		1772		1771		1770		1769		1768		1767		1766		1765		1764		1763		1762		1761		1760		1759		1758		1757		1756		1755		1754		1753		1752		1751		1750		1749		1748		1747		1746		1745		1744		1743		1742		1741		1740		1739		1738		1737		1736		1735		1734		1733		1732		1731		1730		1729		1728		1727		1726		1725		1724		1723		1722		1721		1720		1719		1718		1717		1716		1715		1714		1713		1712		1711		1710		1709		1708		1707		1706		1705		1704	
------------------------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--	------	--

PART 2

[illegible]



Issuer /Market:	Coordinated Care Corporation
Market:	Individual
State Filing Tracking Number:	0

[illegible][illegible][illegible][illegible]

Financial Parity for 121 Inpatient, In-Network OP Inpatient			
Cost Share Type	2019-20 Cost Share	Proportionate to Level	2019-20 Financial Parity Result
Outpatient	\$750.00	\$750.00	Pass
Emergency	\$1,250.00	\$1,250.00	Pass
Outpatient	\$0.00	Fail	Pass
OP/OP	\$1,000.00	\$1,000.00	Pass
Overall			Pass

\*Incalculable rate "NA"

Step 2 Substantially All (i.e., ≥ 5% of medical/surgical benefits)			
Outpatient	\$128,250,250.00	96.7%	OP/OP Outpatient
Emergency	\$1,250,000.00	99.9%	OP/OP Emergency
Outpatient	\$0.00	0.00%	Fail
OP/OP	\$750,000,000.00	1.80.00%	OP/OP OP/OP

Step 2: Prejudgment Report					Process Report
<p><b>Question – Distribution of Benefits of 2000</b></p> <p>Apply to substantially all embedded benefit in this classification.</p> <p>2000 different deductible amounts from awarded to Insignia.</p>					Process Report
Department	Awarded Dollars	Pct/Act	Prejudgment % Benefit	Enter Chording	
General	\$100,000,000	100.00%	100.00%	100.00%	
Total	\$100,000,000	100.00%	100.00%	100.00%	
<p><b>Question – Distribution of Benefits of 2001</b></p> <p>Apply to substantially all embedded benefit in this classification.</p> <p>2001 different deductible amounts from awarded to Insignia.</p>					Process Report
Department	Awarded Dollars	Pct/Act	Prejudgment % Benefit	Enter Chording	
General	\$100,000,000	100.00%	100.00%	100.00%	
Total	\$100,000,000	100.00%	100.00%	100.00%	

Cost Share Type	Medical Cost Share	Prepayment for Care	NetWorx POP-UP Fee
Standard Rate	\$0.00	Yes	Yes
Co-payment	\$10.00	\$10.00	Yes
Coinurance	\$0.00	Yes	Yes
GP/PA	\$0.00	\$0.00	Yes
Special			

\*If not applicable, enter "N/A"

**Step 3 Substantially All (i.e., ≥ 2% of medical/surgical benefits)**

Standard Rate	\$0.00	0.00%	Yes
Co-payment	\$0.00 <th>0.00%</th> <th>Yes</th>	0.00%	Yes
GP/PA	\$0.00	\$0.00	Yes

Step 2: Performance Level					
<b>Assessment:</b> <i>Not completed</i> <i>Off-balance risk is between 0.00% and 0.25%</i> Does not apply to verifiability of material (per level) or to classification. DUEFR any amount in the 50% transaction value.					
Debit/Credit	Related Dates	Position	Performance & Analysis	Error Checking	
	12/31/05				
	12/31/06				
<b>Total</b>			0.00%		
<b>Assessment:</b> <i>Not completed</i> <i>Off-balance risk is between 0.25% and 0.50%</i> Applies to verifiability of material (per level) or to classification. DUEFR: <i>not</i> applied; suggests amount is targeted to be larger.					
Debit/Credit	Related Dates	Position	Performance & Analysis	Error Checking	
	12/31/05	\$1,322,000.00	10.00%		
	12/31/06	\$193,000.00	1.50%		
	12/31/07	\$2,300,000.00	18.50%		
<b>Total</b>		\$3,815,000.00	30.00%		

Component	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	2045	2046	2047	2048	2049	2050	2051	2052	2053	2054	2055	2056	2057	2058	2059	2060	2061	2062	2063	2064	2065	2066	2067	2068	2069	2070	2071	2072	2073	2074	2075	2076	2077	2078	2079	2080	2081	2082	2083	2084	2085	2086	2087	2088	2089	2090	2091	2092	2093	2094	2095	2096	2097	2098	2099	2100	2101	2102	2103	2104	2105	2106	2107	2108	2109	2110	2111	2112	2113	2114	2115	2116	2117	2118	2119	2120	2121	2122	2123	2124	2125	2126	2127	2128	2129	2130	2131	2132	2133	2134	2135	2136	2137	2138	2139	2140	2141	2142	2143	2144	2145	2146	2147	2148	2149	2150	2151	2152	2153	2154	2155	2156	2157	2158	2159	2160	2161	2162	2163	2164	2165	2166	2167	2168	2169	2170	2171	2172	2173	2174	2175	2176	2177	2178	2179	2180	2181	2182	2183	2184	2185	2186	2187	2188	2189	2190	2191	2192	2193	2194	2195	2196	2197	2198	2199	2200	2201	2202	2203	2204	2205	2206	2207	2208	2209	2210	2211	2212	2213	2214	2215	2216	2217	2218	2219	2220	2221	2222	2223	2224	2225	2226	2227	2228	2229	2230	2231	2232	2233	2234	2235	2236	2237	2238	2239	2240	2241	2242	2243	2244	2245	2246	2247	2248	2249	2250	2251	2252	2253	2254	2255	2256	2257	2258	2259	2260	2261	2262	2263	2264	2265	2266	2267	2268	2269	2270	2271	2272	2273	2274	2275	2276	2277	2278	2279	2280	2281	2282	2283	2284	2285	2286	2287	2288	2289	2290	2291	2292	2293	2294	2295	2296	2297	2298	2299	2300	2301	2302	2303	2304	2305	2306	2307	2308	2309	2310	2311	2312	2313	2314	2315	2316	2317	2318	2319	2320	2321	2322	2323	2324	2325	2326	2327	2328	2329	2330	2331	2332	2333	2334	2335	2336	2337	2338	2339	2340	2341	2342	2343	2344	2345	2346	2347	2348	2349	2350	2351	2352	2353	2354	2355	2356	2357	2358	2359	2360	2361	2362	2363	2364	2365	2366	2367	2368	2369	2370	2371	2372	2373	2374	2375	2376	2377	2378	2379	2380	2381	2382	2383	2384	2385	2386	2387	2388	2389	2390	2391	2392	2393	2394	2395	2396	2397	2398	2399	2400	2401	2402	2403	2404	2405	2406	2407	2408	2409	2410	2411	2412	2413	2414	2415	2416	2417	2418	2419	2420	2421	2422</
-----------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	--------

Stage 2: Performance Level					Notes/Source
<p><b>Category 1 – Intermediate Level</b> (in Network 507 402 100)</p> <p>Equity is substantially, albeit conditionally, benefit to socio-economic groups</p> <p>NOTES: All data are based on data available to In-Gen</p>					
Deployment	Allowed Costs	Periton	Performance & Smaller	Errors/Choking	
2000	5.15 (100.0%)	0.00 (0%)	0.00 (0%)	0.00 (0%)	
2001	5.15 (100.0%)	0.00 (0%)	0.00 (0%)	0.00 (0%)	
<p><b>Category 2 – Intermediate Level</b> (in Network 507 402 100)</p> <p>Equity is substantially, albeit conditionally, benefit to socio-economic groups</p> <p>NOTES: All data are based on data available to In-Gen</p>					
Deployment	Allowed Costs	Periton	Performance & Smaller	Errors/Choking	
2000	5.15 (100.0%)	0.00 (0%)	0.00 (0%)	0.00 (0%)	
2001	5.15 (100.0%)	0.00 (0%)	0.00 (0%)	0.00 (0%)	
2002	5.15 (100.0%)	0.00 (0%)	0.00 (0%)	0.00 (0%)	
2003	5.15 (100.0%)	0.00 (0%)	0.00 (0%)	0.00 (0%)	
2004	5.15 (100.0%)	0.00 (0%)	0.00 (0%)	0.00 (0%)	
2005	5.15 (100.0%)	0.00 (0%)	0.00 (0%)	0.00 (0%)	
2006	5.15 (100.0%)	0.00 (0%)	0.00 (0%)	0.00 (0%)	
2007	5.15 (100.0%)	0.00 (0%)	0.00 (0%)	0.00 (0%)	
2008	5.15 (100.0%)	0.00 (0%)	0.00 (0%)	0.00 (0%)	
2009	5.15 (100.0%)	0.00 (0%)	0.00 (0%)	0.00 (0%)	
2010	5.15 (100.0%)	0.00 (0%)	0.00 (0%)	0.00 (0%)	
2011	5.15 (100.0%)	0.00 (0%)	0.00 (0%)	0.00 (0%)	
2012	5.15 (100.0%)	0.00 (0%)	0.00 (0%)	0.00 (0%)	
2013	5.15 (100.0%)	0.00 (0%)	0.00 (0%)	0.00 (0%)	
2014	5.15 (100.0%)	0.00 (0%)	0.00 (0%)	0.00 (0%)	
2015	5.15 (100.0%)	0.00 (0%)	0.00 (0%)	0.00 (0%)	
2016	5.15 (100.0%)	0.00 (0%)	0.00 (0%)	0.00 (0%)	
2017	5.15 (100.0%)	0.00 (0%)	0.00 (0%)	0.00 (0%)	
2018	5.15 (100.0%)	0.00 (0%)	0.00 (0%)	0.00 (0%)	
2019	5.15 (100.0%)	0.00 (0%)	0.00 (0%)	0.00 (0%)	
2020	5.15 (100.0%)	0.00 (0%)	0.00 (0%)	0.00 (0%)	
2021	5.15 (100.0%)	0.00 (0%)	0.00 (0%)	0.00 (0%)	
2022	5.15 (100.0%)	0.00 (0%)	0.00 (0%)	0.00 (0%)	
2023	5.15 (100.0%)	0.00 (0%)	0.00 (0%)	0.00 (0%)	
2024	5.15 (100.0%)	0.00 (0%)	0.00 (0%)	0.00 (0%)	
2025	5.15 (100.0%)	0.00 (0%)	0.00 (0%)	0.00 (0%)	
2026	5.15 (100.0%)	0.00 (0%)	0.00 (0%)	0.00 (0%)	
2027	5.15 (100.0%)	0.00 (0%)	0.00 (0%)	0.00 (0%)	
2028	5.15 (100.0%)	0.00 (0%)	0.00 (0%)	0.00 (0%)	
2029	5.15 (100.0%)	0.00 (0%)	0.00 (0%)	0.00 (0%)	
2030	5.15 (100.0%)	0.00 (0%)	0.00 (0%)	0.00 (0%)	
2031	5.15 (100.0%)	0.00 (0%)	0.00 (0%)	0.00 (0%)	
2032	5.15 (100.0%)	0.00 (0%)	0.00 (0%)	0.00 (0%)	
2033	5.15 (100.0%)	0.00 (0%)	0.00 (0%)	0.00 (0%)	
2034	5.15 (100.0%)	0.00 (0%)	0.00 (0%)	0.00 (0%)	
2035	5.15 (100.0%)	0.00 (0%)	0.00 (0%)	0.00 (0%)	
2036	5.15 (100.0%)	0.00 (0%)	0.00 (0%)	0.00 (0%)	
2037	5.15 (100.0%)	0.00 (0%)	0.00 (0%)	0.00 (0%)	
2038	5.15 (100.0%)	0.00 (0%)	0.00 (0%)	0.00 (0%)	
2039	5.15 (100.0%)	0.00 (0%)	0.00 (0%)	0.00 (0%)	
2040	5.15 (100.0%)	0.00 (0%)	0.00 (0%)	0.00 (0%)	
2041	5.15 (100.0%)	0.00 (0%)	0.00 (0%)	0.00 (0%)	
2042	5.15 (100.0%)	0.00 (0%)	0.00 (0%)	0.00 (0%)	
2043	5.15 (100.0%)	0.00 (0%)	0.00 (0%)	0.00 (0%)	
2044	5.15 (100.0%)	0.00 (0%)	0.00 (0%)	0.00 (0%)	
2045	5.15 (100.0%)	0.00 (0%)	0.00 (0%)	0.00 (0%)	
2046					

Cost/Charge Type	MSD-Cost Center	Proportionate Share for	MSD-Cost Center
Responsible	5,760.00	5,760.00	25%
Compensation	5,000.00	5,000.00	25%
Collection	50.00	50.00	25%
OSDP	5.00	5.00	25%
<b>Charge</b>	<b>10,815.00</b>	<b>10,815.00</b>	<b>25%</b>

*\*If not applicable, enter "N/A"*

**Step 2 Substantially All (i.e., ≥ % of medical/surgical bundled)**

Cost/Charge Type	MSD-Cost Center	Proportionate Share for	MSD-Cost Center
Responsible	54,280.54	54,280.54	25%
Compensation	50.00	50.00	25%
Collection	50.00	50.00	25%
OSDP	5.00	5.00	25%

[illegible]





Interest / Market: <i>Placeholder for the RPT Form Transaction</i> Market: <i>Individual</i>		<a href="#">Visit Source for Transaction Detail</a> <a href="#">Visit Inputs Call Factors</a> <a href="#">See the Example worksheet for additional details</a>
State Filing Tracking Number: <i>0</i>		
<b>PLAN INFORMATION</b>		

\_\_\_\_\_

---

**PART 2**

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

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

Contract/Plan Type	MHSUD Cost Share	Non-MHSUD Cost Share	MHSUD Copay/Coinsurance	Non-MHSUD Copay/Coinsurance	Cost Difference
Self-Insured	40%	40%	\$0	\$0	\$0

Enter Formulas


1990-1995	1996-2000	2001-2005	2006-2010	2011-2015
-----------	-----------	-----------	-----------	-----------

# 2026 Plan Year (PY)

## Individual Nongrandfathered Health Plan (Pool)

### Rate Filing Checklist

---

#### Instructions:

---

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

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

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

## Section I – General Information:

**Carrier:** **Coordinated Care Corporation**

A. **Market:** Medical – Individual

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

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

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

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

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

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

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

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

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

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

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

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

☐ Pediatric dental embedded.

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

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

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

<b>HIOS Plan ID</b>	<b>Standard Plan Name</b>	<b>Public Option Plan</b> (Yes, Cascade Select/ No, Cascade)	<b>Metal Level</b>	<b>AV Metal Value</b>
61836WA0050018	Ambetter Cascade Complete Gold	No, Cascade	Gold	81.81%
61836WA0050022	Ambetter Cascade Vital Gold	No, Cascade	Gold	78.06%
61836WA0050017	Ambetter Cascade Silver	No, Cascade	Silver	71.84%
61836WA0050036	Ambetter Cascade Select Bronze	Yes, Cascade Select	Bronze	64.97%
61836WA0050038	Ambetter Cascade Select Complete Gold	Yes, Cascade Select	Gold	81.81%
61836WA0050016	Ambetter Cascade Select Vital Gold	Yes, Cascade Select	Gold	78.06%
61836WA0050037	Ambetter Cascade Select Silver	Yes, Cascade Select	Silver	71.84%

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

<b>HIOS Plan ID</b>	<b>Plan Name</b>	<b>Unique Benefit Design (UBD)</b>		<b>Pediatric Dental Embedded (Yes/No)</b>	<b>Description of Non-Essential Health Benefits (Non-EHBs)</b>
		<b>(Yes/No)</b>	<b>If yes, briefly explain why. If no, "N/A."</b>		
61836WA0050018	Ambetter Cascade Complete Gold	No	N/A	No	N/A
61836WA0050022	Ambetter Cascade Vital Gold	No	N/A	No	N/A
61836WA0050008	Ambetter Secure Care 5	Yes	Different cost sharing for MH OP office visits and MH OP Other. Two generic Rx tiers.	No	N/A
61836WA0050007	Ambetter Balanced Care 4	Yes	Different cost sharing for MH OP office visits and MH OP Other. Two generic Rx tiers.	No	N/A
61836WA0050017	Ambetter Cascade Silver	Yes	Different cost sharing for MH OP office visits and MH OP Other. \$1 copay for first 2 PCP and MH/SUD office visits.	No	N/A
61836WA0050036	Ambetter Cascade Select Bronze	Yes	Different cost sharing for MH OP office visits and MH OP Other. \$1 copay for first 2 PCP and MH/SUD office visits.	No	N/A

## Washington State OIC 2026 Individual Medical Rate Filing Checklist

HIOS Plan ID	Plan Name	Unique Benefit Design (UBD)		Pediatric Dental Embedded (Yes/No)	Description of Non-Essential Health Benefits (Non-EHBs)
		(Yes/No)	If yes, briefly explain why. If no, "N/A."		
61836WA0050038	Ambetter Cascade Select Complete Gold	No	N/A	No	N/A
61836WA0050016	Ambetter Cascade Select Vital Gold	No	N/A	No	N/A
61836WA0050037	Ambetter Cascade Select Silver	Yes	Different cost sharing for MH OP office visits and MH OP Other. \$1 copay for first 2 PCP and MH/SUD office visits.	No	N/A

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

☐ No

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

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

(b) That each plan is either

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

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

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

HIOS Plan ID	Plan Name	High Deductible Health Plan (Yes/No) <sup>1</sup>	Major Service covered prior to the deductible <sup>2</sup>	
			Yes/No	Service
61836WA0050036	Ambetter Cascade Select Bronze	No	Yes	Primary care visits

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

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

(i) At least three primary care visits.

(ii) Specialist office visits.

- (iii) Inpatient hospital services.
- (iv) Emergency room services.
- (v) Generic drugs.
- (vi) Preferred brand drugs.
- (vii) Specialty drugs.

**E. Is your service area changing from Plan Year 2025?**☒ No☐ Yes. We are making the following changes:

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

**F. Network Information:**

<b>Network Name</b>	<b>Type</b> (EPO, HMO, POS, or PPO)	<b>Tiered or Single</b>	<b>Date Filed</b>
CCCWA Exchange	High performance HMO	Single	May 15, 2025
Cascade Complete Care	HMO	Single	May 15, 2025

**G. Rate filing file names for Parts I, II, and III of HHS Forms:** (Requirements per RCW 48.02.120(5) and 45 CFR §154.215.)☒ Name the Parts I, II, and III according to the instructions provided in Washington State SERFF Life, Health and Disability Rate Filing General Instructions.

## Section II – Experience Data and Projections

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

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

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

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
EXPERIENCE PERIOD DATA			
1	<p><b>Complete Experience:</b></p> <p>Include the complete experience for all 2024 individual non-grandfathered plans which includes subsidized populations defined under the Cost Sharing Reduction (CSR) programs.</p> <ul style="list-style-type: none"><li>Per CCIO, include experience data for the American Indian/Alaska Native (AIAN) population (see <a href="https://www.healthcare.gov/american-indians-alaska-natives/coverage/">https://www.healthcare.gov/american-indians-alaska-natives/coverage/</a>).</li><li>Include experience for membership covered by plans with benefits and subsidy levels (73%, 87%, and 94% AV levels, as well as any zero cost-share subsidies for the AIAN population) sold in the market.</li></ul> <p>Note: per CCIO, the AIAN population is not restricted to silver level plans, however, eligible individuals must select a metal level plan (i.e., they are not eligible for AIAN-related subsidies with a catastrophic plan).</p> <ul style="list-style-type: none"><li>Net of Rx rebates: Any prescription drug claims should be net of rebates received from drug manufacturers; please document in the Part III Actuarial Memorandum where and how this is addressed.</li><li>Note: if financial data paid through March 2025 is not directly used as the foundation for this rate filing, discuss why the March 2025 data was not available. Discuss what data was used instead and how it was or was not adjusted to mimic data paid through March 2025.</li></ul>		
	<p><b>a</b> Financial data consistency:</p> <p>Demonstrate that the financial data, including the member months, in (i) URRT Worksheet 1, Section I General Product and Plan Information, (ii) URRT Worksheet 2, Section II Experience Period and Current Plan Level Information, (iii) the WAC 284-43-6660 summary, and (iv) the actuarial memorandum exhibits are consistent as of March 2025. If not consistent, explain why the discrepancy is appropriate.</p>	"WA_State_Appendices.pdf" and "WA State Appendices Duplicate.xlsx"	Appendix 20.4



Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
b	<p>Support for URRT Worksheet 1, Section I experience period data for 2024: Provide separately for medical and prescription drugs (Rx), as appropriate:</p> <ul style="list-style-type: none"> <li>By incurred month and paid month, for claims paid through March 2025: allowed claims and incurred claims (Note that any embedded pediatric dental claims experience should also be included and will be considered part of EHB experience; see URR Instructions' section 1.4 for additional information.)</li> <li>Any annual estimated payable and/or receivable amounts (e.g., reserves, reinsurance, overpayments, rebates, and other) as of March 2025, including justification of such amounts</li> <li>Any annual risk adjustment transfer amounts, including justification of such amounts</li> <li>Monthly premium amounts</li> <li>Monthly membership</li> </ul>	<p>Part_III_Rate_Filing_Documentation_and_Actuarial_Memorandum.pdf"</p> <p>"WA_Experience.pdf" and "WA_Experience Duplicate.xlsx"</p>	<p>Section 20: Effective Rate Review Information</p> <p>Exhibit 3: Experience by Benefit Category Exhibit 6: Paid Claims Lag – Medical Exhibit 7: Paid Claims Lag – Rx Exhibit 8: Allowed Claims Lag – Medical Exhibit 9: Allowed Claims Lag – Rx</p>
	<p>c</p> <p>Consistent with #1.b above, provide the following to support benefit category experience data in URRT Worksheet 1, Section II, and the WAC 284-43-6660 summary:</p> <p>(i) Provide the following separately for 2024 allowed claims and incurred claims as well as by incurred month and benefit category (i.e., categories as defined for URRT Worksheet 1, Section II, plus separate categories for each non-EHB):</p> <ul style="list-style-type: none"> <li>Change in reserves between the beginning (i.e., previous year's 3/31) claim reserves and ending (i.e., current year's 3/31) claim reserves.</li> <li>Total claims.</li> <li>PMPM (i.e., use monthly membership from #1.b above to calculate claims per member per month (PMPM)).</li> <li>Paid-to-allowed ratios of paid (incurred) claims to allowed claims.</li> </ul> <p>(ii) Explain if EHB allowed claims were obtained from claims records or imputed from paid claims. If amounts were imputed, please elaborate about how they were imputed.</p> <p>(iii) Demonstrate how URRT Worksheet 1, Section II, categories map to WAC 284-43-6660 summary categories. Reconcile data between the two summaries.</p> <p>(iv) Additionally, provide related monthly information in WA Exhibit 1.</p>	<p>"Part_III_Rate_Filing_Documentation_and_Actuarial_Memorandum.pdf"</p> <p>"WA_Experience.pdf" and "WA_Experience Duplicate.xlsx"</p>	<p>Section 4: Experience and Current Period Premium, Claims and Enrollment</p> <p>Exhibit 3: Experience by Benefit Category</p>

## Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
d	2024 actual and projected: Provide analysis of actual experience versus amounts projected in the plan year 2024 rate filing [45 CFR §154.301(a)(3)(ii)] in WA Exhibit 2.  Identify material differences in actual and expected experience, the primary source(s) of deviations, and any action taken in your 2026 projections to address deviations. Additionally, address how the business is or is not impacted by federal income tax.	"Part_III_Rate_Filing_Documentation_and_Actuarial_Memorandum.pdf"	Section 4: Experience and Current Period Premium, Claims and Enrollment
		"WA_Experience.pdf" and "WA_Experience_Duplicate.xlsx"	Exhibit 4: 2023 Actual vs. Expected Comparison
e	Split up experience if you are terminating any counties in 2025 and/or 2026: If you are terminating any counties for plan year 2025 and/or 2026, include a table splitting URRT Worksheet 1, Section I experience between continuing and terminated counties.  If you are not terminating any counties, respond "N/A."	N/A	
2	<b>Manual EHB Allowed Claims:</b> If credibility is 100%, respond "N/A" for each item. <ul style="list-style-type: none"> <li>If you use a credibility-blended estimate, explain the processes in detail (i) per guidance in URR Instructions 4.4.3.3, to establish the Manual EHB Allowed Claims PMPM for WA and (ii) per 4.4.3.4 to establish the credibility percentage for URRT Worksheet 1, Section II.</li> <li>Note: if the 2024 experience is 0.00% credible, then the trend, morbidity, demographic, plan design, and other factors in URRT Worksheet 1, Section II can be listed as 1.000. In that case, only analyses of the manual trend and adjustment factors are required.</li> </ul>		
a	Manual data relevance: Explain the relevance of the data used to determine the Manual EHB Allowed Claims PMPM.	N/A	
b	Manual EHB allowed claims PMPM: <ul style="list-style-type: none"> <li>Show the detailed calculation of the Manual EHB Allowed Claims PMPM entered in URRT Worksheet 1, Section II.</li> </ul>	N/A	

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<ul style="list-style-type: none"> <li>Justify any adjustments made to the data, such as adjustments for trend, morbidity, demographics, plan design, and geographic areas. Your response should clearly identify how your estimate considers the cost and utilization characteristics of your individual health plan market service area in the State of Washington.</li> <li>Note: the manual rate must be developed in a manner consistent with 100% credibility. See #2.c below.</li> </ul>		
	<b>c</b> Credibility of experience data: Describe the credibility methodology and assumptions used, per Actuarial Standard of Practice (ASOP) No. 25. <ul style="list-style-type: none"> <li>Identify the actuarially sound and appropriate credibility procedure used to develop your credibility estimate.</li> <li>At what level is experience determined to be more than 0% credible?</li> <li>How is partial credibility determined?</li> <li>At what level is experience determined to be 100% credible?</li> </ul>	N/A	
	<b>d</b> Show how you estimated credibility of the 2024 allowed claims and member months used in rate development. Use your credibility procedure.	N/A	
<b>3</b>	<b>Experience in WAC 284-43-6660 Summary, and Summary of Pooled Experience with Adjustments:</b>		
	<b>a</b> WAC 284-43-6660 summary, experience: Complete the WAC 284-43-6660 summary for Individual and Small Group Contract filings. <ul style="list-style-type: none"> <li>Provide data to support WAC 284-43-6660 without adjustments for Risk Adjustment and High-Cost Risk Pool (HCRP) receipts and assessments.</li> <li>Data should be based on the incurred years 2024, 2023, and 2022.</li> </ul>	"WAC_284_43_6660.pdf" and "WAC 284-43-6660 Duplicate.xlsx"	All sections
		"WA_Experience.pdf" and "WA Experience Duplicate.xlsx"	All Sections

## Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
b	Summary of Pooled Experience with Adjustments:	"WA_Experience.pdf" and "WA Experience Duplicate.xlsx"	Exhibit 1: Summary of Pooled Experience with Adjustments
	<ul style="list-style-type: none"> <li>Create a document or exhibit called "Summary of Pooled Experience with Adjustments" for calendar years 2024, 2023, and 2022.</li> </ul> <p>Start with the "Summary of Pooled Experience" table from the WAC 284-43-6660 summary and add the following rows:</p> <ul style="list-style-type: none"> <li>Risk Adjustment transfer amounts</li> <li>HCRP receipts</li> <li>HCRP assessments</li> <li>HHS-RADV adjustments: Indicate the source of each RADV amount and specify each applicable Benefit Year (BY) and HHS report date. List amounts from different reports on separate lines.</li> <li>Commercial reinsurance reimbursements received and expected</li> <li>Adjusted Gain/Loss, excluding anticipated Medical Loss Ratio (MLR) rebates, as a dollar amount</li> <li>Adjusted Gain/Loss, excluding anticipated MLR rebates, as a percent of premium</li> <li>Anticipated MLR rebates</li> <li>Subsequent adjustments: If necessary, also list any subsequent adjustments for prior years according to when payments were received. Document the amount and incurred year for each adjustment. For example, if a Risk Adjustment transfer amount was received or paid in 2024 for a period prior to 2024 at an amount other than the Risk Adjustment transfer amounts above (i.e., at the top of this list), list the difference as a below-the-line adjustment to 2024 experience.</li> </ul> <ul style="list-style-type: none"> <li>Add a copy of this table to the Part II Written Description.</li> <li>Document and justify every estimated amount.</li> <li>For each federal Risk Adjustment transfer amount, identify either (1) the final federal Risk Adjustment Payments Report used or (2) the interim risk adjustment report used. Note: only use an interim report for periods when a final report is not yet available.</li> <li>Note: Since the federal Reinsurance and Risk Corridor programs ended in 2016, they should not be included in the summary.</li> </ul>	"Part_II_Written_Description_Justifying_the_Rate_Increase.pdf"	Summary of Pooled Experience with Adjustments

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
c	<p>Changes to prior period experience: If applicable, justify and show line-item differences in 2023 and 2022 experience in this rate filing's summary versus the final version of the "Summary of Pooled Experience with Adjustments" in last year's filing. Also, describe any such changes in the WAC 284-43-6660 summary under General Information #5.</p>	"WA_Experience.pdf" and "WA Experience Duplicate.xlsx"	Exhibit 2: Summary of Pooled Experience with Adjustments - Comparison Versus Prior Year's Filing
		"WAC_284_43_6660.pdf" and "WAC 284-43-6660 Duplicate.xlsx"	All sections
4	<p><b>Plan Level Experience and Current Data:</b> Document and justify URRT Worksheet 2, Section II Experience Period and Current Plan Level Information.</p> <ul style="list-style-type: none"> <li>Explain whether amounts are based on each plan's experience or allocated to plans. If amounts are allocated, demonstrate and justify the allocation method.</li> <li>Explain any differences between totals in URRT Worksheet 2, Section II and URRT Worksheet 1, Section I.</li> </ul>	<p>"Part_III_Rate_Filing_Documentation_and_Actuarial_Memorandum.pdf"</p> <p>"Part_I_Unified_Rate_Review_Template.pdf" and "Part I Unified Rate Review Template Duplicate.xlsm"</p>	<p>Section 4: Experience and Current Period Premium, Claims and Enrollment</p> <p>URRT Worksheet 2, Section II: Experience Period and Current Plan Level Information</p>

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
TREND FACTORS			
5	<b>Allowed Claims Trends:</b> Trend assumptions should reflect your best estimates by URRT Worksheet 1 benefit category and one or more categories of non-EHBs, as applicable.  Rely on market-specific information for Washington State to the extent possible. Justify use of any alternative data.  As indicated in URR Instructions, describe the trend development in the Part III actuarial memorandum.		
	<b>a</b> Allowed claims EHB trend analysis: <ul style="list-style-type: none"><li>In WA Exhibit 3, provide annual EHB trends by benefit category. See instructions in the exhibit template. Provide supporting technical details, as needed, in issuer-created actuarial exhibits submitted separately from the exhibit template file.</li><li>In WA Exhibit 4, provide your retrospective analysis of normalized EHB allowed claim trends. See instructions in the exhibit template. Provide supporting technical details, as needed, in issuer-created actuarial exhibits submitted separately from the exhibit template file.</li><li>In WA Exhibit 5, provide aggregate actual experience (A) EHB trends, projected (i.e., expected; E) EHB trends, and actual-to-expected (a.k.a. A:E) EHB trend analysis. See instructions in the exhibit template. Provide supporting technical details, as needed, in issuer-created actuarial exhibits submitted separately from the exhibit template file.</li></ul>	“WA_Experience.pdf” and “WA Experience Duplicate.xlsx”  “WA Standardized Rate Filing Exhibits.pdf” and “WA Standardized Rate Filing Exhibits Duplicate.xlsx”	Exhibit 5: Historical Rolling Trends  WA Exhibit 4: Normalized Allowed Claims Analysis WA Exhibit 5: URRT Worksheet 1 EHB Pool-Level Adjustment Factors
	<b>b</b> Allowed claims non-EHB trend analysis: If applicable, include an exhibit that develops the non-EHB allowed claims trend.	“Part_III_Rate_Filing_Documentation_and_Actuarial_Memorandum.pdf”  “WA_State_Appendices.pdf” and “WA State Appendices Duplicate.xlsx”	Section 20: Effective Rate Review Information  Appendix 6.1 Appendix 6.2 Appendix 6.4

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
c	Projected allowed claims trend development (EHB & non-EHB):	"Part_III_Rate_Filing_Documentation_and_Actuarial_Memorandum.pdf"	Section 6: Trend Factors
	<ul style="list-style-type: none"> <li>As outlined in URR Instructions 4.4.3.1, describe how you arrived at your allowed claims trend assumptions, including the data used, credibility of the data used, and any adjustments made to the data.</li> </ul>		
	<ul style="list-style-type: none"> <li>Provide an overall allowed claims trend estimate as well as EHB breakdowns into URRT worksheet 1 benefit categories (or at least medical and prescription drug categories).                             <ul style="list-style-type: none"> <li>Further break the EHB trends down into utilization, unit cost, and service mix/intensity components.</li> <li>Upload relevant EHB details to <b>WA Exhibit 3</b>; see instructions in the exhibit template. Provide supporting technical details, as needed, in issuer-created actuarial exhibits submitted separately from the exhibit template file.</li> </ul> </li> </ul>	"WA_State_Appendices.pdf" and "WA State Appendices Duplicate.xlsx"	Appendix 6.6
	<ul style="list-style-type: none"> <li>If your overall trend, indicated in URRT Worksheet 1, Section II, differs materially from the retrospective trend indicated in WA Exhibit 4, provide detailed actuarial support for the difference. Address the following:                             <ul style="list-style-type: none"> <li>Actuarial support must provide both qualitative and quantitative bases for the difference. Refer to other WA Exhibits and/or separate issuer-developed actuarial exhibits for support, where appropriate.</li> <li>Prospective trend adjustments should identify all data, assumptions, methods, and models. Note that prospective trend adjustments are NOT exempt from actuarial support requirements. Reliance statements do not exempt carriers from actuarial support requirements.</li> </ul> </li> <li>Address how your estimates reflect trends specific to the State of Washington. Note that nationwide trend analysis is not sufficient support for Washington State unit cost trend projections.                             <ul style="list-style-type: none"> <li>Address whether and how unit cost projections reflect projected network and provider contract changes for the projection period. Comment about how much of the provider contracting is already complete for plan year 2026 and how much of the projected reimbursement trend is already locked in for plan year 2026.</li> </ul> </li> </ul>	"WA Standardized Rate Filing Exhibits.pdf" and "WA Standardized Rate Filing Exhibits Duplicate.xlsx"	WA Exhibit 3: Essential Health Benefit (EHB) Trend Reporting and Analysis by Benefit Category, Frequency and Unit Cost

## Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
d	<p>Independence of various utilization changes:</p> <ul style="list-style-type: none"> <li>Explain how you separated expected utilization changes due to (i) changes in average health status of the population (a.k.a. morbidity) versus (ii) other projected utilization changes (e.g., change in mix of services).</li> <li>Clarify how the various utilization and morbidity adjustments in the rate filing are independent (i.e., do not overlap nor depend on one another).</li> </ul>	"Part_III_Rate_Filing_Documentation_and_Actuarial_Memorandum.pdf"	Section 6: Trend Factors
6	<p><b>Incurred Claims Trends:</b></p> <ul style="list-style-type: none"> <li>Trend assumptions should reflect your best estimates by URRT Worksheet 1 benefit category and one or more separate non-EHB categories, as applicable. They should also be available for each type of service in the WAC 284-43-6660 trend factor summary.</li> <li>Incurred claims trends differ from allowed claims trends in that they reflect leveraging of fixed cost-shares.</li> <li>Rely on market-specific information for Washington State to the extent possible. Justify use of any alternative data.</li> <li>Describe the trend development in the Part III actuarial memorandum.</li> </ul>		
a	<p>Incurred claims historical trend (EHB &amp; non-EHB):</p> <ul style="list-style-type: none"> <li>Provide observed annual trends of rolling average six-month and twelve-month incurred claims PMPM for 2022 through 2024 using the experience of all Washington members in the market.</li> <li>Separately show utilization and unit cost.</li> <li>Separately show the information by WAC 284-43-6660 Trend Factor Summary benefit category. If applicable, indicate how non-EHBs map to WAC 284-43-6660 benefit categories.</li> </ul>	"WA_Experience.pdf" and "WA_Experience_Duplicate.xlsx"	Exhibit 5: Historical Rolling Trends
b	<p>Incurred claims projected trend (EHB &amp; non-EHB): (see also #32.c of this checklist)</p> <ul style="list-style-type: none"> <li>Include an exhibit that develops the incurred claims trend percentages entered in the WAC 284-43-6660 summary. Justify the projected incurred claims trend percentages.</li> <li>Show how to calculate the Portion of Claim Dollars for trends in the WAC 284-43-6660 summary. Note: the percentages should be based on the 2024 incurred claims dollars by trend category. The</li> </ul>	"WA_State_Appendices.pdf" and "WA_State_Appendices_Duplicate.xlsx"	Appendix 6.5



Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<p>total incurred claims used in the calculation should be consistent with the incurred claims PMPM in URRT Worksheet 2, Section II Experience Period and Current Plan Level Information, Field 2.17.</p> <ul style="list-style-type: none"> <li>Demonstrate that the overall incurred claims annual trend (EHB and non-EHB) matches (1) the annualized trend from URRT Worksheet 1, Section I General Product and Plan Information to URRT Worksheet 2, Section IV Projected Plan Level Information, Field 4.15 as well as (2) the incurred claims trend listed in Rate Review Details (see also #23.b of this checklist).</li> </ul>		
<b>URRT WORKSHEET 1, SECTION II EXPERIENCE PERIOD and CURRENT PLAN LEVEL INFORMATION, NON-TREND EHB ADJUSTMENT FACTORS</b>			
7	<p><b>URRT Worksheet 1, Section II Non-Trend EHB Factors:</b></p> <p>Explain and show the detailed calculations for actuarial assumptions underlying each non-trend EHB factor used in URRT Worksheet 1, Section II Experience Period and Current Plan Level Information. Provide actual experience, projections, and actual-to-expected information in WA Exhibit 5; see instructions in the exhibit template.</p> <ul style="list-style-type: none"> <li>Morbidity Adjustment</li> <li>Demographic Shift</li> <li>Plan Design Changes</li> <li>Other</li> </ul> <p>If applicable, provide a detailed breakdown of any adjustments made under the "Other" category such as significant provider network or pharmacy rebate changes from the experience period.</p>	<p>"Part_III_Rate_Filing_Documentation_and_Actuarial_Memorandum.pdf"</p> <p>"WA_State_Appendices.pdf" and "WA State Appendices Duplicate.xlsx"</p>	<p>Section 7: Adjustments to Trended EHB Allowed Claims PMPM</p> <p>Appendix 7.1 Appendix 7.2 Appendix 7.3 Appendix 7.4</p>
<b>URRT WORKSHEET 2, SECTION I GENERAL PRODUCT and PLAN INFORMATION, AV METAL VALUES</b>			
8	<p><b>AVC Screenshots:</b></p> <p>(see also #9 below)</p> <ul style="list-style-type: none"> <li>Provide the Actuarial Value Calculator (AVC) screenshots in PDF format showing "Calculation Successful." State the corresponding HIOS Plan ID on each AVC Screenshot. For the 2026 AV Calculator and Methodology, see link: <a href="https://www.cms.gov/ccio/resources/regulations-and-guidance/index.html">https://www.cms.gov/ccio/resources/regulations-and-guidance/index.html</a></li> </ul> <p>Please do not submit AVC screenshots for every CSR plan variation (i.e., 73%, 87%, and 94%), however, be mindful of the de minimis variation limit of 0/+1 percentage points.</p>	<p>"Part_III_Rate_Filing_Documentation_and_Actuarial_Memorandum.pdf"</p> <p>"WA_State_Appendices.pdf" and "WA State Appendices Duplicate.xlsx"</p>	<p>Section 16: AV Metal Values</p> <p>Appendix 16.1 Appendix 16.2 Appendix 16.4</p>

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<p>NOTE: if you rely on AV Metal Values calculated by the Exchange's actuaries, do not submit your own AVC screenshot copies for standardized plans. Instead, document such reliance in your Part III actuarial memorandum and include in SERFF Supporting Documentation a copy of the Exchange's actuarial certification of AV Metal Values for standardized plans.</p> <ul style="list-style-type: none"> <li>MHSUD cost-share: You may list the MHSUD office visit cost-share in the AVC if you include justification in the actuarial memorandum that blending the cost-share with the MHSUD other outpatient cost-share has a negligible impact on the final AV Metal Value.</li> <li>Please reformat the "Coinsurance, if different" cells to display the same 4-decimal place accuracy as the default coinsurance for tiers 1 &amp; 2. Also, reformat the tiered utilization percentages to more accurately indicate the weights used in the calculation.</li> <li>The AV Metal Value of non-standardized silver health plans offered on the Exchange may not be less than the AV Metal Value of the standardized silver health plan with the lowest AV Metal Value. [RCW 43.71.095(2)(b)(iii)] Standardized plan information is available on Exchange's website.</li> <li><u>Metal Levels</u>  Platinum – 90%, range -2/+2%  Gold – 80%, range -2/+2%  Silver – 70%, range -2/+2% for non-QHPs and 0/+2% for QHPs  Bronze – 60%, range -2/+2% or Expanded Bronze +2/+5%  Catastrophic – The AV requirements are not specified by law</li> </ul>	<p>State Appendices Duplicate.xlsx"</p> <p>"WA_State_Appendix_16_2_AV_Screenshots.pdf"</p> <p>"WA_State_Appendix_16_4_AV_Screenshots_Wakely.pdf"</p>	
9	<p><b>Unique Benefit Design for AVC (Actuarial Value Calculator):</b></p> <p>Note: Address this item in conjunction with #8 above.</p> <ul style="list-style-type: none"> <li>The actuary would be prudent to attempt to use data and assumptions that are consistent with the calculators as much as possible when adjusting for unique plan designs (<a href="https://www.actuary.org/sites/default/files/files/MVPN_042314.pdf">https://www.actuary.org/sites/default/files/files/MVPN_042314.pdf</a>). The continuance tables in the AVC should be used, if possible, so that the adjustments are consistent with the AVC calculations.</li> <li>Do any plans have a unique benefit design? If yes, for each such plan, you must: <ul style="list-style-type: none"> <li>Use one of the two methods, 45 CFR §156.135(b)(2) <b>or</b> 45 CFR §156.135(b)(3), to certify the Metal Value and provide the exact AV Metal Value for the plan.</li> <li>You must also provide detailed support for your unique plan design AVs.</li> </ul> </li> </ul>		

Washington State OIC 2026 Individual Medical Rate Filing Checklist

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

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<p>are required to show that their AVs are within the acceptable metal level range using unique benefit designs. See the AVC User Guide sheet FAQ Q16 for additional information.</p> <ul style="list-style-type: none"> <li>○ <i>Plans that include "Services not Subject to Deductible and with a copay":</i> Copays paid during the deductible range do not accumulate toward the deductible, regardless of whether the benefit is subject to deductible.</li> <li>○ <i>Plans that partition benefit categories into subcategories with different cost-share designs:</i> If the plan has different cost-sharing for subcategories of benefits included in the AVC but the AVC only accepts one cost-sharing structure, you must (1) enter the cost-share variations in the Benefit Components document and (2) account for the differences between the plan design and the AVC functionality in your AV Metal Value calculations.  For example, the AVC only accepts one MHSUD (mental health/substance use disorder) outpatient cost-share structure, so if a plan design includes different cost-shares for MHSUD outpatient professional (office) visits versus MHSUD outpatient other-than-professional-visits, the plan design does not align with standard use of the AVC.</li> </ul>		

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line		Task	Issuer Response:	
			Document Name	Section / Page / Exhibit Number
	a	<p>If using the unique benefit design certification method in 45 CFR §156.135(b)(2):</p> <ul style="list-style-type: none"> <li>• Provide the required actuarial certification language as well as justification and <u>detailed calculations</u> of how you estimated a fit of the plan design into the parameters of the AVC.</li> <li>• Submit one AVC screenshot for each plan to show that the benefit design after the fit is a legal metal plan.</li> </ul>	<p>"Part_III_Rate_Filing_Documentation_and_Actuarial_Memorandum.pdf"</p> <p>"WA_State_Appendices.pdf" and "WA_State Appendices Duplicate.xlsx"</p> <p>"WA_State_Appendix_16_2_AV_Screenshots.pdf"</p> <p>"WA_State_Appendix_16_4_AV_Screenshots_Wakely.pdf" "</p> <p>"WA_State_Appendix_16_5-6_AVC_Methodology.pdf"</p>	<p>Section 16: AV Metal Values Section 22: Actuarial Certification</p> <p>Appendix 16.1 Appendix 16.2 Appendix 16.4 Appendix 16.5 Appendix 16.6</p>

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
b	<p>If using the unique benefit design certification method in 45 CFR §156.135(b)(3):</p> <ul style="list-style-type: none"> <li>Provide the required actuarial certification language as well as justification and <u>detailed calculations</u> of (i) how the AVC was used to determine the AV Metal Value for the plan provisions that fit within the calculator parameters while (ii) appropriate adjustments were made to the AVC output(s) for plan design features that deviate substantially from AVC parameters.</li> <li>Submit two or more AVC screenshots including at least one extreme high AV Metal Value and one extreme low AV Metal Value based on features like those of the plan.</li> <li>Using the filed AVC screenshot results, explain how adjustments are made to generate each plan's EXACT final AV Metal Value used in the URRT.</li> </ul>	<p>"Part_III_Rate_Filing_Documentation_and_Actuarial_Memorandum.pdf"</p> <p>"WA_State_Appendices.pdf" and "WA_State_Appendices_Duplicate.xlsx"</p> <p>"WA_State_Appendix_16_2_AV_Screenshots.pdf"</p> <p>"WA_State_Appendix_16_4_AV_Screenshots_Wakely.pdf"</p> <p>"WA_State_Appendix_16_5-6_AV_Methodology.pdf"</p>	<p>Section 16: AV Metal Values Section 22: Actuarial Certification</p> <p>Appendix 16.1 Appendix 16.2 Appendix 16.4 Appendix 16.5 Appendix 16.6</p>
	<p><b>c</b> Unique Plan Design Supporting Documentation and Justification:</p> <p>Include a completed Unique Plan Design Supporting Documentation and Justification form (a blank form can be found on the CMS website). Note: You may submit your own version of the official form, to accommodate your complete responses and improve readability.</p>	<p>"2025_WA_Unique_Plan_Design_Justification.pdf"</p>	<p>All sections</p>
	<p><b>d</b> Pharmacy tiers:</p> <p>If your prescription drug tiers do not exactly match those in the AVC and you do not identify the plans as having unique benefits, please add a discussion to the Part III actuarial memorandum. Consider guidance in relevant documents such as the PY2025 QHP Issuer Application Instructions (e.g., 5.8 Suggested Coordination of Drug Data between Templates) and AVC supporting documentation.</p>	<p>"WA_State_Appendices.pdf" and "WA_State_Appendices_Duplicate.xlsx"</p> <p>"WA_State_Appendix_16_5-6_AV_Methodology.pdf"</p>	<p>Appendix 16.5 Appendix 16.6</p>

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
10	<b>AV Metal Values:</b> (URRT Worksheet 2, Section I General Product and Plan Information, Field 1.6) Load the final PY2026 AV Metal Values into URRT Worksheet 2 and WA Exhibit 6. Additionally, load prior AV Metal Values into WA Exhibit 6; see instructions in the exhibit template.	“Part_I_Unified_Rate_Review_Template.pdf” and “Part I Unified Rate Review Template Duplicate.xlsm”	URRT Worksheet 2, Section 1
		“WA Standardized Rate Filing Exhibits.pdf” and “WA Standardized Rate Filing Exhibits Duplicate.xlsx”	WA Exhibit 6: URRT Worksheet 2 (w2) Actuarial Values by Plan
URRT WORKSHEET 2, SECTION III PLAN ADJUSTMENT FACTORS			

11	<p><b>AV and Cost Sharing Design of Plan Factors:</b> (URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.3) Document and justify the factors including #11.a through #11.d below.</p> <p>Then, address items #11.e through #11.h below. Include aggregate actual experience, projections, and actual-to-expected analysis in WA Exhibit 7; see the instructions in the exhibit template.</p> <p>URR Instructions Section 2.2.3 and URRT Worksheet 2, Section III include four adjustments directly related to plan-level incurred claims rate development.</p> <ul style="list-style-type: none"> <li>• These adjustments are the “AV and Cost Sharing Design of Plan”, “Provider Network Adjustment” (see checklist #12), “Benefits in Addition to EHB” (see checklist #13), and “Catastrophic Adjustment” (see checklist #14).</li> <li>• Do not include morbidity of the population expected to enroll in the plan (i.e., differences due to health status) per URR Instructions Section 4.4.4.</li> <li>• Each of these adjustments should be normalized to not double count the impact of the other factors.</li> </ul> <p><b>To derive the “AV and Cost Sharing Design of Plan”:</b></p> <ul style="list-style-type: none"> <li>• There are four subcomponents of the adjustment defined in WAC 284-43-6810(1); they are: <ul style="list-style-type: none"> <li>○ AV pricing value,</li> <li>○ Induced demand factor (IDF),</li> <li>○ Cost-sharing reduction (CSR) silver load (if applicable), and</li> <li>○ Exclusion of funds for abortion services per 45 CFR §156.280(e) (if applicable).</li> </ul> </li> <li>• Definitions of these terms and related terms can be found in WAC 284-43-6800.</li> <li>• Detailed guidance related to each subcomponent of the “AV and Cost Sharing Design of Plan” is provided in this checklist in sections 11 (a)-(h).</li> <li>• The formula combining the subcomponents of the “AV and Cost Sharing Design of Plan” is expected to be the following: (AV and Cost Sharing Design of Plan) = (AV Pricing Value) x (Induced Demand Factor, IDF) x (CSR Silver Load and/or AIAN adjustment, as applicable) x (Factor to exclude the cost of abortion services for which public funding is prohibited); where the AV Pricing Value and IDF are on an appropriate relativity basis.</li> </ul> <p>Note the following:</p> <ul style="list-style-type: none"> <li>• For benefit differences relate to EHB-only cost sharing. See #11.a below.</li> </ul>	
----	---	--



Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<ul style="list-style-type: none"> <li>For expected utilization adjustments due to differences in cost-sharing (i.e., induced demand). See #11.b below.</li> <li>For CSR silver load and exclusion of funds for abortion services per 45 CFR §156.280(e): <ul style="list-style-type: none"> <li>If CSR payments are not funded, a CSR silver load factor should be included for the on-Exchange silver plans; this is an additional step not covered in the URR Instructions. See #11.c below.</li> <li>For all plans offered on the Exchange, include an adjustment to remove the impact of coverage of abortion services for which public funding is prohibited. See #11.d below.</li> </ul> </li> <li>To determine aggregate weighted averages for items covered by this #11, unless otherwise specified, apply each plan's projected membership as weights.</li> </ul>		
a	<p><b>AV Pricing Value (a.k.a. EHB paid-to-allowed factors) by plan:</b></p> <ul style="list-style-type: none"> <li>Provide the factor for each plan that shows the impact of benefit differences for EHB-only cost sharing.</li> <li>See WAC 284-43-6800(3) for the definition of AV pricing value and WAC 284-43-6800(1) for the definition of AV metal value.</li> <li>Per WAC 284-43-6810(3): <ul style="list-style-type: none"> <li>Rate development exhibits should demonstrate compliance with the following: <ul style="list-style-type: none"> <li>"The AV pricing value must be within <math>\pm 2\%</math> of a plan's designated AV metal value."</li> <li>"The allowable range of AV pricing value may be increased or decreased by 1% and must not result in a total adjustment exceeding <math>\pm 3\%</math>, if the plan has significant features that are not considered in the AV metal value calculation. Applicable plan features may include, but are not limited to, an embedded pediatric dental benefit, aggregate family deductible, or significant out-of-network utilization."</li> <li>If you are requesting the expanded AV Pricing Value range of <math>\pm 3\%</math>, identify this in WA Exhibit 9 and provide supporting documentation for the request. Documentation for this request must show significant plan features impact EHBs, those plan features are excluded from consideration in the federal AV calculator and AV metal value, and those plan features have a material pricing impact supported by actuarial analysis.</li> </ul> </li> </ul> </li> </ul>	<p>"WA_State_Appendices.pdf" and "WA State Appendices Duplicate.xlsx"</p> <p>"Part_III_Rate_Filing_Documentation_and_Actuarial_Memorandum.pdf"</p>	<p>Appendix 12.3</p> <p>Section 12: Plan Adjusted Index Rate</p>

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<ul style="list-style-type: none"> <li>▪ Note that AV pricing value must be actuarially sound, and the ranges referenced above should not be used as an adjustment (i.e., ceiling or floor) to AV pricing values.</li> <li>▪ AV pricing values should be normalized for impacts of all other allowable plan-level rating adjustments (including subcomponents of the “AV and Cost Sharing Design of Plan”) and for use in the calculations of the “AV and Cost Sharing Design of Plan” factors.</li> <li>○ The Part III actuarial memorandum in the rate filing must include the following information related to AV metal value and AV pricing value: <ul style="list-style-type: none"> <li>▪ Each plan's AV metal value, AV pricing value, and the method used to develop AV pricing values.</li> <li>▪ The methodology that was used to develop the AV pricing value including that it is based on a standardized population. The carrier must identify all material changes in the AV pricing value development and their impacts.</li> <li>▪ Note that if you have a commercial or other (e.g., internal) reinsurance/pooling agreement, consider projected recoverable amounts in the overall AV Pricing Value.</li> </ul> </li> </ul>		
<b>b</b>	<p><b>Induced demand factors (IDFs) by plan:</b></p> <ul style="list-style-type: none"> <li>• Each plan’s IDF can vary by plan design but must be consistent with the federal risk adjustment transfer formula per WAC 284-43-6810(2). Therefore, plan IDFs should be determined by the formula <math>(AV \text{ pricing value})^2 - (AV \text{ pricing value}) + 1.24</math>.</li> <li>• Note the following: <ul style="list-style-type: none"> <li>○ The MAIR reflects average induced demand for the pool.</li> <li>○ IDFs adjust average pool-level projected allowed claims to plan-level amounts. IDFs reflect the impact of plan design on plan-level utilization (i.e., induced demand or anti-selection) relative to the average induced demand in the pool. IDFs should not change the overall expected allowed claims nor the paid-to-allowed claims ratio.</li> <li>○ Calculate the aggregate impact of your pool’s projected induced demand factors. If it is not 1.000, apply an adjustment in URRT worksheet 1’s “Other” adjustment. Such an adjustment should equal <math>1 / (\text{aggregate impact of your pool’s projected induced demand factors})</math>. The net impact should be 1.000.</li> </ul> </li> </ul>	<p>“Part_III_Rate_Filing_Documentation_and_Actuarial_Memorandum.pdf”</p> <p>“WA_State_Appendices.pdf” and “WA State Appendices Duplicate.xlsx”</p>	<p>Section 12: Plan Adjusted Index Rate Section 11: Development of the Market-Wide Adjusted Index Rate</p> <p>Appendix 12.3</p>

## Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
c	<b>Cost-sharing reduction (CSR) silver load factors by plan:</b> <ul style="list-style-type: none"> <li>Note: In this case, references to “CSR” subsidies include subsidies for the AIAN population. Include actual experience and the projected CSR silver load factor in WA Exhibit 8; see the instructions in the exhibit template.</li> <li>Consult WAC 284-43-6820 for guidance on the uniform CSR silver load adjustment factor for plan year 2026.</li> </ul>	“WA Standardized Rate Filing Exhibits.pdf” and “WA Standardized Rate Filing Exhibits Duplicate.xlsx”	WA Exhibit 8: CSR Related Experience
	<b>d Exchange plan adjustment for cost of covering certain abortion services:</b> (see also #13 & #27 of this checklist) For Exchange plans only, include an adjustment factor to remove the impact of coverage of abortion services for which public funding is prohibited. Per 45 CFR §156.280(e)(4)(iii), you may not estimate such a cost at less than one dollar per enrollee, per month (i.e., \$1.00 premium PMPM, see <a href="https://www.cms.gov/files/document/qhp-abortion-faq.pdf">https://www.cms.gov/files/document/qhp-abortion-faq.pdf</a> Q3). <ul style="list-style-type: none"> <li>Note that you must include abortion services in URRT Worksheet 1, Section II because Washington considers abortion services to be EHBs.</li> <li>The impact of coverage of abortion services for which public funding is prohibited should be addressed in URRT Worksheet 2, Section II Experience Period and Current Plan Level Information. In other words, related costs should flow through with other claim experience.</li> <li>For Exchange plans: <ul style="list-style-type: none"> <li>Include the impact as part of URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.5 Benefits in Addition to EHB.</li> <li>Remove the impact from URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.3 AV and Cost Sharing Design of Plan. The abortion adjustment applied to Field 3.3 is the reciprocal of the abortion adjustment applied to Field 3.5. (URR Instructions Section 2.2.3). This load should be explicitly listed as a separate column in your development exhibit for the AV and Cost Sharing Design of Plan factors.</li> <li>Explain in the Part III actuarial memorandum that per URR instructions, coverage of abortion services for which public funding is prohibited are included in the URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.5 as a non-EHB.</li> </ul> </li> </ul>	“WA_State_Appendices.pdf” and “WA State Appendices Duplicate.xlsx”	Appendix 20.1

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
e	<b>AV and Cost Sharing Design of Plan factors:</b> (URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.3) Discuss and demonstrate the calculation of the final plan adjustment factors used in URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.3, AV and Cost Sharing Design of Plan.  See the introduction to this checklist #11 for the AV and Cost Sharing Design of Plan formula using the four subcomponents addressed in WAC 284-43-6810(1).	"WA_State_Appendices.pdf" and "WA State Appendices Duplicate.xlsx"	Appendix 12.3
f	<b>Compare the AV Metal Value and the AV Pricing Value:</b> Provide the comparison of the AV Metal Values and AV Pricing Values in WA Exhibits 6 and 9.	"WA_State_Appendices.pdf" and "WA State Appendices Duplicate.xlsx"  "WA Standardized Rate Filing Exhibits.pdf" and "WA Standardized Rate Filing Exhibits Duplicate.xlsx"	Appendix 12.3  WA Exhibit 6: URRT Worksheet 2 (w2) Actuarial Values by Plan WA Exhibit 9: URRT Worksheet 2 (w2) AV and Cost Sharing Design Factors

## Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
g	<b>Base premium rates versus CPAIR:</b> Calculate the difference between the 1.0000 premium rates (i.e., age factor 1.0000 such as for age 21; area factor 1.0000; tobacco factor 1.0000 for non-smoker) for each plan in the Rate Schedule and the Calibrated Plan Adjusted Index Rate (CPAIR) amounts in URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.14. The differences should be within a few cents at most. (see also #36 of this checklist)	"Part_I_Unified_Rate_Review_Template.pdf" and "Part I Unified Rate Review Template Duplicate.xlsm"	All sections
		"Rate Schedule.pdf" and "Rate Schedule Duplicate.xlsb"	All sections
h	<b>Experience period incurred claims, allowed claims, and paid-to-allowed ratios:</b> Include a table that shows by metal level the 2024 paid (incurred) claims and allowed claims experience and calculates the paid-to-allowed ratios. See also #1.c and #1.d of this checklist.	"WA_Experience.pdf" and "WA Experience Duplicate.xlsx"	Exhibit 4: Experience by Metal Tier
12	<b>Provider Network Adjustment Factors:</b> (URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.4) Demonstrate the build-up of the provider network factors. If you only have one network, please respond "N/A," and use a factor of 1.0000. The network factors should be normalized so that there is no change to the overall weighted average of the claim costs after the Provider Network Adjustment factors are applied. Include an exhibit demonstrating the normalization (i.e., normalize the network factors such that the following amounts match): <ul style="list-style-type: none"> <li>Average incurred claims with risk adjustment and Exchange user fee:                Sum product of the projected membership x MAIR x (AV and Cost Sharing Design of Plan) x (Benefits in Addition to EHB) x (Catastrophic Adjustment) divided by the total projected membership.</li> <li>Average incurred claims with risk adjustment and Exchange fee as well as provider network adjustment factors:                Sum product as described above with Provider Network Adjustment factors also incorporated.</li> </ul>	"Part_III_Rate_Filing_Documentation_and_Actuarial_Memorandum.pdf" "WA_State_Appendices.pdf" and "WA State Appendices Duplicate.xlsx"	Section 12: Plan Adjusted Index Rate Appendix 12.3a

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	If applicable, include a discussion of the network for the public option plans (i.e., Cascade Select plans).		
13	<b>Benefits in Addition to EHB Factors:</b> (URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.5) Document and justify these factors. Note that they should be developed as loads on EHB incurred claims. See URR Instructions and 45 CFR §156.115(d) for additional information. Include aggregate actual experience, projections, and actual-to-expected analysis in WA Exhibit 7; see the instructions in the exhibit template.  If plans do not include non-EHBs (non-essential health benefits) and all plans are outside the Exchange, please respond "N/A."  Notes about abortion services for URRT purposes (see also #11.d & #27 of this checklist): <ul style="list-style-type: none"> <li>Exchange plans that include coverage of abortion services for which public funding is prohibited must calculate such abortion services as non-EHBs.</li> <li>For plans offered Outside Market Only, such abortion services must be calculated as EHBs. Then, only non-EHBs, if applicable, should be addressed as part of Benefits in Addition to EHB.</li> </ul>	Part_III_Rate_Filing_Documentation_and_Actuarial_Memorandum.pdf  "WA_State_Appendices.pdf" and "WA State Appendices Duplicate.xlsx"	Section 12: Plan Adjusted Index Rate  Appendix 20.1
14	<b>Catastrophic Adjustment Factors:</b> (URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.9) Document and justify any such factor(s). Include aggregate actual experience, projections, and actual-to-expected analysis in WA Exhibit 7; see the instructions in the exhibit template.	N/A, there are no catastrophic plans offered.	
<b>URRT WORKSHEET 2, SECTION III PLAN ADJUSTMENT FACTORS, CALIBRATION FACTORS</b>			
15	<b>Age Factors and Age Calibration Factors:</b>		
a	Age calibration factor development: Provide the 2026 age factors and the calculation of the age calibration factor used in URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.11.  Note: each calibration factor (age, geographic, and tobacco) must be calculated independently.	"WA_State_Appendices.pdf" and "WA State Appendices Duplicate.xlsx"	Appendix 13.1

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<b>b</b> Age calibration factors, projected versus prior: Compare the 2026 age calibration factor to the 2023, 2024, and 2025 factors.	"WA_State_Appendices.pdf" and "WA State Appendices Duplicate.xlsx"	Appendix 13.1
	<b>c</b> Average age: Show the average age and provide actuarial justification for the methodology employed to calculate the average age.	"Part_III_Rate_Filing_Documentation_and_Actuarial_Memorandum.pdf"  "WA_State_Appendices.pdf" and "WA State Appendices Duplicate.xlsx"	Section 13: Calibration  Appendix 13.1
<b>16</b>	<b>Area Factors and Geographic Calibration Factors:</b> See WAC 284-43-6701 for geographic rating areas effective on or after January 1, 2019.  Note, if Area 1 (King County) is in your service area, its factor must be set at 1.0000. If Area 1 (King County) is <b>not</b> in your service area, the geographic rating area of the county with the largest enrollment in your service area must be set at 1.0000. If you are an insurer new to the Washington state market, the geographic area with the greatest number of counties must be set at 1.0000.		
	<b>a</b> Area factor development: Note: if your service area is limited to a single area, please respond "N/A," since the area factor is 1.0000. Demonstrate the build-up of the geographic rating area factors. Document and justify the 2026 factors with details including, but not limited to, the following: <ul style="list-style-type: none"> <li>• Certify that the following items were not used to establish any geographic rating area factor: <ul style="list-style-type: none"> <li>○ Health status of enrollees or the population in an area.</li> <li>○ Medical condition of enrollees or the population in an area including physical, mental, and behavioral health illnesses.</li> <li>○ Claims experience.</li> <li>○ Health services utilization in the area.</li> </ul> </li> </ul>	"Part_III_Rate_Filing_Documentation_and_Actuarial_Memorandum.pdf"  "WA_State_Appendices.pdf" and "WA State Appendices Duplicate.xlsx"	Section 13: Calibration  Appendix 13.1

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<ul style="list-style-type: none"> <li>Medical history of enrollees or the population in an area.</li> <li>Genetic information of enrollees or the population in an area.</li> <li>Disability status of enrollees or the population in an area.</li> <li>Other evidence of insurability applicable in the area.</li> <li>Clarify how projected unit cost changes were considered for each area. Also, clarify how credibility was considered. Like trends, you should not solely rely on historical information, especially if it is not considered to be 100% credible or if significant changes are projected in the future.</li> </ul>		
<b>b</b>	<p>Area factors, highest versus lowest:</p> <p>Demonstrate that your geographic rating area factors comply with WAC 284-43-6681 highest to lowest cost ratio requirements of</p> <ul style="list-style-type: none"> <li>1.40 if offering an Exchange QHP in every county,</li> <li>1.22 if offering an Exchange QHP in every county in six or more rating areas, or</li> <li>1.15 in all other cases.</li> </ul>	"WA_State_Appendices.pdf" and "WA State Appendices Duplicate.xlsx"	Appendix 13.2
<b>c</b>	<p>Area factors, projected versus prior:</p> <p>Compare the 2026 area factors and calibration factor to the 2023, 2024, and 2025 factors. If the 2026 factors did not change from those in the prior filing, indicate why the factors did not change; indicate when the factors were last evaluated and what data was used in that evaluation.</p> <p>Note: Our opinion is that the geographic area factors should be regularly evaluated.</p>	"WA_State_Appendices.pdf" and "WA State Appendices Duplicate.xlsx"	Appendix 13.1
<b>d</b>	<p>URRT geographic calibration factor:</p> <p>Provide the calculation of the geographic calibration factor used in URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.12.</p> <p>Note: each calibration factor (age, geographic, and tobacco) must be calculated independently.</p>	"WA_State_Appendices.pdf" and "WA State Appendices Duplicate.xlsx"	Appendix 13.1



Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
e	Load area factors into URRT: Provide the geographic rating areas and rating factors in URRT Worksheet 3.	"Part_I_Unified_Rate_Review_Template.pdf" and "Part I Unified Rate Review Template Duplicate.xlsm"	URRT Worksheet 3, Rating Areas
<b>17</b>	<b>Tobacco Use Factor and Tobacco Calibration Factor:</b>		
a	Tobacco use factor development: Document and justify the 2026 Tobacco Use factor. <ul style="list-style-type: none"> <li>The maximum factor is 1.500 (see 45 CFR §147.102(a)(1)(iv)).</li> <li>If the factor did not change from the prior filing, indicate when the factor was last evaluated and what data was used in that evaluation. Note: Our opinion is that the factor should be re-evaluated periodically.</li> </ul>	"Part_III_Rate_Filing_Documentation_and_Actuarial_Memorandum.pdf"	Section 14: Consumer Adjusted Premium Rate Development
b	URRT tobacco calibration factor: Provide the calculation of the tobacco calibration factor used in URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.13.  Note: each calibration factor (age, geographic, and tobacco) must be calculated independently.	"WA_State_Appendices.pdf" and "WA State Appendices Duplicate.xlsx"	Appendix 13.1
c	Tobacco factors, projected versus prior: Compare the 2026 tobacco use factor and calibration factor to amounts for 2023, 2024, and 2025.	"WA_State_Appendices.pdf" and "WA State Appendices Duplicate.xlsx"	Appendix 13.1
<b>RISK ADJUSTMENT AND HIGH-COST RISK POOL (HCRP)</b>			
<b>18</b>	<b>Experience Period Risk Adjustment &amp; HCRP:</b>		
a	Experience period risk adjustment formula details:	"WA_State_Appendices.pdf" and "WA	Appendix 11.1

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<p>Provide the actual 2024 risk adjustment experience and projections in WA Exhibit 10; see the instructions in the exhibit template. Provide supporting technical details, as needed, in issuer-created actuarial exhibits submitted separately from the exhibit template file.</p> <p>REMINDER: Do <b>NOT</b> revise the sign (receivables positive; payables negative) of the actual or projected risk adjustment transfer and HCRP amounts in any exhibit unless specifically instructed to do so. Clearly document the instances when the instructions specify a change in sign.</p>	State Appendices Duplicate.xlsx"	
	<p><b>b</b> Experience period risk adjustment &amp; HCRP by plan: (URRT Worksheet 2, Section II Experience Period and Current Plan Level Information, Field 2.7) Using formulae, please address 2024 risk adjustment transfer amounts, HCRP assessments, and HCRP receipts.</p>	"WA_State_Appendices.pdf" and "WA State Appendices Duplicate.xlsx"	Appendix 11.2
<b>19</b>	<b>Projection Period Risk Adjustment &amp; HCRP:</b>		
	<p><b>a</b> Projection period incurred risk adjustment &amp; HCRP development: (URRT Worksheet 2, Section IV Projected Plan Level Information, Fields 4.7 and 4.16) Provide the projected plan year 2026 risk adjustment information in WA Exhibit 10; see the instructions in the exhibit template. Provide supporting technical details, as needed, in issuer-created actuarial exhibits submitted separately from the exhibit template file.</p>	<p>"WA Standardized Rate Filing Exhibits.pdf" and "WA Standardized Rate Filing Exhibits Duplicate.xlsx"</p> <p>"Part_III_Rate_Filing_Documentation_and_Actuarial_Memorandum.pdf"</p> <p>"WA_State_Appendices.pdf" and "WA State Appendices Duplicate.xlsx"</p>	<p>WA Exhibit 10: Summarized Risk Adjustment (RA)</p> <p>Section 11: Development of Market-Wide Adjusted Index Rate</p> <p>Appendix 11.1</p>

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
b	<p>Projection period risk adjustment &amp; HCRP for URRT Worksheet 2 (on incurred claims basis), Development and justification: (URRT Worksheet 2, Section IV Projected Plan Level Information, Fields 4.7 and 4.16)</p> <ul style="list-style-type: none"> <li>Explain in detail in the Part III actuarial memorandum how you estimated the 2026 risk adjustment factors (e.g., PLRS, IDF, GCF, AV, and ARF), including the four membership groupings in (a), as applicable. (See URR Instructions regarding the requirements to provide detailed information and justification for risk adjustment.)</li> <li>Provide detailed support and rationale for each assumption, including persisting membership, stating the most current data used, its "as of" date, and its source (e.g., internal, CMS, etc.).</li> <li>Describe how your projections considered the 2026 risk adjustment model changes.</li> <li>Explain 2026 HCRP estimated assessments and receipts.</li> <li>We expect the following: <ul style="list-style-type: none"> <li>Since the URRT applies total pool-level projected risk adjustment in Worksheet 1, Section II, the projected risk adjustment loaded into Worksheet 2, Section IV can use total pool-level projections rather than metal/catastrophic or plan projections.</li> <li>Applicable risk adjustment transfer amount parameters projected for your own risk pool will be consistent with assumptions in the rate development (e.g., population and other factors in URRT, age and geographic calibration factors, etc.). Please explain any deviations.</li> </ul> </li> </ul>	<p>"Part_III_Rate_Filing_Documentation_and_Actuarial_Memorandum.pdf"</p> <p>"WA_State_Appendices.pdf" and "WA State Appendices Duplicate.xlsx"</p>	<p>Section 11: Development of Market-Wide Adjusted Index Rate</p> <p>Appendix 11.1</p>
	<p>c</p> <p>Projection period risk adjustment &amp; HCRP for URRT Worksheet 1 (on allowed claims basis): (URRT Worksheet 1, Section II Projections)</p> <p>Provide the calculation of the projected Risk Adjustment Payment/Charge, on an allowed claim dollar basis, as entered in URRT Worksheet 1, Section II. For additional details, see #28 of this checklist.</p>	<p>"WA_State_Appendices.pdf" and "WA State Appendices Duplicate.xlsx"</p>	<p>Appendix 11.1</p> <p>Appendix 11.2</p>
	<p>d</p> <p>Projected 2026 RADV impacts: Explain in the Part III actuarial memorandum any impacts due to Risk Adjustment Data Validation (RADV) audits. For example, explain any impact to the company or statewide 2026 PLRS projections due to the 2022 RADV audit report.</p>	<p>"Part_III_Rate_Filing_Documentation_and_Actuarial_Memorandum.pdf"</p>	<p>Section 11: Development of Market-Wide Adjusted Index Rate</p>

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
e	HCRP, projected versus prior: Compare (i) actual HCRP receipts and assessments for 2022, 2023, and 2024 versus (ii) projected HCRP receipts and assessments for 2022, 2023, 2024, 2025, and 2026. Explain differences.	"WA_State_Appendices.pdf" and "WA State Appendices Duplicate.xlsx"	Appendix 11.1 Appendix 11.2  Section 11: Development of Market-Wide Adjusted Index Rate
		"Part_III_Rate_Filing_Documentation_and_Actuarial_Memorandum.pdf"	
f	Projection period risk adjustment transfers & HCRP by plan: Using formulae, please address 2026 projected risk adjustment transfer amounts, HCRP assessments, and HCRP receipts on an incurred basis.	"WA_State_Appendices.pdf" and "WA State Appendices Duplicate.xlsx"	Appendix 11.1 Appendix 11.2

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

Washington State OIC 2026 Individual Medical Rate Filing Checklist

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

Washington State OIC 2026 Individual Medical Rate Filing Checklist

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

## Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
23	<b>Company Rate Information and Rate Review Detail:</b> For the “Company Rate Information” and “View Rate Review Detail” on the Rate/Rule Schedule tab of the SERFF rate filing, provide an exhibit with the following information. <ul style="list-style-type: none"> <li>The information should represent your <b>initial requested rate change</b>.</li> <li>Note: If post submission updates are necessary to correct any information, update the exhibit to indicate what was updated and the reason for the update(s).</li> <li>Issuers with renewal plans must address the items below. For more information related to “Company Rate Information” and “View Rate Review Detail,” see SERFF and Rate Filing Instructions.</li> </ul>		
	<b>a</b> SERFF Company Rate Information: Provide the calculation, explanation, and/or source of the information. Note the following: <ul style="list-style-type: none"> <li>Number of policy holders affected for this program: The number of subscribers as of March 2025.</li> <li>Minimum and Maximum % changes: From the initial Uniform Product Modification Justification (UPMJ) Q5 rate changes by plan.</li> <li>Overall % rate impact: The calculated overall average rate change in UPMJ Q5.</li> <li>Written Premium for this Program and Written Premium Change for this Program: Annual amounts; see Written Premium in the NAIC glossary.</li> </ul>	See the Rate/Rule Schedule tab of SERFF rate filing.  “Part_III_Rate_Filing_Documentation_and_Actuarial_Memorandum.pdf”  “WA_State_Appendices.pdf” and “WA State Appendices Duplicate.xlsx”	“View Rate Review Detail” (entry values)  Section 20: Effective Rate Review Information  Appendix 20.2
	<b>b</b> SERFF Rate Review Detail (RRD): Provide the calculation, explanation, and/or source of the information. (i) Products, Number of Covered Lives: The number of covered lives (members) as of March 2025. If applicable, differentiate renewing products which list current lives versus new products which list projected lives (see instructions in the RRD in SERFF).	See the Rate/Rule Schedule tab of SERFF rate filing.  “WA_State_Appendices.pdf” and “WA	“View Rate Review Detail” (entry values)  Appendix 6.5 Appendix 20.2



Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<p>(ii) Trend Factors: Annual incurred claims trend factor, including leveraging, which matches the weighted average of the trends by category in the initial 2026 WAC 284-43-6660 summary. (see also #6.b of this checklist)</p> <p>(iii) Forms: List all forms for the rate filing in the applicable categories. If a category does not apply to any form in the filing, leave it blank. (see SERFF instructions)</p> <p>Note: since the ACA requires that all non-grandfathered individual and small group health plans be guaranteed issue, the "Affected Forms for Closed Blocks" in the Forms Section should be left blank.</p> <p>(iv) Requested Rate Change Information:</p> <ul style="list-style-type: none"> <li>• Change period: Annual.</li> <li>• Member months: Membership for the 2024 experience period.</li> <li>• Min, Max, and weighted average rate change: Match the initial UPMJ Q5.</li> </ul> <p>(v) Prior Rate:</p> <ul style="list-style-type: none"> <li>• Total earned premium &amp; total incurred claims: Projected earned premiums and incurred claims, respectively, for 2025.</li> <li>• Minimum and maximum per member per month (PMPM): Be consistent with the rates in the 2025 final Rate Schedule.</li> <li>• Weighted average PMPM: Be consistent with the current community rate in the initial WAC 284-43-6660 summary.</li> </ul> <p>(vi) Requested Rate:</p> <ul style="list-style-type: none"> <li>• Projected earned premium &amp; projected incurred claims: For 2026, be consistent with the initial URRT Worksheet 2.</li> <li>• Minimum and maximum PMPM: From the initial 2026 Rate Schedule.</li> <li>• Weighted average PMPM: Be consistent with the weighted average PMPM premium rate consistent in the initial URRT Worksheet 2.</li> </ul>	State Appendices Duplicate.xlsx"	

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
c	<p>Current enrollment:</p> <p>Compare current enrollment information across the various rate filing exhibits, including, but not limited to the following:</p> <ul style="list-style-type: none"> <li>• RRD Number of Covered Lives</li> <li>• URR Worksheet 2, Section II Experience Period and Current Plan Level Information, Field 2.10 Current Enrollment</li> <li>• UPMJ Q1 Enrollment as of 3/31/2025</li> <li>• Part III supporting exhibits' current enrollment</li> </ul> <p>Explain any inconsistencies.</p>	N/A, there are no inconsistencies.	
	<p>d</p> <p>Projected enrollment:</p> <p>Compare projected enrollment information across the various rate filing exhibits, including, but not limited to the following:</p> <ul style="list-style-type: none"> <li>• RRD (Projected Earned Premium) / (Requested Rate Weighted Avg. PMPM)</li> <li>• URR Worksheet 2, Section IV Projected Plan Level Information, Field 4.9 Projected Member Months</li> <li>• Part II written explanation projected enrollment</li> <li>• Part III supporting exhibits' projected enrollment</li> </ul> <p>Explain any inconsistencies.</p>	"WA_State_Appendices.pdf" and "WA State Appendices Duplicate.xlsx"	Appendix 20.4
24	<p><b>Impacts of Changes 45 CFR §154.301(a)(4):</b></p> <ul style="list-style-type: none"> <li>• Document the methodology, justification, and calculations used to determine the impacts of the changes outlined in the Effective Rate Review Program under 45 CFR §154.301(a)(4) (i) through (xv).</li> <li>• Note that if you change the contribution to surplus from the prior submission, you must provide additional support for why the change is warranted.</li> <li>• <u>To add context to the factors listed below, please also summarize in the Part III actuarial memorandum the approximate percent impact of the most significant contributors to the proposed aggregate rate change (see URR Instructions section 4.3, for example).</u></li> </ul>		

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	(i) The impact of medical cost trend <b><u>changes by major service category</u></b> . Include a discussion of the cost trend change for each specific benefit category listed in URRT Worksheet 1, Section II.	"Part_III_Rate_Filing_Documentation_and_Actuarial_Memorandum.pdf"	Section 2: Proposed Rate Changes
	(ii) The impact of utilization <b><u>changes by major service category</u></b> . Include a discussion of the utilization trend change for each specific benefit category listed in URRT Worksheet 1, Section II.	"Part_III_Rate_Filing_Documentation_and_Actuarial_Memorandum.pdf"	Section 2: Proposed Rate Changes
	(iii) The impact of cost-sharing <b><u>changes by major service category</u></b> , including actuarial values. Include a discussion of the cost-share changes for each specific benefit category listed in URRT Worksheet 1, Section II.	"Part_III_Rate_Filing_Documentation_and_Actuarial_Memorandum.pdf"	Section 2: Proposed Rate Changes
	(iv) The impact of benefit <b><u>changes</u></b> , including essential health benefits (EHBs) and non-essential health benefits (non-EHBs).  Address the new essential health benefits for non-grandfathered individual and small group health insurance coverage in the State of Washington for plan years beginning on or after January 1, 2026. For each new EHB, describe whether your plan designs already covered the benefit or describe what plan design changes were required. Clearly demonstrate and justify any rate changes due to these new EHBs.	"Part_III_Rate_Filing_Documentation_and_Actuarial_Memorandum.pdf"	Section 2: Proposed Rate Changes
	(v) The impact of <b><u>changes in</u></b> enrollee risk profile and pricing, including rating limitations for age and tobacco use under section 2701 of the Public Health Service Act.	"Part_III_Rate_Filing_Documentation_and_Actuarial_Memorandum.pdf"	Section 2: Proposed Rate Changes
	(vi) The impact of any <b><u>overestimate or underestimate</u></b> of medical trend for prior year periods related to the rate increase. Include a discussion and analysis of actual to expected medical trends.	"Part_III_Rate_Filing_Documentation_and_Actuarial_Memorandum.pdf"	Section 2: Proposed Rate Changes

## Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	(vii) The impact of <u>changes in</u> reserve needs. Include a discussion of any change in reserve needs.	"Part_III_Rate_Filing_Documentation_and_Actuarial_Memorandum.pdf"	Section 2: Proposed Rate Changes
	(viii) The impact of <u>changes in</u> administrative costs related to programs that improve health care quality. Include a discussion of any such changes.	"Part_III_Rate_Filing_Documentation_and_Actuarial_Memorandum.pdf"	Section 2: Proposed Rate Changes
	(ix) The impact of <u>changes in</u> other administrative costs. Include a discussion of any such changes.	"Part_III_Rate_Filing_Documentation_and_Actuarial_Memorandum.pdf"	Section 2: Proposed Rate Changes
	(x) The impact of <u>changes in</u> applicable taxes, licensing, or regulatory fees. Include a discussion of any such changes.	"Part_III_Rate_Filing_Documentation_and_Actuarial_Memorandum.pdf"	Section 2: Proposed Rate Changes
	<p>(xi) Medical loss ratio (MLR). Include a projected federal MLR calculation [45 CFR §158.221; see also CMS MLR Filing Instructions].</p> <p>Note: This is one of only two 45 CFR §154.301(a)(4) items not written in terms of the impact of changes; the other is (xii) for the issuer's capital and surplus.</p> <p>Note: As stated in the Final 2026 NBPP, determination of a "qualifying issuer" is "based on an issuer's 3-year aggregate ratio of net payments related to the risk adjustment program...to earned premiums." See 45 CFR §158.103 for full definition details.</p> <ul style="list-style-type: none"> <li>• <u>Issuers who (a) are NOT projected to be qualifying issuers or (b) are projected to be qualifying issuers but opt to follow the unadjusted MLR formula, as defined in the Final 2026 Notice of Benefit and Payment Parameters (NBPP):</u> <ul style="list-style-type: none"> <li>o <u>Numerator:</u> Incurred claims [45 CFR §158.140(a)]</li> </ul> </li> </ul>	<p>"Part_III_Rate_Filing_Documentation_and_Actuarial_Memorandum.pdf"</p> <p>"WA_State_Appendices.pdf" and "WA State Appendices Duplicate.xlsx"</p>	<p>Section 2: Proposed Rate Changes</p> <p>Appendix 15.1</p>

Washington State OIC 2026 Individual Medical Rate Filing Checklist

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

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<ul style="list-style-type: none"> <li>▪ Please address the impact, if any, of capping CBE for MLR purposes.</li> <li>▪ MLR reporting instructions say <u>federal tax-exempt issuers</u> may report a value for both state premium taxes and CBE if reported CBE do not exceed the allowable capped amount (as outlined above). If you are a federal tax-exempt issuer, please confirm this requirement has been met.</li> <li>○ For <u>non-federal tax-exempt issuers</u>: <ul style="list-style-type: none"> <li>▪ CBE are limited to: The highest health insurance coverage premium tax rate in the State for which the report is being submitted, multiplied by the issuer's earned premium in the applicable State market.</li> <li>▪ Please address the impact, if any, of capping CBE for MLR purposes.</li> <li>▪ MLR reporting instructions say <u>non-federal tax-exempt issuers</u> may report a value for state premium taxes or CBE but not both. Issuers may not report zero (\$0) CBE in lieu of negative State premium taxes and may not enter CBE more than the allowable capped amount. If you are a non-federal tax-exempt issuer, please confirm this requirement has been met.</li> </ul> </li> <li>• Credibility adjustment, if any [45 CFR §158.232]</li> <li>• Comment about how the following recent MLR reporting regulation changes were considered: [See, for example: 45 CFR §158 and related sections as well as various Final plan year NBPPs] <ul style="list-style-type: none"> <li>○ Adjustments to the numerator: <ul style="list-style-type: none"> <li>▪ Deduct from incurred claims not only prescription drug rebates received by the issuer, but also any price concessions received and retained by the issuer, and any prescription drug rebates, and other price concessions received and retained by an entity providing pharmacy benefit management services to the issuer. [45 CFR 158.140(b) and 2022 NBPP]</li> <li>▪ Beginning with the 2020 MLR reporting year, an issuer may include in the numerator of the MLR any shared savings payments the issuer has made to an enrollee as a result of the enrollee choosing to obtain health care from a lower-cost, higher-value provider. [45 CFR §158.221(b)(8)]</li> </ul> </li> </ul> </li> </ul>		

Washington State OIC 2026 Individual Medical Rate Filing Checklist

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

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<p>f = licensing and regulatory fees including \$0 for transitional reinsurance contributions</p> <p>s = issuer's transitional reinsurance receipts (= \$0)</p> <p>na = issuer's risk adjustment related payments</p> <p>nc = issuer's risk corridors related payments (= \$0)</p> <p>ra = issuer's risk adjustment related receipts</p> <p>rc = issuer's risk corridors related receipts (= \$0)</p> <p>c = credibility adjustment, if any</p>		
	<p>(xii) The health insurance issuer's capital and surplus (i.e., if and how rate development considered your issuer's current capital and surplus levels). For example, are changes required to your issuer's premium to surplus ratio? Include a discussion in the Part III actuarial memorandum.</p> <p>Note: This is one of only two 45 CFR §154.301(a)(4) items not written in terms of the impact of changes; the other is (xi) for MLR.</p>	"Part_III_Rate_Filing_Documentation_and_Actuarial_Memorandum.pdf"	Section 2: Proposed Rate Changes
	(xiii) The impacts of geographic factors and variations.	"Part_III_Rate_Filing_Documentation_and_Actuarial_Memorandum.pdf"	Section 2: Proposed Rate Changes
	(xiv) The impact of <u>changes within</u> a single risk pool to all products or plans within the risk pool.	"Part_III_Rate_Filing_Documentation_and_Actuarial_Memorandum.pdf"	Section 2: Proposed Rate Changes
	(xv) The impact of reinsurance (which is N/A for Washington) and risk adjustment payments and charges under sections 1341 and 1343 of the Affordable Care Act.	"Part_III_Rate_Filing_Documentation_and_Actuarial_Memorandum.pdf"	Section 2: Proposed Rate Changes



Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
25	<b>Drug Manufacturer Support of Member Out-of-Pocket Costs:</b> Per revised 45 CFR §156.130(h), for plan years beginning on or after January 1, 2020, amounts paid toward cost sharing using any form of direct support offered by drug manufacturers to insured patients to reduce or eliminate immediate out-of-pocket costs for specific prescription brand drugs are permitted, but not required, to be counted toward the annual limitation on cost sharing. RCW 48.43.435 further outlines requirements for plans issued or renewed on or after January 1, 2024.  Indicate what you implemented related to these requirements and justify any impact to your rate development.	"Part_III_Rate_Filing_Documentation_and_Actuarial_Memorandum.pdf"	Section 20: Effective Rate Review Information
26	<b>Financial Statement Analysis:</b>		
a	Reconcile to Additional Data Statement (ADS) for the year ending December 31, 2024: <ul style="list-style-type: none"> <li>For carriers not required to file an ADS, please respond "N/A." For ease of review for carriers who file an ADS, please include with the rate filing a copy of the ADS pages.</li> <li>For HMOs and HCSCs, show ADS amounts total revenues (line 7), total hospital and medical claims (line 17), and administrative expenses (line 19 + line 20).</li> <li>Please include a detailed list of adjustments required to reconcile between ADS amounts and amounts in the Summary of Pooled Experience in the WAC 284-43-6660 summary and in URRT Worksheet 1, Section I. Calculate the amount and percentage unreconciled, and explain any significant unreconciled amounts.</li> <li>Explain any difference in the projected risk adjustment amount included in the ADS premium amount versus the experience period risk adjustment amount entered in URRT Worksheet 1, Section I.</li> <li>Also, compare the average monthly membership from the WAC 284-43-6660 summary's 2024 experience period with the average monthly membership calculated from the quarter ending enrollment listed in the ADS. Explain any significant differences.</li> </ul>	"Part_III_Rate_Filing_Documentation_and_Actuarial_Memorandum.pdf"  "2023_Additional_Data_Statement_Reconciliation_to_URRT.pdf" and "2023_Additional_Data_Statement_Reconciliation_to_URRT_Duplicate.xlsx"	"Section 20: Effective Rate Review Information"  All Sections

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
b	<p>Months of surplus:</p> <p>For all issuers, please provide a calculation of your company's Months of Surplus using information in the 2024 annual statement and one of the following formulas, with one decimal place of accuracy.</p> <p><u>Health Statement</u>: Months of Surplus = [(Annual Statement Page 3, Line 33: Total capital and surplus) / (Page 4, Line 18: Total hospital and medical (Lines 16 minus 17))] * 12.</p> <p><u>Life Statement</u>: Months of Surplus = [(Annual Statement Page 3, Line 38: Total (Lines 29, 30, &amp; 37)) / (Page 4, Line 20: Total (Lines 10 to 19))] * 12.</p>	"WA_State_Appendices.pdf" and "WA State Appendices Duplicate.xlsx"	Appendix 12.4
27	<p><b>Abortion Services for Which Public Funding is Prohibited:</b></p> <p>(see also #11.d &amp; #13 of this checklist)</p> <p>For Exchange filings, document the pricing per member per month (PMPM) for voluntary abortion services and the "EHB Percent of Total Premium" to be listed in the Plans &amp; Benefit Template (PBT) in the binder filing [45 CFR §156.280(e)(4)]. See also QHP Application Instructions for EHB Percent of Total Premium calculation guidance.</p> <p>Note: The Index Rates in URRT Worksheet 1, Section II must include allowed claims for abortion services even for Exchange plans. Voluntary abortion services are <u>only</u> considered a non-EHB for Exchange plans in the percentages listed in the PBT and in URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.5. Otherwise, the State of Washington considers voluntary abortion services as EHBs for Exchange plans. Additionally, non-Exchange plans will consistently consider voluntary abortion services as EHBs.</p>	"Part_III_Rate_Filing_Documentation_and_Actuarial_Memorandum.pdf"	Section 5: Benefit Categories
<p><b>SEPARATE DOCUMENTS</b></p> <p>Address the following items together with other relevant items covered elsewhere in this checklist.</p>			
28	<p><b>Part I Unified Rate Review Template (URRT):</b></p> <p>Note: The various index rates (Index Rate, MAIR, etc.) in the URRT are the official amounts. For calculations in your supporting exhibits requiring one of these amounts, such as the Exchange User Fee</p>		

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<p>input for URRT Worksheet 1 Section II, please use and reference the applicable amount(s) calculated in the URRT.</p> <p>Please do not disable the macros in the Excel version of the URRT; please submit a macro-enabled URRT workbook.</p> <p>The URRT worksheets allow up to 16 characters including decimal places. Only apply rounding to amounts directly loaded into the URRT and only to the extent necessary to meet the 16-character limitation. Do not round any intermediate amounts.</p>		
	<p><b>a</b> URRT Exchange User Fees: (URRT Worksheet 1, Section II Projections) If the issuer is only outside the exchange, please respond "N/A." The Exchange user fee for 2026 is \$5.11 PMPM.</p> <ul style="list-style-type: none"> <li>For issuers marketing both inside and outside the Exchange, confirm that the Exchange user fees, or Exchange assessment fees, are spread across the entire pool.</li> <li>For issuers only marketing inside the Exchange: The default expectation is that 100% of membership will be on the Exchange. If your project less than 100% Exchange membership, include an explanation in the Part III actuarial memorandum.</li> <li>Justify the Exchange User Fees' percentage load entered in URRT Worksheet 1, Section II. Compare the result against the required amount per member per month (PMPM). There should be a reasonable assumption for the distribution of enrollees inside and outside the Exchange.</li> <li>If any Exchange membership is projected for plan year 2026, please check that a nonzero dollar amount flows through to URRT Worksheet 1, Section II Exchange User Fees.</li> <li>Ensure the amount is adjusted to reflect an allowed dollar basis as discussed in #28.b of this checklist.</li> </ul>	"Part_III_Rate_Filing_Documentation_and_Actuarial_Memorandum.pdf"	Appendix 12.2
	<p><b>b</b> URRT factor to toggle between worksheet 1 and worksheet 2 amounts for risk adjustment transfers and Exchange user fees: Justify the factor used to develop Risk Adjustment Payment/Charge and Exchange User Fees for URRT Worksheet 1, Section II. The adjustment should be the aggregate impact of the four plan factors from URRT Worksheet 2, Section III Plan Adjustment Factors (i.e., Fields 3.3, 3.4, 3.5, and 3.9). Later URRT steps</p>	"Part_III_Rate_Filing_Documentation_and_Actuarial_Memorandum.pdf"	Section 20: Effective Rate Review Information

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	apply the plan factors through multiplication; to neutralize the overall impact, URRT Worksheet 1 needs to divide by their aggregate impact.		
<b>c</b>	URRT Worksheet 1, Section II, 2026 versus 2025: Compare the projections in URRT Worksheet 1, Section II in this year's filing for 2026 versus those in last year's filing for 2025.	"Part_III_Rate_Filing_Documentation_and_Actuarial_Memorandum.pdf"	Appendix 6.3
<b>d</b>	URRT Worksheet 2 terminated plan mapping: Document and justify URRT Worksheet 2 product and plan mapping for terminated plans, in accordance with the following: <ul style="list-style-type: none"> <li>For the inside Exchange plans and plans that are both inside and outside Exchange, follow the mapping information you (the issuer) provided to WAHBE and as required by 45 CFR §155.335(j).</li> <li>For the outside Exchange plans, follow your procedure as indicated in the letter(s) provided to the policyholder(s) and consistent with Uniform Product Modification Justification (UPMJ).</li> </ul> Note: each 2025 plan should map all members in the plan to the same 2026 plan. Respond "N/A" if no 2025 plans are terminating.	"Part_III_Rate_Filing_Documentation_and_Actuarial_Memorandum.pdf"  "WA_State_Appendices.pdf" and "WA State Appendices Duplicate.xlsx"	Section 18: Terminated Plans and Products  Appendix 18.1
<b>e</b>	URRT Worksheet 2, Section I, general product and plan information, Cumulative rate change % for composite plans: For any plan in URRT Worksheet 2 which is the composite of more than one plan in UPMJ Q5, include an exhibit detailing the calculation of the Cumulative Rate Change % (over 12 mos. prior) based on the overall average rate change by plan in UPMJ Q5. If there are no composite plan rate changes, respond as "N/A."	N/A	
<b>f</b>	URRT Worksheet 2, Section IV Projected Plan Level Information Projected allowed claims, incurred claims & premiums: <ul style="list-style-type: none"> <li>Include an exhibit that calculates the projected dollar amounts by plan for URRT Worksheet 2, Section IV Projected Plan Level Information.</li> </ul>	"Part_III_Rate_Filing_Documentation_and_Actuarial_Memorandum.pdf"	Section 20: Effective Rate Review Information

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<ul style="list-style-type: none"> <li>For clarity, please also show calculations of the plan-specific and aggregate projected PMPM amounts for Fields 4.11 through 4.17.</li> <li>Aggregate amounts should reconcile as demonstrated in WA Exhibit 12; see instructions in the exhibit template. Provide supporting technical details, as needed, in issuer-created actuarial exhibits submitted separately from the exhibit template file.</li> </ul> <p>Note that although reconciliation is expected in aggregate, differences may be reasonable for specific plans.</p> <ul style="list-style-type: none"> <li>Note that the following results are expected: <ul style="list-style-type: none"> <li>The Total Allowed Claims PMPM in Field 4.11 should be consistent with the [Projected Index Rate] + [average PMPM of the CSR load (on an allowed basis)] + [average PMPM for non-EHB, excluding abortion services reported as non-EHB (on an allowed basis)].</li> <li>The Allowed Claims PMPM by plan in Field 4.11 should only differ from the Total Allowed Claims PMPM due to URRT Worksheet 2, Section III Plan Adjustment Factors, Fields 3.3 AV and Cost Sharing Design of Plan (a.k.a. Pricing AV), 3.4 Provider Network Adjustment, 3.5 Benefits in Addition to EHB, and 3.9 Catastrophic Adjustment.</li> </ul> </li> </ul>	"WA_State_Appendices.pdf" and "WA State Appendices Duplicate.xlsx"	Appendix 12.1 Appendix 20.6
<b>g</b>	<p>URRT projected members by plan: Please document the following in the Part III actuarial memorandum:</p> <ul style="list-style-type: none"> <li>Explain how member months were projected by plan.</li> <li>Explain how URRT membership projections align with 2026 company expectations for the product line.</li> <li>Justify any new or renewing plans with zero projected enrollment.</li> <li>If the opining actuary relied on membership projections from another area of your company, please indicate as such in the reliance section of the actuarial certification.</li> </ul>	"Part_III_Rate_Filing_Documentation_and_Actuarial_Memorandum.pdf"	Section 17: Membership Projections
<b>h</b>	<p>URRT projected PAIR versus premium PMPM: Compare the weighted-average Plan Adjusted Index Rate (PAIR; URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.10) to the aggregate premium PMPM projected in Field 4.17. Weight the PAIR amounts by projected member months. Explain any differences.</p>	N/A, there are no differences.	

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
i	<p>URRT controlled group renewal clarification:</p> <p>Based on input from CMS/CCIIO, if you are an issuer renewing only one 2025 plan that will be offered by a health insurance issuer within your controlled group, please include the following (see also #30.b and #31.c of this checklist).</p> <p>If not applicable, indicate "N/A."</p> <p>In URRT Worksheet 2 Section I General Product and Plan Information and Section II Experience Period and Current Plan Level Information, for the current and new issuers:</p> <ul style="list-style-type: none"> <li>• The Plan Name (Field 1.3) and Plan ID (Field 1.4) will be unique to each issuer.</li> <li>• Indicate the plan as a renewing plan (Field 1.7).</li> <li>• Include the current rate from the current issuer (Field 2.11) in the new issuer's URRT.</li> <li>• Use the current rate in the calculation of the rate increase (Field 1.11) in the new issuer's URRT.</li> <li>• For consistency across the worksheets, only include experience in the current issuer's URRT Worksheets 1 and 2.</li> </ul>	N/A	
29	<p><b>Part II Written Description Justifying the Rate Increase:</b></p> <p>(a) Follow content guidance outlined in URR Instructions.</p> <p>(b) Include key drivers of the risk pool's rate increase as well as relevant plan details such as those described below.</p> <ul style="list-style-type: none"> <li>• <b>Changes in Benefits:</b> Consumers tend to view cost-share changes as "benefit changes," so a summary of the cost-share changes should be included in this section along with other significant benefit changes. Note: the cost-share changes in this document should just be an overview of major changes, such as general discussion of the range of deductibles or changes in copays, rather than a repeat of the detailed list in UPMJ Q4a &amp; 4b.</li> <li>• <b>Administrative Costs and Anticipated Margins:</b> Consumers tend to view all retention loads, other than profit, as "administrative costs," so taxes and fees should be included in this section along with other administrative expenses.</li> <li>• Please also note the pool's projected profit &amp; risk load.</li> </ul>	"Part_II_Written_Description_Justifying_the_Rate_Increase.pdf"	Summary of Cost Sharing Changes

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
30	<b>Part III Actuarial Memorandum and Certification:</b> <ul style="list-style-type: none"> <li>Submit the actuarial memorandum exhibits in a separate Excel spreadsheet and corresponding PDF. Note: the PDF version of the actuarial memorandum exhibits can be submitted on the URRT tab rather than the Supporting Documentation tab in SERFF so that it will be uploaded to CMS. The Excel spreadsheet, however, must be submitted on the Supporting Documentation tab.</li> <li>Note: to reduce the review time required to sift through duplicate file versions, please do NOT submit additional complete copies of the URRT worksheets, the WAC 284-43-6660 summary, or the Rate Schedules with the actuarial memorandum exhibits.</li> <li>Note: The State of Washington requires that the redacted actuarial memorandum must match the unredacted actuarial memorandum.</li> </ul>		
	<b>a</b> Actuarial certification: Include an actuarial certification as prescribed in the Part III Actuarial Memorandum and Certification Instructions found in the URR Instructions. Include the signature date in the signatory block of the certification and update the date throughout the filing review season, as needed, if assumptions or rates change.	"Part_III_Rate_Filing_Documentation_and_Actuarial_Memorandum.pdf"	Section 22: Actuarial Certification
	<b>b</b> Controlled group renewal clarification for Part III: Based on input from CMS/CCIIO, if you are an issuer renewing only one 2025 plan that will be offered by a health insurance issuer within your controlled group, please include the following (see also #28.i and #31.c of this checklist).  If not applicable, indicate "N/A."  In both the current and new issuers' Part III actuarial memorandums, add a crosswalk detailing the current and renewing plan information. Include: <ul style="list-style-type: none"> <li>The name of the current and new issuers offering the plan.</li> <li>A comparison of the 2025 and 2026 HIOS Plan IDs and plan names.</li> <li>A comparison of the 2025 counties in the service area for the renewing plan and the 2026 counties offered by the new issuer to demonstrate meeting the requirement to cover a majority of the same service area.</li> </ul>	N/A	

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<ul style="list-style-type: none"> <li>Discuss the cost-share changes to the plan and confirm that the product network type and covered benefits remain the same.</li> </ul>		
c	<p>UPMJ versus URRT rate changes:</p> <p>Rate changes by plan in URRT Worksheet 2, Section I General Product and Plan Information, Field 1.11 should match rate changes by plan in UPMJ Q5. For clarity, discuss in the Part III actuarial memorandum the differences in the calculation of the official aggregate rate change in UPMJ Q5 and the rate change amounts in URRT Worksheet 2, Section I General Product and Plan Information, Fields 1.12 and 1.13.</p>	"Part_III_Rate_Filing_Documentation_and_Actuarial_Memorandum.pdf"	Section 20: Effective Rate Review Information
31	<p><b>Uniform Product Modification Justification (UPMJ):</b></p> <p>Review and follow the general instructions as well as the UPMJ instructions for each question. The UPMJ template can be found on the <a href="#">Washington State OIC website</a>.</p>		
a	<p>UPMJ Q4a &amp; 4b:</p> <ul style="list-style-type: none"> <li>For UPMJ Q4a, keep in mind that the content will ultimately be included in our decision memorandum that is posted for public consumption, so explain the cost-share changes as you would to an existing or prospective member.</li> <li>For each cost-share amount listed in UPMJ Q4a, include dollar, comma, and percent symbols as well as numeric amounts.</li> <li>Spell out the first occurrence of each acronym in Q4a and Q4b. For example, "Maximum Out-of-Pocket (MOOP)."</li> <li>Note: For plans that add or remove out-of-network (OON) coverage, the change should be listed as a member cost-share change rather than a benefit change.</li> </ul>	"Uniform_Product_Modification_Justification.pdf" and "Uniform Product Modification Justification Duplicate.xlsx"	All sections
b	<p>UPMJ Q5:</p> <p>(i) Column 5(d):</p> <ul style="list-style-type: none"> <li>Only include enrollment from renewing counties.</li> <li>If you are exiting any counties, please address the following: Since you are exiting counties, total enrollment in Q5 may not match the UPMJ Q1 total, so include an exhibit in the filing with current enrollment by plan split between renewing and</li> </ul>	"Coordinated_Care_Rate_Change_Exhibit.pdf" and "Coordinated Care Rate Change Exhibit Duplicate.xlsx"	All exhibits



Washington State OIC 2026 Individual Medical Rate Filing Checklist

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

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<ul style="list-style-type: none"> <li><i>New issuer:</i> UPMJ Q4a must include the benefit changes from the current issuer's plan to the new issuer's plan. Q5 should include a line with the new plan's rate change percentage with zero members.</li> </ul>		
32	<b>WAC 284-43-6660 summary:</b> Complete and submit the template "Format – Rates – WAC 284-43-6660 Summary Duplicate" provided on the <a href="#">Washington State OIC website</a> . See below for additional information.		
a	Proposed rate summary: <ul style="list-style-type: none"> <li>Proposed Community Rate must be consistent with the aggregate projected premium PMPM in URRT Worksheet 2, Section IV Projected Plan Level Information, Field 4.17.</li> <li>Percentage Change must be consistent with the overall average rate change in UPMJ Q5.</li> <li>Current Community Rate = (Proposed Community Rate) / (1 + Percentage Change).</li> </ul>	"WAC_284_43_6660.pdf" and "WAC 284-43-6660 Duplicate.xlsx"  "Part_I_Unified_Rate_Review_Template.pdf" and "Part I Unified Rate Review Template Duplicate.xlsm"	All sections   URRT Worksheet 2, Section IV: Projected Plan Level Information
b	Components of proposed community rate: <ul style="list-style-type: none"> <li>Component (a) Claims should match (URRT Worksheet 2, Section IV Projected Plan Level Information, Field 4.15 Incurred Claims PMPM) minus (URRT Worksheet 2, Section IV Projected Plan Level Information, Field 4.16 Risk Adjustment Transfer Amount PMPM).</li> <li>Component (b) Expenses combined with component (d) Investment Earnings must be consistent with the combined values of (Exchange User Fees in URRT Worksheet 1, Section II) + (URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.6 Administrative Expense) + (URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.7 Taxes and Fees).</li> <li>Component (c) Contribution to Surplus Contingency Charges, or Risk Charges must be consistent with (URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.8 Profit &amp; Risk Load).</li> <li>Total row (e) must match the Proposed Community Rate from #32.a above (i.e., Proposed rate summary) in the WAC 284-43-6660 summary.</li> </ul>	"WAC_284_43_6660.pdf" and "WAC 284-43-6660 Duplicate.xlsx"  "Part_I_Unified_Rate_Review_Template.pdf" and "Part I Unified Rate Review Template Duplicate.xlsm"	All sections  URRT Worksheet 2, Section III: Plan Adjustment Factors and URRT Worksheet 2, Section IV: Projected Plan Level Information

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
		"WA_State_Appendices.pdf" and "WA State Appendices Duplicate.xlsx"	Appendix 12.2
<b>c</b>	<p>Trend factor summary: (see also #6.b of this checklist)</p> <ul style="list-style-type: none"> <li>If the WAC 284-43-6660 summary shows the same trend for each type of service, please explain whether you expect any variation by type of service. If variation is expected, please explain the choice of a single trend factor for this summary.</li> <li>For plans with embedded dental (pediatric or adult), ensure the embedded dental trend is included in the Other trend category, and then add a note to the General Information section #5 that the embedded dental trend is included in the Other trend category. This is to be consistent with the URR Instructions, section 2.1.3.1.</li> </ul>	N/A	
<b>d</b>	<p>General Information section #4: Respond with "See Rate Schedule."</p>	"WAC_284_43_6660.pdf" and "WAC 284-43-6660 Duplicate.xlsx"	All sections

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
33	<b>Benefit Components:</b> Provide a completed Benefit Components Speed-to-Market Tool. <ul style="list-style-type: none"> <li>The file "Format - Rates - 2026 Med Benefit Components" is provided on the <a href="#">Washington State OIC website</a>.</li> <li>The cost-shares for all embedded benefits, including pediatric dental, must have every different cost-share visible such as for different kinds of pediatric dental care (e.g., cleaning versus extensive surgeries, or as preventive, basic, major services), if applicable.</li> <li>Note: the information you provide in this file should be consistent with the other documents in your binder, rate, and form filings (e.g., PBT, AVC Screenshots, MH/SUD Certification).</li> <li>Include the benefit components for the Exchange silver plan CSR variations.</li> <li>The plans should indicate integrated or separate medical and drug deductibles consistent with the AVC screenshots (see also #9 of this checklist).</li> </ul>	"Benefit_Components.pdf" and "Benefit Components Duplicate.xlsm"	All sections
34	<b>Mental Health and Substance Use Disorder (MH/SUD) Financial Requirement Parity:</b>		
	<b>a</b> MH/SUD financial requirement parity certification: Complete the "Mental Health and Substance Use Disorder Financial Requirement Parity Certification" Speed-to-Market Tool.  See file "Certification – Rates – 2026 Mental Health and Substance Use Disorder Financial Req Parity" on the <a href="#">Washington State OIC website</a> .	"Individual NG Health Plan MH Parity Financial Requirements Certification – 2026.pdf" and "Individual NG Health Plan MH Parity Financial Requirements Certification – 2026 Duplicate.xlsm"	All sections
	<b>b</b> MH/SUD parity calculations: Complete an MH/SUD Parity Speed-to-Market Tool that documents MHSUD financial requirement parity testing calculations.	"Individual NG Health Plan MH Parity Financial Requirements	All sections

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
	<p>See file template "Certification - Rates - 2026 Mental Health and Substance Use Disorder Financial Req Parity Calculations" on the <a href="#">Washington State OIC website</a>.</p> <ul style="list-style-type: none"> <li>In the Mapping Information and each MHSUD Parity Testing Worksheet, please use the same benefit descriptions listed (both EHB and non-EHB) in the Benefit Components. The list should include all benefits, including inpatient, emergency care and prescription drugs.</li> <li>Carriers must either test all outpatient services in one category or test both outpatient office visits and all other outpatient services separately.</li> <li>Categories can be split in some cases if, for example, you want to split services between office visits and all other outpatient services. If you combine categories, indicate in the notes which categories are included. For example, a therapies category in the testing can combine rehabilitative speech therapy and rehabilitative occupational and physical therapies from the Benefit Components.</li> <li>For easy comparison, enter the plans in the same order and use the same tab names in the MHSUD Parity and Benefit Components workbooks. It would also be helpful if the Service Descriptions in the worksheets are in the same order as the Benefit Components.</li> <li>Plan projected allowed amounts should be annual dollar amounts which reflect a reasonable projected dollar amount [WAC 284-43-7040(1)(c)(ii)] as attested to in the MH/SUD Financial Requirement Parity Certification (section II.B.2). The amounts should be consistent with the allowed claims projected in URRT Worksheet 2, Section IV Projected Plan Level Information.</li> <li>The cost-shares for all embedded benefits, including dental and vision, must have every different cost-share visible, such as for different kinds of pediatric dental care, in the list of medical/surgical benefits.</li> <li>Include the parity calculations for the Exchange silver plan CSR variations.</li> <li>As noted in WAC 284-43-7020(5)(a), a plan or issuer must treat the least restrictive level of the financial requirement limitation that applies to at least two-thirds of medical/surgical benefits across all provider tiers in a classification as the predominant level that it may apply to mental health or substance use disorder benefits in the same classification.</li> </ul> <p>In the case of multiple cost shares across provider tiers, we recommend demonstrating parity by comparing each tier's MH/SUD cost shares versus the least restrictive level of medical/surgical benefit cost shares across all provider tiers in the classification.</p>	Certification – 2026.pdf" and "Individual NG Health Plan MH Parity Financial Requirements Certification – 2026 Duplicate.xlsm"	

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
35	<b>Commission Certification:</b> (see also #20.a of this checklist) Provide detailed proposed commission schedules, even if no commissions are expected to be paid for this block of business for plan year 2026. They should be signed and dated by an officer or a senior manager of your company who oversees commission schedule implementation. The officer or senior manager should certify that the information is accurate to the best of their knowledge at the time of the rate submission. The commission schedule must comply with CMS guidance below and 45 CFR §147.104(e) and §156.225(b). <a href="https://www.cms.gov/files/document/agent-broker-compensation-and-guaranteed-availability-coverage.pdf?utm_content=&amp;utm_medium=email&amp;utm_name=&amp;utm_source=govdelivery&amp;utm_term=">https://www.cms.gov/files/document/agent-broker-compensation-and-guaranteed-availability-coverage.pdf?utm_content=&amp;utm_medium=email&amp;utm_name=&amp;utm_source=govdelivery&amp;utm_term=</a> Commission schedules should not differ for special enrollment periods. Broker bonus programs determined across multiple lines of business are not part of this certification, but they should be noted and accounted for in the rate development. Note: Commission schedules filed in individual and small group rate filings must be finalized prior to the final disposition. The commission schedule will not be allowed to change after the rate filing is approved.	"2026 WA Only Ambetter Standard Commission Schedule_Filing.pdf"	All sections
		"Certification to the 2026 Commission Schedule.pdf"	All sections
36	<b>Rate Schedule:</b> Provide a complete rate schedule using the " <a href="#">Format - Rates - 2026 Individual Non-grandfathered Health Plan Rate Schedule template</a> ." Be mindful of the following: <ul style="list-style-type: none"> <li>• Use the most current version of the template.</li> <li>• The 1.0000 premium rates (age factor 1.0000 such as for age 21; tobacco factor 1.0000 for non-smoker; area factor 1.0000) should be consistent with the Calibrated Plan Adjusted Index Rate (CPAIR) amounts in URRT Worksheet 2, Section III Plan Adjustment Factors, Field 3.14. (see also #11.g of this checklist)</li> <li>• Submit on the Rate/Rule Schedule tab in SERFF.</li> </ul>	"Rate Schedule.pdf" and "Rate Schedule Duplicate.xlsb"	All sections

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
37	<p><b>Rate Example:</b> Submit a rate calculation example on the Rate/Rule Schedule tab in SERFF. Address the following:</p> <ul style="list-style-type: none"> <li>• Use the rates in the Rate Schedule.</li> <li>• Include a statement that rates are charged to no more than the three <b>oldest</b> covered children under 21 for family coverage [45 CFR §147.102(c)(1)].</li> <li>• If your premium rates adjust for tobacco use, please include in the example at least one family member who uses tobacco and would then be subject to the adjustment.</li> </ul>	<p>"WA_State_Appendices.pdf" and "WA State Appendices Duplicate.xlsx"</p> <p>"Rate Review Detail Rating Example.xlsx" and "Rate Review Detail Rating Example.pdf"</p>	<p>Appendix 1.3</p> <p>All sections</p>
38	<p><b>Requirements for Mitigating Inequity in the Health Insurance Market [WAC 284-43-6590]:</b> If applicable, submit a separate certification detailing the calculation of a fee for excluding any benefit mandated or required by Title 48 RCW or rules adopted by the commissioner. A member of the American Academy of Actuaries (MAAA) must sign the certification. (see also #21.a of this checklist)</p>	N/A	
39	<p><b>Use of Artificial Intelligence, Machine Learning, and/or Predictive Modeling:</b> In preparing assumptions and premium rates for this rate filing, did your company rely on artificial intelligence techniques, machine learning techniques, and/or other predictive modeling methods? Please explain any such reliance including the models and where the results applied to the rate filing. Please explain how your actuary fulfilled professionalism requirements including those in the Code of Professional Conduct and Actuarial Standards of Practice (ASOPs), such as ASOP No. 56, <i>Modeling</i>. Include comments about how you evaluated results for reasonableness.</p> <p>Consider, for example, the September 2024 professionalism discussion paper, "Actuarial Professionalism Considerations for Generative AI," published by the American Academy of Actuaries.</p>	"Part_III_Rate_Filing_Documentation_and_Actuarial_Memorandum.pdf"	Section 20, Effective Rate Review Information

Washington State OIC 2026 Individual Medical Rate Filing Checklist

Line	Task	Issuer Response:	
		Document Name	Section / Page / Exhibit Number
40	<b>1332 waiver checklist:</b> Complete and submit the file " <a href="#">Checklist – Rates – 2026 Individual Supplemental Checklist for 1332 Waiver Reporting.</a> "	"Checklist - Rates - 2026 Individual Supplement for Waiver Reporting.pdf"	All Sections



# 2026 Plan Year (PY)

## Individual Nongrandfathered Health Plan

### Supplemental Checklist for 1332 Waiver Reporting

---

#### Instructions:

---

This supplemental checklist is requested by the Washington Health Benefit Exchange (HBE) regarding the 1332 waiver reporting requirements. This form (i.e., supplemental checklist) applies to **all individual health plan market issuers** including those with only off-Exchange plans.

The OIC helps the HBE gather the following information when issuers submit their initial and final rate filing documents. The OIC will check the consistency of data reported in this form versus data reported elsewhere in the rate filing. If the information reported in this form is inconsistent with other rate filing information, the OIC may send out an objection requesting a reporting issuer to update this form.

The purpose of this form is to collect with-waiver versus without-waiver differences in assumptions, methodologies, and projections used for individual market rate filings for PY 2026. This information will be used for reporting purposes associated with the guidelines stated in the 1332 Waiver. The federal government requires the State of Washington to report on elements related to health insurance rates, spending, and enrollment as if the waiver were not in effect. The following information is needed to create that report. Details on the waiver can be found [here](#).

#### Response Information:

---

General Information	
Issuer Name:	Coordinated Care Corporation
Applicable Market:	Individual Medical
Plan Year:	2026

## Section I – Please provide a response for each item.

---

### General Assumptions

1. Are the reporting issuer's PY 2026 premium rates impacted?
  - a. If the waiver were not in effect, would the reporting issuer's premium rates differ by rating cell (i.e., by plan, smoker/non-smoker, geographic rating area, age band) in the Rate Schedule?  
☒ Yes   ☐ No
  - b. If the waiver were not in effect, would the reporting issuer's total projected earned premiums be different?  
☒ Yes   ☐ No
2. If yes for #1a and/or #1b, how are the reporting issuer's PY 2026 premium rates impacted?
  - a. If yes for #1a, please describe the projected impact by rating cell (i.e., by plan, smoker/non-smoker, geographic rating area, age band), including any quantitative factors used to differentiate premium rates with-waiver versus without-waiver. Note that the purpose of this item is to identify any potential population acuity factors due to the waiver.

*The submitted rate filing includes the 1332 population. No explicit assumption is needed in our rate filing, because the population was included in the rating base period. However, we estimate including this 1332 population accounts for a 0.3% reduction to the overall population morbidity, relative to a scenario that excludes the 1332 population. This factor was informed by the Wakely report included in the 1332 waiver application and reflects the expectation that previously-uninsured members entering the market will be less morbid than the existing market population. This 1332 waiver analysis also assumes that membership has increased by 1.1%, as a result of the waiver. These new members were assumed to enroll exclusively in Cascade and Cascade Select Silver products, in order to maintain eligibility for premium subsidies, with household income levels which qualify them for Cost Sharing Reduction plans. These enrollment assumptions were also informed by the Wakely report included in the 1332 waiver application. We are not aware of a way to identify these members directly.*

*We estimate that without the 1332 waiver, composite premiums for our projected population would have been \$1.44 PMPM higher. We would not expect a change to any specific rating factors due to the waiver; just an increase to the overall claims projection.*

- b. If yes for #1b, please describe the projected impact to total premiums. Please describe any other differences that apply beyond those by rating cell already described above under #2a. If differences are only due to factors described above in #2a, please explain.

*Because of the increases in membership we are assuming, due to the 1332 waiver, we estimate that Coordinated Care would collect approximately \$6.4M less in premiums if the waiver was not in place.*

## Enrollment

Note that "average annual members" is equal to total member months for the year divided by 12.

3. What is the reporting issuer's projected with-waiver enrollment for PY 2026?

Provide the reporting issuer's average annual members by rating area as well as summed across the issuer's rating areas. The total number summed across the rating areas and multiplied by 12 months should reconcile to the value reported in the Unified Rate Review Template (URRT), Worksheet 2 – Product-Plan Data, Section IV: Projected Plan Level Information, field **4.9 Projected Member Months**.

<b>Rating Area</b>	<b>Average Number of Members per year</b>
Rating Area 1	29,466
Rating Area 2	8,037
Rating Area 3	2,381
Rating Area 4	8,651
Rating Area 5	10,486
Rating Area 6	5,865
Rating Area 7	3,373
Rating Area 8	17,041
Rating Area 9	1,720
<b>Total Membership</b>	<b>87,020</b>

4. What is the reporting issuer's projected without-waiver enrollment for PY 2026?

Provide the reporting issuer's average annual members by rating area as well as summed across the issuer's rating areas.

<b>Rating Area</b>	<b>Average Number of Members per year</b>
Rating Area 1	29,146
Rating Area 2	7,950
Rating Area 3	2,355
Rating Area 4	8,557
Rating Area 5	10,372
Rating Area 6	5,801
Rating Area 7	3,336
Rating Area 8	16,856
Rating Area 9	1,702
<b>Total Membership</b>	<b>86,073</b>

5. For the reporting issuer's PY 2026 projected enrollment, please provide enrollment projections by plan. Provide both with-waiver and without-waiver projected enrollment. Describe how with-waiver and without-waiver assumptions differ. If no plan mix differences are expected, please explain.

*As noted in our response to question 2, we removed 1.1% from projected membership, concentrated in Cascade and Cascade Select Silver, in the without-waiver scenario.*

Plan	Average Number of Members per year	
	With 1332 Waiver	Without 1332 Waiver
Ambetter Cascade Complete Gold	11,711	11,711
Ambetter Cascade Vital Gold	13,911	13,911
Ambetter Secure Care 5	1,711	1,711
Ambetter Balanced Care 4	12,902	12,902
Ambetter Cascade Silver	19,809	19,215
Ambetter Cascade Select Bronze	7,075	7,075
Ambetter Cascade Select Complete Gold	4,429	4,429
Ambetter Cascade Select Vital Gold	4,037	4,037
Ambetter Cascade Select Silver	11,435	11,083
<b>Total Membership</b>	<b>87,020</b>	<b>86,073</b>

### Total Premiums

6. What is the reporting issuer's projected with-waiver total premium for PY 2026?

Provide the reporting issuer's projected premium by rating area as well as summed across the issuer's rating areas. The total amount summed across the rating areas should reconcile to the value reported in the Unified Rate Review Template (URRT), Worksheet 2 – Product-Plan Data, Section IV: Projected Plan Level Information, field **4.8 Premium**.

Round to the nearest cent.

Use enrollment reported above in #3.

Rating Area	Premium PMPM	Aggregate Premium
Rating Area 1	\$681.18	\$240,860,648.22
Rating Area 2	\$694.26	\$66,957,015.68
Rating Area 3	\$774.36	\$22,125,708.24
Rating Area 4	\$656.45	\$68,146,150.61
Rating Area 5	\$684.38	\$86,115,544.94
Rating Area 6	\$632.34	\$44,502,626.48
Rating Area 7	\$665.65	\$26,940,314.51
Rating Area 8	\$743.30	\$152,001,235.37
Rating Area 9	\$631.59	\$13,037,834.71
<b>Total</b>	<b>\$690.16</b>	<b>\$720,687,078.74</b>

7. What is the reporting issuer's projected without-waiver total premium for PY 2026?

Provide the reporting issuer's projected premium by rating area as well as summed across the issuer's rating areas.

Round to the nearest cent.

Use enrollment reported above in #4.

Rating Area	Premium PMPM	Aggregate Premium
Rating Area 1	\$682.60	\$238,736,042.92
Rating Area 2	\$695.70	\$66,366,395.20
Rating Area 3	\$775.98	\$21,930,539.80
Rating Area 4	\$657.82	\$67,545,040.90
Rating Area 5	\$685.80	\$85,355,929.18
Rating Area 6	\$633.65	\$44,110,073.71
Rating Area 7	\$667.03	\$26,702,676.95
Rating Area 8	\$744.85	\$150,660,449.18
Rating Area 9	\$632.90	\$12,922,829.40
<b>Total</b>	<b>\$691.59</b>	<b>\$714,329,977.25</b>

8. For the reporting issuer's PY 2026 projected premiums, please describe how with-waiver and without-waiver assumptions and methodologies differ.

Discuss impacts to individual rating cell premium rates, premium PMPM, and total premium.

Discuss how assumed plan enrollment differences discussed above in #5 impact projected premiums.

See also #13 below related to projected medical spending.

If no differences are expected, please explain.

*As noted in our response to question 2, our filed rates do not require any explicit assumption for the inclusion of 1332 members, because this population was included in the rating base period. We estimate including this 1332 population accounts for a 0.3% reduction to the overall population morbidity, relative to a scenario that excludes the 1332 population. In the without-waiver scenario, this 0.3% morbidity reduction was removed and we removed 1.1% from projected membership, concentrated in Cascade and Cascade Select Silver, resulting in a minor shift in the projected portfolio actuarial value, but Risk Adjustment was assumed to remain unchanged. Assumptions for administrative expenses, taxes, and risk margin were not revised.*

**Service Area**

9. For PY 2026, would the service area offered by the reporting issuer have differed if the waiver were not in effect?

☐ Yes ☒ No

10. If yes for #9, please describe how the reporting issuer's PY 2026 service area participation would have differed without the waiver.

N/A

**Medical Spending (a.k.a. Claims or Costs)**

11. What is the reporting issuer's PY 2026 with-waiver total projected medical allowed claims spending (i.e., the sum of incurred claims and member cost shares)?

Provide the reporting issuer's projected medical allowed claims spending by rating area as well as summed across the issuer's rating areas.

The total amount summed across the rating areas should reconcile to the value reported in the Unified Rate Review Template (URRT),

Worksheet 2 – Product-Plan Data, Section IV: Projected Plan Level Information, field **4.2 Allowed Claims**.

Round to the nearest cent.

Use enrollment reported above in #3.

Rating Area	Allowed PMPM	Aggregate Allowed
Rating Area 1	\$595.16	\$210,444,490.05
Rating Area 2	\$606.59	\$58,501,607.15
Rating Area 3	\$676.58	\$19,331,648.50
Rating Area 4	\$573.55	\$59,540,576.76
Rating Area 5	\$597.96	\$75,240,775.42
Rating Area 6	\$552.49	\$38,882,783.91
Rating Area 7	\$581.59	\$23,538,260.78
Rating Area 8	\$649.44	\$132,806,345.50
Rating Area 9	\$551.83	\$11,391,402.03
<b>Total</b>	<b>\$603.00</b>	<b>\$629,677,890.08</b>



12. What is the reporting issuer's PY 2026 without-waiver total projected medical allowed claims spending (i.e., the sum of incurred claims and member cost shares)?

Provide the reporting issuer's projected medical spending by rating area as well as summed across the issuer's rating areas.

Round to the nearest cent.

Use enrollment reported above in #4.

Rating Area	Allowed PMPM	Aggregate Allowed
Rating Area 1	\$597.26	\$208,889,734.50
Rating Area 2	\$608.73	\$58,069,399.59
Rating Area 3	\$678.96	\$19,188,827.04
Rating Area 4	\$575.58	\$59,100,693.34
Rating Area 5	\$600.07	\$74,684,899.55
Rating Area 6	\$554.44	\$38,595,519.44
Rating Area 7	\$583.64	\$23,364,361.04
Rating Area 8	\$651.73	\$131,825,177.48
Rating Area 9	\$553.78	\$11,307,242.80
<b>Total</b>	<b>\$605.13</b>	<b>\$625,025,854.78</b>

13. For the reporting issuer's PY 2026 medical allowed claims spending projections, please describe how with-waiver and without-waiver assumptions and methodologies differ.

For example, address changes to adjustment factors for URRT Worksheet 1, Section II: Projections.

Discuss impacts to both PMPM and total costs.

Discuss how assumed plan enrollment differences discussed above in #5 impact projected medical allowed claims spending.

See also #8 above related to projected premiums.

If differences are not expected, please explain.

*As noted in our response to questions 2 and 8, our filed rates do not require any explicit assumption for the inclusion of 1332 members, because this population was included in the rating base period. We estimate including this 1332 population accounts for a 0.3% reduction to the overall population morbidity, relative to a scenario that excludes the 1332 population. In the without-waiver scenario, this 0.3% morbidity reduction was removed and we removed 1.1% from projected membership, concentrated in Cascade and Cascade Select Silver, resulting in a minor shift in*

*the projected portfolio actuarial value, but Risk Adjustment was assumed to remain unchanged. Assumptions for administrative expenses, taxes, and risk margin were not revised. Under the without-waiver scenario, we would expect the morbidity adjustment factor in URRT worksheet 1 to be approximately 0.3% higher.*

14. For the reporting issuer's PY 2026 Risk Adjustment projections, please describe how with-waiver and without-waiver assumptions differ. Please also describe expected impacts. If differences are not expected, please explain.

*We assumed risk adjustment results would not be materially impacted by this 1332 waiver. This implies all 1332 members will distribute to carriers in approximately the same pattern as expected under our best-estimate membership projections, producing the same relative risk profile, compared to the overall market.*

15. For the reporting issuer's PY 2026 Administrative Expense projections, please describe how with-waiver and without-waiver assumptions and methodologies differ. Please also describe expected impacts. If differences are not expected, please explain.

*We assumed administrative expenses would not be materially impacted by this 1332 waiver.*

## Section II - For Informational Purposes as Background Information

---

The state is required to submit the [following information to CMS](#) on an annual basis.

- (a) The final Second Lowest Cost Silver Plan (SLCSP) rates for individual health insurance coverage for a representative individual (e.g., a 21-year-old non-smoker) in each rating area or service area (if premiums vary by geographies smaller than rating areas) for the applicable plan year that are actuarially certified. Also include the actuarial memoranda;

- (b) The estimate of what the final SLCSPP rates for individual health insurance coverage for a representative individual in each rating area or service area (if premiums vary by geographies smaller than rating areas) would have been absent approval of this waiver for the applicable plan year, that are actuarially certified. The state must include with this information the methods and assumptions the state used to estimate the final SLCSPP rates and state's estimate of what the final SLCSPP rates would have been absent approval of the waiver for each rating area or service area absent approval of this waiver. Also include the actuarial memoranda;
- (c) From each issuer, the estimate of the total amount of all premiums expected to be paid for individual health insurance coverage for the applicable plan year;
- (d) From each issuer, the estimate of the total premiums that would have been expected to be paid for individual health insurance coverage for the applicable plan year without the waiver;
- (e) From each issuer, the estimate of the total amount of all medical spending expected to be paid for individual health insurance enrollees for the applicable plan year, along with any underlying analyses;
- (f) From each issuer, the estimate of the total amount of all medical spending that would have been expected to be paid for individual health insurance enrollees for applicable plan year without the waiver, along with any underlying analyses;
- (g) The state specific age curve premium variation for the current and upcoming plan year;
- (h) Reports of the estimated total state subsidy program reimbursements for the upcoming plan year;
- (i) Reports of the total enrollment estimates for individual health insurance coverage, both with and without the waiver for the upcoming plan year;
- (j) An explanation of why the experience for the upcoming plan year may vary from previous estimates and how assumptions used to estimate the impact have changed. This includes an explanation of changes in the estimated impact of the waiver on aggregate premiums, the estimated impact to the SLCSPP rates, and the estimated impact on enrollment. The state should also explain changes to the estimated state subsidy program estimates relative to prior estimates.

Exhibit 1  
Coordinated Care Corporation  
Rate Change Exhibit  
Rate Change by Plan

<u>2025 Plan Name</u>	<u>2026 Plan Name</u>	<u>2025 Plan ID</u>	<u>2026 Plan ID</u>	<u>March 2025 Enrollment</u>	<u>March 2025 Premium</u>	<u>2026 Premium</u>	<u>Final Rate Change</u>
Ambetter Balanced Care 4	Ambetter Balanced Care 4	61836WA0050007	61836WA0050007	10,998	\$670.69	\$834.93	24.49%
Ambetter Secure Care 5	Ambetter Secure Care 5	61836WA0050008	61836WA0050008	1,005	\$633.97	\$595.80	-6.02%
Ambetter Cascade Silver	Ambetter Cascade Silver	61836WA0050017	61836WA0050017	21,092	\$633.72	\$800.62	26.34%
Ambetter Cascade Gold	Ambetter Cascade Complete Gold	61836WA0050018	61836WA0050018	9,561	\$643.92	\$617.13	-4.16%
Ambetter Cascade Select Bronze	Ambetter Cascade Select Bronze	61836WA0050036	61836WA0050036	8,618	\$394.84	\$430.49	9.03%
Ambetter Cascade Select Silver	Ambetter Cascade Select Silver	61836WA0050037	61836WA0050037	22,438	\$534.65	\$707.68	32.36%
Ambetter Cascade Select Gold	Ambetter Cascade Select Complete Gold	61836WA0050038	61836WA0050038	6,960	\$527.36	\$536.07	1.65%
Ambetter Essential Care 1	Ambetter Cascade Vital Gold	61836WA0050019	61836WA0050022	8,159	\$418.46	\$594.50	42.07%
Ambetter Cascade Bronze	Ambetter Cascade Vital Gold	61836WA0050026	61836WA0050022	12,393	\$487.95	\$638.71	30.90%
Ambetter Essential Care: \$0 Medical Deductible	Ambetter Cascade Vital Gold	61836WA0050030	61836WA0050022	3,883	\$587.35	\$654.05	11.36%
Ambetter Clear Gold	Ambetter Cascade Vital Gold	61836WA0050034	61836WA0050022	2,542	\$613.20	\$610.00	-0.52%
Total				107,649	\$556.50	\$675.76	21.95%

Notes:

(1) March 2025 premiums calculated using member counts, plan selection, age, tobacco status, rating area as of March 2025 and applicable base rate and rating factors from filed 2025 rates.

(2) 2026 premiums calculated using member counts, plan selection, age, tobacco status, rating area as of March 2025 and applicable base rate and rating factors from proposed 2026 rates in this filing.

**Exhibit 2**  
**Coordinated Care Corporation**  
**Rate Change Exhibit**  
**Rate Change by Component**

**Rate Change for March 2025 Experience Membership**

Cost Share Change	-0.21%
Benefit Change	0.13%
Medical Change	22.05%
<b>Total Rate Change</b>	<b>21.95%</b>

<b>Benefit Plan</b>			March 2025	Experience	Benefit	Cost Share	Total
<u>2025 Plan Name</u>	<u>2025 Plan ID</u>	<u>2026 Plan ID</u>	<u>Membership Weight</u>	<u>Rate Change</u>	<u>Rate Change</u>	<u>Rate Change</u>	<u>Change</u>
Ambetter Balanced Care 4	61836WA0050007	61836WA0050007	10.22%	24.64%	0.13%	-0.25%	24.49%
Ambetter Secure Care 5	61836WA0050008	61836WA0050008	0.93%	-6.40%	0.13%	0.27%	-6.02%
Ambetter Cascade Silver	61836WA0050017	61836WA0050017	19.59%	26.06%	0.13%	0.09%	26.34%
Ambetter Cascade Gold	61836WA0050018	61836WA0050018	8.88%	-3.57%	0.13%	-0.74%	-4.16%
Ambetter Cascade Select Bronze	61836WA0050036	61836WA0050036	8.01%	9.71%	0.13%	-0.75%	9.03%
Ambetter Cascade Select Silver	61836WA0050037	61836WA0050037	20.84%	32.08%	0.13%	0.09%	32.36%
Ambetter Cascade Select Gold	61836WA0050038	61836WA0050038	6.47%	2.27%	0.13%	-0.74%	1.65%
Ambetter Essential Care 1	61836WA0050019	61836WA0050022	7.58%	41.50%	0.13%	0.27%	42.07%
Ambetter Cascade Bronze	61836WA0050026	61836WA0050022	11.51%	31.72%	0.13%	-0.75%	30.90%
Ambetter Essential Care: \$0 Medical Deductible	61836WA0050030	61836WA0050022	3.61%	10.91%	0.13%	0.27%	11.36%
Ambetter Clear Gold	61836WA0050034	61836WA0050022	2.36%	-0.92%	0.13%	0.27%	-0.52%
<b>Total</b>			<b>100.00%</b>	<b>22.05%</b>	<b>0.13%</b>	<b>-0.21%</b>	<b>21.95%</b>

### INDIVIDUAL AND SMALL GROUP FILING SUMMARY

Carrier Name	Coordinated Care Corporation
Address	1145 Broadway Suite 300
	Tacoma, WA 98402
Carrier Identification Number	61836

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

### Proposed Rate Summary

Current community rate:	\$565.92	per month
Proposed community rate:	\$690.16	per month
Percentage change:	21.95%	%
Portion of carrier's total enrollment affected:	19.36	%
Portion of carrier's total premium revenue affected:	17.31	%

### Components of Proposed Community Rate

	Dollars Per Month	% of Total
a) Claims	\$558.65	80.94%
b) Expenses	\$104.25	15.11%
c) Contribution to surplus contingency charges, or risk charges	\$27.26	3.95%
d) Investment earnings	\$0.00	0.00%
e) Total (a + b + c - d)	\$690.16	100.00%

### Summary of Pooled Experience

	Experience Period		First Prior Period		Second Prior Period	
	From	To	From	To	From	To
Member Months	1/1/2024	12/31/2024	1/1/2023	12/31/2023	1/1/2022	12/31/2022
		1006022		727349		400907
Earned Premium		\$517,777,240.60		\$361,813,090.88		\$214,614,590.08
Paid Claims		\$352,930,069.76		\$211,895,377.66		\$143,452,428.36
Beginning Claim Reserve		\$36,103,013.29		\$21,396,166.70		\$18,979,465.76
Ending Claim Reserve		\$43,534,797.07		\$36,103,013.29		\$21,396,166.70
Incurred Claims		\$360,361,853.54		\$226,602,224.25		\$145,869,129.31
Expenses		\$90,630,894.17		\$68,751,562.33		\$30,179,665.02
Gain/Loss		\$66,784,492.89		\$66,459,304.31		\$38,565,795.76
Loss Ratio Percentage		69.60%		62.63%		67.97%

### General Information

#### 1. Trend Factor Summary

Types of Service	Annual Trend Assumed	Portion of Claim Dollars
Hospital	23.14%	51.97%
Professional	19.82%	25.37%
Prescription Drugs	23.99%	19.15%
Dental	n/a	n/a
Other	12.00%	3.51%

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

1) 

1/1/2025	9.27%
Date	%

2) 

1/1/2024	4.92%
Date	%

3) 

1/1/2023	-3.50%
Date	%

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

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

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

See Rate Schedule.

#### 5. Attach comments or additional Information

Please see WA Experience Exhibit 2: Summary of Pooled Experience with Adjustments - Comparison Versus Prior Year's Filing.  
CMS May 29, 2024, "Summary Report of 2022 Benefit Year Risk Adjustment Data Validation Adjustments to Risk Adjustment Transfers" was used to reflect the impact of RADV in 2022 experience.

#### 6. Preparer's Information

Name:	Charles Steffens
Title:	Actuary
Telephone Number:	(248) 495-1626

For Public Rate Filing

**Exhibit 1**  
**Coordinated Care Corporation**  
**Summary of Pooled Experience with Adjustments**  
**Checklist Items 3a, 3b**

	Experience Period 1/1/2024 - 12/31/2024	First Prior Period 1/1/2023 - 12/31/2023	Second Prior Period 1/1/2022 - 12/31/2022
Member Months	1,006,022	727,349	400,907
Earned Premium	\$517,777,241	\$361,813,091	\$214,614,590
Paid Claims	\$352,930,070	\$211,895,378	\$143,452,428
Beginning Claim Reserve	\$36,103,013	\$21,396,167	\$18,979,466
Ending Claim Reserve	\$43,534,797	\$36,103,013	\$21,396,167
Incurred Claims	\$360,361,854	\$226,602,224	\$145,869,129
Expenses	\$90,630,894	\$68,751,562	\$30,179,665
Gain/Loss	\$66,784,493	\$66,459,304	\$38,565,796
Loss Ratio Percentage	69.6%	62.6%	68.0%
Reinsurance	\$0	\$0	\$0
Risk Adjustment Transfer Amount	(\$64,653,292)	(\$45,640,884)	(\$1,358,336)
High-Cost Risk Pool Transfer Amount	\$674,178	\$264,778	\$0
High-Cost Risk Pool Assessment	(\$2,122,730)	(\$1,307,365)	(\$785,524)
HHS-RADV Adjustments <sup>(1)</sup>	(\$2,012,042)	(\$1,455,965)	\$0
Adjusted Gain/Loss	(\$1,329,392)	\$18,319,870	\$36,421,936
Total Anticipated MLR Rebates	\$0	\$0	(\$8,863,084)
Gain/Loss, Net of MLR	(\$1,329,392)	\$18,319,870	\$27,558,852
Gain/Loss, Net of MLR (% of Premium)	-0.3%	5.1%	12.8%



For Public Rate Filing

**Exhibit 2**  
**Coordinated Care Corporation**  
**Summary of Pooled Experience with Adjustments - Comparison Versus Prior Year's Filing**  
**Checklist Item 3c**

	2025 Final Rate Filing		2026 Current Rate Filing		2025 vs 2026 Comparison	
	2023	2022	2023	2022	2023	2022
Member Months <sup>(1)</sup>	727,982	401,076	727,349	400,907	0%	0%
Earned Premium <sup>(1)</sup>	\$362,078,500	\$214,685,119	\$361,813,091	\$214,614,590	0%	0%
Paid Claims <sup>(1)</sup>	\$220,824,890	\$144,007,235	\$211,895,378	\$143,452,428	-4%	0%
Beginning Claim Reserve	\$21,396,167	\$18,979,466	\$21,396,167	\$18,979,466	0%	0%
Ending Claim Reserve	\$36,103,013	\$21,396,167	\$36,103,013	\$21,396,167	0%	0%
Incurred Claims <sup>(1)</sup>	\$235,531,736	\$146,423,936	\$226,602,224	\$145,869,129	-4%	0%
Expenses <sup>(1)</sup>	\$68,811,466	\$29,957,367	\$68,751,562	\$30,179,665	0%	1%
Gain/Loss <sup>(2)</sup>	\$57,735,298	\$38,303,816	\$66,459,304	\$38,565,796	15%	1%
Loss Ratio Percentage <sup>(2)</sup>	65.0%	68.2%	62.6%	68.0%	-4%	0%
Reinsurance	\$0	\$0	\$0	\$0	0%	0%
Risk Adjustment	(\$45,640,884)	(\$1,358,336)	(\$45,640,884)	(\$1,358,336)	0%	0%
High-Cost Risk Pool Transfer Amount	\$264,778	\$0	\$264,778	\$0	0%	0%
High-Cost Risk Pool Assessment	(\$1,307,365)	(\$785,524)	(\$1,307,365)	(\$785,524)	0%	0%
HHS-RADV Adjustments <sup>(3)</sup>	(\$1,455,965)	(\$813,542)	(\$1,455,965)	\$0	0%	-100%
Adjusted Gain/Loss <sup>(2)</sup>	\$9,595,863	\$35,346,414	\$18,319,870	\$36,421,936	91%	3%
Total Anticipated MLR Rebates <sup>(4)</sup>	(\$1,028,776)	(\$8,863,084)	\$0	(\$8,863,084)	-100%	0%
Gain/Loss, Net of MLR <sup>(2)</sup>	\$8,567,087	\$26,483,330	\$18,319,870	\$27,558,852	114%	4%

Notes:

(1) 2022 and 2023 enrollment, premiums, paid/incurred claims, and expenses have been revised to reflect the most recent information available.

(2) Gain/loss and loss ratio shifted as a result of the updated premiums, incurred claims, expenses, and MLR rebate data.

(3) Reflects 2022 RADV adjustment from final 2022 RADV report, issued May 29, 2024.

(4) 2023 MLR rebates cited in PY2025 filing were an estimate and have been revised to reflect the most recent information available.

**Exhibit 3**  
**Coordinated Care Corporation**  
**Experience by Benefit Category**  
**Checklist Items 1b, 1c**

Ultimate Allowed Claims by Benefit Category and Month												
Benefit Category	202401	202402	202403	202404	202405	202406	202407	202408	202409	202410	202411	202412
Inpatient Hospital	\$5,591,634	\$6,402,911	\$7,311,743	\$6,330,183	\$7,684,891	\$7,750,672	\$7,879,080	\$9,089,539	\$7,948,623	\$7,737,735	\$5,960,947	\$6,225,246
Outpatient Hospital	\$8,431,948	\$8,310,939	\$9,718,886	\$10,413,731	\$11,437,718	\$10,733,605	\$10,966,576	\$11,435,039	\$11,349,337	\$12,888,617	\$12,236,774	\$13,628,402
Professional	\$7,787,141	\$8,351,387	\$8,868,505	\$9,168,648	\$9,837,274	\$9,037,712	\$9,672,174	\$9,613,778	\$9,286,997	\$10,990,280	\$9,411,926	\$9,632,118
Other Medical	\$735,540	\$627,021	\$721,965	\$913,754	\$948,973	\$911,311	\$1,144,234	\$926,963	\$1,151,503	\$1,243,572	\$1,012,470	\$1,224,926
Capitation	\$216,393	\$236,992	\$241,952	\$243,835	\$249,087	\$242,737	\$246,983	\$243,970	\$248,606	\$250,591	\$249,474	\$243,127
Prescription Drug	\$4,887,047	\$5,173,368	\$5,402,063	\$7,512,213	\$6,690,469	\$6,525,475	\$6,710,588	\$6,803,054	\$7,690,226	\$9,451,820	\$8,137,690	\$7,463,446

<b>Member Months</b>	76,305	81,763	82,903	83,464	84,000	84,579	84,704	85,436	86,141	86,415	86,001	84,311
<b>Total Premium</b>	\$39,639,761	\$42,183,586	\$42,685,378	\$42,970,843	\$43,223,151	\$43,496,500	\$43,563,659	\$43,886,804	\$44,193,000	\$44,312,268	\$44,180,531	\$43,441,760

Benefit Category	Experience Member Months	Paid Claims	Incurred Claims	Beginning Claim Reserve	Ending Claim Reserve	Paid to Allowed Factor	Allowed Claims	Paid PMPM	Incurred PMPM	Allowed PMPM
Inpatient Hospital	1,006,022	\$77,968,211	\$81,047,667	\$21,253,214	\$24,332,670	0.943	\$85,913,205	\$77.50	\$80.56	\$85.40
Outpatient Hospital	1,006,022	\$103,932,371	\$106,234,126	\$7,514,829	\$9,816,585	0.808	\$131,551,574	\$103.31	\$105.60	\$130.76
Professional	1,006,022	\$89,596,648	\$91,431,205	\$5,869,723	\$7,704,281	0.819	\$111,657,938	\$89.06	\$90.88	\$110.99
Other Medical	1,006,022	\$9,516,842	\$9,732,856	\$1,465,247	\$1,681,261	0.842	\$11,562,233	\$9.46	\$9.67	\$11.49
Capitation	1,006,022	\$2,913,746	\$2,913,746	\$0	\$0	1.000	\$2,913,746	\$2.90	\$2.90	\$2.90
Prescription Drug	1,006,022	\$69,002,252	\$69,002,252	\$0	\$0	0.837	\$82,447,459	\$68.59	\$68.59	\$81.95

Notes:

(1) Paid claims in this exhibit include claims incurred 1/1/2024 through 12/31/2024, paid through 3/31/2025.

Exhibit 4  
Coordinated Care Corporation  
2024 Actual vs. Expected Comparison  
Checklist Items 1d, 11h

2024 Experience

	Bronze	Silver	Gold	Total
Member Months	289,988	473,358	242,676	1,006,022
Paid-to-Allowed	69.6%	89.0%	86.6%	84.6%

	Total Dollars				PMPM				% of Premium			
	Bronze	Silver	Gold	Total	Bronze	Silver	Gold	Total	Bronze	Silver	Gold	Total
Allowed	\$78,727,535	\$202,484,752	\$144,833,868	\$426,046,155	\$271.49	\$427.76	\$596.82	\$423.50	64.7%	75.1%	114.3%	82.3%
Incurred	\$54,824,982	\$180,176,495	\$125,360,376	\$360,361,854	\$189.06	\$380.63	\$516.57	\$358.20	45.1%	66.9%	99.0%	69.6%
CSR Reimbursement	\$431,387	\$14,667,436	\$5,209	\$15,104,033	\$1.49	\$30.99	\$0.02	\$15.01	0.4%	5.4%	0.0%	2.9%
Risk Adj	-\$55,992,766	-\$25,730,429	\$13,609,310	-\$68,113,885	-\$193.09	-\$54.36	\$56.08	-\$67.71	-46.0%	-9.5%	10.7%	-13.2%
Admin	\$17,542,986	\$28,636,077	\$14,680,863	\$60,859,926	\$60.50	\$60.50	\$60.50	\$60.50	14.4%	10.6%	11.6%	11.8%
Taxes & Fees	\$7,194,844	\$15,305,357	\$7,270,768	\$29,770,969	\$24.81	\$32.33	\$29.96	\$29.59	5.9%	5.7%	5.7%	5.7%
Profit Margin	-\$13,943,252	\$19,636,507	-\$7,022,647	-\$1,329,392	-\$48.08	\$41.48	-\$28.94	-\$1.32	-11.5%	7.3%	-5.5%	-0.3%
Premium	\$121,612,326	\$269,484,865	\$126,680,050	\$517,777,241	\$419.37	\$569.30	\$522.01	\$514.68	100.0%	100.0%	100.0%	100.0%

PY 2024 Projections vs. 2024 Experience

	Total Dollars		PMPM		% of Premium	
	Projected	Actual	Projected	Actual	Projected	Actual
Member Months	671,868	1,006,022				
Allowed	\$328,421,835	\$426,046,155	\$488.82	\$423.50	91.7%	82.3%
Incurred	\$283,028,145	\$360,361,854	\$421.26	\$358.20	79.1%	69.6%
CSR Reimbursement	\$24,668,981	\$15,104,033	\$36.72	\$15.01	6.9%	2.9%
Risk Adj	\$3,064,039	-\$68,113,885	\$4.56	-\$67.71	0.9%	-13.2%
Admin	\$49,716,683	\$60,859,926	\$74.00	\$60.50	13.9%	11.8%
Taxes & Fees	\$14,165,419	\$29,770,969	\$21.08	\$29.59	4.0%	5.7%
Profit Margin	\$14,140,455	-\$1,329,392	\$21.05	-\$1.32	3.9%	-0.3%
Premium	\$357,988,028	\$517,777,241	\$532.82	\$514.68	100.0%	100.0%

**Exhibit 5**  
**Coordinated Care Corporation**  
**Historical Rolling Trends**  
**Checklist Items 5a, 6a**

		Ultimate Allowed Claims										Ultimate Incurred Claims						Allowed Rolling Trends		Incurred Rolling Trends	
Month	Members	Inpatient Hospital	Outpatient Hospital	Professional	Other Medical	Prescription Drug (Before Rebates)	Prescription Drug Rebates	Capitation	Allowed Claims PMPM	Inpatient Hospital	Outpatient Hospital	Professional	Other Medical	Prescription Drug (Total)	Capitation	Incurred Claims PMPM	12 Month	6 Month	12 Month	6 Month	
202201	34,614	\$2,912,369	\$3,758,279	\$3,714,097	\$433,923	\$4,035,973	(\$857,070)	\$134,976	\$408.29	\$2,689,878	\$2,453,656	\$2,670,787	\$324,406	\$2,070,127	\$134,976	\$298.84					
202202	35,241	\$2,710,931	\$3,819,426	\$3,562,193	\$415,519	\$4,223,280	(\$1,027,506)	\$140,203	\$392.84	\$2,500,837	\$2,774,212	\$2,637,350	\$327,423	\$2,535,725	\$140,203	\$309.75					
202203	34,858	\$2,451,445	\$4,368,981	\$4,123,610	\$373,420	\$4,948,532	(\$1,206,600)	\$152,482	\$436.40	\$2,291,979	\$3,271,372	\$3,115,479	\$291,198	\$3,243,577	\$152,482	\$354.76					
202204	34,304	\$2,729,993	\$4,320,561	\$3,604,321	\$324,280	\$4,668,088	(\$1,081,289)	\$132,658	\$428.49	\$2,615,589	\$3,376,081	\$2,745,418	\$231,773	\$3,219,530	\$132,658	\$359.18					
202205	33,874	\$1,953,945	\$4,268,658	\$3,709,213	\$291,248	\$4,735,261	(\$1,115,223)	\$131,515	\$412.54	\$1,801,598	\$3,274,862	\$2,879,592	\$231,282	\$3,252,771	\$131,515	\$341.60					
202206	33,569	\$3,317,185	\$4,678,514	\$3,929,861	\$286,773	\$4,849,139	(\$1,128,947)	\$142,042	\$478.84	\$3,179,497	\$3,755,564	\$3,125,130	\$227,776	\$3,381,661	\$142,042	\$411.44					
202207	33,228	\$2,865,300	\$3,787,528	\$3,308,378	\$395,949	\$4,439,643	(\$1,025,441)	\$125,873	\$418.23	\$2,735,714	\$3,055,835	\$2,622,026	\$343,618	\$3,106,306	\$125,873	\$360.82					
202208	32,913	\$2,651,090	\$4,454,277	\$3,702,246	\$375,896	\$4,789,468	(\$1,088,564)	\$117,682	\$455.81	\$2,474,913	\$3,657,204	\$2,937,030	\$318,077	\$3,389,430	\$117,682	\$391.77					
202209	32,663	\$2,592,568	\$4,265,062	\$3,582,708	\$428,077	\$4,689,129	(\$1,123,687)	\$105,739	\$445.13	\$2,454,810	\$3,510,144	\$2,902,991	\$374,583	\$3,300,066	\$105,739	\$387.23					
202210	32,365	\$2,717,268	\$4,509,534	\$3,546,844	\$312,555	\$4,681,443	(\$1,119,567)	\$103,915	\$455.81	\$2,574,498	\$3,817,549	\$2,848,160	\$261,747	\$3,287,250	\$103,915	\$398.37					
202211	32,032	\$2,114,645	\$4,610,200	\$3,569,708	\$257,478	\$4,732,108	(\$1,121,321)	\$101,301	\$445.30	\$1,980,115	\$3,918,837	\$2,907,275	\$214,212	\$3,280,187	\$101,301	\$387.17					
202212	31,245	\$2,345,846	\$4,048,845	\$3,133,689	\$322,638	\$4,599,491	(\$1,092,150)	\$99,236	\$430.71	\$2,214,563	\$3,414,248	\$2,517,067	\$268,985	\$3,197,937	\$99,236	\$374.84					
202301	47,980	\$2,723,268	\$5,287,778	\$4,424,522	\$360,689	\$4,882,407	(\$1,241,189)	\$121,562	\$345.12	\$2,498,699	\$3,913,569	\$3,327,790	\$236,166	\$2,432,310	\$121,562	\$261.15					
202302	54,915	\$3,707,151	\$5,410,207	\$4,863,586	\$445,890	\$5,231,484	(\$1,288,072)	\$142,370	\$337.11	\$3,493,061	\$4,102,033	\$3,801,277	\$338,379	\$3,069,941	\$142,370	\$272.18					
202303	55,649	\$4,169,611	\$7,365,954	\$5,996,213	\$494,922	\$5,885,759	(\$1,526,471)	\$142,770	\$404.84	\$3,906,140	\$5,962,766	\$4,702,921	\$370,989	\$3,569,562	\$142,770	\$335.23					
202304	56,433	\$3,144,655	\$6,086,638	\$5,085,651	\$535,723	\$5,521,150	(\$1,366,368)	\$144,968	\$339.38	\$2,925,368	\$4,867,582	\$4,013,249	\$436,456	\$3,494,853	\$144,968	\$281.44					
202305	57,564	\$4,441,837	\$7,269,668	\$6,080,681	\$570,857	\$6,263,998	(\$1,629,087)	\$148,519	\$402.10	\$4,166,287	\$5,832,466	\$4,782,732	\$481,174	\$3,940,958	\$148,519	\$336.19					
202306	59,784	\$4,878,794	\$6,997,941	\$6,106,795	\$633,707	\$6,248,136	(\$1,646,186)	\$152,257	\$390.93	\$4,565,447	\$5,574,215	\$4,810,150	\$541,130	\$3,888,134	\$152,257	\$326.70		-12.9%		-12.1%	
202307	62,039	\$4,524,215	\$6,639,786	\$5,570,634	\$790,104	\$6,018,867	(\$1,639,572)	\$155,247	\$355.63	\$4,196,820	\$5,340,724	\$4,435,392	\$683,072	\$3,705,252	\$158,641	\$298.52		-13.1%		-13.3%	
202308	64,049	\$5,516,777	\$6,738,742	\$6,575,127	\$622,754	\$6,745,092	(\$1,901,087)	\$165,004	\$381.93	\$5,231,179	\$5,347,861	\$5,314,771	\$529,586	\$4,078,676	\$165,004	\$322.67		-13.5%		-14.3%	
202309	65,666	\$4,192,038	\$7,610,700	\$6,318,598	\$513,465	\$6,846,167	(\$1,850,573)	\$168,534	\$362.42	\$3,901,793	\$6,160,917	\$5,119,372	\$424,987	\$4,403,029	\$168,534	\$307.29		-15.4%		-16.8%	
202310	67,081	\$6,063,942	\$7,616,890	\$7,227,562	\$860,414	\$7,879,446	(\$1,870,960)	\$171,837	\$416.65	\$5,720,647	\$6,132,448	\$5,876,004	\$770,305	\$5,360,702	\$171,837	\$358.25		-13.4%		-14.8%	
202311	68,286	\$4,690,193	\$7,089,798	\$6,872,200	\$570,380	\$7,781,422	(\$1,922,855)	\$176,484	\$369.88	\$4,349,056	\$5,768,387	\$5,627,080	\$486,178	\$5,231,206	\$176,484	\$316.88		-15.6%		-17.3%	
202312	67,902	\$4,739,022	\$7,164,313	\$6,394,775	\$640,322	\$7,095,012	(\$1,876,524)	\$170,490	\$358.27	\$4,444,811	\$5,740,373	\$5,235,499	\$540,877	\$4,535,980	\$170,490	\$304.38	-14.0%	-15.3%	-14.4%	-17.0%	
202401	76,305	\$5,591,634	\$8,431,948	\$7,787,141	\$735,540	\$7,280,542	(\$2,393,495)	\$216,393	\$362.36	\$5,119,580	\$6,174,388	\$5,988,920	\$568,927	\$3,218,702	\$216,393	\$278.97	-12.2%	-11.5%	-12.9%	-12.5%	
202402	81,763	\$6,402,911	\$8,310,939	\$8,351,387	\$627,021	\$7,609,630	(\$2,436,262)	\$236,992	\$355.94	\$5,950,833	\$6,232,973	\$6,658,258	\$465,541	\$3,841,387	\$236,992	\$286.02	-10.3%	-7.0%	-11.1%	-7.9%	
202403	82,903	\$7,311,743	\$9,718,886	\$8,868,505	\$721,965	\$8,376,622	(\$2,974,559)	\$241,952	\$389.19	\$6,848,632	\$7,349,037	\$7,050,564	\$538,538	\$4,272,259	\$241,952	\$317.25	-9.8%	-4.8%	-10.8%	-5.5%	
202404	83,464	\$6,330,183	\$10,413,731	\$9,168,648	\$913,754	\$9,347,058	(\$1,834,845)	\$243,835	\$414.34	\$5,946,211	\$8,247,170	\$7,431,574	\$738,501	\$6,406,512	\$243,835	\$347.62	-6.0%	0.1%	-6.9%	-0.2%	
202405	84,000	\$7,684,891	\$11,437,718	\$9,837,274	\$948,973	\$9,541,968	(\$2,851,499)	\$249,087	\$438.67	\$7,272,582	\$9,074,910	\$8,025,597	\$777,559	\$5,620,132	\$249,087	\$369.28	-4.7%	4.0%	-5.6%	3.9%	
202406	84,579	\$7,750,672	\$10,733,605	\$9,037,712	\$911,311	\$9,349,509	(\$2,824,034)	\$242,737	\$416.20	\$7,409,234	\$8,582,109	\$7,377,266	\$761,906	\$5,520,553	\$242,737	\$353.44	-2.6%	7.0%	-3.1%	7.5%	
202407	84,704	\$7,879,080	\$10,966,576	\$9,672,174	\$1,144,234	\$9,799,405	(\$3,088,817)	\$246,983	\$432.32	\$7,358,643	\$8,963,038	\$7,936,274	\$987,586	\$5,660,134	\$246,983	\$367.78	0.5%	9.8%	0.3%	10.4%	
202408	85,436	\$9,089,539	\$11,435,039	\$9,613,778	\$926,963	\$9,955,723	(\$3,152,669)	\$243,970	\$446.09	\$8,642,242	\$9,358,545	\$8,020,546	\$781,795	\$5,809,466	\$243,970	\$384.58	3.2%	11.6%	3.3%	12.7%	
202409	86,141	\$7,948,623	\$11,349,337	\$9,286,997	\$1,151,503	\$10,808,731	(\$3,118,505)	\$248,606	\$437.37	\$7,611,292	\$9,440,486	\$7,712,835	\$1,015,964	\$6,704,373	\$248,606	\$380.00	6.3%	15.8%	6.8%	17.6%	
202410	86,415	\$7,737,735	\$12,888,617	\$10,990,280	\$1,243,572	\$12,865,262	(\$3,413,442)	\$250,591	\$492.54	\$7,274,370	\$10,770,940	\$9,193,331	\$1,109,587	\$8,307,545	\$250,591	\$427.08	8.1%	15.4%	8.8%	17.1%	
202411	86,001	\$5,960,947	\$12,236,774	\$9,411,926	\$1,012,470	\$11,388,926	(\$3,251,236)	\$249,474	\$430.33	\$5,660,365	\$10,312,698	\$7,893,229	\$882,271	\$7,174,749	\$249,474	\$374.10	10.5%	16.6%	11.4%	18.4%	
202412	84,311	\$6,225,246	\$13,628,402	\$9,632,118	\$1,224,926	\$10,758,000	(\$3,294,553)	\$243,127	\$455.66	\$5,953,685	\$11,727,833	\$8,142,811	\$1,104,680	\$6,466,441	\$243,127	\$398.98	13.6%	20.0%	15.0%	22.2%	

For Public Rate Filing

**Exhibit 6**  
**Coordinated Care Corporation**  
**Paid Claims Lag - Medical**  
**Checklist Item 1b**

Paid Month	202401	202402	202403	202404	202405	202406	202407	202408	202409	202410	202411	202412	Total
202401	\$5,489,748	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,489,748
202402	\$7,608,046	\$5,775,303	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$13,383,348
202403	\$2,247,271	\$8,408,758	\$5,816,011	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$16,472,040
202404	\$939,826	\$2,536,965	\$10,153,556	\$6,483,290	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$20,113,637
202405	\$649,154	\$1,166,759	\$2,802,753	\$10,279,555	\$7,555,292	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$22,453,514
202406	\$228,598	\$725,444	\$1,044,599	\$3,256,636	\$10,554,589	\$6,771,730	\$0	\$0	\$0	\$0	\$0	\$0	\$22,581,597
202407	\$280,020	\$511,972	\$773,350	\$727,787	\$3,667,983	\$11,679,096	\$8,058,663	\$0	\$0	\$0	\$0	\$0	\$25,698,870
202408	\$65,877	\$108,075	\$375,814	\$683,472	\$1,800,463	\$1,965,970	\$12,182,436	\$8,714,755	\$0	\$0	\$0	\$0	\$25,896,863
202409	\$116,346	\$36,467	\$284,629	\$73,138	\$241,385	\$2,088,694	\$2,371,562	\$11,448,980	\$7,217,354	\$0	\$0	\$0	\$23,878,554
202410	\$115,675	\$38,964	\$74,185	\$198,333	\$333,824	\$950,695	\$1,044,920	\$2,880,685	\$12,096,077	\$10,217,752	\$0	\$0	\$27,951,109
202411	\$17,290	\$20,087	\$319,824	\$26,810	\$147,203	\$213,298	\$553,932	\$1,580,764	\$2,686,492	\$11,977,658	\$7,878,148	\$0	\$25,421,506
202412	\$130,132	\$32,225	\$30,089	\$267,671	\$318,436	\$98,925	\$363,834	\$843,496	\$1,134,357	\$2,944,212	\$12,422,714	\$9,754,188	\$28,340,279
202501	\$79,856	\$16,899	\$25,506	\$228,146	\$352,913	\$68,114	\$133,596	\$249,306	\$1,218,680	\$849,180	\$2,521,114	\$11,465,066	\$17,208,374
202502	\$25,099	\$48,150	\$82,174	\$31,468	\$101,553	\$100,366	\$98,632	\$586,443	\$721,545	\$1,272,780	\$638,824	\$2,709,240	\$6,416,273
202503	\$13,326	\$30,961	\$112,803	\$168,343	\$51,153	\$83,598	\$210,125	\$72,899	\$151,952	\$250,705	\$356,702	\$1,119,540	\$2,622,105
Total	\$18,006,264	\$19,457,031	\$21,895,295	\$22,424,647	\$25,124,793	\$24,020,485	\$25,017,700	\$26,377,328	\$25,226,456	\$27,512,286	\$23,817,501	\$25,048,033	\$283,927,817

For Public Rate Filing

**Exhibit 7**  
**Coordinated Care Corporation**  
**Paid Claims Lag - Rx**  
**Checklist Item 1b**

Paid Month	202401	202402	202403	202404	202405	202406	202407	202408	202409	202410	202411	202412	Total
202401	\$3,218,702	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,218,702
202402	\$0	\$3,841,387	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,841,387
202403	\$0	\$0	\$4,272,259	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,272,259
202404	\$0	\$0	\$0	\$6,406,512	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$6,406,512
202405	\$0	\$0	\$0	\$0	\$5,620,132	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,620,132
202406	\$0	\$0	\$0	\$0	\$0	\$5,520,553	\$0	\$0	\$0	\$0	\$0	\$0	\$5,520,553
202407	\$0	\$0	\$0	\$0	\$0	\$0	\$5,660,134	\$0	\$0	\$0	\$0	\$0	\$5,660,134
202408	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,809,466	\$0	\$0	\$0	\$0	\$5,809,466
202409	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$6,704,373	\$0	\$0	\$0	\$6,704,373
202410	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$8,307,545	\$0	\$0	\$8,307,545
202411	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,174,749	\$0	\$7,174,749
202412	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$6,466,441	\$6,466,441
202501	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
202502	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
202503	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total	\$3,218,702	\$3,841,387	\$4,272,259	\$6,406,512	\$5,620,132	\$5,520,553	\$5,660,134	\$5,809,466	\$6,704,373	\$8,307,545	\$7,174,749	\$6,466,441	\$69,002,252

For Public Rate Filing

**Exhibit 8**  
**Coordinated Care Corporation**  
**Allowed Claims Lag - Medical**  
**Checklist Item 1b**

Paid Month	202401	202402	202403	202404	202405	202406	202407	202408	202409	202410	202411	202412	Total
202401	\$7,501,605	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,501,605
202402	\$9,610,331	\$7,564,510	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$17,174,842
202403	\$2,539,055	\$10,370,175	\$7,665,372	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$20,574,602
202404	\$1,072,892	\$2,827,047	\$12,397,784	\$8,349,924	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$24,647,647
202405	\$721,754	\$1,281,313	\$3,159,504	\$12,313,334	\$9,581,154	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$27,057,058
202406	\$271,671	\$813,669	\$1,204,539	\$3,534,353	\$12,801,008	\$8,499,429	\$0	\$0	\$0	\$0	\$0	\$0	\$27,124,669
202407	\$308,459	\$561,465	\$850,635	\$840,791	\$3,921,976	\$13,817,539	\$10,134,004	\$0	\$0	\$0	\$0	\$0	\$30,434,868
202408	\$81,567	\$124,918	\$413,843	\$724,723	\$1,887,932	\$2,146,635	\$14,049,050	\$10,671,297	\$0	\$0	\$0	\$0	\$30,099,964
202409	\$125,944	\$50,295	\$318,447	\$95,636	\$272,755	\$2,167,327	\$2,550,822	\$13,314,326	\$8,784,727	\$0	\$0	\$0	\$27,680,279
202410	\$127,187	\$43,434	\$82,220	\$223,300	\$362,598	\$1,015,081	\$1,146,047	\$3,108,497	\$14,060,512	\$12,409,908	\$0	\$0	\$32,578,784
202411	\$23,413	\$31,018	\$338,251	\$39,391	\$161,202	\$246,058	\$598,198	\$1,654,691	\$2,884,833	\$13,771,001	\$9,459,449	\$0	\$29,207,505
202412	\$157,666	\$46,896	\$39,350	\$286,073	\$336,590	\$121,220	\$406,780	\$881,557	\$1,210,339	\$3,231,091	\$14,336,861	\$11,581,114	\$32,635,539
202501	\$90,982	\$20,692	\$29,928	\$243,509	\$360,469	\$81,330	\$163,498	\$266,567	\$1,269,172	\$920,774	\$2,728,015	\$13,087,359	\$19,262,295
202502	\$34,797	\$56,408	\$88,070	\$35,403	\$110,091	\$110,592	\$117,802	\$612,057	\$746,690	\$1,334,963	\$690,562	\$2,876,089	\$6,813,523
202503	\$17,791	\$33,237	\$120,178	\$178,685	\$59,132	\$87,882	\$226,015	\$81,334	\$169,827	\$268,135	\$381,517	\$1,157,209	\$2,780,944
Total	\$22,685,115	\$23,825,078	\$26,708,120	\$26,865,124	\$29,854,907	\$28,293,093	\$29,392,215	\$30,590,325	\$29,126,101	\$31,935,872	\$27,596,403	\$28,701,772	\$335,574,124

For Public Rate Filing

**Exhibit 9**  
**Coordinated Care Corporation**  
**Allowed Claims Lag - Rx**  
**Checklist Item 1b**

Paid Month	202401	202402	202403	202404	202405	202406	202407	202408	202409	202410	202411	202412	Total
202401	\$4,887,047	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,887,047
202402	\$0	\$5,173,368	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,173,368
202403	\$0	\$0	\$5,402,063	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,402,063
202404	\$0	\$0	\$0	\$7,512,213	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,512,213
202405	\$0	\$0	\$0	\$0	\$6,690,469	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$6,690,469
202406	\$0	\$0	\$0	\$0	\$0	\$6,525,475	\$0	\$0	\$0	\$0	\$0	\$0	\$6,525,475
202407	\$0	\$0	\$0	\$0	\$0	\$0	\$6,710,588	\$0	\$0	\$0	\$0	\$0	\$6,710,588
202408	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$6,803,054	\$0	\$0	\$0	\$0	\$6,803,054
202409	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,690,226	\$0	\$0	\$0	\$7,690,226
202410	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$9,451,820	\$0	\$0	\$9,451,820
202411	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$8,137,690	\$0	\$8,137,690
202412	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,463,446	\$7,463,446
202501	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
202502	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
202503	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total	\$4,887,047	\$5,173,368	\$5,402,063	\$7,512,213	\$6,690,469	\$6,525,475	\$6,710,588	\$6,803,054	\$7,690,226	\$9,451,820	\$8,137,690	\$7,463,446	\$82,447,459





## **2026 Ambetter Health Commission Schedule**

This Commission Schedule Addendum applies to Ambetter Health (the Plan) Qualified Health Plans (QHPs) sold inside or through the Marketplace, or Off-Exchange Plans enrolled directly with the Plan, for Benefit Year 2026, even if such QHPs and Off-Exchange Plans were sold prior to the commencement of the Benefit Year.

In accordance with the Producer Agreement, the Plan reserves the right to change this Commission Schedule at any time without advance notice, unless otherwise indicated by an SBM or specific state. The Commission Schedule is reviewed periodically and may be adjusted to reflect market conditions.

### **Section 1: Definitions**

The following are defined terms for purposes of the Commission Schedule:

- 1.1 Benefit Year means a year of health insurance benefits coverage under a QHP or an Off-Exchange Plan. The Benefit Year for policies bought inside or through the Marketplace or Off-Exchange Plans enrolled directly with the Plan, begins January 1 of each year and ends December 31 of the same year.
- 1.2 Marketplace means a governmental agency or non-profit entity established under the Affordable Care Act through which individuals purchase QHPs. Sometimes referred to as "Exchanges," this term includes the Federally-facilitated Marketplace (FFM), Federally-supported State-based Marketplace (SSBMs), State-partnership Marketplaces (SPMs), and State-based Marketplaces (SBM).
- 1.3 Member means each individual enrolled with coverage under a single QHP insurance policy with the Plan selected through the Marketplace or an Off-Exchange Plan purchased from the Plan.
- 1.4 Open Enrollment Period (or OEP) means the annual period of time during which individuals can enroll in a QHP through the Marketplace or for an Off-Exchange Plan through the Plan. For the 2026 Benefit Year, the annual Open Enrollment Period begins on November 1, 2025, and extends through January 15, 2026. For purposes of this Commission Schedule, the term OEP includes any extensions or "in line" enrollment policies issued by the U.S. Department of Health & Human Services (HHS) which in effect extend the time for individuals to enroll during OEP beyond January 15, 2026.
- 1.5 PMPM (per Member per month) means the method in which payment is calculated for a sale of a QHP and for an Off-Exchange Plan and paid for each Member.
- 1.6 Qualified Health Plan (or QHP) means an individual health insurance policy that is certified to be offered for sale through the Marketplace. A QHP is a single policy issued by the Plan which provides self-only, child-only, or family coverage.
- 1.7 Special Enrollment Period (or SEP) means the period of time during which an individual who experiences certain qualifying events may enroll in, or change enrollment in, a QHP through the Marketplace outside of the Open Enrollment Period or they may enroll with an Off-Exchange Plan directly with the Plan.
- 1.8 Off-Exchange<sup>1</sup> Plans means an individual health insurance policy that is purchased directly from the Plan, outside of the Marketplace.

## Section 2: Commission Schedule

- 2.1 Commission rates are calculated by the Member's state of residency based on PMPM and are as follows:

State	PMPM Rate	
	Marketplace (On-Exchange)	Off-Marketplace (Off-Exchange)
Washington	\$25	N/A

## Section 3: Monthly Commission Payments

- 3.1 Commissions payments will be distributed on a monthly basis based on the Section 2: Commission Schedule.

## Section 4: Important Notes Applicable to Commission Schedule

- 4.1 In order to be eligible to earn a monthly commission on the Plan's QHP and/or an Off-Exchange Plan<sup>1</sup>, the Producer and Sub-Producer, if applicable, must:
- Be licensed and appointed to sell the Plan QHPs and Off-Exchange Plans;
  - Meet all additional state and federal requirements to sell Qualified Health Plans, including but not limited to Marketplace training and certification;
  - Be in compliance with all provisions of the Producer Agreement and Sub-Producer Agreement, if applicable;
  - Be identified as the producer of record on the 834 with Producer's correct name and National Producer Number (NPN) (Benefit Enrollment and Maintenance) file received during the Open Enrollment Period from the Marketplace or listed as a producer on an Off-Exchange enrollment application; and
  - Must be appointed in accordance with the following established State rules:
    - WA – 15-day rule; Producers must be contracted and appointed within 15 days of the QHP receipt of the enrollment or and/or Off-Exchange<sup>1</sup> enrollment application to be eligible for commissions.  
If Producer fails to meet this requirement, Producer may only be eligible for renewal commissions, should producer subsequently become contracted and appointed prior to the renewal date of the policy.
- 4.2 Commissions will be paid for enrollments received through Special Enrollment Periods for Benefit Year 2026<sup>2</sup>.
- 4.3 Maintaining Producer's appointment with the Plan requires a minimum enrollment of ten (10) Members annually during the Open Enrollment period. Failure to meet this minimum enrollment requirement may result in termination of appointment<sup>3</sup>.
- 4.4 This Commission Schedule and any related documents are the confidential and proprietary information of the Plan. By receiving the Commission Schedule, the Producer and Sub-Producer, if applicable, agrees that he or she will use the Commission Schedule only for the purpose contemplated by this Agreement and not disclose it or any information within the Commission Schedule or any related documents to any other person without the prior written authorization of the Plan.

Notwithstanding anything to the contrary elsewhere in the Agreement, this Commission Schedule, and any related documents, shall remain confidential indefinitely. Each party recognizes that monetary damages would not be a sufficient remedy for breach of this provision and that the parties are entitled to equitable relief as a remedy for the breach, including all costs and expenses as well as attorney's fees incurred by the Plan. Such equitable relief is in addition to all other remedies available in law or at equity, including termination of the Agreement and termination of any commission payments. The Producer and Sub-Producer, if applicable, must notify the Plan immediately upon discovery of any unauthorized use or disclosure of the Commission Schedule and any related documents, and cooperate with any and all efforts to help regain possession of the Commission Schedule and any related documents and prevent its further unauthorized use.

---

<sup>1</sup> For consumer states not listed under Off-Marketplace within the Table of the Section 2: Commission Schedule, but are listed under Marketplace, consumers can enroll directly with the Plan.

<sup>2</sup> Plan reserves the right to modify or discontinue Commission payments for enrollments received through an SEP at any time.

<sup>3</sup> Enrollments made outside of OEP or during an SEP may count toward the minimum production requirement.

### **Certification to 2026 Commission Schedule**

I, Beth Johnson, certify that to the best of my knowledge, the following information is true:

1. Attached is the draft 2026 Commission Schedule.
2. The 2026 Commission Schedule will not be finalized until sometime in September.
3. At this time, the final 2026 Commission Schedule is likely to remain similar to the draft schedule. There may be increases/decreases to the renewal/existing sale PMPM rates.
4. Upon finalization of the 2026 Commission Schedule, a copy will be provided to the OIC.



---

Signature

May 5, 2025 Date

Beth Johnson  
Plan President & CEO  
Coordinated Care

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

Company: Coordinated Care Corporation

NAIC Company Code: 95831

I. Analysis of Washington Operations by Lines of Business

	1	2	3	4	5	6	7	8	9	10
<div><div></div>See annual statement</div>	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net Premium Income	465,148,219	465,148,219								
7. Total Revenues (Lines 1 to 6)	465,148,219	465,148,219								
15. Subtotal (Lines 8 to 14)	349,892,746	349,892,746								XXX
16. Net Reinsurance Recoveries	0	0								XXX
17. Total hospital and medical (Lines 15 minus 16)	349,892,746	349,892,746	0	0	0	0	0	0	0	XXX
19. Claims adjustment expenses	2,507,417	2,507,417								
20. General administrative expenses	62,515,241	62,515,241								
21. Increase in reserves for accident and health contracts	0	0								XXX
23. Total underwriting deductions (Lines 17 to 22)	414,915,404	414,915,404								
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	50,232,815	50,232,815	0	0	0	0	0	0	0	0

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

Company: Coordinated Care Corporation

NAIC Company Code: 95831

II. Analysis of the Washington Comprehensive Line

	1 Total Comprehensive (Hospital & Medical)	2a  Individual Contracts	2b Children's Health Insurance Program	3  Small Group Contracts	Large Group Contracts			5  Other	6  List the full legal name of each Pathway 1 Association Health Plan included in column 4b
					4a Public Employees Benefit Board	4b Pathway 1 Association Health Plans	4c Large Group (what is not in columns 4a or 4b)		
1. Net Premium Income	465,148,219	465,148,219							1
									2
7. Total Revenues (Lines 1 to 6)	465,148,219	465,148,219							3
									4
									5
15. Subtotal (Lines 8 to 14)	349,892,746	349,892,746							6
									7
16. Net Reinsurance Recoveries	0	0							8
									9
									10
17. Total hospital and medical (Lines 15 minus 16)	349,892,746	349,892,746	0	0	0	0	0	0	11
									12
									13
19. Claims adjustment expenses	2,507,417	2,507,417							14
									15
20. General administrative expenses	62,515,241	62,515,241							16
									17
									18
21. Increase in reserves for accident and health contracts	0	0							19
									20
23. Total underwriting deductions (Lines 17 to 22)	414,915,404	414,915,404							21
									22
									23
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	50,232,815	50,232,815	0	0	0	0	0	0	24
									25

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

Company: Coordinated Care Corporation

NAIC Company Code: 95831

## III. Group Enrollment in Washington

	1  Total Comprehensive (Hospital & Medical)	2a  Individual Contracts	2b  Children's Health Insurance Program	3  Small Group Contracts	Large Group Contracts			5  Other	6  List the full legal name of each Pathway 1 Association Health Plan included in column 4b (continued)
					4a  Public Employees Benefit Board	4b  Pathway 1 Association Health Plans	4c  Large Group (what is not in columns 4a or 4b)		
Total Members at end of:									26
1. Prior Year	67,288	67,288							27
									28
									29
									30
2. First Quarter	82,118	82,118							31
									32
									33
									34
3. Second Quarter	84,231	84,231							35
									36
									37
									38
4. Third Quarter	85,693	85,693							39
									40
									41
									42
5. Current Year	998,742	998,742							43
									44
									45
									46
									47
									48
									49
									50

IV. Deposit or Funded Reserve or Underwriting of Indemnity Calculation

Mark the type of certificate the company holds and then fill in the data.

☐ Multiple Employer Welfare Organization (MEWA)

☐ Maintain a \$200,000 restricted deposit held under a Depositary Agreement with the Commissioner.

☒ Health Maintenance Organization (HMO)

\$150,000 Funded Reserve is maintained by:

☒ Cash or securities deposit

☐ Surety Bond

☐ Combination of the two

☐ Health Care Service Contractor (HCSC)

Complete both calculations

Calculation of Deposit Requirements (WAC 284-44-320 and 284-44-330)

A1. Premiums Collected

8.3% A2. One-twelfth

\$0 A3. Calculated Requirement (line A1 x line A2)

\$150,000 A4. Minimum Indemnity

\$150,000 A5. Indemnity Required (greater of line A3 or line A4)

Calculation of Indemnity Required (WAC 284-44-340)

	1	2	3
	Incurred but Unpaid	Service Benefits	Non-Service (Indemnity)
B1. Line of Business Subtotal			\$0
B2. Percentage of Claim Reserve and Claim Liability	100%	0%	0%
B3. Estimated Increase (Decrease) During Ensuing Year			
B4. Adjusted Claim Reserve and Claim Liability (line B1 + line B3)			\$0
B5. Policy Reserves			\$0
B6. Premiums Received in Advance			\$0
B7. Total Unearned Prepayments (line B5 + line B6)			\$0
B8. Calculated Alternate Indemnity Requirement (line B4 + line B7)			\$0
B9. Minimum Indemnity			\$150,000
B10. Indemnity Required (greater of line B8 or line B9)			\$150,000
B11. Total of Deposit Market Value, Surety Bond and Insurance Policy at December 31.			
B12. (Negative) means an Increase is Required; Positive means an Excess			(\$150,000)

Indemnity is maintained by:

☐ Cash or securities deposit

☐ Surety Bond

☐ Insurance policy

☐ Limited Health Care Service Contractor (LHCSC)

☐ LHCSC certificate held three or MORE years

C1. Uncovered Expenditures

C2. Anticipated increase or (decrease) in the line above

\$0 C3. Total (line C1 + line C2)

25% C4. Twenty-five percent

\$0 C5. Line C3 x line C4

C6. Policy Reserves

C7. Premiums Received in Advance

\$0 C8. Indemnity Required (line C5 + line C6 + line C7)

C9. Total of Deposit Market Value, Surety Bond and Insurance Policy at December 31

\$0 C10. (Negative) means an Increase is Required; Positive means an Excess

Indemnity is maintained by:

☐ Cash or securities deposit

☐ Surety Bond

☐ Insurance policy

☐ LHCSC certificate held for LESS than three years

D1. Projected net premiums earned for the next year

0.5% D2. One-half of one percent

\$0 D3. Indemnity Required (line D1 x D2)

D4.

insures or guarantees

the LHCSC's Uncovered Expenditures and that insurer/guarantor's NAIC company code is



## 2024 Additional Data Statement Reconciliation to URRT

<b>2024 Premium Reconciliation</b>		
<b>Part I Unified Rate Review Template Premium</b>	<b>\$</b>	<b>517,777,241</b>
Projected Risk Adjustment (2023 annual statement basis)		(\$49,103,741)
MLR Rebate		\$0
Net Reinsurance		(\$99,644)
Misc Premium Adjustment (inc. recognition of suspended members)		(\$3,425,637)
<b>Additional Data Statement Total Revenue</b>		<b>\$465,148,219</b>
<b>Variance %</b>		<b>-0.7%</b>

The total revenue in the 2024 Additional Data Statement has been adjusted for risk adjustment transfer amount, reinsurance, MLR rebates, and the premium collected from suspended members. The URRT reflects premiums gross of risk adjustment, reinsurance, and MLR rebates. Risk adjustment and MLR Rebate values above reflect best estimates as of the annual statement.

<b>2024 Claims Reconciliation</b>		
<b>Part I Unified Rate Review Template Incurred Claims</b>		<b>\$360,361,854</b>
<b>G&amp;A Reclassified:</b>		3,800,591
Incurred Medical Incentive Pools		514,108
QIA Reclass		\$3,286,483
IBNR Timing and Methodology Differences		(\$14,269,698)
<b>Additional Data Statement Incurred Claims</b>		<b>\$349,892,746</b>
<b>Variance %</b>		<b>-4.1%</b>

The 2024 Additional Data Statement's total incurred claims include claims adjustments outside of the definition of claims in the 2026 URR instructions. Also the 2024 Additional Data Statement experience varies from the experience in the URRT due to timing and differences in IBNR methodology. The 2024 Additional Data Statement incurred claims are paid through 12/31/2024 and the URRT incurred claims are paid through 3/31/2025.

<b>2024 Expenses Reconciliation</b>	
<b>WAC 284-43-6660 Expenses</b>	<b>\$90,630,894</b>
Claims Adjustment Expenses	(\$2,507,416)
Accounting for Quality Improvement Activities (shown as a reduction in ADS and an addition in WAC 284-43-6660)	(\$8,193,284)
State and Federal Income Tax Receiveable/(Payable)	(\$15,133,436)
Variance	(\$2,281,517)
<b>Additional Data Statement General Administrative Expenses</b>	<b>\$62,515,241</b>
<b>Variance %</b>	<b>-3.6%</b>

The Additional Data Statement expenses make explicit reductions for claims adjustment expenses, Quality Improvement Activities, and State and Federal Income Taxes. The claims adjustment expenses are the expenses of settlements claims, including legal fees and other fees and the portion of general expenses allocated to claim settlement costs. In the WAC 284-43-6660 view, Quality Improvement Activities are shown as an additional expense. Variance may be due to the different reporting classifications of the statutory and GAAP filings and timing differences as statutory filings are recorded quarterly.

## 2024 Member Months Reconciliation

<b>Additional Data Statement Quarterly Member Months</b>	
First Quarter	82,118
Second Quarter	84,231
Third Quarter	85,693
Current Year	83,861
<b>Current Year Member Months</b>	<b>998,742</b>
<b>Part I Unified Rate Review Template Experience Period Member Months</b>	<b>1,006,022</b>
<b>Variance Amount</b>	<b>7,280</b>
<b>Variance %</b>	<b>0.7%</b>

The 2024 Additional Data Statement quarterly member months are snapshots of member months at that point in time that do not reflect the restatements that occur throughout the year. The URRT Experience Period Member Months reflect the 2024 total member months with Mar 2025 runout.

# Benefit Components Template for Individual and Small Group Medical Filings

## Instructions

Version 3.2

### Purpose

The purpose of this document is to enable carriers to summarize the benefits of each of their plans in a consistent way while capturing all the information needed to assess the plan designs for compliance. Compared to the Plans and Benefits Template and Actuarial Value Calculator, this template allows significantly more flexibility in both the benefit categories and cost-sharing structures that can be entered. Carriers should enter their plan designs as best as the template will accommodate and make notes of plan features that do not fit into the template (see instructions below).

### Understanding the Template

You are currently on the Instructions sheet of this document. Please read this sheet fully before beginning the process of completing the templates. Once you are ready to begin, you can use the "Add Plan Worksheet" button (above) to add exactly one sheet for each plan (and each CSR variation) you are offering. Under the added sheets, you will see six more buttons, which allow you to add or subtract lines from the benefits table as needed to accommodate your plan design. You will need to fill out the plan information at the top of the template and then fill out the table below to display a summary of your plan's benefits and cost sharing structure. Note that the "Update Plan Worksheet Names" button (above) is used to update all of the plan sheet names to the HIOS Plan IDs entered under Line 1.1 in each of the corresponding sheets (which should be done before this document is submitted in the rate filing).

Plan Worksheet Cell Legend	
Cell Format	Cell Color and Further Explanation
Entry Required	These cells require a user entry or selection.
"Yes" Entry	Cells with a value of "Yes" will take on a yellow-orange color.
	These cells are not applicable based on user entries or selections in the corresponding plan sheet. If you believe an entry should be made, consider why this cell is deemed not applicable based on your other entries in the sheet. Make a note in the sheet if necessary.
Delete Text	Some cells start out like this when the template is first copied. After you enter a plan design into the template, you must delete the text from any remaining cells formatted this way (grey cells with red text). As indicated above, grey cells are not applicable and therefore should have no entries.
Unique Plan Design	These cells indicate that the cost-sharing structure you entered in the plan sheet creates a unique plan design for the purpose of calculating the actuarial value (AV) based on the functionality of the federal AV calculator or that the entry is an error. The format of these cells changes from the "Entry Required" format above to the format shown to the left based on the user's entry in the cells. Please see the "Automatic Checks" table below for details. Note that if your plan design is unique, you must submit an exhibit in the rate filing showing and justifying your adjustment to the AV calculation.

### Instructions

Sheet	Guidance
Instructions	Fully read through these instructions before beginning. This will almost surely save you time in the long run. There are specific ways in which the plans must be entered, as explained below. If, as you are entering a plan, there seems to be ambiguity about how it should be entered, please recheck these instructions, contact the OIC with your question, and/or make a note (as allowed in the template).

Instructions	Add one sheet with the "Add Plan Sheet" button (found at the top of this sheet) for each plan you are offering (and one of each CSR variation). You may not include two plans on one sheet. If you have plans that are identical (or nearly so) you may find that it is faster to fill out one sheet and then duplicate it, making any changes necessary from that starting point. To do this, right click the sheet found at the bottom of the Excel application and click "More or Copy...", then check "Create a Copy", highlight (i.e., click) the sheet you want this new sheet to come before in the "Before Sheet" box, then click "OK". If you choose to duplicate sheets to save time, be very careful not to miss plan differences when adjusting the duplicated sheets. We recommend you duplicate tabs sparingly.
--------------	---

Plan Sheets (Section 1)	In Section 1, enter the HIOS Plan ID, Plan Name, Metal Level, and whether this is a CSR plan variant. Ensure that the Plan Name matches the forms, binder and rate filing documents exactly.
Plan Sheets (Section 2)	In Section 2, enter the Plan Design Information. Lines 2.2-2.10 should be entered the same way as they are entered in the AV Calculator. On Line 2.11, if you enter "Yes" to indicate different cost-sharing between virtual care and non-virtual care, add a note ("Note 1") under the underlined "Notes" header at the bottom of the page. In this note, explain how the cost-sharing is different and how you are accounting for those differences in this template, in the Plans and Benefits template, and in the AV Calculator. Be aware that the instructions for Section 4 (below) include that you should add rows to the benefit table to reflect any differing virtual cost shares.
Plan Sheets (Section 3)	In Section 3, enter the network and tier information. Based on your selection in Line 3.3 and Line 3.7, the table below will allow up to four tiers (including one for out-of-network benefits). The tiers will be part of the table in Section 4.
Plan Sheets (Section 4)	In Section 4, enter a tier name or description in Line 4.1. Do this for all tiers. The entries should describe the tiers in enough detail so that the tiers can be understood. For example, you might write "In-Network Tier," "Without-Referral Tier," or "Virtual Tier."
Plan Sheets (Section 4)	<p>Customize the table to match the benefits you offer for the plan. The six buttons at the top of the sheet can be used to add or subtract rows from the table. There are 4 sections of the table:</p> <p>(1) Medical Benefits: Most of these categories are identical to those in the AV Calculator, with a few additions. Fill in all of these rows unless the benefit is not offered.</p> <p>(2) Other EHB Categories: If the plan offers EHBs not shown in the Medical Benefits section above, add a row for each such benefit. This section should also be used whenever the Medical Benefit categories above do not adequately describe the cost-sharing structure; for example, if you split the Outpatient Facility Fee benefits into multiple categories, you can add rows to display the different subcategory cost shares. Make sure to title the categories appropriately and add notes as necessary for the sake of clarity.</p> <p>(3) Non-EHB Benefits: Add rows for non-EHB benefits that the plan offers.</p> <p>(4) Drug Benefit Tiers: These drug tiers are the 4 standard tiers, as seen in the AV Calculator. If your plan design has more than 4 tiers, add more rows and title them appropriately.</p> <p>*** It is assumed that your plan designs cover virtual visits at the same cost shares as in-person visits. If this is not the case for one or more categories of services, add rows to the table as necessary to reflect the differing cost shares.</p>
Plan Sheets (Section 4)	<p>Enter the cost-sharing information in the table. Guidance is provided below:</p> <p>(1) Upfront Visits or Copays?: Enter "Yes" if the upfront visits or upfront copays are applicable to the benefit category; otherwise, enter "No." Upfront visits are associated with the "Begin Primary Care Cost-Sharing After a Set Number of Visits" field, and upfront copays are associated with the "Begin Primary Care Deductible/Coinsurance After a Set Number of Copays" field.</p> <p>(2) Subject to Deductible?: If the member's cost-share for the benefit category depends on whether a deductible is met, select "Yes"; otherwise, select "No."</p> <p>(3) Amount (Copays): Enter the amount of the copay, if applicable. Otherwise, leave the cell blank to indicate that a copay is not applicable.</p> <p>(4) Applies (Copays): If there is a copay, enter whether the copay applies before, after, or before and after the deductible. Note that if the benefit is subject to the deductible and copay applies before the deductible, first the copay applies to the allowed charge, and then the rest of the charge applies toward the deductible. In this case, the copay does not accumulate toward the deductible. If the whole amount that the member pays (the allowed charge) accumulates toward the deductible, you should select "After Deductible."</p> <p>(5) Amount (Coinsurance): Enter the member's coinsurance (%) rate, not the carrier's portion. Otherwise, leave the cell blank to indicate that a coinsurance is not applicable.</p>

Plan Sheets (Section 4)	<p>(6) Applies (Coinsurance): Enter whether the coinsurance applies before, after, or before and after the deductible. Note that a coinsurance applying before the deductible has been met is a unique plan design (see below).</p> <p>(7) Accrues Toward Deductible (Copays or Coinsurance): If applicable, enter whether or not the copay or coinsurance paid by the member accrues toward meeting the deductible.</p> <p>(8) Comments: Whenever the plan design is not accommodated by the template (or other clarification is deemed necessary), add a note in the "Comments" column. You will select a note number, which you will then need to also select below, in the Notes section. Add your written comment in this Notes section, explaining what about your plan design is not captured in the template (or otherwise providing clarity).</p> <p>*** If the benefit is fully covered (no member cost share), enter "No" under "Subject to Deductible?" Enter "0" for the Copay "Amount" and "Before and After Deductible" in the "Applies" column.</p> <p>*** If there is no copay or no coinsurance applicable to a particular benefit, leave all three column entries under the particular header ("Copays" or "Coinsurance") blank. Make sure to delete any existing text from those columns.</p> <p>*** If the benefit is not covered by the plan, enter "No" under "Subject to Deductible?," "100%" for the Coinsurance "Amount," "Before and After Deductible" in the "Applies" column, and "No" in the "Accrues Toward Deductible?" column. Also, add a note to clarify that the benefit is not covered.</p> <p>*** If an individual benefit does not have tiered cost sharing within a plan with multiple tiers, enter the cost sharing features (e.g., copays, coinsurances, whether the deductible applies, etc.) identically to how they were entered in tier 1 when filling out other tiers.</p>
----------------------------	---

Plan Sheets (Final Notes)	Review the unique plan design elements. The table below describes some (but not necessarily all) of the unique plan design elements that a plan may have. If any of these unique design elements is applicable to your plan, you will need to adjust your Actuarial Value Calculation in an actuarially justifiable way and provide the justification in a unique plan design justification rate filing exhibit. In such an exhibit, you must include all calculations, data or data sources, plan design descriptions, etc., necessary for thorough review.
------------------------------	--

<b>Automatic Checks (Automatically Highlighted in Orange)</b>	
<b>Column Header</b>	<b>Explanation (What Does Orange Highlighting Mean?)</b>
<b>Upfront Visits or Copays?</b>	Cells in this column are highlighted whenever "Yes" is entered for a benefit other than "Primary Care Visit to Treat an Injury or Illness."
<b>Subject to Deductible?</b>	[Only for the "Primary Care Visit to Treat an Injury or Illness" benefit category] If "Subject to Deductible?" is "No" and "Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?" (Line 2.8) is not "N/A," the Cell will be highlighted. This sort of design is not logically consistent and therefore should be corrected. Note that this combination of entries also causes an error in the AV Calculator.
<b>Copays: Applies</b>	Cells in this column are highlighted whenever both a copay and coinsurance apply after the deductible (including when either or both apply before and after the deductible).
<b>Copays: Accrues toward Deductible?</b>	Cells in this column are highlighted whenever "No" is entered under "Subject to Deductible?" and "Yes" is entered under "Accrues Toward Deductible?"
<b>Coinsurance: Applies</b>	Cells in this column are highlighted whenever it is indicated that a coinsurance applies before (or before and after) the deductible.

<b>Manual Checks (Not Automatically Highlighted and Not Always Accommodated by the Template)</b>	
<b>Column Header</b>	<b>Explanation</b>
<b>More Than 4 Drug Tiers</b>	If the plan incorporates more than 4 tiers of drug cost shares, this is a unique design.
<b>Maximum Coinsurance</b>	If a coinsurance is applied up to a limit for a benefit other than Specialty Drugs (Tier 4 Drugs), this is a unique plan design.
<b>Multiple Cost Share Tiers for One Benefit Category</b>	The AV Calculator has certain benefit categories and allows one copay and/or coinsurance for each. If your plan involves subdividing the AV Calculator's benefit categories and providing different cost shares for each subcategory, this is a unique plan design. A unique plan design AV adjustment will be required; for example, a utilization-weighted blended copay and/or coinsurance may be appropriate.

Plan Sheets	Review the cells that are greyed out. Text in such cells will be red. Delete all such text. If you believe something is missing from the representation of the plan as shown in the template, please add a note explaining why. Also, review the "Errors/Warnings" columns. If there are any numbers in these columns, use the guidance in the "Errors/Warnings" section below to correct the issues.
Instructions	Press the "Update Plan Worksheet Names" button (found at the top of this sheet) to automatically rename all of the sheets to the HIOS Plan IDs entered on Line 1.1 in the plans' sheets. Note that you may press this button multiple times as you work through the templates if doing so make it easier for you to navigate throughout the document.
All	Delete any extra sheets before submitting the document in the rate filing. There should be exactly one sheet added for each plan you will be offering and one sheet for each CSR variation. Remove the Illustrative Example sheet before submitting both the Excel version and PDF version of this document. Note that we do not recommend that you delete this Instructions worksheet, because doing so will also remove your ability to use the two buttons at the top in the case that any corrections are required.

All	Make a PDF copy of this document. Make sure that the PDF shows each and every sheet and cell in this document. You should check the PDF to be sure that this is the case and that no text is cut off due to formatting. If necessary, adjust the print area in the plan sheets to allow the text to show in the PDF.
All	Submit both the Excel version and PDF version of this document. Name the PDF version "Benefit Components.pdf" and name the Excel version "Benefit Components Duplicate.xlsm."

## Errors/Warnings

The "Errors/Warnings" columns in Section 4 of the plan sheets are designed to check for common mistakes in each row. Please review these columns and correct all errors. Specific guidance for each error is provided in the table below. If you receive an error and do not believe it should be an error, please add a note to clarify the plan design.

Errors/Warnings	
Error/Warning Number	Explanation
1	<u>Why is this error showing?</u> This error is shown whenever the "Preventive Care/Screening/Immunization" benefit category's cost sharing information is entered incorrectly.
	<u>How do I fix this error?</u> This benefit category should be entered to have a copay of \$0 that applies "Before and After the Deductible." No coinsurance information should be entered.
2	<u>Why is this error showing?</u> This error is shown whenever a logically inconsistent plan design was entered, whenever there is text in a cell that should be blank, and whenever an entry was expected in a cell but not entered.
	<u>How do I fix this error?</u> Make sure that the row is filled out completely and that there is no red text in any grey cell. If only a copay or only a coinsurance is applicable to the benefit category, do not enter anything for the other cost share (i.e., leave all three corresponding columns blank). Make sure that all of the entries in the row follow the data validation rules (i.e., that they are options from the dropdown, numbers when they are supposed to be numbers, etc.).
3	<u>Why is this error showing?</u> This error is shown whenever you have indicated that a benefit category is not subject to the deductible but have not indicated what cost share applies in both phases of cost sharing (i.e., before the deductible and after the deductible).
	<u>How do I fix this error?</u> One of the copay or the coinsurance must apply before and after the deductible, or one must apply before and one must apply after. Otherwise, you have not specified the cost share in all phases. For example, if a copay applies before the deductible and there is no member cost share after the deductible, enter the copay amount and select "Before Deductible" and enter a 0% coinsurance and select "After Deductible." Common plan designs include the following: <ul style="list-style-type: none"> <li>Copay (Before and After Deductible)</li> <li>Coinsurance (Before and After Deductible)</li> <li>Copay (Before Deductible) and Coinsurance (After Deductible)</li> </ul>



4	<p><u>Why is this error showing?</u></p> <p>This error is shown whenever the Deductible, Default Coinsurance, or MOOP entries are missing or inconsistent with the entries in Line 2.2 or Line 2.5.</p> <p><u>How do I fix this error?</u></p> <p>Make sure that all yellow cells have entries and all grey cells are blank (i.e., no red text). If this would result in a misrepresentation of the plan's actual design, review the entries in Line 2.2 and Line 2.5.</p> <p>For out-of-network tiers, if there is no applicable deductible, enter \$0. If there is no applicable default coinsurance, enter 100%. If there is no applicable MOOP, enter "UNLIMITED".</p>
---	--

Benefit Components

Worksheet Controls

Company: Coordinated Care Corporation Market: Individual Plan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	61836WA0050007	Line 1.3	Metal Level	Silver	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	Ambetter Balanced Care 4	Line 1.4	Cost-Share Reduction (CSR) Plan?	No	Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	No
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	No
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for Chardino an IP Coov	N/A
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	N/A
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	Yes
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	No

Section 3: Network and Tier Information

Line 3.1	Network Type	HMO
Line 3.2	Network Name	CCCWA Exchange
Line 3.3	In-Network Tiers (If)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

-- Provide Explanation in Note 1 (at the bottom of the page).

Section 4: Cost-Share Designs

Line 4.1 In-Network Tier 1: Standard Silver On Exchange Plan with \$8,200 Matching MOOP & Deductible

	Medical	Drug	Combined	Errors/Warnings
Deductible			\$8,200	
Default Coinsurance			0%	
MOOP			\$8,200	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Coinsurance			Comments	Errors/Warnings
			Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?		
Emergency Room Services		Yes				0%	After Deductible			
Inpatient Hospital Services (e.g. Hospital Stay)		Yes				0%	After Deductible			
Primary Care Visit to Treat an Injury or Illness	No	No	\$ 30	Before Deductible	No	0%	After Deductible			
Specialist Visit	No	No	\$ 60	Before Deductible	No	0%	After Deductible			
Mental Health & Substance Use Disorder Office Visits	No	No	\$ 30	Before Deductible	No	0%	After Deductible			
Mental Health & Substance Use Disorder All Other OP Services		Yes				0%	After Deductible			
Imaging (CT/PET Scans, MRIs)		Yes				0%	After Deductible			
Rehabilitative Speech Therapy		Yes				0%	After Deductible			
Rehabilitative Occupational and Rehabilitative Physical Therapy		Yes				0%	After Deductible			
Preventive Care/Screening/Immunization	No	\$ -	Before and After Deductible							
Laboratory Outpatient and Professional Services		Yes				0%	After Deductible			
X-rays and Diagnostic Imaging		Yes				0%	After Deductible			
Skilled Nursing Facility		Yes				0%	After Deductible			
Outpatient Facility Fee (e.g. Ambulatory Surgery Center)		Yes				0%	After Deductible			
Outpatient Surgery Physician/Surgical Services		Yes				0%	After Deductible			
Urgent Care	No	\$ 50	Before Deductible	No	0%	After Deductible				
Emergency Transportation		Yes				0%	After Deductible			
Other EHB Categories										
Non-EHB Benefits										
Drug Benefit Tiers (add/modify descriptions as necessary)	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Preferred Generic Drugs (Tier 1)		No	\$ 3	Before Deductible	No	0%	After Deductible			
Generic Drugs (Tier 2)		No	\$ 15	Before Deductible	No	0%	After Deductible			
Preferred Brand Drugs (Tier 3)		No	\$ 50	Before Deductible	No	0%	After Deductible			
Non-Preferred Brand Drugs (Tier 4)		Yes		Before Deductible		0%	After Deductible			
Specialty Drugs (Tier 5)		Yes				0%	After Deductible			

Notes

- Note 1 All Teledoc, MD Live, Brightside Health, and telemedicine services have a \$0 cost share, brick and mortar virtual Primary care visits are subject to the Primary Care office Visit cost share
- Note 2 Member is responsible for 100% cost share until deductible is met

Benefit Components

Worksheet  
Controls

Company: Coordinated Care Corporation

Market: Individual

Plan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	61836WA0050007	Line 1.3	Metal Level	Silver	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	Ambetter Balanced Care 4	Line 1.4	Cost-Share Reduction (CSR) Plan?	73% AV Level Silver Plan	Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	No
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	No
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for Chardino an IP Coov	N/A
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	N/A
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	Yes
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	No

Section 3: Network and Tier Information

Line 3.1	Network Type	HMO
Line 3.2	Network Name	CCCWA Exchange
Line 3.3	In-Network Tiers (If)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

-- Provide Explanation in Note 1 (at the bottom of the page).

Section 4: Cost-Share Designs

Line 4.1 In-Network Tier 1: 73% CSR Silver Plan with \$7,450 Matching MOOP & Deductible

	Medical	Drug	Combined	Errors/Warnings
Deductible			\$7,450	
Default Coinsurance			0%	
MOOP			\$7,450	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Coinsurance			Comments	Errors/Warnings	
			Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?			
Emergency Room Services		Yes				0%	After Deductible				
Inpatient Hospital Services (e.g., Hospital Stay)		Yes				0%	After Deductible				
Primary Care Visit to Treat an Injury or Illness	No	No	\$ 15	Before Deductible	No	0%	After Deductible				
Specialist Visit	No	No	\$ 45	Before Deductible	No	0%	After Deductible				
Mental Health & Substance Use Disorder Office Visits	No	No	\$ 15	Before Deductible	No	0%	After Deductible				
Mental Health & Substance Use Disorder All Other OP Services		Yes				0%	After Deductible				
Imaging (CT/PET Scans, MRIs)		Yes				0%	After Deductible				
Rehabilitative Speech Therapy		Yes				0%	After Deductible				
Rehabilitative Occupational and Rehabilitative Physical Therapy		Yes				0%	After Deductible				
Preventive Care/Screening/Immunization	No	\$ -	Before and After Deductible								
Laboratory Outpatient and Professional Services		Yes				0%	After Deductible				
X-rays and Diagnostic Imaging		Yes				0%	After Deductible				
Skilled Nursing Facility		Yes				0%	After Deductible				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		Yes				0%	After Deductible				
Outpatient Surgery Physician/Surgical Services		Yes				0%	After Deductible				
Urgent Care	No	\$ 35	Before Deductible	No	0%	After Deductible					
Emergency Transportation		Yes				0%	After Deductible				
Other EHB Categories											
Non-EHB Benefits											
Drug Benefit Tiers (add/modify descriptions as necessary)		Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Preferred Generic Drugs (Tier 1)		No	\$ 3	Before Deductible	No	0%	After Deductible				
Generic Drugs (Tier 2)		No	\$ 15	Before Deductible	No	0%	After Deductible				
Preferred Brand Drugs (Tier 3)		No	\$ 50	Before Deductible	No	0%	After Deductible				
Non-Preferred Brand Drugs (Tier 4)			Yes			0%	After Deductible				
Specialty Drugs (Tier 5)		Yes				0%	After Deductible				

Notes

Note 1 All Teledoc, MD Live, Brightside Health, and telemedicine services have a \$0 cost share, brick and mortar virtual Primary care visits are subject to the Primary Care office Visit cost share

Note 2 Member is responsible for 100% cost share until deductible is met

Benefit Components

Worksheet Controls

Company: Coordinated Care Corporation Market: Individual Plan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	61836WA0050007	Line 1.3	Metal Level	Silver	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	Ambetter Balanced Care 4	Line 1.4	Cost-Share Reduction (CSR) Plan?	87% AV Level Silver Plan	Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	No
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	No
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for Chardino an IP Coov	N/A
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	N/A
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	Yes
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	No

Section 3: Network and Tier Information

Line 3.1	Network Type	HMO
Line 3.2	Network Name	CCCWA Exchange
Line 3.3	In-Network Tiers (If)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

-- Provide Explanation in Note 1 (at the bottom of the page).

Section 4: Cost-Share Designs

Line 4.1 In-Network Tier 1: 87% CSR Silver Plan with \$2,650 Matching MOOP & Deductible

	Medical	Drug	Combined	Errors/Warnings
Deductible			\$2,650	
Default Coinsurance			0%	
MOOP			\$2,650	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Coinsurance			Comments	Errors/Warnings
			Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?		
Emergency Room Services		Yes				0%	After Deductible			
Inpatient Hospital Services (e.g., Hospital Stay)		Yes				0%	After Deductible			
Primary Care Visit to Treat an Injury or Illness		No	\$ -	Before Deductible		0%	After Deductible			
Specialist Visit		No	\$ 10	Before Deductible	No	0%	After Deductible			
Mental Health & Substance Use Disorder Office Visits		No	\$ -	Before Deductible		0%	After Deductible			
Mental Health & Substance Use Disorder All Other OP Services		Yes				0%	After Deductible			
Imaging (CT/PET Scans, MRIs)		Yes				0%	After Deductible			
Rehabilitative Speech Therapy		Yes				0%	After Deductible			
Rehabilitative Occupational and Rehabilitative Physical Therapy		Yes				0%	After Deductible			
Preventive Care/Screening/Immunization		No	\$ -	Before and After Deductible						
Laboratory Outpatient and Professional Services		Yes				0%	After Deductible			
X-rays and Diagnostic Imaging		Yes				0%	After Deductible			
Skilled Nursing Facility		Yes				0%	After Deductible			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		Yes				0%	After Deductible			
Outpatient Surgery Physician/Surgical Services		Yes				0%	After Deductible			
Urgent Care		No	\$ 5	Before Deductible	No	0%	After Deductible			
Emergency Transportation		Yes				0%	After Deductible			
Other EHB Categories										
Non-EHB Benefits										
Drug Benefit Tiers (add/modify descriptions as necessary)	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Preferred Generic Drugs (Tier 1)		No	\$ -	Before Deductible		0%	After Deductible			
Generic Drugs (Tier 2)		No	\$ -	Before Deductible		0%	After Deductible			
Preferred Brand Drugs (Tier 3)		No	\$ 25	Before Deductible	No	0%	After Deductible			
Non-Preferred Brand Drugs (Tier 4)		Yes				0%	After Deductible			
Specialty Drugs (Tier 5)		Yes				0%	After Deductible			

Notes

- Note 1 All Teledoc, MD Live, Brightside Health, and telemedicine services have a \$0 cost share, brick and mortar virtual Primary care visits are subject to the Primary Care office Visit cost share
- Note 2 Member is responsible for 100% cost share until deductible is met

Benefit Components

Worksheet  
Controls

Company: Coordinated Care Corporation

Market: Individual

Plan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	61836WA050007	Line 1.3	Metal Level	Silver	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	Ambetter Balanced Care 4	Line 1.4	Cost-Share Reduction (CSR) Plan?	94% AV Level Silver Plan	Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	No
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	No
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for Chemo or an IP Coov	N/A
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	N/A
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	Yes
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHB?	No

Section 3: Network and Tier Information

Line 3.1	Network Type	HMO
Line 3.2	Network Name	CCCWA Exchange
Line 3.3	In-Network Tiers (if)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

-- Provide Explanation in Note 1 (at the bottom of the page).

Section 4: Cost-Share Designs

Line 4.1 In-Network Tier 1: 94% CSR Silver Plan with \$800 Matching MOOP & Deductible

	Medical	Drug	Combined	Errors/Warnings
Deductible			\$800	
Default Coinsurance			0%	
MOOP			\$800	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Coinsurance			Comments	Errors/Warnings
			Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?		
Emergency Room Services		Yes				0%	After Deductible			
Inpatient Hospital Services (e.g., Hospital Stay)		Yes				0%	After Deductible			
Primary Care Visit to Treat an Injury or Illness		No	\$ -	Before Deductible		0%	After Deductible			
Specialist Visit		No	\$ 10	Before Deductible	No	0%	After Deductible			
Mental Health & Substance Use Disorder Office Visits		No	\$ -	Before Deductible		0%	After Deductible			
Mental Health & Substance Use Disorder All Other OP Services		Yes				0%	After Deductible			
Imaging (CT/PET Scans, MRIs)		Yes				0%	After Deductible			
Rehabilitative Speech Therapy		Yes				0%	After Deductible			
Rehabilitative Occupational and Rehabilitative Physical Therapy		Yes				0%	After Deductible			
Preventive Care/Screening/Immunization		No	\$ -	Before and After Deductible						
Laboratory Outpatient and Professional Services		Yes				0%	After Deductible			
X-rays and Diagnostic Imaging		Yes				0%	After Deductible			
Skilled Nursing Facility		Yes				0%	After Deductible			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		Yes				0%	After Deductible			
Outpatient Surgery Physician/Surgical Services		Yes				0%	After Deductible			
Urgent Care		No	\$ 5	Before Deductible	No	0%	After Deductible			
Emergency Transportation		Yes				0%	After Deductible			
Other EHB Categories										
Non-EHB Benefits										
Drug Benefit Tiers (add/modify descriptions as necessary)	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/ Warnings
Preferred Generic Drugs (Tier 1)		No	\$ -	Before Deductible		0%	After Deductible			
Generic Drugs (Tier 2)		No	\$ -	Before Deductible		0%	After Deductible			
Preferred Brand Drugs (Tier 3)		No	\$ 25	Before Deductible	No	0%	After Deductible			
Non-Preferred Brand Drugs (Tier 4)		Yes				0%	After Deductible			
Specialty Drugs (Tier 5)		Yes				0%	After Deductible			

Notes

Note 1 All Teledoc, MD Live, Brightside Health, and telemedicine services have a \$0 cost share, brick and mortar virtual Primary care visits are subject to the Primary Care office Visit cost share

Note 2 Member is responsible for 100% cost share until deductible is met

Benefit Components

Worksheet Controls

Company: Coordinated Care Corporation

Market: Individual

Plan Year: 2026

Section 1: Plan Information

Line 1.1HIOS Plan ID61836WA0050008

Line 1.2Plan NameAmbetter Secure Care 5

Line 1.3Metal LevelGold

Line 1.4Cost-Share Reduction (CSR) Plan?

Line 1.5Exchange StatusOn Exchange

Line 1.6New or RenewingRenewing

Section 2: Plan Design Information

Line 2.1Unique Plan DesignYes

Line 2.2Use Integrated Medical & Drug Deductible?Yes

Line 2.3Apply Inpatient Copay per Day?No

Line 2.4Apply Skilled Nursing Facility Copay per Day?No

Line 2.5Separate MOOP for Medical & Drug Spending?N/A

Line 2.6Maximum Number of Days for Chemo or IP CoovN/A

Line 2.7Begin Primary Care Cost-Sharing After a Set Number of VisitsN/A

Line 2.8Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?N/A

Line 2.9HSA Plan?No

Line 2.10HSA Employer Contribution Amount

Line 2.11Different Cost-Sharing for Virtual vs Non-Virtual Care?Yes

Line 2.12Pediatric Dental Embedded?No

Line 2.13Includes Non-EHB?No

-- Provide Explanation in Note 1 (at the bottom of the page).

Section 3: Network and Tier Information

Line 3.1Network TypeHMO

Line 3.2Network NameCCCWA Exchange

Line 3.3In-Network Tiers (P)1

Line 3.4Tier 1 Utilization100.00%

Line 3.5Tier 2 Utilization

Line 3.6Tier 3 Utilization

Line 3.7Out-of-Network Benefits?No

Section 4: Cost-Share Designs

Line 4.1In-Network Tier 1:Standard Gold On Exchange Plan- \$1,450 deductible with 20% Rx coinsurance

	Medical	Drug	Combined	Errors/Warnings
Deductible			\$1,450	
Default Coinsurance			20%	
MOOP			\$7,500	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays		Coinsurance			Comments	Errors/Warnings	
			Amount	Applies	Accrues toward Deductible?	Amount	Applies			Accrues toward Deductible?
Emergency Room Services		Yes				20%	After Deductible			
Inpatient Hospital Services (e.g., Hospital Stay)		Yes				20%	After Deductible			
Primary Care Visit to Treat an Injury or Illness		No	\$ 15	Before and After Deductible	No					
Specialist Visit		No	\$ 35	Before and After Deductible	No					
Mental Health & Substance Use Disorder Office Visits		No	\$ 15	Before and After Deductible	No					
Mental Health & Substance Use Disorder All Other OP Services		Yes				20%	After Deductible			
Imaging (CT/PET Scans, MRIs)		Yes				20%	After Deductible			
Rehabilitative Speech Therapy		Yes				20%	After Deductible			
Rehabilitative Occupational and Rehabilitative Physical Therapy		Yes				20%	After Deductible			
Preventive Care/Screening/Immunization		No	\$ -	Before and After Deductible						
Laboratory Outpatient and Professional Services		No	\$ 15	Before and After Deductible	No					
X-rays and Diagnostic Imaging		Yes				20%	After Deductible			
Skilled Nursing Facility		Yes				20%	After Deductible			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		Yes				20%	After Deductible			
Outpatient Surgery Physician/Surgical Services		Yes				20%	After Deductible			
Urgent Care		No	\$ 35	Before and After Deductible	No	20%	After Deductible			
Emergency Transportation		Yes								
Other EHB Categories										
Non-EHB Benefits										
Drug Benefit Tiers (add/modify descriptions as necessary)	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Preferred Generic Drugs (Tier 1)		No	\$ 3	Before and After Deductible	No					
Generic Drugs (Tier 2)		No	\$ 15	Before and After Deductible	No					
Preferred Brand Drugs (Tier 3)		No	\$ 30	Before and After Deductible	No					
Non-Preferred Brand Drugs (Tier 4)		Yes				25%	After Deductible			
Specialty Drugs (Tier 5)		Yes				30%	After Deductible			

Notes

Note 1All Teledoc, MD Live, Brightside Health, and telemedicine services have a \$0 cost share, brick and mortar virtual Primary care visits are subject to the Primary Care office Visit cost share

Benefit Components

Worksheet  
Controls

Company: Coordinated Care Corporation

Market: Individual

Plan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	61836WA0050016	Line 1.3	Metal Level	Gold	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	Ambetter Cascade Select Vital Gold	Line 1.4	Cost-Share Reduction (CSR) Plan?		Line 1.6	New or Renewing	New

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	No
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	Yes
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	Yes
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for Chemo or an IP Coov	5
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	N/A
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	Yes
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	No

Section 3: Network and Tier Information

Line 3.1	Network Type	HMO
Line 3.2	Network Name	Cascade Complete Care
Line 3.3	In-Network Tiers (if)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

Section 4: Cost-Share Designs

Line 4.1 In-Network Tier 1: Cascade Select Vital Standard Gold On Exchange Plan

	Medical	Drug	Combined	Errors/Warnings	
Deductible			\$1,900		
Default Coinsurance			20%		
MOOP			\$8,800		

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Coinsurance			Comments	Errors/Warnings	
			Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?			
Emergency Room Services		Yes	\$ 800	After Deductible							
Inpatient Hospital Services (e.g., Hospital Stay)		Yes	\$ 650	After Deductible							
Primary Care Visit to Treat an Injury or Illness		No	\$ 15	Before and After Deductible	No						
Specialist Visit		No	\$ 40	Before and After Deductible	No						
Mental Health & Substance Use Disorder Office Visits		No	\$ 15	Before and After Deductible	No						
Mental Health & Substance Use Disorder All Other OP Services		No	\$ 15	Before and After Deductible	No						
Imaging (CT/PET Scans, MRIs)		Yes	\$ 300	After Deductible							
Rehabilitative Speech Therapy		No	\$ 30	Before and After Deductible	No						
Rehabilitative Occupational and Rehabilitative Physical Therapy		No	\$ 30	Before and After Deductible	No						
Preventive Care/Screening/Immunization		No	\$ -	Before and After Deductible							
Laboratory Outpatient and Professional Services		No	\$ 30	Before and After Deductible	No						
X-rays and Diagnostic Imaging		No	\$ 30	Before and After Deductible	No						
Skilled Nursing Facility		Yes	\$ 350	After Deductible							
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		Yes	\$ 350	After Deductible							
Outpatient Surgery Physician/Surgical Services		Yes	\$ 75	After Deductible							
Urgent Care		No	\$ 35	Before and After Deductible	No						
Emergency Transportation		No	\$ 375	Before and After Deductible	No						
Other EHB Categories											
Non-EHB Benefits											
Drug Benefit Tiers (add/modify descriptions as necessary)		Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Generic Drugs (Tier 1)			No	\$ 10	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2)			No	\$ 75	Before and After Deductible	No					
Non-Preferred Brand Drugs (Tier 3)			Yes	\$ 200	After Deductible						
Specialty Drugs (Tier 4)			Yes	\$ 200	After Deductible						

Notes

Note 1 All Teledoc, MD Live, Brightside Health, and telemedicine services have a \$0 cost share, brick and mortar virtual Primary care visits are subject to the Primary Care office Visit cost share

Benefit Components

Worksheet  
Controls

Company: Coordinated Care Corporation

Market: Individual

Plan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	61836WA0050017	Line 1.3	Metal Level	Silver	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	Ambetter Cascade Silver	Line 1.4	Cost-Share Reduction (CSR) Plan?	No	Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	Yes
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	Yes
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for Chemo or IP Coov	5
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	2
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	Yes
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	No

Section 3: Network and Tier Information

Line 3.1	Network Type	HMO
Line 3.2	Network Name	CCCWA Exchange
Line 3.3	In-Network Tiers (If)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

-- Provide Explanation in Note 1 (at the bottom of the page).

Section 4: Cost-Share Designs

Line 4.1 In-Network Tier 1: Cascade Silver-Standard Silver On Exchange Plan

	Medical	Drug	Combined	Errors/Warnings					
Deductible			\$2,500						
Default Coinsurance			30%						
MOOP			\$9,750						
Copays									
Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Coinsurance	Applies	Accrues toward Deductible?
Emergency Room Services	No	Yes	\$ 800	After Deductible					
Inpatient Hospital Services (e.g. Hospital Stay)	No	Yes	\$ 800	After Deductible					
Primary Care Visit to Treat an Injury or Illness	Yes	No	\$ 20	Before and After Deductible	No				Note 2
Specialist Visit	No	No	\$ 65	Before and After Deductible	No				
Mental Health & Substance Use Disorder Office Visits	Yes	No	\$ 20	Before and After Deductible	No				Note 2
Mental Health & Substance Use Disorder All Other OP Services	No	No	\$ 30	Before and After Deductible	No				
Imaging (CT/PET Scans, MRIs)	No	Yes	\$ 30	Before and After Deductible	No	30%	After Deductible		
Rehabilitative Speech Therapy	No	No	\$ 40	Before and After Deductible	No				
Rehabilitative Occupational and Rehabilitative Physical Therapy	No	No	\$ 40	Before and After Deductible	No				
Preventive Care/Screening/Immunization	No	No	\$ -	Before and After Deductible	No				
Laboratory Outpatient and Professional Services	No	No	\$ 40	Before and After Deductible	No				
X-rays and Diagnostic Imaging	No	No	\$ 65	Before and After Deductible	No				
Skilled Nursing Facility	No	Yes	\$ 800	After Deductible					
Outpatient Facility Fee (e.g. Ambulatory Surgery Center)	No	Yes	\$ 600	After Deductible					
Outpatient Surgery Physician/Surgical Services	No	Yes	\$ 200	After Deductible					
Urgent Care	No	No	\$ 65	Before and After Deductible	No				
Emergency Transportation	No	No	\$ 375	Before and After Deductible	No				
Other EHB Categories									
Non-EHB Benefits									
Drug Benefit Tiers (add/modify descriptions as necessary)									
	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Coinsurance	Applies	Accrues toward Deductible?
Generic Drugs (Tier 1)		No	\$ 25	Before and After Deductible	No				
Preferred Brand Drugs (Tier 2)		No	\$ 75	Before and After Deductible	No				
Non-Preferred Brand Drugs (Tier 3)		Yes	\$ 250	After Deductible					
Specialty Drugs (Tier 4)		Yes	\$ 250	After Deductible					

Notes

- Note 1 All Teledoc, MD Live, Brightside Health, and telemedicine services have a \$0 cost share, brick and mortar virtual Primary care visits are subject to the Primary Care office Visit cost share
- Note 2 The upfront visits are subject to \$1 copays and there are 2 upfront visits for PCP office visits and 2 upfront visits MHSUD office visits.



Benefit Components

Worksheet  
Controls

Company: Coordinated Care Corporation

Market: Individual

Plan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	61836WA0050017	Line 1.3	Metal Level	Silver	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	Ambetter Cascade Silver	Line 1.4	Cost-Share Reduction (CSR) Plan?	73% AV Level Silver Plan	Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	Yes
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	Yes
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for Chemo or an IP Coov	5
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	2
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	Yes
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	No

Section 3: Network and Tier Information

Line 3.1	Network Type	HMO
Line 3.2	Network Name	CCCWA Exchange
Line 3.3	In-Network Tiers (If)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

-- Provide Explanation in Note 1 (at the bottom of the page).

Section 4: Cost-Share Designs

Line 4.1 In-Network Tier 1: Cascade Silver-73% CSR Level Silver Plan

	Medical	Drug	Combined	Errors/Warnings					
Deductible			\$2,500						
Default Coinsurance			30%						
MOOP			\$7,950						
Copays									
Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Coinsurance	Applies	Accrues toward Deductible?
Emergency Room Services	No	Yes	\$ 800	After Deductible					
Inpatient Hospital Services (e.g., Hospital Stay)	No	Yes	\$ 800	After Deductible					
Primary Care Visit to Treat an Injury or Illness	Yes	No	\$ 20	Before and After Deductible	No				Note 2
Specialist Visit	No	No	\$ 65	Before and After Deductible	No				
Mental Health & Substance Use Disorder Office Visits	Yes	No	\$ 20	Before and After Deductible	No				Note 2
Mental Health & Substance Use Disorder All Other OP Services	No	No	\$ 30	Before and After Deductible	No				
Imaging (CT/PET Scans, MRIs)	No	Yes	\$ 30	Before and After Deductible	No	30%	After Deductible		
Rehabilitative Speech Therapy	No	No	\$ 40	Before and After Deductible	No				
Rehabilitative Occupational and Rehabilitative Physical Therapy	No	No	\$ 40	Before and After Deductible	No				
Preventive Care/Screening/Immunization	No	No	\$ -	Before and After Deductible	No				
Laboratory Outpatient and Professional Services	No	No	\$ 40	Before and After Deductible	No				
X-rays and Diagnostic Imaging	No	No	\$ 65	Before and After Deductible	No				
Skilled Nursing Facility	No	Yes	\$ 800	After Deductible					
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	No	Yes	\$ 600	After Deductible					
Outpatient Surgery Physician/Surgical Services	No	Yes	\$ 200	After Deductible					
Urgent Care	No	No	\$ 65	Before and After Deductible	No				
Emergency Transportation	No	No	\$ 325	Before and After Deductible	No				
Other EHB Categories									
Non-EHB Benefits									
Drug Benefit Tiers (add/modify descriptions as necessary)									
	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Coinsurance	Applies	Accrues toward Deductible?
Generic Drugs (Tier 1)		No	\$ 24	Before and After Deductible	No				
Preferred Brand Drugs (Tier 2)		No	\$ 75	Before and After Deductible	No				
Non-Preferred Brand Drugs (Tier 3)		Yes	\$ 250	After Deductible					
Specialty Drugs (Tier 4)		Yes	\$ 250	After Deductible					

Notes

- Note 1 All Teledoc, MD Live, Brightside Health, and telemedicine services have a \$0 cost share, brick and mortar virtual Primary care visits are subject to the Primary Care office Visit cost share
- Note 2 The upfront visits are subject to \$1 copays and there are 2 upfront visits for PCP office visits and 2 upfront visits MHSUD office visits.

Benefit Components

Worksheet Controls

Company: Coordinated Care Corporation Market: Individual Plan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	61836WA0050017	Line 1.3	Metal Level	Silver	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	Ambetter Cascade Silver	Line 1.4	Cost-Share Reduction (CSR) Plan?	87% AV Level Silver Plan	Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	Yes
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	Yes
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for Chemo an IP Coov	5
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	2
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	Yes
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHB?	No

Section 3: Network and Tier Information

Line 3.1	Network Type	HMO
Line 3.2	Network Name	CCCWA Exchange
Line 3.3	In-Network Tiers (If)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

Section 4: Cost-Share Designs

Line 4.1 In-Network Tier 1: Cascade Silver-87% CSR Level Silver Plan

	Medical	Drug	Combined	Errors/Warnings						
Deductible			\$750							
Default Coinsurance			20%							
MOOP			\$2,850							
			Copays			Coinsurance				
Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Emergency Room Services	No	Yes	\$ 425	After Deductible						
Inpatient Hospital Services (e.g., Hospital Stay)	No	Yes	\$ 425	After Deductible						
Primary Care Visit to Treat an Injury or Illness	Yes	No	\$ 5	Before and After Deductible	No				Note 2	
Specialist Visit	No	No	\$ 30	Before and After Deductible	No					
Mental Health & Substance Use Disorder Office Visits	Yes	No	\$ 5	Before and After Deductible	No				Note 2	
Mental Health & Substance Use Disorder All Other OP Services	No	No	\$ 10	Before and After Deductible	No					
Imaging (CT/PET Scans, MRIs)	No	Yes	\$ 30	Before and After Deductible	No	20%	After Deductible			
Rehabilitative Speech Therapy	No	No	\$ 20	Before and After Deductible	No					
Rehabilitative Occupational and Rehabilitative Physical Therapy	No	No	\$ 20	Before and After Deductible	No					
Preventive Care/Screening/Immunization	No	No	\$ -	Before and After Deductible						
Laboratory Outpatient and Professional Services	No	No	\$ 20	Before and After Deductible	No					
X-rays and Diagnostic Imaging	No	No	\$ 40	Before and After Deductible	No					
Skilled Nursing Facility	No	Yes	\$ 425	After Deductible						
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	No	Yes	\$ 325	After Deductible						
Outpatient Surgery Physician/Surgical Services	No	Yes	\$ 120	After Deductible						
Urgent Care	No	No	\$ 30	Before and After Deductible	No					
Emergency Transportation	No	No	\$ 175	Before and After Deductible	No					
Other EHB Categories										
Non-EHB Benefits										
Drug Benefit Tiers (add/modify descriptions as necessary)										
	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Generic Drugs (Tier 1)		No	\$ 12	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2)		No	\$ 35	Before and After Deductible	No					
Non-Preferred Brand Drugs (Tier 3)		No	\$ 160	Before and After Deductible	No					
Specialty Drugs (Tier 4)		No	\$ 160	Before and After Deductible	No					

Notes  
Note 1 All Teledoc, MD Live, Brightside Health, and telemedicine services have a \$0 cost share, brick and mortar virtual Primary care visits are subject to the Primary Care office Visit cost share  
Note 2 The upfront visits are subject to \$1 copays and there are 2 upfront visits for PCP office visits and 2 upfront visits MHSUD office visits.

Benefit Components

Worksheet Controls

Company: Coordinated Care Corporation Market: Individual Plan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	61836WA0050017	Line 1.3	Metal Level	Silver	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	Ambetter Cascade Silver	Line 1.4	Cost-Share Reduction (CSR) Plan?	94% AV Level Silver Plan	Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	Yes
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	Yes
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for Chemo or an IP Coov	5
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	2
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	Yes
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHB?	No

Section 3: Network and Tier Information

Line 3.1	Network Type	HMO
Line 3.2	Network Name	CCCWA Exchange
Line 3.3	In-Network Tiers (if)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

-- Provide Explanation in Note 1 (at the bottom of the page).

Section 4: Cost-Share Designs

Line 4.1 In-Network Tier 1: Cascade Silver-94% CSR Level Silver Plan

	Medical	Drug	Combined	Errors/Warnings
Deductible			\$0	
Default Coinsurance			15%	
MOOP			\$2,400	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Coinsurance			Comments	Errors/ Warnings	
			Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?			
Emergency Room Services	No	No	\$ 150	Before and After Deductible	No						
Inpatient Hospital Services (e.g., Hospital Stay)	No	No	\$ 100	Before and After Deductible	No						
Primary Care Visit to Treat an Injury or Illness	Yes	No	\$ 1	Before and After Deductible	No				Note 2		
Specialist Visit	No	No	\$ 15	Before and After Deductible	No						
Mental Health & Substance Use Disorder Office Visits	No	No	\$ 1	Before and After Deductible	No				Note 2		
Mental Health & Substance Use Disorder All Other OP Services	No	No	\$ 5	Before and After Deductible	No						
Imaging (CT/PET Scans, MRIs)	No	No				15%	Before and After Deductible	No			
Rehabilitative Speech Therapy	No	No	\$ 5	Before and After Deductible	No						
Rehabilitative Occupational and Rehabilitative Physical Therapy	No	No	\$ 5	Before and After Deductible	No						
Preventive Care/Screening/Immunization	No	No	\$ -	Before and After Deductible	No						
Laboratory Outpatient and Professional Services	No	No	\$ 5	Before and After Deductible	No						
X-rays and Diagnostic Imaging	No	No	\$ 15	Before and After Deductible	No						
Skilled Nursing Facility	No	No	\$ 100	Before and After Deductible	No						
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	No	No	\$ 100	Before and After Deductible	No						
Outpatient Surgery Physician/Surgical Services	No	No	\$ 25	Before and After Deductible	No						
Urgent Care	No	No	\$ 15	Before and After Deductible	No						
Emergency Transportation	No	No	\$ 75	Before and After Deductible	No						
Other EHB Categories											
Non-EHB Benefits											
Drug Benefit Tiers (add/modify descriptions as necessary)		Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/ Warnings
Generic Drugs (Tier 1)			No	\$ 5	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2)			No	\$ 12	Before and After Deductible	No					
Non-Preferred Brand Drugs (Tier 3)			No	\$ 35	Before and After Deductible	No					
Specialty Drugs (Tier 4)			No	\$ 35	Before and After Deductible	No					

Notes

- Note 1 All Teledoc, MD Live, Brightside Health, and telemedicine services have a \$0 cost share, brick and mortar virtual Primary care visits are subject to the Primary Care office Visit cost share
- Note 2 The upfront visits are subject to \$1 copays and there are 2 upfront visits for PCP office visits and 2 upfront visits MHSUD office visits.

Benefit Components

Worksheet Controls

Company: Coordinated Care Corporation Market: Individual Plan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	61836WA0050018	Line 1.3	Metal Level	Gold	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	Ambetter Cascade Complete Gold	Line 1.4	Cost-Share Reduction (CSR) Plan?		Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	No
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	Yes
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	Yes
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for Chemo or IP Coov	5
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	N/A
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	Yes
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHB?	No

Section 3: Network and Tier Information

Line 3.1	Network Type	HMO
Line 3.2	Network Name	CCCWA Exchange
Line 3.3	In-Network Tiers (if)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

Section 4: Cost-Share Designs

Line 4.1 In-Network Tier 1: Cascade Complete Gold-Standard Gold On Exchange Plan

	Medical	Drug	Combined	Errors/Warnings	
Deductible			\$1,000		
Default Coinsurance			20%		
MOOP			\$7,000		

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Coinsurance			Comments	Errors/Warnings
			Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?		
Emergency Room Services		Yes	\$ 450	After Deductible						
Inpatient Hospital Services (e.g., Hospital Stay)	No	No	\$ 625	Before and After Deductible	No					
Primary Care Visit to Treat an Injury or Illness	No	No	\$ 15	Before and After Deductible	No					
Specialist Visit	No	No	\$ 40	Before and After Deductible	No					
Mental Health & Substance Use Disorder Office Visits	No	No	\$ 15	Before and After Deductible	No					
Mental Health & Substance Use Disorder All Other OP Services	No	No	\$ 15	Before and After Deductible	No					
Imaging (CT/PET Scans, MRIs)	Yes	Yes	\$ 300	After Deductible						
Rehabilitative Speech Therapy	No	No	\$ 25	Before and After Deductible	No					
Rehabilitative Occupational and Rehabilitative Physical Therapy	No	No	\$ 25	Before and After Deductible	No					
Preventive Care/Screening/Immunization	No	No	-	Before and After Deductible						
Laboratory Outpatient and Professional Services	No	No	\$ 20	Before and After Deductible	No					
X-rays and Diagnostic Imaging	No	No	\$ 30	Before and After Deductible	No					
Skilled Nursing Facility	Yes	Yes	\$ 350	After Deductible						
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes	Yes	\$ 350	After Deductible						
Outpatient Surgery Physician/Surgical Services	Yes	Yes	\$ 75	After Deductible						
Urgent Care	No	No	\$ 35	Before and After Deductible	No					
Emergency Transportation	No	No	\$ 375	Before and After Deductible	No					
Other EHB Categories										
Non-EHB Benefits										
Drug Benefit Tiers (add/modify descriptions as necessary)	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/ Warnings
Generic Drugs (Tier 1)		No	\$ 10	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2)		No	\$ 75	Before and After Deductible	No					
Non-Preferred Brand Drugs (Tier 3)		Yes	\$ 200	After Deductible						
Specialty Drugs (Tier 4)		Yes	\$ 200	After Deductible						

Notes

Note 1 All Teledoc, MD Live, Brightside Health, and telemedicine services have a \$0 cost share, brick and mortar virtual Primary care visits are subject to the Primary Care office Visit cost share

Benefit Components

Worksheet Controls

Company: Coordinated Care CorporationMarket: IndividualPlan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	61836WA0050022	Line 1.3	Metal Level	Gold	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	Ambetter Cascade Vital Gold	Line 1.4	Cost-Share Reduction (CSR) Plan?		Line 1.6	New or Renewing	New

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	No
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	Yes
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	Yes
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for Chemo an IP Copay	5
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	N/A
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	Yes
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	No

Section 3: Network and Tier Information

Line 3.1	Network Type	HMO
Line 3.2	Network Name	CCCWA Exchange
Line 3.3	In-Network Tiers (if)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

Section 4: Cost-Share Designs

Line 4.1 In-Network Tier 1: Cascade Vital Standard Gold On Exchange Plan

	Medical	Drug	Combined	Errors/Warnings	
Deductible			\$1,900		
Default Coinsurance			20%		
MOOP			\$8,800		

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Coinsurance			Comments	Errors/Warnings
			Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?		
Emergency Room Services		Yes	\$ 800	After Deductible						
Inpatient Hospital Services (e.g., Hospital Stay)		Yes	\$ 650	After Deductible						
Primary Care Visit to Treat an Injury or Illness		No	\$ 15	Before and After Deductible	No					
Specialist Visit		No	\$ 40	Before and After Deductible	No					
Mental Health & Substance Use Disorder Office Visits		No	\$ 15	Before and After Deductible	No					
Mental Health & Substance Use Disorder All Other OP Services		No	\$ 15	Before and After Deductible	No					
Imaging (CT/PET Scans, MRIs)		Yes	\$ 300	After Deductible						
Rehabilitative Speech Therapy		No	\$ 30	Before and After Deductible	No					
Rehabilitative Occupational and Rehabilitative Physical Therapy		No	\$ 30	Before and After Deductible	No					
Preventive Care/Screening/Immunization		No	\$ -	Before and After Deductible						
Laboratory Outpatient and Professional Services		No	\$ 30	Before and After Deductible	No					
X-rays and Diagnostic Imaging		No	\$ 30	Before and After Deductible	No					
Skilled Nursing Facility		Yes	\$ 350	After Deductible						
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		Yes	\$ 350	After Deductible						
Outpatient Surgery Physician/Surgical Services		Yes	\$ 75	After Deductible						
Urgent Care		No	\$ 35	Before and After Deductible	No					
Emergency Transportation		No	\$ 375	Before and After Deductible	No					
Other EHB Categories										
Non-EHB Benefits										
Drug Benefit Tiers (add/modify descriptions as necessary)	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Generic Drugs (Tier 1)		No	\$ 10	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2)		No	\$ 75	Before and After Deductible	No					
Non-Preferred Brand Drugs (Tier 3)		Yes	\$ 200	After Deductible						
Specialty Drugs (Tier 4)		Yes	\$ 200	After Deductible						

Notes  
Note 1 All Teledoc, MD Live, Brightside Health, and telemedicine services have a \$0 cost share, brick and mortar virtual Primary care visits are subject to the Primary Care office Visit cost share

Benefit Components

Company: Coordinated Care Corporation      Market: Individual      Plan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	61836WA0050036	Line 1.3	Metal Level	Expanded Bronze	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	Ambetter Cascade Select Bronze	Line 1.4	Cost-Share Reduction (CSR) Plan?		Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	No
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	No
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for Chemo an IP Coov	N/A
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	2
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	Yes
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	No

Section 3: Network and Tier Information

Line 3.1	Network Type	HMO
Line 3.2	Network Name	Cascade Complete Care
Line 3.3	In-Network Tiers (if)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

-- Provide Explanation in Note 1 (at the bottom of the page).

Section 4: Cost-Share Designs

Line 4.1 In-Network Tier 1: Cascade Select- Standard Bronze On Exchange Plan

	Medical	Drug	Combined	Errors/Warnings
Deductible			\$6,000	
Default Coinsurance			40%	
MOOP			\$10,150	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Coinsurance			Comments	Errors/Warnings
			Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?		
Emergency Room Services	No	Yes				40%	After Deductible			
Inpatient Hospital Services (e.g., Hospital Stay)	No	Yes				40%	After Deductible			
Primary Care Visit to Treat an Injury or Illness	Yes	No	\$ 40	Before and After Deductible	No				Note 2	
Specialist Visit	No	No	\$ 100	Before and After Deductible	No					
Mental Health & Substance Use Disorder Office Visits	Yes	No	\$ 40	Before and After Deductible	No				Note 2	
Mental Health & Substance Use Disorder All Other OP Services	No	Yes				40%	After Deductible			
Imaging (CT/PET Scans, MRIs)	No	Yes				40%	After Deductible			
Rehabilitative Speech Therapy	No	Yes				40%	After Deductible			
Rehabilitative Occupational and Rehabilitative Physical Therapy	No	Yes				40%	After Deductible			
Preventive Care/Screening/Immunization	No	No	\$ -	Before and After Deductible						
Laboratory Outpatient and Professional Services	No	Yes				40%	After Deductible			
X-rays and Diagnostic Imaging	No	Yes				40%	After Deductible			
Skilled Nursing Facility	No	Yes				40%	After Deductible			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	No	Yes				40%	After Deductible			
Outpatient Surgery Physician/Surgical Services	No	Yes				40%	After Deductible			
Urgent Care	No	No	\$ 100	Before and After Deductible	No	40%	After Deductible			
Emergency Transportation	No	Yes				40%	After Deductible			
Other EHB Categories										
Non-EHB Benefits										
Hospice	No	No	\$ 50	Before and After Deductible	No					
Drug Benefit Tiers (add/modify descriptions as necessary)										
Generic Drugs (Tier 1)		No	\$ 32	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2)		Yes				40%	After Deductible			
Non-Preferred Brand Drugs (Tier 3)		Yes				40%	After Deductible			
Specialty Drugs (Tier 4)		Yes				40%	After Deductible			

Notes

- Note 1 All Teledoc, MD Live, Brightside Health, and telemedicine services have a \$0 cost share, brick and mortar virtual Primary care visits are subject to the Primary Care office Visit cost share
- Note 2 The upfront visits are subject to \$1 copays and there are 2 upfront visits for PCP office visits and 2 upfront visits MHSUD office visits.

Benefit Components

Worksheet Controls

Company: Coordinated Care CorporationMarket: IndividualPlan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	61836WA0050037	Line 1.3	Metal Level	Silver	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	Ambetter Cascade Select Silver	Line 1.4	Cost-Share Reduction (CSR) Plan?	No	Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	Yes
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	Yes
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for Chemo or IP Coov	5
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	2
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	Yes
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHB?	No

Section 3: Network and Tier Information

Line 3.1	Network Type	HMO
Line 3.2	Network Name	Cascade Complete Care
Line 3.3	In-Network Tiers (if)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

-- Provide Explanation in Note 1 (at the bottom of the page).

Section 4: Cost-Share Designs

Line 4.1 In-Network Tier 1: Cascade Select Silver; Standard Silver On Exchange Plan

	Medical	Drug	Combined	Errors/Warnings						
Deductible			\$2,500							
Default Coinsurance			30%							
MOOP			\$9,750							
Copays										
Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Coinsurance Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Emergency Room Services	No	Yes	\$ 800	After Deductible						
Inpatient Hospital Services (e.g., Hospital Stay)	No	Yes	\$ 800	After Deductible						
Primary Care Visit to Treat an Injury or Illness	Yes	No	\$ 20	Before and After Deductible	No				Note 2	
Specialist Visit	No	No	\$ 65	Before and After Deductible	No					
Mental Health & Substance Use Disorder Office Visits	Yes	No	\$ 20	Before and After Deductible	No				Note 2	
Mental Health & Substance Use Disorder All Other OP Services	No	No	\$ 30	Before and After Deductible	No					
Imaging (CT/PET Scans, MRIs)	No	Yes	\$ 30	Before and After Deductible	No	30%	After Deductible			
Rehabilitative Speech Therapy	No	No	\$ 40	Before and After Deductible	No					
Rehabilitative Occupational and Rehabilitative Physical Therapy	No	No	\$ 40	Before and After Deductible	No					
Preventive Care/Screening/Immunization	No	No	\$ -	Before and After Deductible						
Laboratory Outpatient and Professional Services	No	No	\$ 40	Before and After Deductible	No					
X-rays and Diagnostic Imaging	No	No	\$ 65	Before and After Deductible	No					
Skilled Nursing Facility	No	Yes	\$ 800	After Deductible						
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	No	Yes	\$ 600	After Deductible						
Outpatient Surgery Physician/Surgical Services	No	Yes	\$ 200	After Deductible						
Urgent Care	No	No	\$ 65	Before and After Deductible	No					
Emergency Transportation	No	No	\$ 375	Before and After Deductible	No					
Other EHB Categories										
Non-EHB Benefits										
Drug Benefit Tiers (add/modify descriptions as necessary)										
	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Coinsurance Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Generic Drugs (Tier 1)		No	\$ 25	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2)		No	\$ 75	Before and After Deductible	No					
Non-Preferred Brand Drugs (Tier 3)		Yes	\$ 250	After Deductible						
Specialty Drugs (Tier 4)		Yes	\$ 250	After Deductible						

- Notes
- Note 1 All Teledoc, MD Live, Brightside Health, and telemedicine services have a \$0 cost share, brick and mortar virtual Primary care visits are subject to the Primary Care office Visit cost share
- Note 2 The upfront visits are subject to \$1 copays and there are 2 upfront visits for PCP office visits and 2 upfront visits MHSUD office visits.

Benefit Components

Worksheet  
Controls

Company: Coordinated Care Corporation

Market: Individual

Plan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	61836WA0050037	Line 1.3	Metal Level	Silver	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	Ambetter Cascade Select Silver	Line 1.4	Cost-Share Reduction (CSR) Plan?	73% AV Level Silver Plan	Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	Yes
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	Yes
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for Chemo or an IP Coov	5
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	2
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	Yes
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	No

Section 3: Network and Tier Information

Line 3.1	Network Type	HMO
Line 3.2	Network Name	Cascade Complete Care
Line 3.3	In-Network Tiers (if)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

-- Provide Explanation in Note 1 (at the bottom of the page).

Section 4: Cost-Share Designs

Line 4.1	In-Network Tier 1:	Cascade Select Silver-73% CSR Level Silver Plan									
		Medical	Drug	Combined	Errors/Warnings						
Deductible				\$2,500							
Default Coinsurance				30%							
MOOP				\$7,950							
		Copays				Coinsurance					
Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings	
Emergency Room Services	No	Yes	\$ 800	After Deductible							
Inpatient Hospital Services (e.g., Hospital Stay)	No	Yes	\$ 800	After Deductible							
Primary Care Visit to Treat an Injury or Illness	Yes	No	\$ 20	Before and After Deductible	No				Note 2		
Specialist Visit	No	No	\$ 65	Before and After Deductible	No						
Mental Health & Substance Use Disorder Office Visits	Yes	No	\$ 20	Before and After Deductible	No				Note 2		
Mental Health & Substance Use Disorder All Other OP Services	No	No	\$ 30	Before and After Deductible	No						
Imaging (CT/PET Scans, MRIs)	No	Yes	\$ 30	Before and After Deductible	No	30%	After Deductible				
Rehabilitative Speech Therapy	No	No	\$ 40	Before and After Deductible	No						
Rehabilitative Occupational and Rehabilitative Physical Therapy	No	No	\$ 40	Before and After Deductible	No						
Preventive Care/Screening/Immunization	No	No	\$ -	Before and After Deductible	No						
Laboratory Outpatient and Professional Services	No	No	\$ 40	Before and After Deductible	No						
X-rays and Diagnostic Imaging	No	No	\$ 65	Before and After Deductible	No						
Skilled Nursing Facility	No	Yes	\$ 800	After Deductible							
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	No	Yes	\$ 600	After Deductible							
Outpatient Surgery Physician/Surgical Services	No	Yes	\$ 200	After Deductible							
Urgent Care	No	No	\$ 65	Before and After Deductible	No						
Emergency Transportation	No	No	\$ 325	Before and After Deductible	No						
Other EHB Categories											
Non-EHB Benefits											
Drug Benefit Tiers (add/modify descriptions as necessary)		Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Generic Drugs (Tier 1)			No	\$ 24	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2)			No	\$ 75	Before and After Deductible	No					
Non-Preferred Brand Drugs (Tier 3)			Yes	\$ 250	After Deductible						
Specialty Drugs (Tier 4)			Yes	\$ 250	After Deductible						

- Notes
- Note 1 All Teledoc, MD Live, Brightside Health, and telemedicine services have a \$0 cost share, brick and mortar virtual Primary care visits are subject to the Primary Care office Visit cost share
- Note 2 The upfront visits are subject to \$1 copays and there are 2 upfront visits for PCP office visits and 2 upfront visits MHSUD office visits.



Benefit Components

Worksheet Controls

Company: Coordinated Care Corporation Market: Individual Plan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	61836WA0050037	Line 1.3	Metal Level	Silver	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	Ambetter Cascade Select Silver	Line 1.4	Cost-Share Reduction (CSR) Plan?	87% AV Level Silver Plan	Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	Yes
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	Yes
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for Chemo or an IP Coov	5
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	2
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	Yes
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	No

Section 3: Network and Tier Information

Line 3.1	Network Type	HMO
Line 3.2	Network Name	Cascade Complete Care
Line 3.3	In-Network Tiers (if)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

Section 4: Cost-Share Designs

Line 4.1 In-Network Tier 1: Cascade Silver Select-87% CSR Level Silver Plan

	Medical	Drug	Combined	Errors/Warnings						
Deductible			\$750							
Default Coinsurance			20%							
MOOP			\$2,850							
			Copays			Coinsurance				
Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Emergency Room Services	No	Yes	\$ 425	After Deductible						
Inpatient Hospital Services (e.g., Hospital Stay)	No	Yes	\$ 425	After Deductible						
Primary Care Visit to Treat an Injury or Illness	Yes	No	\$ 5	Before and After Deductible	No				Note 2	
Specialist Visit	No	No	\$ 30	Before and After Deductible	No					
Mental Health & Substance Use Disorder Office Visits	Yes	No	\$ 5	Before and After Deductible	No				Note 2	
Mental Health & Substance Use Disorder All Other OP Services	No	No	\$ 10	Before and After Deductible	No					
Imaging (CT/PET Scans, MRIs)	No	Yes	\$ 30	Before and After Deductible	No	20%	After Deductible			
Rehabilitative Speech Therapy	No	No	\$ 20	Before and After Deductible	No					
Rehabilitative Occupational and Rehabilitative Physical Therapy	No	No	\$ 20	Before and After Deductible	No					
Preventive Care/Screening/Immunization	No	No	\$ -	Before and After Deductible						
Laboratory Outpatient and Professional Services	No	No	\$ 20	Before and After Deductible	No					
X-rays and Diagnostic Imaging	No	No	\$ 40	Before and After Deductible	No					
Skilled Nursing Facility	No	Yes	\$ 425	After Deductible						
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	No	Yes	\$ 325	After Deductible						
Outpatient Surgery Physician/Surgical Services	No	Yes	\$ 120	After Deductible						
Urgent Care	No	No	\$ 30	Before and After Deductible	No					
Emergency Transportation	No	No	\$ 175	Before and After Deductible	No					
Other EHB Categories										
Non-EHB Benefits										
Drug Benefit Tiers (add/modify descriptions as necessary)	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
Generic Drugs (Tier 1)		No	\$ 12	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2)		No	\$ 35	Before and After Deductible	No					
Non-Preferred Brand Drugs (Tier 3)		No	\$ 160	Before and After Deductible	No					
Specialty Drugs (Tier 4)		No	\$ 160	Before and After Deductible	No					

Notes  
Note 1 All Teledoc, MD Live, Brightside Health, and telemedicine services have a \$0 cost share, brick and mortar virtual Primary care visits are subject to the Primary Care office Visit cost share  
Note 2 The upfront visits are subject to \$1 copays and that there are 2 upfront visits for PCP office visits and 2 upfront visits MHSUD office visits.

Benefit Components

Worksheet Controls

Company: Coordinated Care Corporation Market: Individual Plan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	61836WA0050037	Line 1.3	Metal Level	Silver	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	Ambetter Cascade Select Silver	Line 1.4	Cost-Share Reduction (CSR) Plan?	94% AV Level Silver Plan	Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	Yes
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	Yes
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	Yes
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for Chardino an IP Coov	5
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	2
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	Yes
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	No

Section 3: Network and Tier Information

Line 3.1	Network Type	HMO
Line 3.2	Network Name	Cascade Complete Care
Line 3.3	In-Network Tiers (if)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

-- Provide Explanation in Note 1 (at the bottom of the page).

Section 4: Cost-Share Designs

Line 4.1 In-Network Tier 1: Cascade Silver Select-94% CSR Level Silver Plan

	Medical	Drug	Combined	Errors/Warnings
Deductible			\$0	
Default Coinsurance			15%	
MOOP			\$2,400	

Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Coinsurance			Comments	Errors/ Warnings	
			Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?			
Emergency Room Services	No	No	\$ 150	Before and After Deductible	No						
Inpatient Hospital Services (e.g. Hospital Stay)	No	No	\$ 100	Before and After Deductible	No						
Primary Care Visit to Treat an Injury or Illness	Yes	No	\$ 1	Before and After Deductible	No				Note 2		
Specialist Visit	No	No	\$ 15	Before and After Deductible	No						
Mental Health & Substance Use Disorder Office Visits	Yes	No	\$ 1	Before and After Deductible	No				Note 2		
Mental Health & Substance Use Disorder All Other OP Services	No	No	\$ 5	Before and After Deductible	No						
Imaging (CT/PET Scans, MRIs)	No	No				15%	Before and After Deductible	No			
Rehabilitative Speech Therapy	No	No	\$ 5	Before and After Deductible	No						
Rehabilitative Occupational and Rehabilitative Physical Therapy	No	No	\$ 5	Before and After Deductible	No						
Preventive Care/Screening/Immunization	No	No	\$ -	Before and After Deductible	No						
Laboratory Outpatient and Professional Services	No	No	\$ 5	Before and After Deductible	No						
X-rays and Diagnostic Imaging	No	No	\$ 15	Before and After Deductible	No						
Skilled Nursing Facility	No	No	\$ 100	Before and After Deductible	No						
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	No	No	\$ 100	Before and After Deductible	No						
Outpatient Surgery Physician/Surgical Services	No	No	\$ 25	Before and After Deductible	No						
Urgent Care	No	No	\$ 15	Before and After Deductible	No						
Emergency Transportation	No	No	\$ 75	Before and After Deductible	No						
Other EHB Categories											
Non-EHB Benefits											
Drug Benefit Tiers (add/modify descriptions as necessary)		Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/ Warnings
Generic Drugs (Tier 1)			No	\$ 5	Before and After Deductible	No					
Preferred Brand Drugs (Tier 2)			No	\$ 12	Before and After Deductible	No					
Non-Preferred Brand Drugs (Tier 3)			No	\$ 35	Before and After Deductible	No					
Specialty Drugs (Tier 4)			No	\$ 35	Before and After Deductible	No					

- Notes
- Note 1 All Teledoc, MD Live, Brightside Health, and telemedicine services have a \$0 cost share, brick and mortar virtual Primary care visits are subject to the Primary Care office Visit cost share
- Note 2 The upfront visits are subject to \$1 copays and that there are 2 upfront visits for PCP office visits and 2 upfront visits MHSUD office visits.

Benefit Components

Worksheet Controls

Company: Coordinated Care Corporation Market: Individual Plan Year: 2026

Section 1: Plan Information

Line 1.1	HIOS Plan ID	61836WA0050038	Line 1.3	Metal Level	Gold	Line 1.5	Exchange Status	On Exchange
Line 1.2	Plan Name	Ambetter Cascade Select Complete Gol	Line 1.4	Cost-Share Reduction (CSR) Plan?		Line 1.6	New or Renewing	Renewing

Section 2: Plan Design Information

Line 2.1	Unique Plan Design	No
Line 2.2	Use Integrated Medical & Drug Deductible?	Yes
Line 2.3	Apply Inpatient Copay per Day?	Yes
Line 2.4	Apply Skilled Nursing Facility Copay per Day?	Yes
Line 2.5	Separate MOOP for Medical & Drug Spending?	
Line 2.6	Maximum Number of Days for Chemo or IP Coov	5
Line 2.7	Begin Primary Care Cost-Sharing After a Set Number of Visits	N/A
Line 2.8	Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N/A
Line 2.9	HSA Plan?	No
Line 2.10	HSA Employer Contribution Amount	
Line 2.11	Different Cost-Sharing for Virtual vs Non-Virtual Care?	Yes
Line 2.12	Pediatric Dental Embedded?	No
Line 2.13	Includes Non-EHBs?	No

Section 3: Network and Tier Information

Line 3.1	Network Type	HMO
Line 3.2	Network Name	Cascade Complete Care
Line 3.3	In-Network Tiers (if)	1
Line 3.4	Tier 1 Utilization	100.00%
Line 3.5	Tier 2 Utilization	
Line 3.6	Tier 3 Utilization	
Line 3.7	Out-of-Network Benefits?	No

Section 4: Cost-Share Designs

Line 4.1 In-Network Tier 1: Cascade Select Complete Standard Gold On Exchange

	Medical	Drug	Combined	Errors/Warnings		
Deductible			\$1,000			
Default Coinsurance			20%			
MOOP			\$7,000			

	Medical Benefits	Upfront Visits or Copays?	Subject to Deductible?	Copays			Coinsurance			Comments	Errors/Warnings
				Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?		
	Emergency Room Services		Yes	\$ 450	After Deductible						
	Inpatient Hospital Services (e.g., Hospital Stay)	No	No	\$ 625	Before and After Deductible	No					
	Primary Care Visit to Treat an Injury or Illness	No	No	\$ 15	Before and After Deductible	No					
	Specialist Visit	No	No	\$ 40	Before and After Deductible	No					
	Mental Health & Substance Use Disorder Office Visits	No	No	\$ 15	Before and After Deductible	No					
	Mental Health & Substance Use Disorder All Other OP Services	No	No	\$ 15	Before and After Deductible	No					
	Imaging (CT/PET Scans, MRIs)	Yes	Yes	\$ 300	After Deductible	No					
	Rehabilitative Speech Therapy	No	No	\$ 25	Before and After Deductible	No					
	Rehabilitative Occupational and Rehabilitative Physical Therapy	No	No	\$ 25	Before and After Deductible	No					
	Preventive Care/Screening/Immunization	No	No	-	Before and After Deductible	No					
	Laboratory Outpatient and Professional Services	No	No	\$ 20	Before and After Deductible	No					
	X-rays and Diagnostic Imaging	No	No	\$ 30	Before and After Deductible	No					
	Skilled Nursing Facility	Yes	Yes	\$ 350	After Deductible						
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes	Yes	\$ 350	After Deductible						
	Outpatient Surgery Physician/Surgical Services	Yes	Yes	\$ 75	After Deductible						
	Urgent Care	No	No	\$ 35	Before and After Deductible	No					
	Emergency Transportation	No	No	\$ 375	Before and After Deductible	No					
	Other EHB Categories										
	Non-EHB Benefits										
	Drug Benefit Tiers (add/modify descriptions as necessary)	Maximum Coinsurance	Subject to Deductible?	Amount	Applies	Accrues toward Deductible?	Amount	Applies	Accrues toward Deductible?	Comments	Errors/Warnings
	Generic Drugs (Tier 1)	No	No	\$ 10	Before and After Deductible	No					
	Preferred Brand Drugs (Tier 2)	No	No	\$ 60	Before and After Deductible	No					
	Non-Preferred Brand Drugs (Tier 3)	No	No	\$ 100	Before and After Deductible	No					
	Specialty Drugs (Tier 4)	No	No	\$ 100	Before and After Deductible	No					

Notes  
Note 1 All Teledoc, MD Live, Brightside Health, and telemedicine services have a \$0 cost share, brick and mortar virtual Primary care visits are subject to the Primary Care office Visit cost share

## Unique Plan Design—Supporting Documentation and Justification

Issuers must fill in the following information.

**Health Insurance Oversight System (HIOS) Issuer ID:**

61836

**HIOS Product IDs:**

005

**Applicable HIOS Plan IDs (Standard Component):**

61836WA0050008, 61836WA0050007

**Reasons the plan design is unique, that is, the reason benefits are incompatible with the parameters of the Actuarial Value Calculator (AVC) and their materiality:**

Please see the bottom of page 2 for the reason why the plan benefits are incompatible with the parameters of the AVC.

**Acceptable alternate method used per *Code of Federal Regulations* (CFR) 156.135(b)(2) or 156.135(b)(3):**

The actuarial value for all plans was established using the method described in 45 CFR 156.135(b)(2) and 156.135(b)(3).

**Confirmation that only in-network cost sharing, including multitier networks, was considered:**

Only in-network cost sharing, including multitier networks, was considered.

**Description of the standardized plan population data used:**

The standardized plan population data used was the data underlying the federal AV calculator.

**If the method described in CFR 156.135(b)(2) was used, a description of how the benefits were modified to fit the parameters of the AVC:**

Please see the bottom of page 2 for a description of how the benefits were modified to fit the parameters of the AVC.

**If the method described in CFR 156.135(b)(3) was used, a description of the data and method used to develop the adjustments:**

Please see the bottom of page 2 for a description of the data and method used to develop the adjustments.

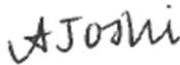
**Certification Language:**

The development of the actuarial value is based on one of the acceptable alternative methods outlined in CFR 156.135(b)(2) or 156.135(b)(3) for benefits that deviate substantially from the parameters of the AVC and have a material impact on the actuarial value.

The analysis was

- (i) conducted by a member of the American Academy of Actuaries and
- (ii) performed in accordance with generally accepted actuarial principles and methods.

**Actuary Signature:**



Digitally signed by Ashlesha Joshi  
Date: 2025.04.30 16:43:10 -07'00'

**Actuary Printed Name:** Ashlesha Joshi

**Date:** 4/30/2025

Reasons the plan design is unique, that is, the reason benefits are incompatible with the parameters of the Actuarial Value Calculator (AVC) and their materiality:

- This filing includes plans with different cost sharing values for MH/SUD Outpatient Office Visit and MH/SUD Outpatient All Other services, but the AV Calculator only has one input for MH/SUD OP services.
- This filing includes plans with two generic drug tiers (preferred generic and non-preferred generic) with different cost sharing, but the AV Calculator only has one input for generic drug cost share.

If the method described in CFR 156.135(b)(2) was used, a description of how the benefits were modified to fit the parameters of the AVC:

- A blend of preferred and non-preferred generic drug cost sharing has been used as the generic drug input to the AV Calculator.

If the method described in CFR 156.135(b)(3) was used, a description of the data and method used to develop the adjustments:

- Two different AVs were calculated using the federal AV Calculator: one AV using the MH/SUD OP Office Visit cost share, and the other using the MH/SUD OP Other cost share. All other inputs were the same in the two calculations. Then a weighted average AV was calculated from these two AVs, with weights developed based on the continuance tables within the AV Calculator.



April 15, 2025

Christine Gibert  
Policy Director  
Washington Health Benefit Exchange  
Via email: [Christine.gibert@wahbexchange.org](mailto:Christine.gibert@wahbexchange.org)

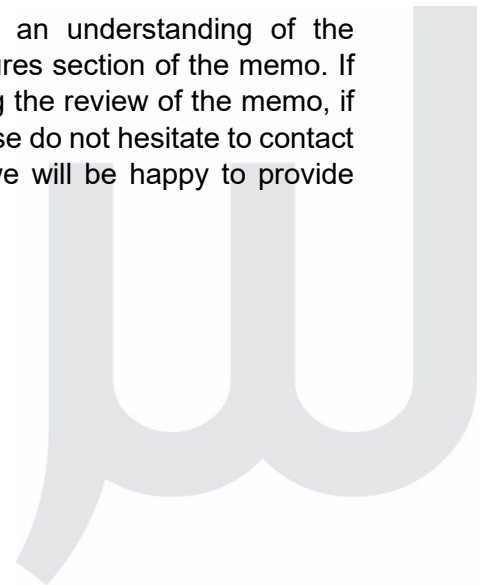
**RE: CERTIFICATION FOR WAHBE 2026 STANDARD PLAN DESIGNS**

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

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

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

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



# Washington Health Benefit Exchange

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

April 15, 2025

Prepared by:  
**Wakely Consulting Group, LLC**

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

## Table of Contents

Background.....	2
Methodology .....	3
Disclosures and Limitations.....	10

Appendix A – Actuarial Value Certification

Appendix B – Unique Plan Design Supporting Documentation and Justification

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

Appendix D – WAHBE 2026 Standard Plan Designs

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



## Background

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

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

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

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

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

---

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

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

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

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

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

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

## Methodology

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

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

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

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

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

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

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

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

**Table 1 – Summary of Original and Adjusted Federal AVs**

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

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

Wakely believes that the methodology that Acumen used to adjust the AVs is appropriate based on the reasonability testing of Acumen’s adjusted AVs. To determine whether the adjusted AVs were reasonable, Wakely tested three alternative plan designs in the original AVC that would serve as the boundary cases for the adjusted AVs. The expectation was that the adjusted AV should fall within the range of AVs produced by these alternative boundary cases. Wakely ran this test for all standard plans that offer the two MH/SUD \$1 copay visits (all except the two gold designs). Two boundary designs were needed for all plans other than expanded bronze, where three boundary designs

were considered.

The three alternative boundary plan designs used to test the reasonable AV range were as follows:

1. 2026 standard plan designs for each metal, with the same cost sharing applied to all PCP and outpatient MH/SUD services. For the expanded bronze plan design, two lower boundary designs were included:
  - (a) a design with the deductible and coinsurance cost sharing applied to all outpatient MH/SUD services; and
  - (b) a design with \$40 copay cost sharing applied to all PCP visits and outpatient MH/SUD services.
2. 2026 standard plan designs for each metal, with \$0 cost-sharing applied to first two PCP visits and all outpatient MH/SUD services. This is a richer boundary case than \$1 copay, but the AVC does not allow for a \$1 copay for initial visits. As such, this provides the closest boundary case within the design of AV calculator.

Wakely modeled each of these plan designs in the 2026 federal revised final AV calculator. For the expanded bronze plan, the AV for the mixed cost sharing applied to outpatient MH/SUD services (copay for office visits and deductible and coinsurance for all other services) would be a weighted average of the two AVs produced in (1a) and (1b). The resulting AVs are presented in the Table 2 below.

For all plans above, Acumen's 2026 adjusted AV falls within the AV range produced by the lower and upper boundary plan designs. For expanded bronze plan, the adjusted actuarial value exceeds both lower bound AVs with different types of cost sharing applied to all MH/SUD outpatient services (copays and deductible / coinsurance). Considering the range of AVs created by these two plans was narrow and considering that the adjusted AV logically fell within this range, Wakely deemed the adjusted AVs calculated by Acumen to be reasonable and actuarially sound.

**Table 2 – Summary of Original and Adjusted Federal AVs**

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

Note that the upper bound of the silver CSR 73% variation, the silver standard, and the standard expanded bronze AVs all fall above the de minimis range. However, the application of normal copays on the PCP and MH/SUD visits after the first two (and for expanded bronze, deductible/coinsurance cost sharing on OP Facility MH/SUD) would decrease the plan richness and the AV below the maximum levels (see below and Table 3 for additional detail).

To test this conclusion, Wakely tested best estimate alternative designs by calculating blended best estimate PCP and MH/SUD copay. We used a percentage of utilization of PCP office visit utilization for the first two visits (56.0% based on silver combined claim probability distribution (CPD) for PCP utilization, 59.2% based on the bronze combined CPD for PCP utilization<sup>2</sup>) and the percentage of OP MH/SUD utilization that is office visits (89.0% based on Acumen estimates and the AV Calculator CPD)<sup>3</sup> as the starting point.

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

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

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

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

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



**Table 3 – Summary of Calculations for Blended Copay AVs**

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



## Disclosures and Limitations

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

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

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

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

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

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

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

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

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

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

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

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

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

ASOP No. 23 Data Quality;  
ASOP No. 25 Credibility Procedures;  
ASOP No. 41 Actuarial Communications;  
ASOP No. 50 Determining Minimum Value and Actuarial Value under the Affordable Care Act; and  
ASOP No. 56 Modeling.

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

Sincerely,



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



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

## **Appendix A - Actuarial Value Certification**

### **Washington Health Benefit Exchange Standard Plan Designs Effective January 1, 2026**

I, Ksenia Whittal, am associated with the firm of Wakely Consulting Group, LLC, an HMA Company (Wakely), am a Fellow of the Society of Actuaries and a member of the American Academy of Actuaries and meet its Qualification Standards for Statements of Actuarial Opinion. Wakely was retained by Washington Health Benefit Exchange (WAHBE) to provide a certification of the adjusted actuarial value of the standard plan designs offered through WAHBE that are effective January 1, 2026. This certification may not be appropriate for other purposes.

To the best of my information, knowledge and belief, the adjusted actuarial values provided with this certification are considered actuarially sound for purposes of 45 CFR § 156.135(b), according to the following criteria:

- The revised final 2026 federal Actuarial Value Calculator was used to determine the AV for the plan provisions that fit within the calculator parameters;
- Appropriate adjustments were calculated, to the AV identified by the calculator, for plan design features that deviate substantially from the parameters of the AV calculator;
- The actuarial values have been developed in accordance with generally accepted actuarial principles and practices; and
- The actuarial values meet the requirements of 45 CFR § 156.135(b).

The assumptions and methodology used to develop the actuarial values have been documented in this report. The actuarial values associated with this certification are for the 2026 WAHBE standard expanded bronze, silver, silver 73% CSR, silver 87% CSR, silver 94% CSR, vital gold and complete gold plan designs that will be effective as of January 1, 2026 for individual coverage sold on the Washington Health Benefit Exchange.

The developed actuarial values are for the purposes of classifying plan designs of similar value and do not represent the expected actuarial value of a plan. Actual AVs will vary based on a plan's specific population, utilization, unit cost and other variables.

In developing this opinion, I have relied upon the final federal Actuarial Value calculator and the adjustment methodology provided by Acumen. Actuarial methods, considerations, and analyses used in forming my opinion conform to the appropriate Standards of Practice as promulgated from time-to-time by the Actuarial Standards Board, whose standards form the basis of this Statement of Opinion.



Ksenia Whittal, FSA, MAAA  
Senior Consulting Actuary  
Wakely Consulting Group, LLC, an HMA Company  
April 15, 2025

## **Appendix B - Unique Plan Design Supporting Documentation and Justification**

**Applicable Plans:** 2026 Standard Silver, the Silver 73% CSR, the Silver 87% CSR, the Silver 94% CSR and the Expanded Bronze Standard Option

**Reasons the plan design is unique (benefits that are not compatible with the parameters of the AV calculator, and the materiality of those benefits):** For the Expanded Bronze, Silver, Silver 73% CSR, Silver 87% CSR, and Silver 94% CSR plans, Mental Health and Substance Use Disorder Outpatient Services have different cost sharing for office visits and all other services. The AVC combines these services and only allows a single input for these services. For the Expanded Bronze, Silver, Silver 73% CSR, and Silver 87% CSR plans, there is a \$1 copay for the first two primary care and Mental Health and Substance Use Disorder Outpatient office visits. The AVC input does not accommodate this feature.

**Acceptable alternate method used per 156.135(b) (2) or 156.135(b) (3):** Method 156.135(b) (3) was utilized in developing the actuarial values for the plans.

**Confirmation that only in-network cost-sharing, including multitier networks, was considered:** Only in-network cost sharing was considered in the development of the actuarial values.

**Description of the standardized plan population data used:** Acumen used the data underlying the continuance tables in the 2026 federal AV calculator.

**If the method described in 156.135(b) (2) was used, a description of how the benefits were modified to fit the parameters of the AV calculator:** n/a

**If the method described in 156.135(b) (3) was used, a description of the data and method used to develop the adjustments:** Acumen developed adjustments to the continuance tables in AVC to accommodate the unique plan design features. Wakely did not replicate these changes but rather performed reasonability testing of Acumen's methodology by testing three sets of alternative plan designs in the original AVC that would serve as the boundary cases for the adjusted AVs. The expectation was that the adjusted AV should fall within the range of AVs produced by these alternative boundary cases. Wakely tested all standard plans that offer the first two PCP and two MH/SUD at a \$1 copay visits (all except both gold designs).

The three alternative boundary plan designs used to test the reasonable AV range were as follows:

1. 2026 standard plan designs for each metal, with the same cost sharing applied to all PCP and outpatient MH/SUD services. For the expanded bronze plan design, two boundary designs were included:
  - (a) a design with the deductible and coinsurance cost sharing applied to all outpatient MH/SUD services; and
  - (b) a design with \$40 copay cost sharing applied to all PCP visits and outpatient MH/SUD services.
2. 2026 standard plan designs for each metal, with \$0 cost-sharing applied to first two PCP

visits and all outpatient MH/SUD services. This is a richer boundary case than \$1 copay but the AVC does not allow for a \$1 copay for initial visits. As such, this provides the closest boundary case within the design of AV calculator.

Wakely modeled each of these plan designs in the revised final 2026 federal AV calculator. For the expanded bronze plan, the AV for the mixed cost sharing applied to outpatient MH/SUD services (copay for office visits and deductible and coinsurance for all other services) would be a weighted average of the two AVs produced in (1a) and (1b). For all plans above, Acumen's 2026 adjusted AV falls within the AV range produced by the lower and upper boundary plan designs. For the expanded bronze plan, the adjusted actuarial value exceeds both lower bound AVs with different types of cost sharing applied to all MH/SUD outpatient services (copays and deductible / coinsurance). Considering the range of AVs created by these two plans was narrow and considering that the adjusted AV logically fell within this range, Wakely deemed the adjusted AVs calculated by Acumen to be reasonable and actuarially sound.

Note that the upper bound of the silver CSR 73% variation, the silver standard, and the standard expanded bronze AVs all fall above the de minimis range. Wakely tested an alternative design for each of these by calculating a blended best estimate PCP and MH/SUD copay using an alternative assumption for the portion of MH/SUD annual utilization for the first two visits for a member in a given year. For the expanded bronze plan, this result was further blended with the alternative plan design that treated all OP MH/SUD as subject to the deductible and coinsurance. Using these assumptions, a revised blended cost sharing for PCP and MH/SUD yielded close to best estimate actuarial values within the de minimis ranges for each of the three impacted plans. Since both Acumen and Wakely methodologies resulted in compliant AVs we can thus be confident the WAHBE Standard Plans are within the de minimis range.

**Certification Language:**

The development of the actuarial value is based on one of the acceptable alternative methods outlined in 156.135(b) (2) or 156.135(b) (3) for those benefits that deviate substantially from the parameters of the AV Calculator and have a material impact on the AV.

The analysis was

- (i) conducted by a member of the American Academy of Actuaries; and
- (ii) performed in accordance with generally accepted actuarial principles and methodologies.

**Actuary signature:** \_\_\_\_\_



**Actuary Printed Name:** Ksenia Whittal, FSA, MAAA

**Date:** April 15, 2025

## **Appendix C - Acumen's Actuarial Value Calculator Modification Methodology Memorandum**

**(Begins on next page)**



# MEMORANDUM



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

---

Acumen utilized a modified version of the Revised Final 2026 Actuarial Value Calculator (AVC) to estimate the actuarial value (AV) of proposed 2026 standard plan designs, some of which feature unique plan designs. The plan designs in question allow issuers to set different cost sharing for mental health/substance use disorder (MHSUD) office visits and MHSUD outpatient visits as well as allow enrollees to have up to two office visits of each type (primary care and MHSUD) with a \$1 copay before the enrollee is responsible for a higher copay. While the standard AVC supports plan designs with a specified number of upfront no-copay visits for primary care, it does not support this feature for MHSUD office visits and it does not support \$1 visits followed by a different copay. By utilizing the built-in upfront cost-sharing option for primary care as a starting point, Acumen modified the AVC to account for both types of office visits and for differential copays to calculate the AV of this plan design. In a separate workbook titled “2026Designs\_Screenshots\_Revised\_Final\_2026AVC.xlsx”, Acumen has included the screenshots of all standard plans for all metal levels to show how these plans are entered in the modified version of the Revised Final 2026 AVC and the original Revised Final 2026 AVC.

## **Modifications for Office Visit Cost-Sharing**

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

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



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

Using categorization logic similar to that used in the construction of the continuance tables underlying the AVC, Acumen first identified MHSUD-related claims in the EDGE LDS using a combination of revenue codes, place of service, HCPCs, and diagnoses appearing on the claim. Acumen then further identified the office visit claims among these by using both BETOS and Restructured BETOS Classification System (RBCS) codes. Finally, Acumen reweighted the data using the AVC standard population and calculated the proportion of MHSUD outpatient professional and facility claims that consisted of office visits. Proportions were calculated for utilization as well as costs and can be viewed in Table 1 below<sup>2</sup>. These derived proportions were then applied to the “Mental Health – OP Facility”, “Avg. Mental Health – OP Facility Freq.”, “Mental Health – OP Prof”, and “Avg. Mental Health – OP Prof Freq.” columns in the AVC medical and combined continuance tables to estimate MHSUD office visit cost and frequency. Once these values were calculated, they were subtracted from the existing MHSUD columns and added to the existing “Primary Care” and “Avg. Primary Care Freq” columns in the continuance table to create modified versions of these columns.

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

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

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

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

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

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

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

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

= Col (2) / Col (1)

1-Visit Factor: 59.0%

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

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

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

Total MHSUD Office Visit Cost: \$134.50

Final Calculations:

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

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

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

## **Appendix D - WAHBE 2026 Standard Plan Designs**

**(Begins on next page)**

## WAHBE Required 2026 Standard Plan Designs

### Individual Market Gold, Silver, and Bronze Plans

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

Shaded Items are not Subject to Deductible.

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

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

### Individual Market Silver Plan and CSR Variations

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

Shaded Items are not Subject to Deductible.

\* Per day copay, maximum of five copays per stay

\*\* Per day copay

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

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

## 2026 Standard Plans Designs Appendix A

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

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

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

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



## 2026 Standard Plans Designs Appendix B Plan and Benefit Template Standardization

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

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

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

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

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

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

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

**(Begins on next page)**

## Individual Market Standard Complete Gold Plan

### User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒  
 Apply Inpatient Copay per Day? ☒  
 Apply Skilled Nursing Facility Copay per Day? ☒  
 Use Separate MOOP for Medical and Drug Spending? ☐  
 Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐  
 Desired Metal Tier: Gold

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$1,000.00
		80.00%
		\$7,000.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined



[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?	
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$450.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input type="checkbox"/>	<input type="checkbox"/>		\$525.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

### Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

### Plan Description:

Name:  
 Plan HIOS ID:  
 Issuer HIOS ID:  
 AVC Version: 2026\_1d

### Output

Calculate

Status/Error Messages:

Actuarial Value:  
 Metal Tier:

Calculation Successful.

81.81%  
 Gold

Additional Notes:

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

Calculation Time:

0.1094 seconds

Revised Final 2026 AV Calculator

## Individual Market Standard Vital Gold Plan

### User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒  
 Apply Inpatient Copay per Day? ☒  
 Apply Skilled Nursing Facility Copay per Day? ☒  
 Use Separate MOOP for Medical and Drug Spending? ☐  
 Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐  
 Desired Metal Tier: Gold

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$1,900.00			
		80.00%			
		\$8,800.00			



[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?	
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$800.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input type="checkbox"/>	<input type="checkbox"/>		\$650.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

### Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

### Plan Description:

Name:  
 Plan HIOS ID:  
 Issuer HIOS ID:  
 AVC Version: 2026\_1d

### Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

78.06%

Gold

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

Additional Notes:

Calculation Time:

0.1523 seconds

Revised Final 2026 AV Calculator

## Individual Market Standard Silver Plan

### User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒  
 Apply Inpatient Copay per Day? ☒  
 Apply Skilled Nursing Facility Copay per Day? ☒  
 Use Separate MOOP for Medical and Drug Spending? ☐  
 Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐  
 Desired Metal Tier: Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$2,500.00
		70.00%
		\$9,750.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined



[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?	
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$800.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$800.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$800.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$600.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

### Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>
# Visits (1-10):	2
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

### Plan Description:

Name:  
 Plan HIOS ID:  
 Issuer HIOS ID:  
 AVC Version: 2026\_1d

### Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

71.33%

Silver

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

Additional Notes:

Calculation Time:

0.1172 seconds

Revised Final 2026 AV Calculator

## Individual Market Standard Silver, CSR 73% Plan

### User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒  
 Apply Inpatient Copay per Day? ☒  
 Apply Skilled Nursing Facility Copay per Day? ☒  
 Use Separate MOOP for Medical and Drug Spending? ☐  
 Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒  
 Desired Metal Tier: Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$2,500.00
		70.00%
		\$7,950.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined



[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?	
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$800.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$800.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$800.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$600.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$24.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

### Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>
# Visits (1-10):	2
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

### Plan Description:

Name:  
 Plan HIOS ID:  
 Issuer HIOS ID:  
 AVC Version: 2026\_1d

### Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised Final 2026 AV Calculator

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

73.49%

Silver

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

0.1055 seconds



## Individual Market Standard Silver, CSR 87% Plan

### User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒  
 Apply Inpatient Copay per Day? ☒  
 Apply Skilled Nursing Facility Copay per Day? ☒  
 Use Separate MOOP for Medical and Drug Spending? ☐  
 Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒  
 Desired Metal Tier: Gold

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$750.00
		80.00%
		\$2,850.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined



[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$425.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$425.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$425.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$325.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$120.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$12.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$160.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$160.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

### Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>
Specialty Rx Coinsurance Maximum:
Set a Maximum Number of Days for Charging an IP Copay? <input checked="" type="checkbox"/>
# Days (1-10): 5
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input checked="" type="checkbox"/>
# Visits (1-10): 2
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>
# Copays (1-10):

### Plan Description:

Name:  
 Plan HIOS ID:  
 Issuer HIOS ID:  
 AVC Version: 2026\_1d

### Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised Final 2026 AV Calculator

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

87.78%

Gold

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

0.1172 seconds

## Individual Market Standard Silver, CSR 94% Plan

### User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒  
 Apply Inpatient Copay per Day? ☒  
 Apply Skilled Nursing Facility Copay per Day? ☒  
 Use Separate MOOP for Medical and Drug Spending? ☐  
 Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒  
 Desired Metal Tier: Platinum

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$0.00
		85.00%
		\$2,400.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined



[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?
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$1.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$12.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

### Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>
Specialty Rx Coinsurance Maximum:
Set a Maximum Number of Days for Charging an IP Copay? <input checked="" type="checkbox"/>
# Days (1-10): 5
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>
# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>
# Copays (1-10):

### Plan Description:

Name:  
 Plan HIOS ID:  
 Issuer HIOS ID:  
 AVC Version: 2026\_1d

### Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised Final 2026 AV Calculator

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

94.76%

Platinum

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

0.1055 seconds

## Individual Market Standard Expanded Bronze Plan

### User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒  
 Apply Inpatient Copay per Day? ☐  
 Apply Skilled Nursing Facility Copay per Day? ☐  
 Use Separate MOOP for Medical and Drug Spending? ☐  
 Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒

Desired Metal Tier: Bronze

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$6,000.00
Coinsurance (% , Insurer's Cost Share)		60.00%
MOOP (\$)		\$10,150.00
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?	
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$32.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

### Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>
# Visits (1-10):	2
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

### Plan Description:

Name:  
 Plan HIOS ID:  
 Issuer HIOS ID:  
 AVC Version: 2026\_1d

### Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Revised Final 2026 AV Calculator

Expanded Bronze Standard (56% to 65%), Calculation Successful.

63.64%

Bronze

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

0.1055 seconds

## Individual Market Standard Silver Plan (Adjusted)

### User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒  
 Apply Inpatient Copay per Day? ☒  
 Apply Skilled Nursing Facility Copay per Day? ☒  
 Use Separate MOOP for Medical and Drug Spending? ☐  
 Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐  
 Desired Metal Tier: Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$2,500.00
		70.00%
		\$9,750.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined



[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?	
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$800.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$800.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care & MHSUD Office Visits	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services other than Office Visits	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$800.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$600.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

### Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care & MHSUD Office Visit Cost-Sharing After a Set Number of \$1 Visits?	<input checked="" type="checkbox"/>
# Visits (1-10):	2
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	
Set a Maximum on Outpatient Facility Fee Coinsurance Payments?	<input type="checkbox"/>
Outpatient Facility Fee Coinsurance Maximum:	

### Plan Description:

Name:  
 Plan HIOS ID:  
 Issuer HIOS ID:  
 AVC Version: 2026\_1d\_Coins\_Cap

### Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

71.84%

Metal Tier:

Silver

Additional Notes:

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

Calculation Time:

0.1133 seconds

WAHBE Revised Final 2026 AV Calculator

## Individual Market Standard Silver, CSR 73% Plan (Adjusted)

### User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒  
 Apply Inpatient Copay per Day? ☒  
 Apply Skilled Nursing Facility Copay per Day? ☒  
 Use Separate MOOP for Medical and Drug Spending? ☐  
 Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒  
 Desired Metal Tier: Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$2,500.00
		70.00%
		\$7,950.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined



[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?	
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$800.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$800.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care & MHSUD Office Visits	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services other than Office Visits	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$800.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$600.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$24.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

### Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care & MHSUD Office Visit Cost-Sharing After a Set Number of \$1 Visits?	<input checked="" type="checkbox"/>
# Visits (1-10):	2
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	
Set a Maximum on Outpatient Facility Fee Coinsurance Payments?	<input type="checkbox"/>
Outpatient Facility Fee Coinsurance Maximum:	

### Plan Description:

Name:  
 Plan HIOS ID:  
 Issuer HIOS ID:  
 AVC Version: 2026\_1d\_Coins\_Cap

### Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

WAHBE Revised Final 2026 AV Calculator

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

73.95%

Silver

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

0.1055 seconds

## Individual Market Standard Silver, CSR 87% Plan (Adjusted)

### User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒  
 Apply Inpatient Copay per Day? ☒  
 Apply Skilled Nursing Facility Copay per Day? ☒  
 Use Separate MOOP for Medical and Drug Spending? ☐  
 Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒  
 Desired Metal Tier: Gold

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$750.00
		80.00%
		\$2,850.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined



[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?	
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$425.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$425.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care & MHSUD Office Visits	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services other than Office Visits	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$425.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$325.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$120.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$12.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$160.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$160.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

### Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care & MHSUD Office Visit Cost-Sharing After a Set Number of \$1 Visits?	<input checked="" type="checkbox"/>
# Visits (1-10):	2
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	
Set a Maximum on Outpatient Facility Fee Coinsurance Payments?	<input type="checkbox"/>
Outpatient Facility Fee Coinsurance Maximum:	

### Plan Description:

Name:  
 Plan HIOS ID:  
 Issuer HIOS ID:  
 AVC Version: 2026\_1d\_Coins\_Cap

### Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

WAHBE Revised Final 2026 AV Calculator

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

87.87%

Gold

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

0.1016 seconds

## Individual Market Standard Silver, CSR 94% Plan (Adjusted)

### User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒  
 Apply Inpatient Copay per Day? ☒  
 Apply Skilled Nursing Facility Copay per Day? ☒  
 Use Separate MOOP for Medical and Drug Spending? ☐  
 Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒

Desired Metal Tier **Platinum**

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Deductible (\$)  
 Coinsurance (%; Insurer's Cost Share)  
 MOOP (\$)  
 MOOP if Separate (\$)

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$0.00
		85.00%
		\$2,400.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined



[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care & MHSUD Office Visits	<input type="checkbox"/>	<input type="checkbox"/>		\$1.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services other than Office Visits	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$12.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

### Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care & MHSUD Office Visit Cost-Sharing After a Set Number of \$1 Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	
Set a Maximum on Outpatient Facility Fee Coinsurance Payments?	<input type="checkbox"/>
Outpatient Facility Fee Coinsurance Maximum:	

### Plan Description:

Name:  
 Plan HIOS ID:  
 Issuer HIOS ID:  
 AVC Version: 2026\_1d\_Coins\_Cap

### Output

**Calculate**

Status/Error Messages:

Actuarial Value:

Metal Tier:

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

94.86%

Platinum

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

Additional Notes:

Calculation Time:

0.1016 seconds

WAHBE Revised Final 2026 AV Calculator

## Individual Market Standard Expanded Bronze Plan (Adjusted)

### User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒  
 Apply Inpatient Copay per Day? ☐  
 Apply Skilled Nursing Facility Copay per Day? ☐  
 Use Separate MOOP for Medical and Drug Spending? ☐  
 Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒

Desired Metal Tier Bronze

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$6,000.00
		60.00%
		\$10,150.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined



[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care & MHSUD Office Visits	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services other than Office Visits	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$32.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

### Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care & MHSUD Office Visit Cost-Sharing After a Set Number of \$1 Visits?	<input checked="" type="checkbox"/>
# Visits (1-10):	2
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	
Set a Maximum on Outpatient Facility Fee Coinsurance Payments?	<input type="checkbox"/>
Outpatient Facility Fee Coinsurance Maximum:	

### Plan Description:

Name:  
 Plan HIOS ID:  
 Issuer HIOS ID:  
 AVC Version: 2026\_1d\_Coins\_Cap

### Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

WAHBE Revised Final 2026 AV Calculator

Expanded Bronze Standard (56% to 65%), Calculation Successful.

64.97%

Bronze

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

0.1055 seconds



User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?

☒

Apply Inpatient Copay per Day?

☐

Apply Skilled Nursing Facility Copay per Day?

☐

Use Separate MOOP for Medical and Drug Spending?

☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

☐

Desired Metal Tier

Gold

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$1,450.00			
Coinsurance (% , Insurer's Cost Share)			80.00%			
MOOP (\$)			\$7,500.00			
MOOP if Separate (\$)						

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100.00%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100.00%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$13.56	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	75.00%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70.00%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

☐

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?

☐

# Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?

☐

# Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?

☐

# Copays (1-10):

Plan Description:

Name: Ambetter Secure Care 5 (MH OP OV)  
Plan HIOS ID: 61836WA0050008-01 (MH OP OV)  
Issuer HIOS ID: 61836  
AVC Version: 2026\_1b

NOTE: Issuer AV is 81.62%

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2026 AV Calculator

Calculation Successful.

81.64%

Gold

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

0.4648 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? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$1,450.00			
Coinsurance (% , Insurer's Cost Share)			80.00%			
MOOP (\$)			\$7,500.00			
MOOP if Separate (\$)						

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100.00%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100.00%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$13.56	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	75.00%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70.00%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

☐

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?

☐

# Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?

☐

# Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?

☐

# Copays (1-10):

Plan Description:

Name: Ambetter Secure Care 5 (MH OP Other)  
Plan HIOS ID: 61836WA0050008-01 (MH OP Other)  
Issuer HIOS ID: 61836  
AVC Version: 2026\_1b

NOTE: Issuer AV is 81.62%

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2026 AV Calculator

Calculation Successful.

80.91%

Gold

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

0.3984 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? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$8,200.00			
Coinsurance (% , Insurer's Cost Share)			100.00%			
MOOP (\$)			\$8,200.00			
MOOP if Separate (\$)						

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100.00%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100.00%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$13.56	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?☐

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: Ambetter Balanced Care 4 (MH OP OV)  
Plan HIOS ID: 61836WA0050007-01 (MH OP OV)  
Issuer HIOS ID: 61836  
AVC Version: 2026\_1b

NOTE: Issuer AV is 71.92%

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2026 AV Calculator

Calculation Successful.

71.94%

Silver

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

0.4746 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? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$8,200.00			
Coinsurance (% , Insurer's Cost Share)			100.00%			
MOOP (\$)			\$8,200.00			
MOOP if Separate (\$)						

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100.00%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100.00%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$13.56	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?☐

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: Ambetter Balanced Care 4 (MH OP Other)  
Plan HIOS ID: 61836WA0050007-01 (MH OP Other)  
Issuer HIOS ID: 61836  
AVC Version: 2026\_1b

NOTE: Issuer AV is 71.92%

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2026 AV Calculator

Calculation Successful.

70.46%

Silver

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

0.6641 seconds

# Appendix 16.5

Coordinated Care Corporation

AV Methodology for Unique Plan Designs

The Affordable Care Act (ACA) requires that non-grandfathered health care coverage provided by issuers in the individual market cover all Essential Health Benefits (EHBs) and have Actuarial Values (AVs) that fall under the Platinum (90% AV), Gold (80% AV), Silver (70% AV), or Bronze (60% AV) tiers. The ACA allows for a de minimis range around these target AVs. The ACA also defines AVs for Cost-Sharing Reduction (CSR) Plan variations that are available to individuals meeting income and other eligibility criteria and enrolling in a Silver level plan in the individual market. These CSR variation AVs are 73%, 87% and 94%. The ACA allows for a de minimis range around the target AVs for CSR plans.

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

Most of the cost sharing features of the 2026 non-standard plan designs in Washington can be accommodated by the Federal AVC. However, the AVC only has one input for MH/SUD OP services and one input for generic drug cost sharing. Plans with different cost sharing for MH/SUD OP office visits and MH/SUD OP other services, or with multiple tiers of generic drugs, cannot be input into the current Federal AVC without a unique benefit design certification.

## **METHODOLOGY**

The plan designs included in this rate filing are compliant with final regulations for 2026, including the Final 2026 Federal AV Calculator. The plan designs are within the required de minimis ranges using the Final 2026 AVC with unique plan design adjustments as described in this report.

Centene is providing an actuarial certification for the adjusted actuarial values allowed under 45 CFR §156.135(b)(2) and (b)(3) in Section 22 of the Actuarial Memorandum. The AV Metal Values included in Worksheet 2 of the Part I URRT were calculated using the Final 2026 Federal AV Calculator with an estimated fit of unique plan features into the parameters of the AVC, and adjustment of the AVC results, as follows:

- **Generic drugs:** The cost sharing entered into the AVC is an effective copay blending the cost sharing for preferred generic drugs and non-preferred generic drugs. To develop the effective copays, we reviewed historical Ambetter generic drug utilization, taking into consideration the specific drugs within each generic tier for 2026. The utilization split has been stable across multiple years and consists of approximately 12% preferred generic and 88% non-preferred generic. Therefore, we calculated the effective copay as the weighted average of the preferred and non-preferred generic copays, using weights of 12% and 88% for preferred generic and non-preferred generic, respectively.
- **MH/SUD outpatient services:** Two AVs were calculated for each plan using the AVC. The first AV was calculated using the MH/SUD OP office visit cost share as the input on the MH/SUD OP services line in the AVC. The second AV was calculated using the MH/SUD OP other services cost share as the input on the MH/SUD OP services line in the AVC. For both AV calculations, we used the same effective copay input for generic drugs as described above; the only difference between the two AV calculations was the MH/SUD OP services cost sharing.
- Finally, we blended the two calculated AVs using frequencies from the continuance tables in the AV calculator as weights to obtain the final AV.

The table below shows the calculation of the effective generic drug copays:

Plan name	Preferred generic drug copay (A)	Non-preferred generic drug copay (B)	Effective generic drug copay (C = 0.12*A + 0.88*B)
Ambetter Secure Care 5	\$3	\$15	\$13.56
Ambetter Balanced Care 4	\$3	\$15	\$13.56
Ambetter Balanced Care 4, 73% CSR	\$3	\$15	\$13.56
Ambetter Balanced Care 4, 87% CSR	\$0	\$0	\$0.00
Ambetter Balanced Care 4, 94% CSR	\$0	\$0	\$0.00

The table below shows the calculation of the weights used for the MH/SUD OP services blending:

		Ambetter Secure Care 5	Ambetter Balanced Care 4	Ambetter Balanced Care 4, 73% CSR	Ambetter Balanced Care 4, 87% CSR	Ambetter Balanced Care 4, 94% CSR
	Deductible (D)	\$1,450	\$8,200	\$7,450	\$2,650	\$800
	Out of Pocket Max (E)	\$7,500	\$8,200	\$7,450	\$2,650	\$800
	Coinsurance (F)	20%	0%	0%	0%	0%
	Claims Maximum $G=D+[(E-D)/F]$	\$31,700	\$8,200	\$7,450	\$2,650	\$800
	Low Cont. Value	\$30,000	\$8,200	\$7,400	\$2,600	\$800
	High Cont. Value	\$35,000	\$8,200	\$7,500	\$2,700	\$800
MH/SUD OP Prof "Office Visit"	Avg Freq Low	2.2516	1.4030	1.3366	0.7428	0.2314
	Avg Freq High	2.2908	1.4030	1.3457	0.7651	0.2314
	Interpolated	2.2649	1.4030	1.3411	0.7539	0.2314
MH/SUD OP Facility "Other"	Avg Freq Low	0.0475	0.0171	0.0154	0.0048	0.0010
	Avg Freq High	0.0516	0.0171	0.0157	0.0050	0.0010
	Interpolated	0.0489	0.0171	0.0155	0.0049	0.0010
	Combined Freq	2.3138	1.4201	1.3566	0.7588	0.2324
	<b>% Other OP (H)</b>	<b>2.11%</b>	<b>1.20%</b>	<b>1.14%</b>	<b>0.65%</b>	<b>0.42%</b>
	<b>% Office Visit (I)</b>	<b>97.89%</b>	<b>98.80%</b>	<b>98.86%</b>	<b>99.35%</b>	<b>99.58%</b>

The table below shows the AVs calculated by the AVC and the application of the MH/SUD OP services blending weights to obtain the final AVs that are being certified:

Plan name	% Office Visit (I)	% Other OP (H)	AV calculated w/ office visit (J)	AV calculated w/ Other (K)	Final AV (J*I + K*H)
Ambetter Secure Care 5	97.89%	2.11%	0.8164	0.8091	<b>0.8162</b>
Ambetter Balanced Care 4	98.80%	1.20%	0.7194	0.7046	<b>0.7192</b>
Ambetter Balanced Care 4, 73% CSR	98.86%	1.14%	0.7395	0.7224	<b>0.7393</b>
Ambetter Balanced Care 4, 87% CSR	99.35%	0.65%	0.8769	0.8675	<b>0.8768</b>
Ambetter Balanced Care 4, 94% CSR	99.58%	0.42%	0.9473	0.9449	<b>0.9473</b>



<b>Appendix 16.6</b> <b>Coordinated Care Corporation</b> <b>Plan Designs for Plans Included in Unique Plan Design Certification</b>							
Plan ID	Plan Name	Metal	Integrated	Medical	Deductible Rx	Combined	MOOP
61836WA0050008	Ambetter Secure Care 5 - Standard Gold On Exchange Plan	Gold	Yes			\$1,450	\$7,500
61836WA0050007	Ambetter Balanced Care 4 - Standard Silver On Exchange Plan	Silver 70%	Yes			\$8,200	\$8,200
61836WA0050007	Ambetter Balanced Care 4 - 73% AV Level Silver Plan	Silver 73%	Yes			\$7,450	\$7,450
61836WA0050007	Ambetter Balanced Care 4 - 87% AV Level Silver Plan	Silver 87%	Yes			\$2,650	\$2,650
61836WA0050007	Ambetter Balanced Care 4 - 94% AV Level Silver Plan	Silver 94%	Yes			\$800	\$800

Highlighting indicates benefits subject to the deductible.

**Appendix 16.6**  
**Coordinated Care Corporation**  
**Plan Designs for Plans Included in Unique Plan Design Certification**

			Emergency Room Services		Urgent Care		IP	
Plan ID	Plan Name	Metal	Copay	Coinsurance	Copay	Coinsurance	Copay	Coinsurance
61836WA0050008	Ambetter Secure Care 5 - Standard Gold On Exchange Plan	Gold		80%	\$35			80%
61836WA0050007	Ambetter Balanced Care 4 - Standard Silver On Exchange Plan	Silver 70%		100%	\$50			100%
61836WA0050007	Ambetter Balanced Care 4 - 73% AV Level Silver Plan	Silver 73%		100%	\$35			100%
61836WA0050007	Ambetter Balanced Care 4 - 87% AV Level Silver Plan	Silver 87%		100%	\$5			100%
61836WA0050007	Ambetter Balanced Care 4 - 94% AV Level Silver Plan	Silver 94%		100%	\$5			100%

Highlighting indicates benefits subject to the deductible.

**Appendix 16.6**  
**Coordinated Care Corporation**  
**Plan Designs for Plans Included in Unique Plan Design Certification**

Plan ID	Plan Name	Metal	Primary Care		Specialist		MH/SUD OP Office Visit	
			Copay	Coinsurance	Copay	Coinsurance	Copay	Coinsurance
61836WA0050008	Ambetter Secure Care 5 - Standard Gold On Exchange Plan	Gold	\$15		\$35		\$15	
61836WA0050007	Ambetter Balanced Care 4 - Standard Silver On Exchange Plan	Silver 70%	\$30		\$60		\$30	
61836WA0050007	Ambetter Balanced Care 4 - 73% AV Level Silver Plan	Silver 73%	\$15		\$45		\$15	
61836WA0050007	Ambetter Balanced Care 4 - 87% AV Level Silver Plan	Silver 87%	\$0		\$10		\$0	
61836WA0050007	Ambetter Balanced Care 4 - 94% AV Level Silver Plan	Silver 94%	\$0		\$10		\$0	

Highlighting indicates benefits subject to the deductible.

**Appendix 16.6**  
**Coordinated Care Corporation**  
**Plan Designs for Plans Included in Unique Plan Design Certification**

Plan ID	Plan Name	Metal	MH/SUD OP Other		Advanced Imaging (CT/PET Scans, MRIs)		Speech Therapy	
			Copay	Coinsurance	Copay	Coinsurance	Copay	Coinsurance
61836WA0050008	Ambetter Secure Care 5 - Standard Gold On Exchange Plan	Gold		80%		80%		80%
61836WA0050007	Ambetter Balanced Care 4 - Standard Silver On Exchange Plan	Silver 70%		100%		100%		100%
61836WA0050007	Ambetter Balanced Care 4 - 73% AV Level Silver Plan	Silver 73%		100%		100%		100%
61836WA0050007	Ambetter Balanced Care 4 - 87% AV Level Silver Plan	Silver 87%		100%		100%		100%
61836WA0050007	Ambetter Balanced Care 4 - 94% AV Level Silver Plan	Silver 94%		100%		100%		100%

Highlighting indicates benefits subject to the deductible.

**Appendix 16.6**  
**Coordinated Care Corporation**  
**Plan Designs for Plans Included in Unique Plan Design Certification**

			Occupational And Physical Therapy		Preventive Care/Screening/Immunization		Laboratory Outpatient and Professional Services	
Plan ID	Plan Name	Metal	Copay	Coinsurance	Copay	Coinsurance	Copay	Coinsurance
61836WA0050008	Ambetter Secure Care 5 - Standard Gold On Exchange Plan	Gold		80%		100%	\$15	
61836WA0050007	Ambetter Balanced Care 4 - Standard Silver On Exchange Plan	Silver 70%		100%		100%		100%
61836WA0050007	Ambetter Balanced Care 4 - 73% AV Level Silver Plan	Silver 73%		100%		100%		100%
61836WA0050007	Ambetter Balanced Care 4 - 87% AV Level Silver Plan	Silver 87%		100%		100%		100%
61836WA0050007	Ambetter Balanced Care 4 - 94% AV Level Silver Plan	Silver 94%		100%		100%		100%

Highlighting indicates benefits subject to the deductible.

**Appendix 16.6**  
**Coordinated Care Corporation**  
**Plan Designs for Plans Included in Unique Plan Design Certification**

			X-rays and Diagnostic Imaging		Skilled Nursing Facility		Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	
Plan ID	Plan Name	Metal	Copay	Coinsurance	Copay	Coinsurance	Copay	Coinsurance
61836WA0050008	Ambetter Secure Care 5 - Standard Gold On Exchange Plan	Gold		80%		80%		80%
61836WA0050007	Ambetter Balanced Care 4 - Standard Silver On Exchange Plan	Silver 70%		100%		100%		100%
61836WA0050007	Ambetter Balanced Care 4 - 73% AV Level Silver Plan	Silver 73%		100%		100%		100%
61836WA0050007	Ambetter Balanced Care 4 - 87% AV Level Silver Plan	Silver 87%		100%		100%		100%
61836WA0050007	Ambetter Balanced Care 4 - 94% AV Level Silver Plan	Silver 94%		100%		100%		100%

Highlighting indicates benefits subject to the deductible.

**Appendix 16.6**  
**Coordinated Care Corporation**  
**Plan Designs for Plans Included in Unique Plan Design Certification**

			Outpatient Surgery Physician/Surgical Services		Rx Generics - Blended		Rx Preferred Brand	
Plan ID	Plan Name	Metal	Copay	Coinsurance	Copay	Coinsurance	Copay	Coinsurance
61836WA0050008	Ambetter Secure Care 5 - Standard Gold On Exchange Plan	Gold		80%	\$13.56		\$30	
61836WA0050007	Ambetter Balanced Care 4 - Standard Silver On Exchange Plan	Silver 70%		100%	\$13.56		\$50	
61836WA0050007	Ambetter Balanced Care 4 - 73% AV Level Silver Plan	Silver 73%		100%	\$13.56		\$50	
61836WA0050007	Ambetter Balanced Care 4 - 87% AV Level Silver Plan	Silver 87%		100%	\$0.00		\$25	
61836WA0050007	Ambetter Balanced Care 4 - 94% AV Level Silver Plan	Silver 94%		100%	\$0.00		\$25	

Highlighting indicates benefits subject to the deductible.

<b>Appendix 16.6</b> <b>Coordinated Care Corporation</b> <b>Plan Designs for Plans Included in Unique Plan Design Certification</b>										
			Rx Non-Preferred Brand		Rx Specialty		Ambulance			
Plan ID	Plan Name	Metal	Copay	Coinsurance	Copay	Coinsurance	Copay	Coinsurance	Final AV	
61836WA0050008	Ambetter Secure Care 5 - Standard Gold On Exchange Plan	Gold		75%		70%		80%	81.62%	
61836WA0050007	Ambetter Balanced Care 4 - Standard Silver On Exchange Plan	Silver 70%		100%		100%		100%	71.92%	
61836WA0050007	Ambetter Balanced Care 4 - 73% AV Level Silver Plan	Silver 73%		100%		100%		100%	73.93%	
61836WA0050007	Ambetter Balanced Care 4 - 87% AV Level Silver Plan	Silver 87%		100%		100%		100%	87.68%	
61836WA0050007	Ambetter Balanced Care 4 - 94% AV Level Silver Plan	Silver 94%		100%		100%		100%	94.73%	

Highlighting indicates benefits subject to the deductible.



**WA Appendices  
Table of Contents**

Tab Name	Exhibit
Appendix 1.1	Description of Benefits
Appendix 1.2	List of Counties in Each Service Area
Appendix 1.2a	List of Plans in Each Service Area
Appendix 1.3	Rating Example
Appendix 6.1	URRT Cost Trend Factor, Annualized
Appendix 6.2	URRT Util Trend Factor, Annualized
Appendix 6.3	URRT Worksheet 1, Section II Factor Comparison
Appendix 6.4	URRT Worksheet 1 Utilization/1,000, Unit Cost, and PMPM Comparison
Appendix 6.5	Incurred Claims Projected Trend for WAC 284-43-6660 Summary
Appendix 6.6	Utilization Attributed to Signed Providers in Core Network
Appendix 7.1	Development of Morbidity Adjustment
Appendix 7.2	Development of Demographic Shift Adjustment
Appendix 7.3	Development of Plan Design Changes Adjustment
Appendix 7.4	Development of Other Adjustment
Appendix 11.1	Experience Period and Projected Risk Adjustment Data by Metal Level
Appendix 11.2	Experience Period and Projected Risk Adjustment Data by Plan
Appendix 12.1	Development of URRT Worksheet 2, Section IV Values
Appendix 12.2	Summary of Non-Benefit Expenses and Comparison of Non-Benefit Expense Loads from Prior Filings
Appendix 12.3	Development of AV and Cost Sharing Factors
Appendix 12.3a	Normalized Provider Network Adjustment Factors
Appendix 12.4	Months of Surplus Calculation
Appendix 12.5	Actual-to-Expected Expense Load Comparison
Appendix 13.1	Development of Composite & Calibrated Rating Factors
Appendix 13.2	Rating Area Relativities
Appendix 15.1	Projected MLR Table
Appendix 16.1	AV Calculator Results
Appendix 16.2	AV Screenshots for Non-Standardized Plans
Appendix 16.4	AV Screenshots for Wakely Certified Plans
Appendix 16.5	AV Methodology Unique Plan Designs
Appendix 16.6	Plan Designs for Plans Included in Unique Plan Design Certification
Appendix 17.1	Membership Projections
Appendix 18.1	Terminated Plans
Appendix 20.1	Development of Non-EHB Adjustment Factor
Appendix 20.2	Data for Rate Review Detail
Appendix 20.3a	Unified Rate Review Template - Worksheet 1
Appendix 20.3b	Unified Rate Review Template - Worksheet 2
Appendix 20.4	Financial Data Consistency Summary
Appendix 20.5	Changes in Cost Sharing For Plans Offered in 2025 and 2026
Appendix 20.6	Demonstration of Incurred Claims vs. Premium
Appendix 21.1	Data and Assumption Reliance for 2026 Individual Marketplace Premium Development

**Appendix 1.1**  
**Coordinated Care Corporation**  
**Description of Benefits**

Plan Design	Plan ID	Plan Type	Medical Deductible	Plan Coinsurance	Rx Deductible	OOP Max	PCP Visit	Specialty Visit	Rx Plan Coverage				Includes adult vision coverage?	Includes adult dental coverage?
									Generic	Preferred Brand	Non-Preferred Brand	Specialty		
Ambetter Balanced Care 4	61836WA0050007	HMO	\$8,200 INT	100%	INT	\$8,200	\$30 NSD	\$60 NSD	\$15 NSD	\$50 NSD	\$0 SD	\$0 SD	N	N
Ambetter Secure Care 5	61836WA0050008	HMO	\$1,450 INT	80%	INT	\$7,500	\$15 NSD	\$35 NSD	\$15 NSD	\$30 NSD	\$0 SD	\$0 SD	N	N
Ambetter Cascade Select Vital Gold	61836WA0050016	HMO	\$1,900 INT	80%	INT	\$8,800	\$15 NSD	\$40 NSD	\$10 NSD	\$75 NSD	\$200 SD	\$200 SD	N	N
Ambetter Cascade Silver	61836WA0050017	HMO	\$2,500 INT	70%	INT	\$9,750	\$20 NSD	\$65 NSD	\$25 NSD	\$75 NSD	\$250 SD	\$250 SD	N	N
Ambetter Cascade Complete Gold	61836WA0050018	HMO	\$1,000 INT	80%	INT	\$7,000	\$15 NSD	\$40 NSD	\$10 NSD	\$60 NSD	\$100 NSD	\$100 NSD	N	N
Ambetter Cascade Vital Gold	61836WA0050022	HMO	\$1,900 INT	80%	INT	\$8,800	\$15 NSD	\$40 NSD	\$10 NSD	\$75 NSD	\$200 SD	\$200 SD	N	N
Ambetter Cascade Select Bronze	61836WA0050036	HMO	\$6,000 INT	60%	INT	\$10,150	\$40 NSD	\$100 SD	\$32 NSD	\$0 SD	\$0 SD	\$0 SD	N	N
Ambetter Cascade Select Silver	61836WA0050037	HMO	\$2,500 INT	70%	INT	\$9,750	\$20 NSD	\$65 NSD	\$25 NSD	\$75 NSD	\$250 SD	\$250 SD	N	N
Ambetter Cascade Select Complete Gold	61836WA0050038	HMO	\$1,000 INT	80%	INT	\$7,000	\$15 NSD	\$40 NSD	\$10 NSD	\$60 NSD	\$100 NSD	\$100 NSD	N	N

*Explanation of abbreviations:*

*D&C – Deductible and Coinsurance*

*INT – Integrated Medical and Rx Deductible*

*NSD – Not subject to deductible*

*SD – Subject to deductible*

**Appendix 1.2**  
**Coordinated Care Corporation**  
**List of Counties in Each Service Area**

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

<b>Service Area 2</b>	
<b>County</b>	<b>Rating Area</b>
Adams	7
Asotin	9
Benton	6
Clallam	2
Franklin	6
Garfield	9
Grays Harbor	2
Island	8
Jefferson	2
King	1
Kitsap	2
Klickitat	3
Lewis	2
Okanogan	7
Pacific	2
Pierce	5
Skamania	3
Snohomish	8
Spokane	4
Stevens	4
Thurston	5
Wahkiakum	2
Walla Walla	9

**Appendix 1.2a**  
**Coordinated Care Corporation**  
**List of Plans in Each Service Area**

Service Area 1	
HIOS ID	Plan Name
61836WA0050007	Ambetter Balanced Care 4
61836WA0050008	Ambetter Secure Care 5
61836WA0050017	Ambetter Cascade Silver
61836WA0050018	Ambetter Cascade Complete Gold
61836WA0050022	Ambetter Cascade Vital Gold

Service Area 2	
HIOS ID	Plan Name
61836WA0050016	Ambetter Cascade Select Vital Gold
61836WA0050036	Ambetter Cascade Select Bronze
61836WA0050037	Ambetter Cascade Select Silver
61836WA0050038	Ambetter Cascade Select Complete Gold

**Appendix 1.3**  
**Coordinated Care Corporation**  
**Rating Example**  
**Checklist Item 37**

**Family Rating Example**

<b>Plan Design:</b>	Ambetter Cascade Complete Gold
<b>Product:</b>	61836WA005
<b>HIOS ID:</b>	61836WA0050018

								(e) = (a) x (b) x (c) x (d)
Member	Age	Smoking Status	Rating Area	(a)	(b)	(c)	(d)	
				Calibrated Plan Adjusted Index Rate	Age Factor	Tobacco	Area	Final Premium <sup>(1)</sup>
Subscriber	40	Non-Smoker	Rating Area 1	\$370.08	1.278	1.000	1.0000	\$472.96
Spouse	38	Non-Smoker	Rating Area 1	\$370.08	1.246	1.000	1.0000	\$461.11
Child 1	18	Non-Smoker	Rating Area 1	\$370.08	0.913	1.000	1.0000	\$337.88
Child 2	16	Non-Smoker	Rating Area 1	\$370.08	0.859	1.000	1.0000	\$317.90
Child 3	14	Non-Smoker	Rating Area 1	\$370.08	0.765	1.000	1.0000	\$283.11
Child 4 <sup>(2)</sup>	11	Non-Smoker	Rating Area 1	\$370.08	0.000	1.000	1.0000	\$0.00
<b>Total</b>								<b>\$1,872.96</b>

Notes:

(1) The Rate Schedule includes a table outlining premiums by age, smoking status and rating area for each plan.

'Final Premium' is aligned with the Rate Schedule for the appropriate plan, age, smoking status and rating area combination.

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

**Appendix 6.1**  
**Coordinated Care Corporation**  
**URRT Cost Trend Factor, Annualized**  
**Checklist Item 5b**

	(a)	(b)	(c) =[(a)*(b)]^0.5	
Benefit Category	% of Allowed Claims	Reimbursement Change other than AWP Trend, Significant Network Changes, Provider Distribution Changes	2024 to 2026 AWP Trend (Rx Only)	URRT Annual Cost Trend Factor
Inpatient Hospital	20%	1.194	-	1.093
Outpatient Hospital	31%	1.191	-	1.091
Professional	26%	1.088	-	1.043
Other Medical	3%	0.996	-	0.998
Capitation	1%	1.000	-	1.000
Medical Total	81%	1.150	-	1.072
Prescription Drug	19%	0.977	1.167	1.068
Total	100%	1.117	1.032	1.074

*Unit cost trend expectations in this exhibit are specific to the state of Washington.*

**Appendix 6.2**  
**Coordinated Care Corporation**  
**URRT Util Trend Factor, Annualized**  
**Checklist Item 5b**

Industry Utilization/1,000 Trends					
Benefit Category	Washington State	2025 URRT Worksheet 1 - Nationwide Individual Market <sup>(1)</sup>			Ambetter Nationwide Trend Study <sup>(2)</sup>
	2026 URRT Annual Util Trend Factor	Median	20th Percentile	80th Percentile	Observed Medical Trend, Annualized
Inpatient Hospital	1.025	1.019	1.003	1.030	1.067
Outpatient Hospital	1.025	1.023	1.005	1.037	1.021
Professional	1.025	1.024	1.005	1.036	0.974
Other Medical	1.025	1.024	1.005	1.036	n/a
Capitation <sup>(3)</sup>	1.000	n/a	n/a	n/a	n/a
<b>Medical Total</b>	<b>1.025</b>				
Prescription Drug	1.048				
<b>Total</b>	<b>1.029</b>				

Annualized PMPM Trend <sup>(4)</sup>				
Benefit Category	Washington State	2025 URRT Worksheet 1 - Nationwide Individual Market		
	2026 URRT Annual PMPM Trend Factor	Median	20th Percentile	80th Percentile
Prescription Drug	1.118	1.088	1.067	1.123

(1) Reflects annualized Utilization trends from Worksheet 1, Section II from 2025 URRTs. Based on public use files released by CCIIO, filtered on all 2025 Individual Market URRTs with non-zero credibility and non-zero trend factors. Note, PMPM trends are provided for prescription drugs, see footnote (4).

(2) The Ambetter nationwide trend study analyzed changes over time in normalized medical allowed claims PMPM for Ambetter individual marketplace products offered across the United States. In order to isolate secular forces of utilization trend, the study first normalized claims costs for differences in population characteristics (age/sex, morbidity), benefit design (induced demand), renewal status, and network characteristics (e.g. unit cost and provider practice patterns) by area and over time.

(3) Coordinated Care Corporation capitation costs are based on actual and expected contracts in 2026, and do not require any trend adjustment.

(4) Due to differences in how sources allocate intensity/mix change between utilization and unit cost trend, prescription drug trends are best compared at the PMPM level, instead of separately for utilization and unit cost.

**Appendix 6.3**  
**Coordinated Care Corporation**  
**URRT Worksheet 1, Section II Factor Comparison**  
**Checklist Item 28c**

	Benefit Category	WAC Category	Year 1 Trend		Year 2 Trend	
			Cost	Utilization	Cost	Utilization
<b>2025 Rates</b>	Inpatient Hospital	Hospital	1.051	1.025	1.051	1.025
	Outpatient Hospital	Hospital	1.051	1.025	1.051	1.025
	Professional	Professional	1.017	1.025	1.017	1.025
	Other Medical	Other	0.987	1.025	0.987	1.025
	Capitation	Other	1.000	1.000	1.000	1.000
	Prescription Drug	Prescription Drugs	1.046	1.034	1.046	1.034
<b>2026 Rates</b>	Inpatient Hospital	Hospital	1.093	1.025	1.093	1.025
	Outpatient Hospital	Hospital	1.091	1.025	1.091	1.025
	Professional	Professional	1.043	1.025	1.043	1.025
	Other Medical	Other	0.998	1.025	0.998	1.025
	Capitation	Other	1.000	1.000	1.000	1.000
	Prescription Drug	Prescription Drugs	1.068	1.048	1.068	1.048
<b>Change</b>	Inpatient Hospital	Hospital	0.042	0.000	0.042	0.000
	Outpatient Hospital	Hospital	0.041	0.000	0.041	0.000
	Professional	Professional	0.026	0.000	0.026	0.000
	Other Medical	Other	0.011	0.000	0.011	0.000
	Capitation	Other	0.000	0.000	0.000	0.000
	Prescription Drug	Prescription Drugs	0.022	0.013	0.022	0.013

	2025	2026	Change
<b>Morbidity Adjustment:</b>	1.010	0.985	-0.025
<b>Demographic Shift:</b>	0.987	1.191	0.204
<b>Plan Design Changes:</b>	1.000	0.993	-0.007
<b>Other:</b>	1.021	1.005	-0.016

*Trend expectations in this exhibit are specific to the state of Washington.*



**Appendix 6.4**  
**Coordinated Care Corporation**  
**URRT Worksheet 1 Utilization/1,000, Unit Cost, and PMPM Comparison**  
**Checklist Item 5b**

	<b>Benefit Category</b>	<b>WAC Category</b>	<b>Utilization/1,000</b>	<b>Unit Cost</b>	<b>PMPM</b>
<b>2022 Experience</b>	Inpatient Hospital	Hospital	178.96	\$5,245.46	\$78.23
	Outpatient Hospital	Hospital	1,489.27	\$1,022.81	\$126.94
	Professional	Professional	13,507.17	\$96.37	\$108.47
	Other Medical	Other	980.06	\$128.82	\$10.52
	Capitation	Other	12,000.00	\$3.71	\$3.71
	Prescription Drug	Prescription Drugs	422,297.88	\$3.01	\$105.77
	<b>Total</b>				<b>\$433.64</b>
<b>2023 Experience</b>	Inpatient Hospital	Hospital	170.71	\$5,102.11	\$72.58
	Outpatient Hospital	Hospital	1,218.07	\$1,100.88	\$111.75
	Professional	Professional	11,803.02	\$99.97	\$98.32
	Other Medical	Other	516.59	\$224.81	\$9.68
	Capitation	Other	12,000.00	\$2.56	\$2.56
	Prescription Drug	Prescription Drugs	342,547.62	\$2.73	\$77.87
	<b>Total</b>				<b>\$372.76</b>
<b>2024 Experience</b>	Inpatient Hospital	Hospital	168.26	\$6,090.56	\$85.40
	Outpatient Hospital	Hospital	1,391.28	\$1,127.86	\$130.76
	Professional	Professional	12,588.95	\$105.80	\$110.99
	Other Medical	Other	459.01	\$300.46	\$11.49
	Capitation	Other	12,000.00	\$2.90	\$2.90
	Prescription Drug	Prescription Drugs	349,371.63	\$2.81	\$81.95
	<b>Total</b>				<b>\$423.50</b>
<b>2026 Projection</b>	Inpatient Hospital	Hospital	176.78	\$7,271.95	\$107.13
	Outpatient Hospital	Hospital	1,461.72	\$1,343.26	\$163.62
	Professional	Professional	13,226.27	\$115.12	\$126.89
	Other Medical	Other	482.25	\$299.22	\$12.02
	Capitation	Other	12,000.00	\$2.90	\$2.90
	Prescription Drug	Prescription Drugs	383,450.73	\$3.21	\$102.52
	<b>Total</b>				<b>\$515.07</b>

**Appendix 6.5**  
**Coordinated Care Corporation**  
**Incurred Claims Projected Trend for WAC 284-43-6660 Summary**  
**Checklist Items 6b, 23b**

WAC Trend Category	Experience Incurred PMPM	Incurred Cost Trend	Incurred Util Trend	WAC Percentages	
				Annual Trend Assumed	Portion of Claim Dollars
Hospital	\$186.16	1.201	1.025	23.14%	51.97%
Professional	\$90.88	1.169	1.025	19.82%	25.37%
Prescription Drugs	\$68.59	1.184	1.048	23.99%	19.15%
Dental	-	-	-	-	-
Other	\$12.57	1.120	1.000	12.00%	3.51%
Total	\$358.20	1.187	1.028	22.10%	100.00%

URRT WS1 Section I, Experience Incurred PMPM:	\$358.20
URRT WS2 Section IV, Field 4.15, Projected Incurred PMPM:	\$533.99
Annual Incurred Claims Projected Trend <sup>(1)</sup> :	22.10%
Rate Review Details, Annual Incurred Claims Trend:	22.10%

*Notes:*

*(1) The Annual Incurred Claims Projected Trend includes the impact of morbidity, demographic shift, plan design and other changes.*

<p><b>Appendix 6.6</b></p> <p><b>Coordinated Care Corporation</b></p> <p><b>Utilization Attributed to Signed Providers in Core Network</b></p> <p><b>Checklist Item 5c</b></p>
--

Rating Area	% of Inpatient	% of Outpatient
1	98.7%	97.6%
2	100.0%	100.0%
3	98.1%	98.1%
4	98.7%	98.7%
5	98.8%	100.0%
6	100.0%	100.0%
7	100.0%	100.0%
8	100.0%	99.0%
9	97.4%	97.4%

**Appendix 7.1**  
**Coordinated Care Corporation**  
**Development of Morbidity Adjustment**  
**Checklist Item 7**

<b>Morbidity</b>		
(a)	Statewide Morbidity Impact to Claims	1.010
(b)	Durational Morbidity Impact	1.000
(c)	Experience Calibration Adjustment	1.000
(d)=(a)*(b)*(c)	2024 to 2026 Statewide Morbidity Trend	1.010
(e)	2024 to 2026 Relative Morbidity Trend	0.975
(f)=(d)*(e)	<b>Final URRT Morbidity Adjustment</b>	0.985

*No COVID-related adjustments are applied, as no unique adjustments were applied to COVID claims in the underlying experience period data.*

**Appendix 7.2**  
**Coordinated Care Corporation**  
**Development of Demographic Shift Adjustment**  
**Checklist Item 7**

<b>Demographic Shift</b>		
(a)	Demographic Change (Age/Gender)	1.056
(b)	Enrollment Distribution Change	1.129
<b>(c)=(a)*(b)</b>	<b>Final URRT Demographic Shift Adjustment</b>	<b>1.191</b>

**Appendix 7.3**  
**Coordinated Care Corporation**  
**Development of Plan Design Changes Adjustment**  
**Checklist Item 7**

Plan Design Changes		
(a)	Induced Utilization	0.988
(b)	Covered Benefit Changes	1.005
<b>(c)=(a)*(b)</b>	<b>Final URRT Plan Design Change Adjustment</b>	<b>0.993</b>

**Appendix 7.4**  
**Coordinated Care Corporation**  
**Development of Other Adjustment**  
**Checklist Item 7**

<b>Other</b>		
(a)	Changes in Capitation Contracts	1.001
(b)	Changes in Pharmacy Rebates and Dispensing Fees	1.000
(c)	Significant Provider Network Changes	1.000
(d)	Grace Period	1.004
(e)	Balancing Factor	1.000
<b>(f)=(a)*...*(e)</b>	<b>Final URRT Other Adjustment</b>	<b>1.005</b>

**Appendix 11.1**  
**Coordinated Care Corporation**  
**Experience Period and Projected Risk Adjustment Data by Metal Level**  
**Checklist Items 18a, 19b, 19c, 19e, 19f**

Experience Period (2024)					
Source: Wakely National Risk Adjustment Reporting Project (WNRAR) <sup>(1)</sup>					
Transfer Formula Component	Coordinated Care Corporation				Washington Individual Single Risk Pool
	Issuer Total	Gold	Silver	Bronze	Total
HHS Billable member months	1,021,963	246,220	481,355	294,388	n/a
Actual member months	1,006,021	242,676	473,357	289,987	3,496,627
Plan Liability Component (Product with Risk)	1.074	1.511	1.162	0.592	1.221
PLRS	1.051	1.416	1.142	0.599	1.186
IDF	1.033	1.080	1.030	1.000	1.030
GCF	0.988	0.988	0.988	0.988	1.000
Allowable Rating Component (Product without Risk)	1.233	1.359	1.279	1.045	1.211
AV	0.695	0.800	0.700	0.600	0.687
ARF	1.737	1.592	1.795	1.762	1.712
IDF	1.033	1.080	1.030	1.000	1.030
GCF	0.988	0.988	0.988	0.988	1.000
RATP % Amount of SWAP <sup>(2)</sup>	-13.1%	11.5%	-10.5%	-37.8%	
SWAP, net of 14% admin carveout			\$507.09		
Risk Adjustment Transfer Payment	(\$66.27)	\$58.22	(\$53.15)	(\$191.85)	
HCRP (Reinsurance) Receivable PMPM	\$0.67	\$0.00	\$1.13	\$0.48	
HCRP (Reinsurance) Assessment PMPM	(\$2.11)	(\$2.14)	(\$2.33)	(\$1.72)	
RADV Adjustment PMPM	n/a	n/a	n/a	n/a	
<b>Risk Adjustment Liability PMPM</b>	<b>(\$67.71)</b>	<b>\$56.08</b>	<b>(\$54.36)</b>	<b>(\$193.09)</b>	
URRT Worksheet II, Line 2.18	(\$67.71)				

Projection Period (2026)					
Transfer Formula Component	Coordinated Care Corporation				Washington Individual Single Risk Pool
	Issuer Total	Gold	Silver	Bronze	Total
Billable member months	1,044,239	429,589	529,755	84,895	n/a
2024 Members Persisting	425,148				
New 2025 Members Persisting	235,003				
New 2026 Members	384,088				
Plan Liability Component (Product with Risk)	1.215	1.498	1.099	0.581	1.159
PLRS	1.171	1.401	1.078	0.587	1.121
IDF	1.048	1.080	1.030	1.000	1.034
GCF	0.990	0.990	0.990	0.990	1.000
Allowable Rating Component (Product without Risk)	1.348	1.486	1.297	0.987	1.241
AV	0.733	0.800	0.700	0.600	0.697
ARF	1.772	1.737	1.818	1.661	1.721
IDF	1.048	1.080	1.030	1.000	1.034
GCF	0.990	0.990	0.990	0.990	1.000
RATP % Amount of SWAP	-3.4%	9.6%	-9.7%	-29.4%	
2024-2025 SWAP Rate Increase Trend			12.0%		
2025-2026 SWAP Rate Increase Trend			11.6%		
SWAP (Net of 14% Admin Carveout)			\$633.77		
Risk Adjustment Transfer Payment	(\$21.45)	\$60.67	(\$61.64)	(\$186.23)	
HCRP (Reinsurance) Receivable	\$0.00	\$0.00	\$0.00	\$0.00	
HCRP (Reinsurance) Assessment	(\$3.21)	(\$3.21)	(\$3.21)	(\$3.21)	
<b>Risk Adjustment Liability PMPM</b>	<b>(\$24.65)</b>	<b>\$57.47</b>	<b>(\$64.84)</b>	<b>(\$189.43)</b>	
URRT Worksheet II, Line 4.16	(\$24.65)				

Notes:

(1) PLRS adjustments made to reflect the estimated impact of experience runout on risk scores.

(2) Represents the portion of the state transfer amount formula that is multiplied by SWAP: (Product with Risk / Statewide Average Product with Risk) - (Product without Risk / Statewide Average Product without Risk)



**Appendix 11.2**  
**Coordinated Care Corporation**  
**Experience Period and Projected Risk Adjustment Data by Plan**  
**Checklist Items 18b, 19c, 19e, 19f**

2024 Experience								
Plan ID	Plan Name	Metal Level	Experience Member Months	RATP Amount PMPM	HCRP Receivable PMPM	HCRP Assessment PMPM	Risk Adjustment PMPM	Risk Adjustment Total
61836WA0050017	Ambetter Cascade Silver	Silver	188,756	(\$53.15)	\$0.00	(\$2.39)	(\$55.55)	(\$10,484,692)
61836WA0050007	Ambetter Balanced Care 4	Silver	113,909	(\$53.15)	\$0.00	(\$2.58)	(\$55.74)	(\$6,348,750)
61836WA0050019	Ambetter Essential Care 1	Bronze	69,188	(\$191.85)	\$2.02	(\$1.56)	(\$191.39)	(\$13,241,928)
61836WA0050026	Ambetter Cascade Bronze	Bronze	116,358	(\$191.85)	\$0.00	(\$1.78)	(\$193.63)	(\$22,530,797)
61836WA0050008	Ambetter Secure Care 5	Gold	12,094	\$58.22	\$0.00	(\$2.37)	\$55.85	\$675,427
61836WA0050018	Ambetter Cascade Complete Gold	Gold	116,922	\$58.22	\$0.00	(\$2.27)	\$55.95	\$6,541,365
61836WA0050036	Ambetter Cascade Select Bronze	Bronze	64,445	(\$191.85)	\$0.00	(\$1.50)	(\$193.35)	(\$12,460,485)
61836WA0050038	Ambetter Cascade Select Complete Gold	Gold	82,912	\$58.22	\$0.00	(\$1.91)	\$56.31	\$4,668,633
61836WA0050037	Ambetter Cascade Select Silver	Silver	170,693	(\$53.15)	\$3.13	(\$2.10)	(\$52.12)	(\$8,896,988)
61836WA0050030	Ambetter Essential Care: \$0 Medical Deductible	Bronze	39,996	(\$191.85)	\$0.00	(\$2.16)	(\$194.01)	(\$7,759,556)
61836WA0050034	Ambetter Clear Gold	Gold	30,749	\$58.22	\$0.00	(\$2.16)	\$56.06	\$1,723,886
Total			1,006,022	(\$66.27)	\$0.67	(\$2.11)	(\$67.71)	(\$68,113,885)

2026 Projections								
Plan ID	Plan Name	Metal Level	Projected Member Months	RATP Amount PMPM (Incurred)	HCRP Receivable PMPM	HCRP Assessment PMPM	Risk Adjustment PMPM <sup>(1)</sup>	Risk Adjustment Total
61836WA0050007	Ambetter Balanced Care 4	Silver	154,828	(\$21.45)	\$0.00	(\$3.21)	(\$24.65)	(\$3,817,065)
61836WA0050008	Ambetter Secure Care 5	Gold	20,533	(\$21.45)	\$0.00	(\$3.21)	(\$24.65)	(\$506,212)
61836WA0050016	Ambetter Cascade Select Vital Gold	Gold	48,443	(\$21.45)	\$0.00	(\$3.21)	(\$24.65)	(\$1,194,293)
61836WA0050017	Ambetter Cascade Silver	Silver	237,704	(\$21.45)	\$0.00	(\$3.21)	(\$24.65)	(\$5,860,255)
61836WA0050018	Ambetter Cascade Complete Gold	Gold	140,529	(\$21.45)	\$0.00	(\$3.21)	(\$24.65)	(\$3,464,543)
61836WA0050022	Ambetter Cascade Vital Gold	Gold	166,931	(\$21.45)	\$0.00	(\$3.21)	(\$24.65)	(\$4,115,447)
61836WA0050036	Ambetter Cascade Select Bronze	Bronze	84,895	(\$21.45)	\$0.00	(\$3.21)	(\$24.65)	(\$2,092,966)
61836WA0050037	Ambetter Cascade Select Silver	Silver	137,223	(\$21.45)	\$0.00	(\$3.21)	(\$24.65)	(\$3,383,038)
61836WA0050038	Ambetter Cascade Select Complete Gold	Gold	53,153	(\$21.45)	\$0.00	(\$3.21)	(\$24.65)	(\$1,310,412)
Total			1,044,239	(\$21.45)	\$0.00	(\$3.21)	(\$24.65)	(\$25,744,232)

(1) Risk adjustment shown in this exhibit and the URRT is consistent with rate development, in which it is included at an equal rate for every plan.

Calculation of URRT Worksheet 1 Risk Adjustment	
Risk Adjustment PMPM	(\$24.65)
Incurred Claims PMPM (URRT WS 2, Line 4.16)	\$533.99
Allowed Claims PMPM (URRT WS 2, Line 4.11)	\$603.00
Paid-to-Allowed Factor	0.8856
Risk Adjustment PMPM (URRT WS 1)	(\$27.84)

Appendix 12.1  
Coordinated Care Corporation  
Development of URRT Worksheet 2, Section IV Values  
Checklist Item 28f

		Field 4.9	Field 3.10	Field 4.11	Field 4.12	Field 4.13	Field 4.14	Field 4.15	Field 4.16	Field 4.17	Field 4.2	Field 4.4	Field 4.8
Plan ID	Plan Name	Projected Member Months	Plan Adjusted Index Rate	Allowed Claims PMPM	Reinsurance PMPM	Member Cost Sharing PMPM	Cost Sharing Reduction PMPM	Incurred Claims PMPM	Risk Adjustment Transfer Amount PMPM	Premium PMPM	Total Allowed URRT Worksheet 2	Total Member Cost Sharing URRT Worksheet 2	Total Premium URRT Worksheet 2
61836WA0050007	Ambetter Balanced Care 4	154,828	\$741.53	\$632.07	\$0.00	\$49.75	\$0.00	\$582.33	(\$24.65)	\$741.53	\$97,862,867	\$7,702,334	\$114,808,951
61836WA0050008	Ambetter Secure Care 5	20,533	\$615.92	\$585.04	\$0.00	\$94.44	\$0.00	\$490.60	(\$24.65)	\$615.92	\$12,012,636	\$1,939,150	\$12,646,647
61836WA0050016	Ambetter Cascade Select Vital Gold	48,443	\$594.42	\$561.55	\$0.00	\$83.77	\$0.00	\$477.78	(\$24.65)	\$594.42	\$27,203,053	\$4,058,124	\$28,795,402
61836WA0050017	Ambetter Cascade Silver	237,704	\$796.11	\$635.85	\$0.00	\$48.37	\$0.00	\$587.48	(\$24.65)	\$796.11	\$151,142,960	\$11,497,010	\$189,239,261
61836WA0050018	Ambetter Cascade Complete Gold	140,529	\$664.26	\$599.45	\$0.00	\$66.90	\$0.00	\$532.55	(\$24.65)	\$664.26	\$84,240,473	\$9,401,288	\$93,348,329
61836WA0050022	Ambetter Cascade Vital Gold	166,931	\$620.78	\$586.45	\$0.00	\$87.49	\$0.00	\$498.96	(\$24.65)	\$620.78	\$97,896,878	\$14,604,155	\$103,627,336
61836WA0050036	Ambetter Cascade Select Bronze	84,895	\$468.90	\$529.55	\$0.00	\$159.11	\$0.00	\$370.44	(\$24.65)	\$468.90	\$44,956,057	\$13,507,710	\$39,806,906
61836WA0050037	Ambetter Cascade Select Silver	137,223	\$762.31	\$611.07	\$0.00	\$43.34	\$0.00	\$567.73	(\$24.65)	\$762.31	\$83,853,302	\$5,947,552	\$104,605,962
61836WA0050038	Ambetter Cascade Select Complete Gold	53,153	\$636.06	\$574.00	\$0.00	\$64.06	\$0.00	\$509.94	(\$24.65)	\$636.06	\$30,509,662	\$3,404,897	\$33,808,286
Total		1,044,239	\$690.16	\$603.00	\$0.00	\$69.01	\$0.00	\$533.99	(\$24.65)	\$690.16	\$629,677,890	\$72,062,219	\$720,687,079

**Appendix 12.2**  
**Coordinated Care Corporation**  
**Summary of Non-Benefit Expenses and Comparison of Non-Benefit Expense Loads from Prior Filings**  
**Checklist Items 28a, 32b**

Administrative Expenses										
Expense Component	2022		2023		2024		2025		2026	
	PMPM	% of Premium	PMPM	% of Premium	PMPM	% of Premium	PMPM	% of Premium	PMPM	% of Premium
Sales Compensation	\$9.74	1.88%	\$9.34	1.81%	\$13.10	2.46%	\$12.80	2.28%	\$13.10	1.90%
Quality Improvement	\$3.00	0.58%	\$3.00	0.58%	\$3.00	0.56%	\$3.00	0.54%	\$3.50	0.51%
Commercial Reinsurance Premium	-	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.00%
Core CNC Admin	\$43.08	8.31%	\$49.47	9.62%	\$55.19	10.36%	\$45.52	8.24%	\$56.34	8.16%
Non-Benefit Portion of Capital Arrangements	\$0.58	0.11%	\$0.55	0.11%	\$0.22	0.04%	\$0.22	0.04%	\$0.14	0.02%
Marketing - Lead Generation	\$2.30	0.44%	\$2.18	0.42%	\$2.50	0.47%	\$0.68	0.12%	\$1.44	0.21%
Provider Incentive Payments	-	0.00%	-	0.00%	-	0.00%	-	0.00%	\$2.00	0.29%
<b>Total</b>	<b>\$58.70</b>	<b>11.32%</b>	<b>\$64.53</b>	<b>12.54%</b>	<b>\$74.00</b>	<b>13.89%</b>	<b>\$62.01</b>	<b>11.23%</b>	<b>\$76.52</b>	<b>11.09%</b>

Taxes & Fees										
Expense Component	2022		2023		2024		2025		2026	
	PMPM	% of Premium	PMPM	% of Premium	PMPM	% of Premium	PMPM	% of Premium	PMPM	% of Premium
Premium Tax	\$10.37	2.00%	\$10.20	2.00%	\$10.75	2.02%	\$9.89	1.75%	\$13.77	2.00%
Federal Income Tax	\$5.45	1.05%	\$5.40	1.05%	\$5.59	1.05%	\$5.80	1.06%	\$7.25	1.05%
WA OIC Regulatory Surcharge	\$0.44	0.08%	\$0.47	0.09%	\$0.48	0.09%	\$0.44	0.08%	\$0.60	0.09%
WA OIC Fraud Surcharge	\$0.03	0.01%	\$0.03	0.01%	\$0.03	0.01%	\$0.03	0.01%	\$0.07	0.01%
Risk Adjustment User Fee	\$0.23	0.05%	\$0.20	0.04%	\$0.21	0.04%	\$0.18	0.03%	\$0.20	0.03%
PCORI Fee	\$0.24	0.05%	\$0.26	0.05%	\$0.27	0.05%	\$0.27	0.05%	\$0.32	0.05%
WSHIP Assessment	\$0.59	0.11%	\$0.68	0.13%	\$0.68	0.13%	\$0.34	0.06%	\$0.34	0.05%
WAPAL Assessment	-	0.00%	\$0.07	0.01%	\$0.07	0.01%	\$0.07	0.01%	\$0.07	0.01%
Misc. Taxes and Fees	\$0.03	0.01%	\$0.03	0.01%	-	0.00%	-	0.00%	-	0.00%
Exchange User Fee	\$3.00	0.58%	\$3.00	0.58%	\$3.00	0.56%	\$5.11	0.93%	\$5.11	0.74%
<b>Total Taxes &amp; Fees</b>	<b>\$20.38</b>	<b>3.93%</b>	<b>\$20.43</b>	<b>3.97%</b>	<b>\$21.08</b>	<b>3.96%</b>	<b>\$21.92</b>	<b>3.97%</b>	<b>\$27.72</b>	<b>4.02%</b>
(including exchange fee)										
(excluding exchange fee)	<b>\$17.38</b>	<b>3.35%</b>	<b>\$17.43</b>	<b>3.39%</b>	<b>\$18.08</b>	<b>3.39%</b>	<b>\$16.81</b>	<b>3.04%</b>	<b>\$22.61</b>	<b>3.28%</b>

Profit & Risk Load										
Expense Component	2022		2023		2024		2025		2026	
	PMPM	% of Premium	PMPM	% of Premium	PMPM	% of Premium	PMPM	% of Premium	PMPM	% of Premium
Gross Profit Margin	\$25.93	5.00%	\$25.72	5.00%	\$26.64	5.00%	\$27.61	5.00%	\$34.51	5.00%
State Income Tax	-	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.00%
Federal Income Tax	\$5.45	1.05%	\$5.40	1.05%	\$5.59	1.05%	\$5.80	1.05%	\$7.25	1.05%
<b>Total</b>	<b>\$20.49</b>	<b>3.95%</b>	<b>\$20.32</b>	<b>3.95%</b>	<b>\$21.05</b>	<b>3.95%</b>	<b>\$21.81</b>	<b>3.95%</b>	<b>\$27.26</b>	<b>3.95%</b>

Premium										
Expense Component	2022		2023		2024		2025		2026	
	PMPM	% of Premium	PMPM	% of Premium	PMPM	% of Premium	PMPM	% of Premium	PMPM	% of Premium
Premium	\$518.66	100.00%	\$514.43	100.00%	\$532.82	100.00%	\$552.15	100.00%	\$690.18	100.00%

Reconciliation of 2026 Expenses in URRT and WAC-284-43-6660					
URRT Subtotal	Appendix 12.2	URRT	WAC-284-43-6660 Subtotal	PMPM	% of Premium
Administrative Expenses (URRT WS 2 Line 3.6)	11.09%	11.09%	Expenses	\$104.25	15.11%
Taxes and Fees (URRT WS 2 Line 3.7)	3.28%	3.28%	Contribution to surplus contingency charges, or risk charges	\$27.26	3.95%
Profit & Risk Load (URRT WS 2 Line 3.8)	3.95%	3.95%			

Calculation of 2026 Sales Compensation		
Component		
Commission Rate	\$25.00	
Enrollment Percentage	x 43.1%	
Commission Fee	= \$10.77	
Bonus and Other Compensation <sup>(1)</sup>	+ \$2.33	
<b>Total</b>	<b>\$13.10</b>	

Notes:  
(1) Shaded Cells indicate values that are set as PMPMs, unshaded cells are set as a % of Premium.  
(2) Bonus and Other Compensation includes: broker bonus, call center bonus, broker marketing, and internal staffing cost of brokers.

**Appendix 12.3**  
**Coordinated Care Corporation**  
**Development of AV and Cost Sharing Factors**  
**Checklist Items 11a, 11b, 11e, 11f**

**Single Risk Pool Claims PMPM**

Market Adjusted Index Rate: \$636.61  
 EHB Incurred Claims: \$533.99  
 Risk Adjustment: (\$24.65)  
 Exchange User Fee (Paid): \$5.11  
 Paid-to-Allowed: 88.6%  
 Cascade Select Savings: 4.25%

Cascade Select Savings: 4.25%								URRT WS 2 Line 3.4 Provider Network Adjustment Factor	URRT WS 2 Line 3.5 Benefits in Addition to EHB	URRT WS 2 Line 3.3 Final AV and Cost Sharing Factor	URRT WS 2 Line 1.6 AV Metal Value	2024 Actual Paid-to-Allowed
Plan ID	Plan Name	Metal Tier	Projected Member Months	Induced Demand Factor (IDF) <sup>(1)</sup>	AV Pricing Value <sup>(1)</sup>	CSR Load	Network Savings					
61836WA0050018	Ambetter Cascade Complete Gold	Gold	140,529	1.104	0.838	1.000	1.000	1.013	1.001	0.840	0.818	89.0%
61836WA0050038	Ambetter Cascade Select Complete Gold	Gold	53,153	1.104	0.838	1.000	0.958	0.970	1.001	0.840	0.818	85.3%
61836WA0050008	Ambetter Secure Care 5	Gold	20,533	1.078	0.796	1.000	1.000	1.013	1.001	0.779	0.816	82.5%
61836WA0050022	Ambetter Cascade Vital Gold	Gold	166,931	1.080	0.801	1.000	1.000	1.013	1.001	0.785	0.781	n/a
61836WA0050016	Ambetter Cascade Select Vital Gold	Gold	48,443	1.080	0.801	1.000	0.958	0.970	1.001	0.785	0.781	n/a
61836WA0050007	Ambetter Balanced Care 4	Silver	154,828	1.030	0.699	1.435	1.000	1.013	1.001	0.938	0.719	89.3%
61836WA0050037	Ambetter Cascade Select Silver	Silver	137,223	1.047	0.738	1.435	0.958	0.970	1.001	1.007	0.718	90.3%
61836WA0050017	Ambetter Cascade Silver	Silver	237,704	1.047	0.738	1.435	1.000	1.013	1.001	1.007	0.718	88.1%
61836WA0050036	Ambetter Cascade Select Bronze	Bronze	84,895	1.019	0.670	1.000	0.958	0.970	1.001	0.620	0.650	65.7%
Total			1,044,239	1.060	0.761		0.987	0.999	1.001	0.884	0.746	

Notes:

(1) Induced demand factors and AV pricing values for Silver plans are determined using the standard (non-CSR) plan design.

**Appendix 12.3a**  
**Coordinated Care Corporation**  
**Normalized Provider Network Adjustment Factors**  
**Checklist Item 12**

Plan ID	Plan Name	Projected Member Months	Market Adjusted Index Rate	Actuarial Value and Cost-		Benefits in Addition to EHB	Catastrophic Adjustment	Provider Network Adjustment Factor
				Sharing Design of the Plan				
61836WA0050007	Ambetter Balanced Care 4	154,828	\$636.61	0.938		1.001	1.000	1.013
61836WA0050008	Ambetter Secure Care 5	20,533	\$636.61	0.779		1.001	1.000	1.013
61836WA0050016	Ambetter Cascade Select Vital Gold	48,443	\$636.61	0.785		1.001	1.000	0.970
61836WA0050017	Ambetter Cascade Silver	237,704	\$636.61	1.007		1.001	1.000	1.013
61836WA0050018	Ambetter Cascade Complete Gold	140,529	\$636.61	0.840		1.001	1.000	1.013
61836WA0050022	Ambetter Cascade Vital Gold	166,931	\$636.61	0.785		1.001	1.000	1.013
61836WA0050036	Ambetter Cascade Select Bronze	84,895	\$636.61	0.620		1.001	1.000	0.970
61836WA0050037	Ambetter Cascade Select Silver	137,223	\$636.61	1.007		1.001	1.000	0.970
61836WA0050038	Ambetter Cascade Select Complete Gold	53,153	\$636.61	0.840		1.001	1.000	0.970
Total		1,044,239					\$563.76	\$563.76

**Appendix 12.4**  
**Coordinated Care Corporation**  
**Months of Surplus Calculation**  
**Checklist Item 26b**

**Health Statement**

Total Capital and Surplus (Page 3, Line 33)	\$344,978,340
Total Hospital and Medical (Lines 16 minus 17) (Page 4, Line 18)	\$2,386,543,618
Months of Surplus	1.7

**Appendix 12.5**  
**Coordinated Care Corporation**  
**Actual-to-Expected Expense Load Comparison**

	2022				2023				2024			
	Actual		Expected		Actual		Expected		Actual		Expected	
	PMPM	% of	PMPM	% of	PMPM	Premium	PMPM	% of	PMPM	Premium	PMPM	% of
		Premium		Premium				Premium				Premium
<b>Administrative Expenses:</b>												
Core CNC Admin	\$49.34	9.2%	\$43.08	8.3%	\$51.69	10.4%	\$49.47	9.6%	\$44.53	8.7%	\$55.19	10.4%
Sales Compensation	\$9.44	1.8%	\$9.74	1.9%	\$10.04	2.0%	\$9.34	1.8%	\$10.37	2.0%	\$13.10	2.5%
Marketing - Lead Generation	\$0.08	0.0%	\$2.30	0.4%	\$0.05	0.0%	\$2.18	0.4%	\$0.04	0.0%	\$2.50	0.5%
Commercial Reinsurance Premium	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%
Non-Benefit Portion of Capitation Arrangements	\$0.73	0.1%	\$0.58	0.1%	\$0.55	0.1%	\$0.55	0.1%	\$0.22	0.0%	\$0.22	0.0%
Quality Improvement	\$6.46	1.2%	\$3.00	0.6%	\$5.16	1.0%	\$3.00	0.6%	\$4.83	0.9%	\$3.00	0.6%
Provider Incentive Payments	\$0.00	0.0%	\$0.00	0.0%	\$1.14	0.2%	\$0.00	0.0%	\$0.52	0.1%	\$0.00	0.0%
<b>Taxes &amp; Fees:</b>												
Premium Tax	\$10.70	2.0%	\$10.37	2.0%	\$9.97	2.0%	\$10.29	2.0%	\$10.38	2.0%	\$10.75	2.0%
State Income Tax	(\$0.80)	-0.1%	\$0.00	0.0%	\$0.75	0.2%	\$0.00	0.0%	\$3.24	0.6%	\$0.00	0.0%
Federal Income Tax	(\$5.05)	-0.9%	\$5.45	1.1%	\$11.17	2.2%	\$5.40	1.1%	\$11.94	2.3%	\$5.59	1.1%
WA OIC Regulatory Surcharge	\$0.45	0.1%	\$0.44	0.1%	\$0.23	0.0%	\$0.47	0.1%	\$0.23	0.0%	\$0.48	0.1%
WA OIC Fraud Surcharge	\$0.03	0.0%	\$0.03	0.0%	\$0.03	0.0%	\$0.03	0.0%	\$0.03	0.0%	\$0.03	0.0%
Risk Adjustment User Fee	\$0.25	0.0%	\$0.23	0.0%	\$0.22	0.0%	\$0.20	0.0%	\$0.21	0.0%	\$0.21	0.0%
PCORI Fee	\$0.24	0.0%	\$0.24	0.0%	\$0.27	0.1%	\$0.26	0.1%	\$0.27	0.1%	\$0.27	0.1%
WSHIP Assessment	\$0.26	0.0%	\$0.59	0.1%	\$0.21	0.0%	\$0.68	0.1%	\$0.18	0.0%	\$0.68	0.1%
WAPAL Assessment	\$0.09	0.0%	\$0.00	0.0%	\$0.06	0.0%	\$0.07	0.0%	\$0.07	0.0%	\$0.07	0.0%
Misc. Taxes and Fees	\$0.00	0.0%	\$0.03	0.0%	\$0.00	0.0%	\$0.03	0.0%	\$0.00	0.0%	\$0.00	0.0%
Exchange User Fee	\$3.06	0.6%	\$3.00	0.6%	\$3.00	0.6%	\$3.00	0.6%	\$3.04	0.6%	\$3.00	0.6%
<b>Profit &amp; Risk Load</b>	\$95.06	17.8%	\$20.49	4.0%	(\$7.91)	-1.6%	\$20.32	4.0%	\$60.17	11.7%	\$21.05	4.0%
<i>URRT Worksheet 2, Field 3.8</i>												
<b>Premium</b>	\$535.32		\$518.66		\$497.44		\$514.43		\$514.68		\$532.82	
<b>Reconciliation to WAC 284-43-6660:</b>												
Member Months	400,907				727,349				1,006,022			
Admin, Taxes, and Fees Above	\$30,179,665				\$68,751,562				\$90,630,894			
WAC-284-43-6660 Expenses	\$30,179,665				\$68,751,562				\$90,630,894			

**Appendix 13.1**  
**Coordinated Care Corporation**  
**Development of Composite & Calibrated Rating Factors**  
**Checklist Items 15a, 15b, 15c, 16a, 16c, 16d, 17b, 17c**

Composite Factors				
	2023	2024	2025	2026
Composite Age Factor	1.8071	1.8050	1.7128	1.7716
Composite Area Factor	1.0292	0.9868	0.9934	1.0132
Tobacco Factor	1.1500	1.1500	1.1500	1.0000
Composite Tobacco Use Factor	1.0052	1.0054	1.0056	1.0000

Calibration Factors				
	2023	2024	2025	2026
Calibration Age Factor	0.5534	0.5540	0.5839	0.5645
Calibration Area Factor	0.9716	1.0133	1.0066	0.9870
Calibration Tobacco Use Factor	0.9948	0.9946	0.9944	1.0000

2026 Age Factors		
Age Band	Distribution	Age Factor <sup>(3)</sup>
0-14	3.28%	0.7650
15	0.22%	0.8330
16	0.22%	0.8590
17	0.22%	0.8850
18	0.22%	0.9130
19	1.45%	0.9410
20	1.45%	0.9700
21	1.45%	1.0000
22	1.45%	1.0000
23	1.45%	1.0000
24	1.45%	1.0000
25	1.95%	1.0040
26	1.95%	1.0240
27	1.95%	1.0480
28	1.95%	1.0870
29	1.95%	1.1190
30	1.93%	1.1350
31	1.93%	1.1590
32	1.93%	1.1830
33	1.93%	1.1980
34	1.93%	1.2140
35	1.84%	1.2220
36	1.84%	1.2300
37	1.84%	1.2380
38	1.84%	1.2460
39	1.84%	1.2620
40	1.68%	1.2780
41	1.68%	1.3020
42	1.68%	1.3250
43	1.68%	1.3570
44	1.68%	1.3970
45	1.55%	1.4440
46	1.55%	1.5000
47	1.55%	1.5630
48	1.55%	1.6350
49	1.55%	1.7060
50	1.73%	1.7860
51	1.73%	1.8650
52	1.73%	1.9520
53	1.73%	2.0400
54	1.73%	2.1350
55	2.46%	2.2300
56	2.46%	2.3330
57	2.46%	2.4370
58	2.46%	2.5480
59	2.46%	2.6030
60	3.46%	2.7140
61	3.46%	2.8100
62	3.46%	2.8730
63	3.46%	2.9520
64 and Over	7.64%	3.0000
<b>Total</b>	<b>100.00%</b>	<b>1.7716</b>

2023 Rating Area Factors				
Counties	Region	Actual MMs	Percent Distribution	Area Factor <sup>(1) (2)</sup>
King	Rating Area 1	153,894	36.6%	1.0000
Jefferson, Kitsap, Lewis, Pacific, Wahkiakum	Rating Area 2	34,482	8.2%	1.0499
Klickitat, Skamania	Rating Area 3	2,387	0.6%	0.9893
Ferry, Lincoln, Pend Oreille, Spokane, Stevens	Rating Area 4	45,023	10.7%	0.9893
Mason, Pierce, Thurston	Rating Area 5	48,798	11.6%	1.0697
Benton, Franklin, Kittitas, Yakima	Rating Area 6	43,531	10.3%	1.0078
Adams, Chelan, Douglas, Grant, Okanogan	Rating Area 7	31,307	7.4%	1.2069
Snohomish	Rating Area 8	53,002	12.6%	1.0098
Asotin, Columbia, Garfield, Walla Walla, Whitman	Rating Area 9	8,601	2.0%	1.0384
<b>Total</b>		<b>421,026</b>	<b>100%</b>	<b>1.0292</b>

2024 Rating Area Factors				
Counties	Region	Actual MMs	Percent Distribution	Area Factor <sup>(1) (2)</sup>
King	Rating Area 1	376,444	37.4%	1.0000
Clallam, Grays Harbor, Jefferson, Kitsap, Lewis, Pacific, Wahkiakum	Rating Area 2	104,362	10.4%	0.9688
Klickitat, Skamania	Rating Area 3	6,210	0.6%	0.8902
Ferry, Lincoln, Pend Oreille, Spokane, Stevens	Rating Area 4	114,137	11.3%	0.9627
Mason, Pierce, Thurston	Rating Area 5	125,046	12.4%	0.9752
Benton, Franklin, Kittitas, Yakima	Rating Area 6	69,843	6.9%	0.9637
Adams, Chelan, Douglas, Grant, Okanogan	Rating Area 7	51,833	5.2%	1.0860
Snohomish	Rating Area 8	138,258	13.7%	0.9702
Asotin, Columbia, Garfield, Walla Walla, Whitman	Rating Area 9	19,888	2.0%	0.9512
<b>Total</b>		<b>1,006,021</b>	<b>100%</b>	<b>0.9856</b>

2025 Rating Area Factors				
Counties	Region	Projected MMs	Percent Distribution	Area Factor <sup>(1) (2)</sup>
King	Rating Area 1	286,209	36.9%	1.0000
Clallam, Cowlitz, Grays Harbor, Jefferson, Kitsap, Lewis, Pacific, Wahkiakum	Rating Area 2	79,072	10.2%	1.0304
Clark, Klickitat, Skamania	Rating Area 3	13,436	1.7%	1.0862
Ferry, Lincoln, Pend Oreille, Spokane, Stevens	Rating Area 4	82,890	10.7%	0.9504
Mason, Pierce, Thurston	Rating Area 5	97,641	12.6%	0.9917
Benton, Franklin, Kittitas, Yakima	Rating Area 6	49,067	6.3%	0.9261
Adams, Chelan, Douglas, Grant, Okanogan	Rating Area 7	36,911	4.8%	1.1202
Island, San Juan, Skagit, Snohomish, Whatcom	Rating Area 8	115,171	14.9%	0.9729
Asotin, Columbia, Garfield, Walla Walla, Whitman	Rating Area 9	14,275	1.8%	0.8992
<b>Total</b>		<b>774,673</b>	<b>100%</b>	<b>0.9934</b>

2026 Rating Area Factors				
Counties	Region	Projected MMs	Percent Distribution	Area Factor <sup>(1) (2)</sup>
King	Rating Area 1	353,594	33.9%	1.0000
Clallam, Cowlitz, Grays Harbor, Jefferson, Kitsap, Lewis, Pacific, Wahkiakum	Rating Area 2	96,444	9.2%	1.0192
Clark, Klickitat, Skamania	Rating Area 3	28,573	2.7%	1.1368
Ferry, Lincoln, Pend Oreille, Spokane, Stevens	Rating Area 4	103,810	9.9%	0.9637
Mason, Pierce, Thurston	Rating Area 5	125,830	12.0%	1.0047
Benton, Franklin, Kittitas, Yakima	Rating Area 6	70,378	6.7%	0.9283
Adams, Chelan, Douglas, Grant, Okanogan	Rating Area 7	40,472	3.9%	0.9772
Island, San Juan, Skagit, Snohomish, Whatcom	Rating Area 8	204,495	19.6%	1.0912
Asotin, Columbia, Garfield, Walla Walla, Whitman	Rating Area 9	20,643	2.0%	0.9272
<b>Total</b>		<b>1,044,239</b>	<b>100%</b>	<b>1.0132</b>

2026 Tobacco Factors		
Premium Rate	Projected MMs	Tobacco Surcharge <sup>(4)</sup>
Tobacco Users		
Age 21+	40,700	1.0000
Age 20 and under	1,023	1.0000
Non-Tobacco Users	1,002,516	1.0000
<b>Total</b>	<b>1,044,239</b>	<b>1.0000</b>

Notes:

- (1) Factors comply with limit of 1.4 ratio between highest cost area factor and lowest cost area factor (WAC 284-43-6681).
- (2) Area factors weighted so that King County (Washington Rating Area 1) is equal to 1.00 (WAC 284-43-6681).
- (3) The nearest whole age corresponding to the composite factor is 50.
- (4) The Tobacco Factor for smokers over age 20 is 1. The tobacco factor can only apply if a member is of legal/tobacco use age, currently age 21.



**Appendix 13.2**  
**Coordinated Care Corporation**  
**Rating Area Relativities**  
**Checklist Item 16b**

		Rating Area								
	Statewide	1	2	3	4	5	6	7	8	9
<b>Projected Member Months</b>	1,044,239	353,594	96,444	28,573	103,810	125,830	70,378	40,472	204,495	20,643
<b>Util / 1,000</b>	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<b>Unit Cost</b>	1.000	0.987	1.006	1.122	0.951	0.992	0.916	0.964	1.077	0.915
<b>Raw Area Factors</b>	1.000	0.987	1.006	1.122	0.951	0.992	0.916	0.964	1.077	0.915
<b>Final Area Factors</b> <sup>(1) (2)</sup>	1.013	1.000	1.019	1.137	0.964	1.005	0.928	0.977	1.091	0.927

<b>Max / Min</b>	1.23
------------------	------

Notes:

(1) Rating Area factors are adjusted so that Rating Area 1 is equal to 1.00.

(2) Rating Area factors are adjusted as needed to satisfy the 1.40 maximum to minimum threshold. This is done by setting a floor based on the lowest paid PMPM of the rating areas, and setting the ceiling to satisfy the 1.40 ratio.

<p align="center"><b>Appendix 15.1</b>  <b>Coordinated Care Corporation</b>  <b>Projected MLR Table</b></p>
---

a)	Incurred Claims	\$533.99
b)	Quality Improvement Expense & Provider Incentive Payments	\$5.50
c)	Risk Adjustment Transfer	(\$24.65)
d)	Projected Claims for MLR (a+b-c)	\$564.15
e)	Administrative Expenses	\$71.02
f)	Post-Tax Profit and Contribution to Surplus	\$27.26
g)	Taxes and Fees	\$20.48
h)	Federal Income Tax	\$7.25
i)	State Income Tax	\$0.00
j)	Premium (d+e+f+g+h+i)	\$690.16
k)	Medical Loss Ratio (d/(j-g-h-i))	85.2%
l)	URRT Worksheet 2 Loss Ratio Calculation	80.2%

This projected MLR is calculated according to 45 CFR 158. The projected MLR is the projected 2026 calendar year single risk pool experience rather than the three-year period used for determining rebates. No credibility adjustment based on projected enrollment and average deductible was estimated.

**Appendix 16.1**  
**Coordinated Care Corporation**  
**AV Calculator Results**  
**Checklist Items 8, 9a, 9b**

Plan ID	Plan Name	Metal	Unique Benefit Design?	AV Certified By <sup>(1)</sup>	Federal AV
61836WA0050018	Ambetter Cascade Complete Gold	Gold	N	N/A	81.81%
61836WA0050022	Ambetter Cascade Vital Gold	Gold	N	N/A	78.06%
61836WA0050008	Ambetter Secure Care 5	Gold	Y	Ashlesha Joshi, Coordinated Care Corporation	81.62%
61836WA0050007	Ambetter Balanced Care 4	Silver 70%	Y	Ashlesha Joshi, Coordinated Care Corporation	71.92%
61836WA0050007	Ambetter Balanced Care 4	Silver 73%	Y	Ashlesha Joshi, Coordinated Care Corporation	73.93%
61836WA0050007	Ambetter Balanced Care 4	Silver 87%	Y	Ashlesha Joshi, Coordinated Care Corporation	87.68%
61836WA0050007	Ambetter Balanced Care 4	Silver 94%	Y	Ashlesha Joshi, Coordinated Care Corporation	94.73%
61836WA0050017	Ambetter Cascade Silver	Silver 70%	Y	Ksenia Whittal, Wakely	71.84%
61836WA0050017	Ambetter Cascade Silver	Silver 73%	Y	Ksenia Whittal, Wakely	73.95%
61836WA0050017	Ambetter Cascade Silver	Silver 87%	Y	Ksenia Whittal, Wakely	87.87%
61836WA0050017	Ambetter Cascade Silver	Silver 94%	Y	Ksenia Whittal, Wakely	94.86%
61836WA0050036	Ambetter Cascade Select Bronze	Bronze	Y	Ksenia Whittal, Wakely	64.97%
61836WA0050038	Ambetter Cascade Select Complete Gold	Gold	N	N/A	81.81%
61836WA0050016	Ambetter Cascade Select Vital Gold	Gold	N	N/A	78.06%
61836WA0050037	Ambetter Cascade Select Silver	Silver 70%	Y	Ksenia Whittal, Wakely	71.84%
61836WA0050037	Ambetter Cascade Select Silver	Silver 73%	Y	Ksenia Whittal, Wakely	73.95%
61836WA0050037	Ambetter Cascade Select Silver	Silver 87%	Y	Ksenia Whittal, Wakely	87.87%
61836WA0050037	Ambetter Cascade Select Silver	Silver 94%	Y	Ksenia Whittal, Wakely	94.86%

(1) Certification by Ashlesha Joshi can be found in the UPD Certification. Certification by Ksenia Whittal can be found in Appendix 16.4.

**Appendix 16.2**  
**Coordinated Care Corporation**  
**AV Screenshots for Non-Standardized Plans**  
**Checklist Items 8, 9a, 9b**

See [WA\\_State\\_Appendix\\_16\\_2\\_AV\\_Screenshots.pdf](#).

**Appendix 16.4**  
**Coordinated Care Corporation**  
**AV Screenshots for Wakely Certified Plans**  
**Checklist Items 8, 9a, 9b**

See WA\_State\_Appendix\_16\_4\_AV\_Screenshots\_Wakely.pdf.

**Appendix 16.5**  
**Coordinated Care Corporation**  
**AV Methodology Unique Plan Designs**  
**Checklist Items 9a, 9b, 9d**

See WA\_State\_Appendix\_16\_5-6\_AVC\_Methodology.pdf.

**Appendix 16.6**  
**Coordinated Care Corporation**  
**Plan Designs for Plans Included in Unique Plan Design Certification**  
**Checklist Items 9a, 9b, 9d**

See WA\_State\_Appendix\_16\_5-6\_AVC\_Methodology.pdf.

**Appendix 17.1**  
**Coordinated Care Corporation**  
**Membership Projections**

Product	Plan Name	Plan ID	Platinum	Gold	Silver Plan					Bronze	Total
					70%	73%	87%	94%	100%		
		<b>Aggregate</b>	-	<b>429,589</b>	<b>58</b>	<b>58</b>	<b>324,500</b>	<b>205,140</b>	-	<b>84,895</b>	<b>1,044,239</b>
Ambetter	Ambetter Balanced Care 4	61836WA0050007	-	-	21	21	75,347	79,439	-	-	154,828
Ambetter	Ambetter Secure Care 5	61836WA0050008	-	20,533	-	-	-	-	-	-	20,533
Ambetter	Ambetter Cascade Select Vital Gold	61836WA0050016	-	48,443	-	-	-	-	-	-	48,443
Ambetter	Ambetter Cascade Silver	61836WA0050017	-	-	21	21	165,102	72,559	-	-	237,704
Ambetter	Ambetter Cascade Complete Gold	61836WA0050018	-	140,529	-	-	-	-	-	-	140,529
Ambetter	Ambetter Cascade Vital Gold	61836WA0050022	-	166,931	-	-	-	-	-	-	166,931
Ambetter	Ambetter Cascade Select Bronze	61836WA0050036	-	-	-	-	-	-	-	84,895	84,895
Ambetter	Ambetter Cascade Select Silver	61836WA0050037	-	-	15	15	84,051	53,142	-	-	137,223
Ambetter	Ambetter Cascade Select Complete Gold	61836WA0050038	-	53,153	-	-	-	-	-	-	53,153



Appendix 18.1  
Coordinated Care Corporation  
Terminated Plans  
Checklist Item 28d

Terminated 2025 Plan ID	Terminated 2025 Plan Name	Mapped 2026 Plan ID	Mapped 2026 Plan Name
Plans Offered in Portfolio 1			
61836WA0050026	Ambetter Cascade Bronze (2025)	61836WA0050022	Ambetter Cascade Vital Gold
61836WA0050034	Ambetter Clear Gold (2025)	61836WA0050022	Ambetter Cascade Vital Gold
61836WA0050019	Ambetter Essential Care 1 (2025)	61836WA0050022	Ambetter Cascade Vital Gold
61836WA0050030	Ambetter Essential Care: \$0 Medical Deductible (2025)	61836WA0050022	Ambetter Cascade Vital Gold
Terminated 2024 Plan ID	Terminated 2024 Plan Name	Mapped 2026 Plan ID	Mapped 2026 Plan Name
No 2024 plans were terminated.			

**Appendix 20.1**  
**Coordinated Care Corporation**  
**Development of Non-EHB Adjustment Factor**  
**Checklist Items 11d, 13**

(a) Non-EHB Cost Attributed to Coverage for Abortion Services <sup>(1)</sup>	\$1.00
(b) Projected Aggregate Premium <i>URRT Worksheet 2, Line 4.17</i>	\$690.16
(c) Benefits in Addition to EHB ( $1 / (1 - (a/b))$ ) <i>URRT Worksheet 2, Line 3.5</i>	1.0015

*Notes:*

(1) Per WA OIC instruction and reference to 45 CFR 156.280(e)(4)(iii) the non-EHB cost attributed to abortion in premium rates must not be less than \$1 PMPM.

<p align="center"><b>Appendix 20.2</b>  <b>Coordinated Care Corporation</b>  <b>Data for Rate Review Detail</b>  <b>Checklist Items 23a, 23b</b></p>
--

<b>Checklist Item</b>	<b>Rate Review Detail</b>
<u>Company Rate Information</u>	
Annual Written Premium	\$718,883,940
Written Premium Change	\$157,821,582
Overall % Rate Impact	21.95%
Annual incurred claims trend factor	22.10%
<u>Requested Rate Change Information</u>	
Min %	-6.0%
Max %	32.4%
Weighted Avg %	22.0%
<u>Prior Rate</u>	
Total Earned Premium	\$427,737,173
Total Incurred Claims	\$293,400,181
Min PMPM	\$167.00
Max PMPM	\$1,498.95
2025 Weighted Avg PMPM	\$552.15
<u>Requested Rate</u>	
Projected Earned Premium	\$720,687,079
Projected Incurred Claims	\$557,615,671
Min PMPM	\$185.29
Max PMPM	\$1,512.60
2026 Weighted Avg PMPM	\$690.16
<u>Experience Period Information</u>	
March 2025 Policyholders	81,231
March 2025 Covered Lives	107,649
March 2025 Member Months	1,006,022

Appendix 20.3a  
Coordinated Care Corporation  
Unified Rate Review Template - Worksheet 1

**Section I: Experience Period Data**

Experience Period:

1/1/2024

to

12/31/2024

Total

PMPM

Allowed Claims	\$426,046,154.82	\$423.50
Reinsurance	\$0.00	\$0.00
Incurred Claims in Experience Period	\$360,361,853.54	\$358.20
Risk Adjustment	-\$68,113,885.12	-\$67.71
Experience Period Premium	\$517,777,240.60	\$514.68
Experience Period Member Months	1,006,022	

**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	\$85.40	1.093	1.025	1.093	1.025	\$107.13
Outpatient Hospital	\$130.76	1.091	1.025	1.091	1.025	\$163.62
Professional	\$110.99	1.043	1.025	1.043	1.025	\$126.89
Other Medical	\$11.49	0.998	1.025	0.998	1.025	\$12.02
Capitation	\$2.90	1.000	1.000	1.000	1.000	\$2.90
Prescription Drug	\$81.95	1.068	1.048	1.068	1.048	\$102.52
Total	\$423.50					\$515.07

Morbidity Adjustment	0.985
Demographic Shift	1.191
Plan Design Changes	0.993
Other	1.005
Adjusted Trended EHB Allowed Claims PMPM for 1/1/2026	\$603.00

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

**Projected Period Totals**

Projected Index Rate for 1/1/2026	\$603.00	\$629,676,117.00
Reinsurance	\$0.00	\$0.00
Risk Adjustment Payment/Change	-\$27.84	-\$29,071,230.36
Exchange User Fees	0.91%	\$6,025,655.29
Market Adjusted Index Rate	\$636.61	\$664,773,002.65

Projected Member Months	1,044,239
-------------------------	-----------

Appendix 20.3b  
Coordinated Care Corporation  
Unified Rate Review Template - Worksheet 2

Field # Section I: General Product and Plan Information													
1.1 Product Name	Care	Ambetter Essential	Ambetter Essential	Ambetter Essential	Ambetter Essential	Ambetter Essential	Ambetter Essential	Ambetter Essential	Ambetter Essential	Ambetter Essential	Ambetter Essential	Ambetter Essential	Ambetter Essential
1.2 Product ID	Care	61836WA005	61836WA005	61836WA005	61836WA005	61836WA005	61836WA005	61836WA005	61836WA005	61836WA005	61836WA005	61836WA005	61836WA005
1.3 Plan Name	Care	Ambetter Balanced	Ambetter Cascade	Ambetter Cascade	Ambetter Cascade	Ambetter Cascade	Ambetter Cascade	Ambetter Secure Care	Ambetter Cascade	Ambetter Cascade	Ambetter Cascade	Ambetter Clear Gold	Ambetter Essential
1.4 Plan ID (Standard Component ID)	Care	61836WA0050007	61836WA0050018	61836WA0050036	61836WA0050038	61836WA0050037	61836WA0050017	61836WA0050008	61836WA0050022	61836WA0050016	61836WA0050026	61836WA0050034	61836WA0050019
1.5 Metal		Silver	Gold	Bronze	Gold	Silver	Silver	Gold	Gold	Gold	Bronze	Gold	Bronze
1.6 AV Metal Value		0.719	0.818	0.650	0.818	0.718	0.718	0.816	0.781	0.781	0.636	0.782	0.603
1.7 Plan Category		Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	New	New	Terminated	Terminated
1.8 Plan Type		HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
1.9 Exchange Plan?		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	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)		24.49%	-4.16%	9.03%	1.65%	32.36%	26.34%	-6.02%	0.00%	0.00%	0.00%	0.00%	0.00%
1.12 Product Rate Increase %									19.92%				
1.13 Submission Level Rate Increase %									19.92%				
Section II: Experience Period and Current Plan Level Information													
2.1 Plan ID (Standard Component ID)	Total	61836WA0050007	61836WA0050018	61836WA0050036	61836WA0050038	61836WA0050037	61836WA0050017	61836WA0050008	61836WA0050022	61836WA0050016	61836WA0050026	61836WA0050034	61836WA0050019
2.2 Allowed Claims	\$426,046.155	\$57,331.769	\$91,836.645	\$11,476.515	\$30,595.762	\$51,778.864	\$93,374.119	\$8,661.912	\$0	\$0	\$31,808.743	\$13,739.549	\$21,813.787
2.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.4 Member Cost Sharing	\$65,684.301	\$6,160.369	\$10,144.531	\$3,941.875	\$4,497.113	\$4,998.113	\$11,149.784	\$1,519.163	\$0	\$0	\$10,026.899	\$3,312.664	\$6,343.692
2.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.6 Incurred Claims	\$360,361.854	\$51,171.409	\$81,692.112	\$7,534.639	\$26,098.649	\$46,780.751	\$82,234.335	\$7,142.750	\$0	\$0	\$21,781.846	\$10,426.864	\$15,470.105
2.7 Risk Adjustment Transfer Amount	\$66,113.885	-\$6,348.750	-\$6,541.365	-\$12,460.485	-\$4,668.633	-\$8,996.988	-\$10,484.692	\$6,745.427	\$0	\$0	-\$22,536.797	\$1,723.686	-\$13,241.928
2.8 Premium	\$517,777.241	\$71,755.688	\$64,842.725	\$23,604.850	\$38,663.065	\$67,526.086	\$110,203.091	\$6,997.148	\$0	\$0	\$50,643.268	\$16,177.111	\$26,299.349
2.9 Experience Period Member Months	1,006,022	114,999	118,922	64,445	82,912	170,693	186,796	17,984	0	0	116,358	69,188	39,996
2.10 Current Enrollment	107,649	19,998	9,561	8,618	6,886	22,438	21,093	1,095	0	0	12,369	2,542	3,883
2.11 Current Premium PMPM	\$56.50	\$670.69	\$643.92	\$384.84	\$527.36	\$534.65	\$833.72	\$833.97	\$0.00	\$0.00	\$487.95	\$613.20	\$418.46
2.12 Loss Ratio	80.14%	78.24%	114.44%	67.61%	60.23%	59.50%	82.46%	93.09%	#DIV/0!	#DIV/0!	77.48%	58.25%	118.48%
Per Member Per Month													
2.13 Allowed Claims	\$423.55	\$503.31	\$785.45	\$178.08	\$369.01	\$303.34	\$484.68	\$726.22	#DIV/0!	#DIV/0!	\$773.37	\$446.83	\$115.26
2.14 Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!	\$0.00	\$0.00	\$0.00
2.15 Member Cost Sharing	\$65.29	\$54.08	\$86.76	\$61.17	\$54.24	\$29.28	\$59.07	\$125.61	#DIV/0!	#DIV/0!	\$86.17	\$107.73	\$91.69
2.16 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!	\$0.00	\$0.00	\$0.00
2.17 Incurred Claims	\$358.20	\$449.23	\$698.69	\$116.92	\$314.78	\$274.06	\$435.61	\$590.60	#DIV/0!	#DIV/0!	\$187.20	\$339.10	\$223.60
2.18 Risk Adjustment Transfer Amount	-\$67.71	-\$55.74	-\$55.05	-\$193.35	-\$56.31	-\$52.12	-\$55.55	\$55.85	#DIV/0!	#DIV/0!	-\$193.63	\$56.06	-\$191.39
2.19 Premium	\$518.68	\$629.94	\$554.58	\$366.28	\$466.31	\$512.77	\$583.84	\$578.56	#DIV/0!	#DIV/0!	\$435.24	\$526.10	\$380.11
Section III: Plan Adjustment Factors													
3.1 Plan ID (Standard Component ID)		61836WA0050007	61836WA0050018	61836WA0050036	61836WA0050038	61836WA0050037	61836WA0050017	61836WA0050008	61836WA0050022	61836WA0050016	61836WA0050026	61836WA0050034	61836WA0050019
3.2 Market Adjusted Index Rate													
3.3 AV and Cost Sharing Design of Plan		0.9381	0.8404	0.6195	0.8404	1.0072	1.0072	0.7792	0.7854	0.7854	0.0000	0.0000	0.0000
3.4 Provider Network Adjustment		1.0127	1.0127	0.9697	0.9697	0.9697	0.9697	0.9697	0.9697	0.9697	0.0000	0.0000	0.0000
3.5 Benefits in Addition to EHB		1.0015	1.0015	1.0015	1.0015	1.0015	1.0015	1.0015	1.0015	1.0015	0.0000	0.0000	0.0000
Administrative Costs													
3.6 Administrative Expense		11.09%	11.09%	11.09%	11.09%	11.09%	11.09%	11.09%	11.09%	11.09%	0.00%	0.00%	0.00%
3.7 Taxes and Fees		3.28%	3.28%	3.28%	3.28%	3.28%	3.28%	3.28%	3.28%	3.28%	0.00%	0.00%	0.00%
3.8 Profit & Risk Load		3.95%	3.95%	3.95%	3.95%	3.95%	3.95%	3.95%	3.95%	3.95%	0.00%	0.00%	0.00%
3.9 Catastrophic Adjustment		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.0000	0.0000	0.0000
3.10 Plan Adjusted Index Rate		\$741.53	\$684.26	\$468.90	\$636.06	\$762.31	\$796.11	\$615.92	\$620.78	\$594.42	\$0.00	\$0.00	\$0.00
3.11 Age Calibration Factor		0.5645						0.5645					
3.12 Geographic Calibration Factor		0.9870						0.9870					
3.13 Tobacco Calibration Factor		1.0000						1.0000					
3.14 Calibrated Plan Adjusted Index Rate		\$413.12	\$370.08	\$261.23	\$354.36	\$424.70	\$443.53	\$343.14	\$345.85	\$331.16	\$0.00	\$0.00	\$0.00
Section IV: Projected Plan Level Information													
4.1 Plan ID (Standard Component ID)	Total	61836WA0050007	61836WA0050018	61836WA0050036	61836WA0050038	61836WA0050037	61836WA0050017	61836WA0050008	61836WA0050022	61836WA0050016	61836WA0050026	61836WA0050034	61836WA0050019
4.2 Allowed Claims	\$626,677.886	\$97,863.967	\$84,246.478	\$44,996.057	\$30,509.662	\$83,853.362	\$151,142.980	\$12,012.636	\$87,896.878	\$27,263.053	\$0	\$0	\$0
4.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.4 Member Cost Sharing	\$72,062.219	\$7,702.334	\$9,401.288	\$13,507.710	\$3,404.897	\$5,947.552	\$11,487.030	\$1,939.150	\$14,604.155	\$4,058.124	\$0	\$0	\$0
4.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.6 Incurred Claims	\$557,615.671	\$90,160.534	\$74,839.186	\$31,448.347	\$27,104.766	\$77,905.700	\$139,645.951	\$10,073.486	\$83,292.722	\$23,144.930	\$0	\$0	\$0
4.7 Risk Adjustment Transfer Amount	-\$25,744.232	-\$3,817.085	-\$3,464.543	-\$2,092.966	-\$1,310.412	-\$3,385.038	-\$5,860.255	-\$596.212	-\$4,115.447	\$1,194.293	\$0	\$0	\$0
4.8 Premium	\$720,687.070	\$114,688.951	\$93,346.329	\$39,896.906	\$33,896.216	\$104,605.962	\$189,239.261	\$12,646.647	\$103,627.336	\$28,795.402	\$0	\$0	\$0
4.9 Projected Member Months	1,044,239	154,828	149,529	84,865	53,153	137,223	237,704	20,533	166,931	48,443	0	0	0
4.10 Loss Ratio	80.24%	81.23%	83.26%	83.39%	83.40%	76.96%	76.15%	82.97%	83.70%	83.86%	#DIV/0!	#DIV/0!	#DIV/0!
Per Member Per Month													
4.11 Allowed Claims	\$603.00	\$632.07	\$599.45	\$529.55	\$574.00	\$611.07	\$635.85	\$585.04	\$586.45	\$561.55	#DIV/0!	#DIV/0!	#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	#DIV/0!	#DIV/0!	#DIV/0!
4.13 Member Cost Sharing	\$69.01	\$49.75	\$66.90	\$159.11	\$64.08	\$43.34	\$87.48	\$34.44	\$83.77	\$33.77	#DIV/0!	#DIV/0!	#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	#DIV/0!	#DIV/0!	#DIV/0!
4.15 Incurred Claims	\$533.99	\$582.33	\$532.55	\$370.44	\$509.84	\$567.73	\$587.48	\$490.00	\$498.06	\$477.78	#DIV/0!	#DIV/0!	#DIV/0!
4.16 Risk Adjustment Transfer Amount	-\$24.65	-\$24.65	-\$24.65	-\$24.65	-\$24.65	-\$24.65	-\$24.65	-\$24.65	-\$24.65	-\$24.65	#DIV/0!	#DIV/0!	#DIV/0!
4.17 Premium	\$690.16	\$741.53	\$684.26	\$468.90	\$636.06	\$762.31	\$796.11	\$615.92	\$620.78	\$594.42	#DIV/0!	#DIV/0!	#DIV/0!

**Appendix 20.4**  
**Coordinated Care Corporation**  
**Financial Data Consistency Summary**  
**Checklist Items 1a, 23d**

Financial Data Item	URRT Worksheet 1,	URRT Worksheet 2,	WAC 284-43-6660	Actuarial Memorandum Exhibits		
	Section I	Section II	Summary	Appendix 11.1	Appendix 13.1	Appendix 20.2
Allowed Claims	\$426,046,155	\$426,046,155	n/a	n/a	n/a	n/a
Reinsurance	\$0	\$0	n/a	n/a	n/a	n/a
Incurred Claims in Experience Period	\$360,361,854	\$360,361,854	\$360,361,854	n/a	n/a	n/a
Risk Adjustment	-\$68,113,885	-\$68,113,885	n/a	-\$68	n/a	n/a
Experience Period Premium	\$517,777,241	\$517,777,241	\$517,777,241	n/a	n/a	n/a
Experience Period Member Months <sup>(1)</sup>	1,006,022	1,006,022	1,006,022	1,006,021	1,006,021	1,006,022

Notes:

(1) Member months in URRT differ due to forced rounding in the URRT template. Rate review detail data for Appendix 20.2 is aligned with that rounding.

Appendix 20.5

Coordinated Care Corporation

Changes in Cost Sharing For Plans Offered in 2025 and 2026

Plan	Ambetter Balanced Care 4 - Standard Silver On Exchange Plan		Ambetter Balanced Care 4 - 73% AV Level Silver Plan		Ambetter Balanced Care 4 - 87% AV Level Silver Plan		Ambetter Balanced Care 4 - 94% AV Level Silver Plan		Ambetter Secure Care 5 - Standard Gold On Exchange Plan		Ambetter Cascade Silver - Standard Silver On Exchange Plan		Ambetter Cascade Silver - 73% AV Level Silver Plan		Ambetter Cascade Silver - 87% AV Level Silver Plan		Ambetter Cascade Silver - 94% AV Level Silver Plan		Ambetter Cascade Complete Gold - Standard Gold On Exchange Plan	
	2025	2026	2025	2026	2025	2026	2025	2026	2025	2026	2025	2026	2025	2026	2025	2026	2025	2026	2025	2026
Service Category																				
Deductible	\$8,050 INT	\$8,200 INT	\$7,250 INT	\$7,450 INT	\$2,550 INT	\$2,650 INT	\$800 INT	\$800 INT	\$1,450 INT	\$1,450 INT	\$2,500 INT	\$2,500 INT	\$2,500 INT	\$2,500 INT	\$750 INT	\$750 INT	\$0 INT	\$0 INT	\$600 INT	\$1,000 INT
OOP Max	\$9,050	\$9,200	\$7,250	\$7,450	\$2,550	\$2,650	\$800	\$800	\$7,500	\$7,500	\$9,200	\$9,750	\$7,250	\$7,950	\$2,500	\$2,850	\$1,900	\$2,400	\$7,000	\$7,000
Primary Care Visit	\$30 NSD	\$30 NSD	\$15 NSD	\$15 NSD	\$0 NSD	\$0 NSD	\$0 NSD	\$0 NSD	\$15 NSD	\$15 NSD	\$30 NSD	\$20 NSD	\$30 NSD	\$20 NSD	\$10 NSD	\$5 NSD	\$5 NSD	\$1 NSD	\$15 NSD	\$15 NSD
Specialist Visit	\$60 NSD	\$60 NSD	\$45 NSD	\$45 NSD	\$5 NSD	\$10 NSD	\$5 NSD	\$10 NSD	\$35 NSD	\$35 NSD	\$65 NSD	\$65 NSD	\$65 NSD	\$65 NSD	\$30 NSD	\$30 NSD	\$15 NSD	\$15 NSD	\$40 NSD	\$40 NSD
ER	D&C	D&C	D&C	D&C	D&C	D&C	D&C	D&C	D&C	D&C	\$800 SD	\$800 SD	\$800 SD	\$800 SD	\$425 SD	\$425 SD	\$150 NSD	\$150 NSD	\$450 SD	\$450 SD
Urgent Care	\$60 NSD	\$50 NSD	\$45 NSD	\$35 NSD	\$10 NSD	\$5 NSD	\$10 NSD	\$5 NSD	\$35 NSD	\$35 NSD	\$65 NSD	\$65 NSD	\$65 NSD	\$65 NSD	\$30 NSD	\$30 NSD	\$15 NSD	\$15 NSD	\$35 NSD	\$35 NSD
Outpatient Surgery	D&C	D&C	D&C	D&C	D&C	D&C	D&C	D&C	D&C	D&C	\$600 SD	\$600 SD	\$600 SD	\$600 SD	\$325 SD	\$325 SD	\$100 NSD	\$100 NSD	\$350 SD	\$350 SD
Inpatient Facility (including MH/SA)	D&C	\$0 SD	D&C	\$0 SD	D&C	\$0 SD	D&C	\$0 SD	D&C	\$0 SD	\$800 SD	\$800 SD	\$800 SD	\$800 SD	\$425 SD	\$425 SD	\$100 NSD	\$100 NSD	\$525 NSD	\$525 NSD
SNF	D&C	\$0 SD	D&C	\$0 SD	D&C	\$0 SD	D&C	\$0 SD	D&C	\$0 SD	\$800 SD	\$800 SD	\$800 SD	\$800 SD	\$425 SD	\$425 SD	\$100 NSD	\$100 NSD	\$350 SD	\$350 SD
Inpatient Facility - Maternity	D&C	\$0 SD	D&C	\$0 SD	D&C	\$0 SD	D&C	\$0 SD	D&C	\$0 SD	\$800 SD	\$800 SD	\$800 SD	\$800 SD	\$425 SD	\$425 SD	\$100 NSD	\$100 NSD	\$525 NSD	\$525 NSD
PT/OT/ST	D&C	D&C	D&C	D&C	D&C	D&C	D&C	D&C	D&C	D&C	\$40 NSD	\$40 NSD	\$40 NSD	\$40 NSD	\$20 NSD	\$20 NSD	\$5 NSD	\$5 NSD	\$25 NSD	\$25 NSD
MH/SA (Excluding IP)	\$30 NSD	\$30 NSD	\$15 NSD	\$15 NSD	\$0 NSD	\$0 NSD	\$0 NSD	\$0 NSD	\$15 NSD	\$15 NSD	\$30 NSD	\$20 NSD	\$30 NSD	\$20 NSD	\$10 NSD	\$5 NSD	\$5 NSD	\$1 NSD	\$15 NSD	\$15 NSD
Lab	D&C	D&C	D&C	D&C	D&C	D&C	D&C	D&C	\$15 NSD	\$15 NSD	\$40 NSD	\$40 NSD	\$40 NSD	\$40 NSD	\$20 NSD	\$20 NSD	\$5 NSD	\$5 NSD	\$20 NSD	\$20 NSD
X-Rays	D&C	D&C	D&C	D&C	D&C	D&C	D&C	D&C	D&C	D&C	\$65 NSD	\$65 NSD	\$65 NSD	\$65 NSD	\$40 NSD	\$40 NSD	\$15 NSD	\$15 NSD	\$30 NSD	\$30 NSD
Chiropractor	\$60 NSD	\$60 NSD	\$45 NSD	\$45 NSD	\$5 NSD	\$10 NSD	\$5 NSD	\$10 NSD	\$35 NSD	\$35 NSD	\$30 NSD	\$20 NSD	\$30 NSD	\$20 NSD	\$10 NSD	\$5 NSD	\$5 NSD	\$1 NSD	\$15 NSD	\$15 NSD
Rx - Generics	\$15 NSD	\$15 NSD	\$15 NSD	\$15 NSD	\$0 NSD	\$0 NSD	\$0 NSD	\$0 NSD	\$15 NSD	\$15 NSD	\$25 NSD	\$25 NSD	\$24 NSD	\$24 NSD	\$12 NSD	\$12 NSD	\$5 NSD	\$5 NSD	\$10 NSD	\$10 NSD
Rx - Preferred Brand Drugs	\$50 NSD	\$50 NSD	\$50 NSD	\$50 NSD	\$25 NSD	\$25 NSD	\$25 NSD	\$25 NSD	\$30 NSD	\$30 NSD	\$75 NSD	\$75 NSD	\$75 NSD	\$75 NSD	\$35 NSD	\$35 NSD	\$12 NSD	\$12 NSD	\$60 NSD	\$60 NSD
Rx - Non-Preferred Brand Drugs	100% SD	\$0 SD	100% SD	\$0 SD	100% SD	\$0 SD	100% SD	\$0 SD	75% SD	\$0 SD	\$250 SD	\$250 SD	\$250 SD	\$250 SD	\$160 NSD	\$160 NSD	\$35 NSD	\$35 NSD	\$100 NSD	\$100 NSD
Rx - Specialty High-Cost Drugs	100% SD	\$0 SD	100% SD	\$0 SD	100% SD	\$0 SD	100% SD	\$0 SD	70% SD	\$0 SD	\$250 SD	\$250 SD	\$250 SD	\$250 SD	\$160 NSD	\$160 NSD	\$35 NSD	\$35 NSD	\$100 NSD	\$100 NSD

Plan	Ambetter Cascade Select Bronze - Standard Bronze On Exchange Plan		Ambetter Cascade Select Silver - Standard Silver On Exchange Plan		Ambetter Cascade Select Silver - 73% AV Level Silver Plan		Ambetter Cascade Select Silver - 87% AV Level Silver Plan		Ambetter Cascade Select Silver - 94% AV Level Silver Plan		Ambetter Cascade Select Complete Gold - Standard Gold On Exchange Plan					
	2025	2026	2025	2026	2025	2026	2025	2026	2025	2026	2025	2026				
Service Category																
Deductible	\$6,000 INT	\$6,000 INT	\$2,500 INT	\$2,500 INT	\$2,500 INT	\$2,500 INT	\$750 INT	\$750 INT	\$0 INT	\$0 INT	\$600 INT	\$1,000 INT				
OOP Max	\$9,200	\$10,150	\$9,200	\$9,750	\$7,250	\$7,950	\$2,500	\$2,850	\$1,900	\$2,400	\$7,000	\$7,000				
Primary Care Visit	\$50 NSD	\$40 NSD	\$30 NSD	\$20 NSD	\$35 NSD	\$20 NSD	\$10 NSD	\$5 NSD	\$5 NSD	\$1 NSD	\$15 NSD	\$15 NSD				
Specialist Visit	\$100 SD	\$100 SD	\$65 NSD	\$65 NSD	\$65 NSD	\$65 NSD	\$30 NSD	\$30 NSD	\$15 NSD	\$15 NSD	\$40 NSD	\$40 NSD				
ER	D&C	D&C	\$800 SD	\$800 SD	\$800 SD	\$800 SD	\$425 SD	\$425 SD	\$150 NSD	\$150 NSD	\$450 SD	\$450 SD				
Urgent Care	\$100 NSD	\$100 NSD	\$65 NSD	\$65 NSD	\$65 NSD	\$65 NSD	\$30 NSD	\$30 NSD	\$15 NSD	\$15 NSD	\$35 NSD	\$35 NSD				
Outpatient Surgery	D&C	D&C	\$600 SD	\$600 SD	\$600 SD	\$600 SD	\$325 SD	\$325 SD	\$100 NSD	\$100 NSD	\$350 SD	\$350 SD				
Inpatient Facility (including MH/SA)	D&C	\$0 SD	\$800 SD	\$800 SD	\$800 SD	\$800 SD	\$425 SD	\$425 SD	\$100 NSD	\$100 NSD	\$525 NSD	\$525 NSD				
SNF	D&C	\$0 SD	\$800 SD	\$800 SD	\$800 SD	\$800 SD	\$425 SD	\$425 SD	\$100 NSD	\$100 NSD	\$350 SD	\$350 SD				
Inpatient Facility - Maternity	D&C	\$0 SD	\$800 SD	\$800 SD	\$800 SD	\$800 SD	\$425 SD	\$425 SD	\$100 NSD	\$100 NSD	\$525 NSD	\$525 NSD				
PT/OT/ST	D&C	D&C	\$40 NSD	\$40 NSD	\$40 NSD	\$40 NSD	\$20 NSD	\$20 NSD	\$5 NSD	\$5 NSD	\$25 NSD	\$25 NSD				
MH/SA (Excluding IP)	\$50 NSD	\$0 NSD	\$30 NSD	\$20 NSD	\$30 NSD	\$20 NSD	\$10 NSD	\$5 NSD	\$5 NSD	\$1 NSD	\$15 NSD	\$15 NSD				
Lab	D&C	D&C	\$40 NSD	\$40 NSD	\$40 NSD	\$40 NSD	\$20 NSD	\$20 NSD	\$5 NSD	\$5 NSD	\$20 NSD	\$20 NSD				
X-Rays	D&C	D&C	\$65 NSD	\$65 NSD	\$65 NSD	\$65 NSD	\$40 NSD	\$40 NSD	\$15 NSD	\$15 NSD	\$30 NSD	\$30 NSD				
Chiropractor	\$50 NSD	\$40 NSD	\$30 NSD	\$20 NSD	\$30 NSD	\$20 NSD	\$10 NSD	\$5 NSD	\$5 NSD	\$1 NSD	\$15 NSD	\$15 NSD				
Rx - Generics	\$32 NSD	\$32 NSD	\$25 NSD	\$25 NSD	\$24 NSD	\$24 NSD	\$12 NSD	\$12 NSD	\$5 NSD	\$5 NSD	\$10 NSD	\$10 NSD				
Rx - Preferred Brand Drugs	60% SD	\$0 SD	\$75 NSD	\$75 NSD	\$75 NSD	\$75 NSD	\$35 NSD	\$35 NSD	\$12 NSD	\$12 NSD	\$60 NSD	\$60 NSD				
Rx - Non-Preferred Brand Drugs	60% SD	\$0 SD	\$250 SD	\$250 SD	\$250 SD	\$250 SD	\$160 NSD	\$160 NSD	\$35 NSD	\$35 NSD	\$100 NSD	\$100 NSD				
Rx - Specialty High-Cost Drugs	60% SD	\$0 SD	\$250 SD	\$250 SD	\$250 SD	\$250 SD	\$160 NSD	\$160 NSD	\$35 NSD	\$35 NSD	\$100 NSD	\$100 NSD				

**Appendix 20.6**  
**Coordinated Care Corporation**  
**Demonstration of Incurred Claims vs. Premium**  
**Checklist Item 28f**

Plan ID	Plan Name	URRT WS 2 Line 4.17 (1)	URRT WS 2 Line 4.16 (2)	URRT WS 2 Lines 3.6 - 3.8 (3)	(4)	(5) = (3) * (1) + (4)	(6) = (1) + (2) - (5)	URRT WS 2 Line 4.15
		Premium PMPM	Risk Adjustment Transfer PMPM	Administrative Components	Exchange Fee PMPM	Retention PMPM	Implied Incurred Claims PMPM <sup>(1)</sup>	URRT Incurred Claims PMPM
61836WA0050007	Ambetter Balanced Care 4	\$741.53	(\$24.65)	18.31%	\$5.11	\$140.92	\$575.95	\$582.33
61836WA0050008	Ambetter Secure Care 5	\$615.92	(\$24.65)	18.31%	\$5.11	\$117.91	\$473.35	\$490.60
61836WA0050016	Ambetter Cascade Select Vital Gold	\$594.42	(\$24.65)	18.31%	\$5.11	\$113.98	\$455.79	\$477.78
61836WA0050017	Ambetter Cascade Silver	\$796.11	(\$24.65)	18.31%	\$5.11	\$150.92	\$620.54	\$587.48
61836WA0050018	Ambetter Cascade Complete Gold	\$664.26	(\$24.65)	18.31%	\$5.11	\$126.77	\$512.84	\$532.55
61836WA0050022	Ambetter Cascade Vital Gold	\$620.78	(\$24.65)	18.31%	\$5.11	\$118.80	\$477.32	\$498.96
61836WA0050036	Ambetter Cascade Select Bronze	\$468.90	(\$24.65)	18.31%	\$5.11	\$90.99	\$353.26	\$370.44
61836WA0050037	Ambetter Cascade Select Silver	\$762.31	(\$24.65)	18.31%	\$5.11	\$144.72	\$592.93	\$567.73
61836WA0050038	Ambetter Cascade Select Complete Gold	\$636.06	(\$24.65)	18.31%	\$5.11	\$121.60	\$489.80	\$509.94
<b>Total</b>		\$690.16	(\$24.65)	18.31%	\$5.11	\$131.51	\$533.99	\$533.99

Notes:

(1) Incurred claims projected and reported in URRT WS 2 are not intended to satisfy this implied relationship. The results of this equation are shown here to satisfy Checklist Item 27f.



**Appendix 21.1**  
**Coordinated Care Corporation**  
**Data and Assumption Reliance for 2026 Individual Marketplace Premium Development**

<b>Data / Assumption</b>	<b>Source</b>
Wakely National Risk Adjustment Report	Wakely Consulting
Basic tables of utilization, cost, claims probability distributions, pricing adjustment factors, and primary care/specialty care utilization distribution	Milliman (Health Cost Guidelines)
Utilization trends	Milliman (Health Cost Guidelines)
Prescription Drug Assumptions: AWP Discount, Dispensing Fee, Rebates, Retail/Mail Utilization percentages, formularies, and Rx Management Assumptions	Envolve
Pre-ACA enrollment counts by health insurance market segment	<ul style="list-style-type: none"> <li>• CCIIO (MLR Reports)</li> <li>• US Census Bureau (American Community Survey)</li> <li>• National Conference of State Legislatures ("High Risk Pools for Health Coverage, State and Federal (State Implementation Report)")</li> </ul>
Distribution of pre-ACA enrollment by age, gender, income bracket, and self-reported health status, within each insurance coverage category	<ul style="list-style-type: none"> <li>• US Census Bureau (American Community Survey)</li> <li>• US Census Bureau (Current Population Survey)</li> </ul>
2024 Individual QHP Claims and Membership Experience	Coordinated Care Corporation
Other 2024 Individual QHP Marketplace Revenue and Expenditures	Coordinated Care Corporation
2024 MLR Rebate	Coordinated Care Corporation
2024 Plan Liability Risk Score associated with Individual QHP Claims and Membership Experience	Coordinated Care Corporation
2024 Plan Liability Risk Score for the Individual Single Risk Pool	Coordinated Care Corporation
2026 Population Morbidity, including the impact of individual mandate repeal	Coordinated Care Corporation
2026 Statewide Average Premium	Coordinated Care Corporation
2026 Individual QHP Membership Projections	Coordinated Care Corporation
Relationship between enrollee duration and paid-to-allowed ratio by metal level	Coordinated Care Corporation
2026 Individual QHP Benefit Designs	Coordinated Care Corporation
Unit Cost trends	Coordinated Care Corporation
Administrative Costs, Taxes, and Fees	Coordinated Care Corporation
Premium Delinquency Estimates	Coordinated Care Corporation
Subcapitated Contracts and Pricing	Coordinated Care Corporation
Value Added Benefits	Coordinated Care Corporation
Smoking Relativity Factors	Coordinated Care Corporation
County Rating Areas	Coordinated Care Corporation
Plan Rating Factors	Coordinated Care Corporation
Coordinated Care Corporation Service Areas	Coordinated Care Corporation
Expected Reimbursement by Rating Area and State	Coordinated Care Corporation
OON Utilization and Reimbursement	Coordinated Care Corporation
Utilization Management	Coordinated Care Corporation
Funding Status of CSR Subsidies	Coordinated Care Corporation
Unique Plan Design Certification for Non-Standard Plans	Coordinated Care Corporation
COVID-19 and American Rescue Plan Act Rate Impacts	Coordinated Care Corporation

**Coordinated Care Corporation**  
**RATE SCHEDULE**

**Plan Information**

**Plan Name:** Ambetter Balanced Care 4  
**HIOS Plan ID:** 61836WA0050007  
**Effective Date:** 1/1/2026  
**Market Type:** Individual  
**Exchange Status:** In the exchange  
**Metal Level:** Silver  
**Plan Type:** Non-Standardized Plan

**Plan Geographic Availability**

Area Number	Available in area?	Counties where this plan is available
1	Yes	King
2	Yes	Clallam, Cowlitz, Grays Harbor, Jefferson, Kitsap, Lewis, Pacific, Wahkiakum
3	Yes	Clark, Klickitat, Skamania
4	Yes	Ferry, Lincoln, Pend Oreille, Spokane, Stevens
5	Yes	Mason, Pierce, Thurston
6	Yes	Benton, Franklin, Kittitas, Yakima
7	Yes	Adams, Chelan, Douglas, Grant, Okanogan
8	Yes	Island, San Juan, Skagit, Snohomish, Whatcom
9	Yes	Asotin, Columbia, Garfield, Walla Walla, Whitman

**Plan Rates**

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	314.65	320.59	357.66	303.23	316.06	291.99	307.47	343.34	291.65	314.65	320.59	357.66	303.23	316.06	291.99	307.47	343.34	291.65
15	342.62	349.09	389.45	330.18	344.16	317.95	334.80	373.86	317.57	342.62	349.09	389.45	330.18	344.16	317.95	334.80	373.86	317.57
16	353.31	359.99	401.61	340.48	354.90	327.87	345.25	385.53	327.48	353.31	359.99	401.61	340.48	354.90	327.87	345.25	385.53	327.48
17	364.00	370.88	413.76	350.79	365.64	337.80	355.70	397.20	337.40	364.00	370.88	413.76	350.79	365.64	337.80	355.70	397.20	337.40
18	375.52	382.62	426.85	361.89	377.21	348.48	366.96	409.77	348.07	375.52	382.62	426.85	361.89	377.21	348.48	366.96	409.77	348.07
19	387.04	394.35	439.94	372.99	388.78	359.17	378.21	422.33	358.74	387.04	394.35	439.94	372.99	388.78	359.17	378.21	422.33	358.74
20	398.96	406.51	453.50	384.48	400.76	370.24	389.87	435.35	369.80	398.96	406.51	453.50	384.48	400.76	370.24	389.87	435.35	369.80
21	411.30	419.08	467.53	396.37	413.15	381.69	401.93	448.81	381.24	411.30	419.08	467.53	396.37	413.15	381.69	401.93	448.81	381.24
22	411.30	419.08	467.53	396.37	413.15	381.69	401.93	448.81	381.24	411.30	419.08	467.53	396.37	413.15	381.69	401.93	448.81	381.24
23	411.30	419.08	467.53	396.37	413.15	381.69	401.93	448.81	381.24	411.30	419.08	467.53	396.37	413.15	381.69	401.93	448.81	381.24
24	411.30	419.08	467.53	396.37	413.15	381.69	401.93	448.81	381.24	411.30	419.08	467.53	396.37	413.15	381.69	401.93	448.81	381.24
25	412.95	420.75	469.40	397.96	414.81	383.22	403.53	450.61	382.76	412.95	420.75	469.40	397.96	414.81	383.22	403.53	450.61	382.76
26	421.18	429.14	478.75	405.89	423.07	390.85	411.57	459.59	390.39	421.18	429.14	478.75	405.89	423.07	390.85	411.57	459.59	390.39
27	431.05	439.19	489.97	415.40	432.99	400.01	421.22	470.36	399.54	431.05	439.19	489.97	415.40	432.99	400.01	421.22	470.36	399.54
28	447.09	455.54	508.20	430.86	449.10	414.90	436.89	487.86	414.41	447.09	455.54	508.20	430.86	449.10	414.90	436.89	487.86	414.41
29	460.25	468.95	523.16	443.54	462.32	427.11	449.76	502.22	426.60	460.25	468.95	523.16	443.54	462.32	427.11	449.76	502.22	426.60
30	466.83	475.65	530.65	449.88	468.93	433.22	456.19	509.40	432.70	466.83	475.65	530.65	449.88	468.93	433.22	456.19	509.40	432.70
31	476.70	485.71	541.87	459.40	478.85	442.38	465.83	520.18	441.85	476.70	485.71	541.87	459.40	478.85	442.38	465.83	520.18	441.85
32	486.57	495.77	553.09	468.91	488.76	451.54	475.48	530.95	451.00	486.57	495.77	553.09	468.91	488.76	451.54	475.48	530.95	451.00
33	492.74	502.05	560.10	474.86	494.96	457.26	481.51	537.68	456.72	492.74	502.05	560.10	474.86	494.96	457.26	481.51	537.68	456.72
34	499.32	508.76	567.58	481.20	501.57	463.37	487.94	544.86	462.82	499.32	508.76	567.58	481.20	501.57	463.37	487.94	544.86	462.82
35	502.61	512.11	571.32	484.37	504.87	466.43	491.15	548.45	465.87	502.61	512.11	571.32	484.37	504.87	466.43	491.15	548.45	465.87
36	505.90	515.47	575.06	487.54	508.18	469.48	494.37	552.04	468.92	505.90	515.47	575.06	487.54	508.18	469.48	494.37	552.04	468.92
37	509.19	518.82	578.80	490.71	511.49	472.53	497.58	555.63	471.97	509.19	518.82	578.80	490.71	511.49	472.53	497.58	555.63	471.97
38	512.48	522.17	582.54	493.88	514.79	475.59	500.80	559.22	475.02	512.48	522.17	582.54	493.88	514.79	475.59	500.80	559.22	475.02
39	519.07	528.88	590.02	500.22	521.40	481.69	507.23	566.40	481.12	519.07	528.88	590.02	500.22	521.40	481.69	507.23	566.40	481.12
40	525.65	535.58	597.50	506.57	528.01	487.80	513.66	573.59	487.22	525.65	535.58	597.50	506.57	528.01	487.80	513.66	573.59	487.22
41	535.52	545.64	608.72	516.08	537.93	496.96	523.31	584.36	496.37	535.52	545.64	608.72	516.08	537.93	496.96	523.31	584.36	496.37
42	544.98	555.28	619.48	525.19	547.43	505.74	532.55	594.68	505.14	544.98	555.28	619.48	525.19	547.43	505.74	532.55	594.68	505.14
43	558.14	568.69	634.44	537.88	560.65	517.95	545.41	609.04	517.34	558.14	568.69	634.44	537.88	560.65	517.95	545.41	609.04	517.34
44	574.59	585.45	653.14	553.73	577.18	533.22	561.49	626.99	532.59	574.59	585.45	653.14	553.73	577.18	533.22	561.49	626.99	532.59
45	593.92	605.15	675.11	572.36	596.60	551.16	580.38	648.09	550.51	593.92	605.15	675.11	572.36	596.60	551.16	580.38	648.09	550.51
46	616.96	628.62	701.29	594.56	619.73	572.53	602.89	673.22	571.86	616.96	628.62	701.29	594.56	619.73	572.53	602.89	673.22	571.86
47	642.87	655.02	730.75	619.53	645.76	596.58	628.21	701.50	595.87	642.87	655.02	730.75	619.53	645.76	596.58	628.21	701.50	595.87
48	672.48	685.19	764.41	648.07	675.51	624.06	657.15	733.81	623.32	672.48	685.19	764.41	648.07	675.51	624.06	657.15	733.81	623.32
49	701.68	714.95	797.60	676.21	704.84	651.16	685.69	765.68	650.39	701.68	714.95	797.60	676.21	704.84	651.16	685.69	765.68	650.39
50	734.59	748.47	835.01	707.92	737.89	681.70	717.84	801.58	680.89	734.59	748.47	835.01	707.92	737.89	681.70	717.84	801.58	680.89
51	767.08	781.58	871.94	739.24	770.53	711.85	749.59	837.04	711.01	767.08	781.58	871.94	739.24	770.53	711.85	749.59	837.04	711.01
52	802.87	818.04	912.62	773.72	806.48	745.06	784.56	876.09	744.18	802.87	818.04	912.62	773.72	806.48	745.06	784.56	876.09	744.18
53	839.06	854.92	953.76	808.60	842.84	778.65	819.93	915.58	777.72	839.06	854.92	953.76	808.60	842.84	778.65	819.93	915.58	777.72
54	878.13	894.73	998.17	846.26	882.09	814.91	858.11	958.22	813.94	878.13	894.73	998.17	846.26	882.09	814.91	858.11	958.22	813.94
55	917.21	934.54	1042.59	883.91	921.33	851.17	896.30	1000.86	850.16	917.21	934.54	1042.59	883.91	921.33	851.17	896.30	1000.86	850.16
56	959.57	977.71	1090.75	924.74	963.89	890.48	937.69	1047.08	889.43	959.57	977.71	1090.75	924.74	963.89	890.48	937.69	1047.08	889.43
57	1002.35	1021.29	1139.37	965.96	1006.86	930.18	979.49	1093.76	929.08	1002.35	1021.29	1139.37	965.96	1006.86	930.18	979.49	1093.76	929.08
58	1048.00	1067.81	1191.26	1009.96	1052.72	972.55	1024.11	1143.58	971.39	1048.00	1067.81	1191.26	1009.96	1052.72	972.55	1024.11	1143.58	971.39
59	1070.62	1090.86	1216.98	1031.76	1075.44	993.54	1046.21	1168.26	992.36	1070.62	1090.86	1216.98	1031.76	1075.44	993.54	1046.21	1168.26	992.36
60	1116.28	1137.38	1268.87	1075.76	1121.30	1035.91	1090.83	1218.08	1034.68	1116.28	1137.38	1268.87	1075.76	1121.30	1035.91	1090.83	1218.08	1034.68
61	1155.76	1177.61	1313.76	1113.81	1160.96	1072.55	1129.41	1261.17	1071.28	1155.76	1177.61	1313.76	1113.81	1160.96	1072.55	1129.41	1261.17	1071.28
62	1181.68	1204.01	1343.21	1138.78	1186.99	1096.60	1154.73	1289.44	1095.30	1181.68	1204.01	1343.21	1138.78	1186.99	1096.60	1154.73	1289.44	1095.30
63	1214.17	1237.12	1380.15	1170.09	1219.63	1126.75	1186.49	1324.90	1125.41	1214.17	1237.12	1380.15	1170.09	1219.63	1126.75	1186.49	1324.90	1125.41
64 and over	1233.89	1257.21	1402.57	1189.10	1239.44	1145.05	1205.76	1346.42	1143.69	1233.89	1257.21	1402.57	1189.10	1239.44	1145.05	1205.76	1346.42	1143.69

**Coordinated Care Corporation**  
**RATE SCHEDULE**

**Plan Information**

**Plan Name:** Ambetter Secure Care 5  
**HIOS Plan ID:** 61836WA0050008  
**Effective Date:** 1/1/2026  
**Market Type:** Individual  
**Exchange Status:** In the exchange  
**Metal Level:** Gold  
**Plan Type:** Non-Standardized Plan

**Plan Geographic Availability**

Area Number	Available in area?	Counties where this plan is available
1	Yes	King
2	Yes	Clallam, Cowlitz, Grays Harbor, Jefferson, Kitsap, Lewis, Pacific, Wahkiakum
3	Yes	Clark, Klickitat, Skamania
4	Yes	Ferry, Lincoln, Pend Oreille, Spokane, Stevens
5	Yes	Mason, Pierce, Thurston
6	Yes	Benton, Franklin, Kittitas, Yakima
7	Yes	Adams, Chelan, Douglas, Grant, Okanogan
8	Yes	Island, San Juan, Skagit, Snohomish, Whatcom
9	Yes	Asotin, Columbia, Garfield, Walla Walla, Whitman

**Plan Rates**

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	261.35	266.29	297.08	251.86	262.53	242.53	255.39	285.18	242.24	261.35	266.29	297.08	251.86	262.53	242.53	255.39	285.18	242.24
15	284.58	289.96	323.48	274.25	285.86	264.09	278.09	310.53	263.78	284.58	289.96	323.48	274.25	285.86	264.09	278.09	310.53	263.78
16	293.46	299.01	333.58	282.81	294.78	272.33	286.77	320.23	272.01	293.46	299.01	333.58	282.81	294.78	272.33	286.77	320.23	272.01
17	302.34	308.06	343.68	291.37	303.71	280.58	295.45	329.92	280.24	302.34	308.06	343.68	291.37	303.71	280.58	295.45	329.92	280.24
18	311.91	317.81	354.55	300.59	313.31	289.45	304.80	340.36	289.11	311.91	317.81	354.55	300.59	313.31	289.45	304.80	340.36	289.11
19	321.48	327.55	365.42	309.81	322.92	298.33	314.15	350.80	297.98	321.48	327.55	365.42	309.81	322.92	298.33	314.15	350.80	297.98
20	331.38	337.65	376.68	319.35	332.87	307.52	323.83	361.61	307.16	331.38	337.65	376.68	319.35	332.87	307.52	323.83	361.61	307.16
21	341.63	348.09	388.33	329.23	343.17	317.04	333.84	372.79	316.66	341.63	348.09	388.33	329.23	343.17	317.04	333.84	372.79	316.66
22	341.63	348.09	388.33	329.23	343.17	317.04	333.84	372.79	316.66	341.63	348.09	388.33	329.23	343.17	317.04	333.84	372.79	316.66
23	341.63	348.09	388.33	329.23	343.17	317.04	333.84	372.79	316.66	341.63	348.09	388.33	329.23	343.17	317.04	333.84	372.79	316.66
24	341.63	348.09	388.33	329.23	343.17	317.04	333.84	372.79	316.66	341.63	348.09	388.33	329.23	343.17	317.04	333.84	372.79	316.66
25	343.00	349.48	389.89	330.55	344.54	318.30	335.18	374.28	317.93	343.00	349.48	389.89	330.55	344.54	318.30	335.18	374.28	317.93
26	349.83	356.44	397.65	337.13	351.41	324.64	341.86	381.74	324.26	349.83	356.44	397.65	337.13	351.41	324.64	341.86	381.74	324.26
27	358.03	364.80	406.97	345.03	359.64	332.25	349.87	390.68	331.86	358.03	364.80	406.97	345.03	359.64	332.25	349.87	390.68	331.86
28	371.35	378.37	422.12	357.87	373.03	344.62	362.89	405.22	344.21	371.35	378.37	422.12	357.87	373.03	344.62	362.89	405.22	344.21
29	382.29	389.51	434.55	368.41	384.01	354.76	373.57	417.15	354.34	382.29	389.51	434.55	368.41	384.01	354.76	373.57	417.15	354.34
30	387.75	395.08	440.76	373.68	389.50	359.83	378.91	423.12	359.41	387.75	395.08	440.76	373.68	389.50	359.83	378.91	423.12	359.41
31	395.95	403.44	450.08	381.58	397.73	367.44	386.92	432.06	367.01	395.95	403.44	450.08	381.58	397.73	367.44	386.92	432.06	367.01
32	404.15	411.79	459.40	389.48	405.97	375.05	394.94	441.01	374.61	404.15	411.79	459.40	389.48	405.97	375.05	394.94	441.01	374.61
33	409.28	417.01	465.22	394.42	411.12	379.81	399.94	446.60	379.36	409.28	417.01	465.22	394.42	411.12	379.81	399.94	446.60	379.36
34	414.74	422.58	471.44	399.69	416.61	384.88	405.29	452.57	384.42	414.74	422.58	471.44	399.69	416.61	384.88	405.29	452.57	384.42
35	417.48	425.37	474.54	402.32	419.35	387.42	407.96	455.55	386.96	417.48	425.37	474.54	402.32	419.35	387.42	407.96	455.55	386.96
36	420.21	428.15	477.65	404.95	422.10	389.95	410.63	458.53	389.49	420.21	428.15	477.65	404.95	422.10	389.95	410.63	458.53	389.49
37	422.94	430.93	480.76	407.59	424.84	392.49	413.30	461.51	392.02	422.94	430.93	480.76	407.59	424.84	392.49	413.30	461.51	392.02
38	425.67	433.72	483.86	410.22	427.59	395.03	415.97	464.50	394.56	425.67	433.72	483.86	410.22	427.59	395.03	415.97	464.50	394.56
39	431.14	439.29	490.08	415.49	433.08	400.10	421.31	470.46	399.62	431.14	439.29	490.08	415.49	433.08	400.10	421.31	470.46	399.62
40	436.61	444.86	496.29	420.76	438.57	405.17	426.65	476.43	404.69	436.61	444.86	496.29	420.76	438.57	405.17	426.65	476.43	404.69
41	444.81	453.21	505.61	428.66	446.81	412.78	434.66	485.37	412.29	444.81	453.21	505.61	428.66	446.81	412.78	434.66	485.37	412.29
42	452.66	461.22	514.54	436.23	454.70	420.07	442.34	493.95	419.57	452.66	461.22	514.54	436.23	454.70	420.07	442.34	493.95	419.57
43	463.60	472.36	526.97	446.77	465.68	430.22	453.03	505.88	429.71	463.60	472.36	526.97	446.77	465.68	430.22	453.03	505.88	429.71
44	477.26	486.28	542.50	459.94	479.41	442.90	466.38	520.79	442.37	477.26	486.28	542.50	459.94	479.41	442.90	466.38	520.79	442.37
45	493.32	502.64	560.75	475.41	495.54	457.80	482.07	538.31	457.26	493.32	502.64	560.75	475.41	495.54	457.80	482.07	538.31	457.26
46	512.45	522.13	582.50	493.85	514.76	475.55	500.77	559.18	474.99	512.45	522.13	582.50	493.85	514.76	475.55	500.77	559.18	474.99
47	533.97	544.06	606.97	514.59	536.37	495.53	521.80	582.67	494.94	533.97	544.06	606.97	514.59	536.37	495.53	521.80	582.67	494.94
48	558.57	569.13	634.93	538.29	561.08	518.35	545.83	609.51	517.74	558.57	569.13	634.93	538.29	561.08	518.35	545.83	609.51	517.74
49	582.83	593.84	662.50	561.67	585.45	540.86	569.54	635.98	540.22	582.83	593.84	662.50	561.67	585.45	540.86	569.54	635.98	540.22
50	610.16	621.69	693.56	588.01	612.90	566.22	596.24	665.80	565.55	610.16	621.69	693.56	588.01	612.90	566.22	596.24	665.80	565.55
51	637.15	649.19	724.24	614.02	640.01	591.27	622.62	695.25	590.57	637.15	649.19	724.24	614.02	640.01	591.27	622.62	695.25	590.57
52	666.87	679.47	758.03	642.66	669.87	618.85	651.66	727.69	618.12	666.87	679.47	758.03	642.66	669.87	618.85	651.66	727.69	618.12
53	696.93	710.10	792.20	671.63	700.07	646.75	681.04	760.49	645.99	696.93	710.10	792.20	671.63	700.07	646.75	681.04	760.49	645.99
54	729.39	743.17	829.09	702.91	732.67	676.87	712.76	795.91	676.07	729.39	743.17	829.09	702.91	732.67	676.87	712.76	795.91	676.07
55	761.84	776.24	865.98	734.19	765.27	706.99	744.47	831.32	706.15	761.84	776.24	865.98	734.19	765.27	706.99	744.47	831.32	706.15
56	797.03	812.09	905.98	768.10	800.62	739.64	778.86	869.72	738.77	797.03	812.09	905.98	768.10	800.62	739.64	778.86	869.72	738.77
57	832.56	848.29	946.37	802.34	836.31	772.61	813.58	908.49	771.70	832.56	848.29	946.37	802.34	836.31	772.61	813.58	908.49	771.70
58	870.48	886.93	989.47	838.88	874.40	807.81	850.63	949.87	806.85	870.48	886.93	989.47	838.88	874.40	807.81	850.63	949.87	806.85
59	889.27	906.08	1010.83	856.99	893.27	825.24	868.99	970.37	824.26	889.27	906.08	1010.83	856.99	893.27	825.24	868.99	970.37	824.26
60	927.19	944.72	1053.94	893.53	931.36	860.43	906.05	1011.75	859.41	927.19	944.72	1053.94	893.53	931.36	860.43	906.05	1011.75	859.41
61	959.99	978.13	1091.22	925.14	964.31	890.87	938.10	1047.54	889.81	959.99	978.13	1091.22	925.14	964.31	890.87	938.10	1047.54	889.81
62	981.51	1000.06	1115.68	945.88	985.93	910.84	959.13	1071.02	909.76	981.51	1000.06	1115.68	945.88	985.93	910.84	959.13	1071.02	909.76
63	1008.50	1027.56	1146.36	971.89	1013.04	935.89	985.51	1100.47	934.78	1008.50	1027.56	1146.36	971.89	1013.04	935.89	985.51	1100.47	934.78
64 and over	1024.88	1044.25	1164.98	987.67	1029.49	951.09	1001.51	1118.35	949.96	1024.88	1044.25	1164.98	987.67	1029.49	951.09	1001.51	1118.35	949.96

**Coordinated Care Corporation**  
**RATE SCHEDULE**

**Plan Information**

**Plan Name:** Ambetter Cascade Select Vital Gold  
**HIOS Plan ID:** 61836WA0050016  
**Effective Date:** 1/1/2026  
**Market Type:** Individual  
**Exchange Status:** In the exchange  
**Metal Level:** Gold  
**Plan Type:** Standardized Public Option Plan

**Plan Geographic Availability**

Area Number	Available in area?	Counties where this plan is available
1	Yes	King
2	Yes	Clallam, Grays Harbor, Jefferson, Kitsap, Lewis, Pacific, Wahkiakum
3	Yes	Klickitat, Skamania
4	Yes	Spokane, Stevens
5	Yes	Pierce, Thurston
6	Yes	Benton, Franklin
7	Yes	Adams, Okanogan
8	Yes	Island, Snohomish
9	Yes	Asotin, Garfield, Walla Walla

**Plan Rates**

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	252.23	256.99	286.71	243.07	253.36	234.07	246.48	275.23	233.79	252.23	256.99	286.71	243.07	253.36	234.07	246.48	275.23	233.79
15	274.65	279.84	312.19	264.68	275.88	254.87	268.38	299.69	254.57	274.65	279.84	312.19	264.68	275.88	254.87	268.38	299.69	254.57
16	283.22	288.57	321.93	272.94	284.49	262.83	276.76	309.05	262.52	283.22	288.57	321.93	272.94	284.49	262.83	276.76	309.05	262.52
17	291.79	297.31	331.68	281.20	293.10	270.78	285.14	318.40	270.46	291.79	297.31	331.68	281.20	293.10	270.78	285.14	318.40	270.46
18	301.02	306.71	342.17	290.10	302.38	279.35	294.16	328.48	279.02	301.02	306.71	342.17	290.10	302.38	279.35	294.16	328.48	279.02
19	310.25	316.12	352.67	298.99	311.65	287.92	303.18	338.55	287.57	310.25	316.12	352.67	298.99	311.65	287.92	303.18	338.55	287.57
20	319.82	325.86	363.53	308.21	321.26	296.79	312.52	348.98	296.44	319.82	325.86	363.53	308.21	321.26	296.79	312.52	348.98	296.44
21	329.71	335.94	374.78	317.74	331.19	305.97	322.19	359.78	305.61	329.71	335.94	374.78	317.74	331.19	305.97	322.19	359.78	305.61
22	329.71	335.94	374.78	317.74	331.19	305.97	322.19	359.78	305.61	329.71	335.94	374.78	317.74	331.19	305.97	322.19	359.78	305.61
23	329.71	335.94	374.78	317.74	331.19	305.97	322.19	359.78	305.61	329.71	335.94	374.78	317.74	331.19	305.97	322.19	359.78	305.61
24	329.71	335.94	374.78	317.74	331.19	305.97	322.19	359.78	305.61	329.71	335.94	374.78	317.74	331.19	305.97	322.19	359.78	305.61
25	331.03	337.28	376.28	319.01	332.52	307.19	323.48	361.22	306.83	331.03	337.28	376.28	319.01	332.52	307.19	323.48	361.22	306.83
26	337.62	344.00	383.77	325.36	339.14	313.31	329.92	368.41	312.94	337.62	344.00	383.77	325.36	339.14	313.31	329.92	368.41	312.94
27	345.53	352.06	392.77	332.99	347.09	320.65	337.66	377.05	320.27	345.53	352.06	392.77	332.99	347.09	320.65	337.66	377.05	320.27
28	358.39	365.17	407.38	345.38	360.00	332.59	350.22	391.08	332.19	358.39	365.17	407.38	345.38	360.00	332.59	350.22	391.08	332.19
29	368.94	375.92	419.38	355.55	370.60	342.38	360.53	402.59	341.97	368.94	375.92	419.38	355.55	370.60	342.38	360.53	402.59	341.97
30	374.22	381.29	425.37	360.63	375.90	347.27	365.69	408.35	346.86	374.22	381.29	425.37	360.63	375.90	347.27	365.69	408.35	346.86
31	382.13	389.35	434.37	368.26	383.85	354.62	373.42	416.98	354.20	382.13	389.35	434.37	368.26	383.85	354.62	373.42	416.98	354.20
32	390.04	397.42	443.36	375.89	391.80	361.96	381.15	425.62	361.53	390.04	397.42	443.36	375.89	391.80	361.96	381.15	425.62	361.53
33	394.99	402.45	448.98	380.65	396.77	366.55	385.98	431.01	366.12	394.99	402.45	448.98	380.65	396.77	366.55	385.98	431.01	366.12
34	400.26	407.83	454.98	385.74	402.07	371.45	391.14	436.77	371.01	400.26	407.83	454.98	385.74	402.07	371.45	391.14	436.77	371.01
35	402.90	410.52	457.98	388.28	404.72	373.89	393.72	439.65	373.45	402.90	410.52	457.98	388.28	404.72	373.89	393.72	439.65	373.45
36	405.54	413.20	460.98	390.82	407.36	376.34	396.29	442.53	375.90	405.54	413.20	460.98	390.82	407.36	376.34	396.29	442.53	375.90
37	408.18	415.89	463.98	393.36	410.01	378.79	398.87	445.40	378.34	408.18	415.89	463.98	393.36	410.01	378.79	398.87	445.40	378.34
38	410.82	418.58	466.97	395.90	412.66	381.24	401.45	448.28	380.78	410.82	418.58	466.97	395.90	412.66	381.24	401.45	448.28	380.78
39	416.09	423.95	472.97	400.99	417.96	386.13	406.60	454.04	385.67	416.09	423.95	472.97	400.99	417.96	386.13	406.60	454.04	385.67
40	421.37	429.33	478.97	406.07	423.26	391.03	411.76	459.79	390.56	421.37	429.33	478.97	406.07	423.26	391.03	411.76	459.79	390.56
41	429.28	437.39	487.96	413.70	431.21	398.37	419.49	468.43	397.90	429.28	437.39	487.96	413.70	431.21	398.37	419.49	468.43	397.90
42	436.86	445.12	496.58	421.00	438.83	405.41	426.90	476.70	404.93	436.86	445.12	496.58	421.00	438.83	405.41	426.90	476.70	404.93
43	447.41	455.87	508.57	431.17	449.43	415.20	437.21	488.22	414.71	447.41	455.87	508.57	431.17	449.43	415.20	437.21	488.22	414.71
44	460.60	469.31	523.57	443.88	462.67	427.44	450.10	502.61	426.93	460.60	469.31	523.57	443.88	462.67	427.44	450.10	502.61	426.93
45	476.10	485.10	541.18	458.82	478.24	441.82	465.24	519.52	441.29	476.10	485.10	541.18	458.82	478.24	441.82	465.24	519.52	441.29
46	494.56	503.91	562.17	476.61	496.79	458.95	483.28	539.66	458.41	494.56	503.91	562.17	476.61	496.79	458.95	483.28	539.66	458.41
47	515.33	525.07	585.78	496.63	517.65	478.23	503.58	562.33	477.66	515.33	525.07	585.78	496.63	517.65	478.23	503.58	562.33	477.66
48	539.07	549.26	612.76	519.50	541.50	500.26	526.78	588.23	499.67	539.07	549.26	612.76	519.50	541.50	500.26	526.78	588.23	499.67
49	562.48	573.11	639.37	542.06	565.01	521.98	549.66	613.78	521.36	562.48	573.11	639.37	542.06	565.01	521.98	549.66	613.78	521.36
50	588.86	599.99	669.35	567.48	591.51	546.46	575.43	642.56	545.81	588.86	599.99	669.35	567.48	591.51	546.46	575.43	642.56	545.81
51	614.90	626.53	698.96	592.58	617.67	570.63	600.88	670.98	569.95	614.90	626.53	698.96	592.58	617.67	570.63	600.88	670.98	569.95
52	643.59	655.75	731.57	620.23	646.48	597.25	628.91	702.28	596.54	643.59	655.75	731.57	620.23	646.48	597.25	628.91	702.28	596.54
53	672.60	685.32	764.55	648.19	675.63	624.18	657.27	733.94	623.44	672.60	685.32	764.55	648.19	675.63	624.18	657.27	733.94	623.44
54	703.93	717.23	800.15	678.37	707.09	653.24	687.88	768.12	652.47	703.93	717.23	800.15	678.37	707.09	653.24	687.88	768.12	652.47
55	735.25	749.14	835.76	708.56	738.56	682.31	718.48	802.30	681.50	735.25	749.14	835.76	708.56	738.56	682.31	718.48	802.30	681.50
56	769.21	783.75	874.36	741.28	772.67	713.82	751.67	839.36	712.98	769.21	783.75	874.36	741.28	772.67	713.82	751.67	839.36	712.98
57	803.50	818.68	913.33	774.33	807.11	745.64	785.18	876.78	744.76	803.50	818.68	913.33	774.33	807.11	745.64	785.18	876.78	744.76
58	840.09	855.97	954.94	809.60	843.87	779.61	820.94	916.71	778.68	840.09	855.97	954.94	809.60	843.87	779.61	820.94	916.71	778.68
59	858.23	874.45	975.55	827.07	862.09	796.44	838.66	936.50	795.49	858.23	874.45	975.55	827.07	862.09	796.44	838.66	936.50	795.49
60	894.83	911.74	1017.15	862.34	898.85	830.40	874.42	976.43	829.41	894.83	911.74	1017.15	862.34	898.85	830.40	874.42	976.43	829.41
61	926.48	943.99	1053.13	892.85	930.65	859.77	905.35	1010.97	858.75	926.48	943.99	1053.13	892.85	930.65	859.77	905.35	1010.97	858.75
62	947.25	965.15	1076.74	912.86	951.51	879.05	925.65	1033.64	878.01	947.25	965.15	1076.74	912.86	951.51	879.05	925.65	1033.64	878.01
63	973.30	991.69	1106.35	937.97	977.68	903.22	951.10	1062.06	902.15	973.30	991.69	1106.35	937.97	977.68	903.22	951.10	1062.06	902.15
64 and over	989.10	1007.80	1124.31	953.20	993.55	917.89	966.55	1079.31	916.80	989.10	1007.80	1124.31	953.20	993.55	917.89	966.55	1079.31	916.80

**Coordinated Care Corporation**  
**RATE SCHEDULE**

**Plan Information**

**Plan Name:** Ambetter Cascade Silver  
**HIOS Plan ID:** 61836WA0050017  
**Effective Date:** 1/1/2026  
**Market Type:** Individual  
**Exchange Status:** In the exchange  
**Metal Level:** Silver  
**Plan Type:** Standardized Non-Public Option Plan

**Plan Geographic Availability**

Area Number	Available in area?	Counties where this plan is available
1	Yes	King
2	Yes	Clallam, Cowlitz, Grays Harbor, Jefferson, Kitsap, Lewis, Pacific, Wahkiakum
3	Yes	Clark, Klickitat, Skamania
4	Yes	Ferry, Lincoln, Pend Oreille, Spokane, Stevens
5	Yes	Mason, Pierce, Thurston
6	Yes	Benton, Franklin, Kittitas, Yakima
7	Yes	Adams, Chelan, Douglas, Grant, Okanogan
8	Yes	Island, San Juan, Skagit, Snohomish, Whatcom
9	Yes	Asotin, Columbia, Garfield, Walla Walla, Whitman

**Plan Rates**

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	337.81	344.19	383.99	325.55	339.33	313.49	330.11	368.62	313.12	337.81	344.19	383.99	325.55	339.33	313.49	330.11	368.62	313.12
15	367.84	374.79	418.12	354.49	369.49	341.35	359.45	401.38	340.95	367.84	374.79	418.12	354.49	369.49	341.35	359.45	401.38	340.95
16	379.32	386.49	431.17	365.55	381.03	352.01	370.67	413.91	351.59	379.32	386.49	431.17	365.55	381.03	352.01	370.67	413.91	351.59
17	390.80	398.19	444.22	376.61	392.56	362.66	381.89	426.44	362.23	390.80	398.19	444.22	376.61	392.56	362.66	381.89	426.44	362.23
18	403.16	410.78	458.28	388.53	404.98	374.14	393.97	439.93	373.69	403.16	410.78	458.28	388.53	404.98	374.14	393.97	439.93	373.69
19	415.53	423.38	472.33	400.44	417.40	385.61	406.05	453.42	385.15	415.53	423.38	472.33	400.44	417.40	385.61	406.05	453.42	385.15
20	428.33	436.43	486.89	412.79	430.26	397.49	418.57	467.40	397.02	428.33	436.43	486.89	412.79	430.26	397.49	418.57	467.40	397.02
21	441.58	449.93	501.95	425.55	443.57	409.79	431.51	481.85	409.30	441.58	449.93	501.95	425.55	443.57	409.79	431.51	481.85	409.30
22	441.58	449.93	501.95	425.55	443.57	409.79	431.51	481.85	409.30	441.58	449.93	501.95	425.55	443.57	409.79	431.51	481.85	409.30
23	441.58	449.93	501.95	425.55	443.57	409.79	431.51	481.85	409.30	441.58	449.93	501.95	425.55	443.57	409.79	431.51	481.85	409.30
24	441.58	449.93	501.95	425.55	443.57	409.79	431.51	481.85	409.30	441.58	449.93	501.95	425.55	443.57	409.79	431.51	481.85	409.30
25	443.35	451.73	503.95	427.25	445.34	411.43	433.24	483.78	410.94	443.35	451.73	503.95	427.25	445.34	411.43	433.24	483.78	410.94
26	452.18	460.73	513.99	435.77	454.21	419.62	441.87	493.42	419.13	452.18	460.73	513.99	435.77	454.21	419.62	441.87	493.42	419.13
27	462.78	471.52	526.04	445.98	464.86	429.46	452.23	504.98	428.95	462.78	471.52	526.04	445.98	464.86	429.46	452.23	504.98	428.95
28	480.00	489.07	545.62	462.58	482.16	445.44	469.06	523.78	444.91	480.00	489.07	545.62	462.58	482.16	445.44	469.06	523.78	444.91
29	494.13	503.47	561.68	476.19	496.35	458.55	482.86	539.19	458.01	494.13	503.47	561.68	476.19	496.35	458.55	482.86	539.19	458.01
30	501.20	510.67	569.71	483.00	503.45	465.11	489.77	546.90	464.56	501.20	510.67	569.71	483.00	503.45	465.11	489.77	546.90	464.56
31	511.79	521.47	581.76	493.22	514.10	474.94	500.12	558.47	474.38	511.79	521.47	581.76	493.22	514.10	474.94	500.12	558.47	474.38
32	522.39	532.26	593.80	503.43	524.74	484.78	510.48	570.03	484.20	522.39	532.26	593.80	503.43	524.74	484.78	510.48	570.03	484.20
33	529.02	539.01	601.33	509.81	531.40	490.93	516.95	577.26	490.34	529.02	539.01	601.33	509.81	531.40	490.93	516.95	577.26	490.34
34	536.08	546.21	609.36	516.62	538.49	497.48	523.86	584.97	496.89	536.08	546.21	609.36	516.62	538.49	497.48	523.86	584.97	496.89
35	539.61	549.81	613.38	520.03	542.04	500.76	527.31	588.83	500.17	539.61	549.81	613.38	520.03	542.04	500.76	527.31	588.83	500.17
36	543.15	553.41	617.39	523.43	545.59	504.04	530.76	592.68	503.44	543.15	553.41	617.39	523.43	545.59	504.04	530.76	592.68	503.44
37	546.68	557.01	621.41	526.83	549.14	507.32	534.21	596.54	506.72	546.68	557.01	621.41	526.83	549.14	507.32	534.21	596.54	506.72
38	550.21	560.61	625.42	530.24	552.69	510.60	537.67	600.39	509.99	550.21	560.61	625.42	530.24	552.69	510.60	537.67	600.39	509.99
39	557.28	567.81	633.46	537.05	559.78	517.15	544.57	608.10	516.54	557.28	567.81	633.46	537.05	559.78	517.15	544.57	608.10	516.54
40	564.34	575.01	641.49	543.86	566.88	523.71	551.47	615.81	523.09	564.34	575.01	641.49	543.86	566.88	523.71	551.47	615.81	523.09
41	574.94	585.81	653.53	554.07	577.53	533.54	561.83	627.37	532.91	574.94	585.81	653.53	554.07	577.53	533.54	561.83	627.37	532.91
42	585.10	596.15	665.08	563.86	587.73	542.97	571.76	638.46	542.33	585.10	596.15	665.08	563.86	587.73	542.97	571.76	638.46	542.33
43	599.23	610.55	681.14	577.47	601.92	556.08	585.56	653.88	555.42	599.23	610.55	681.14	577.47	601.92	556.08	585.56	653.88	555.42
44	616.89	628.55	701.22	594.50	619.67	572.47	602.82	673.15	571.80	616.89	628.55	701.22	594.50	619.67	572.47	602.82	673.15	571.80
45	637.64	649.70	724.81	614.50	640.51	591.73	623.11	695.80	591.03	637.64	649.70	724.81	614.50	640.51	591.73	623.11	695.80	591.03
46	662.37	674.89	752.92	638.33	665.35	614.68	647.27	722.78	613.95	662.37	674.89	752.92	638.33	665.35	614.68	647.27	722.78	613.95
47	690.19	703.24	784.54	665.14	693.30	640.50	674.46	753.14	639.74	690.19	703.24	784.54	665.14	693.30	640.50	674.46	753.14	639.74
48	721.99	735.63	820.68	695.78	725.24	670.00	705.53	787.83	669.21	721.99	735.63	820.68	695.78	725.24	670.00	705.53	787.83	669.21
49	753.34	767.58	856.32	725.99	756.73	699.10	736.16	822.04	698.27	753.34	767.58	856.32	725.99	756.73	699.10	736.16	822.04	698.27
50	788.67	803.57	896.48	760.04	792.21	731.88	770.68	860.59	731.01	788.67	803.57	896.48	760.04	792.21	731.88	770.68	860.59	731.01
51	823.55	839.12	936.13	793.66	827.26	764.25	804.77	898.66	763.35	823.55	839.12	936.13	793.66	827.26	764.25	804.77	898.66	763.35
52	861.97	878.26	979.80	830.68	865.85	799.91	842.31	940.58	798.96	861.97	878.26	979.80	830.68	865.85	799.91	842.31	940.58	798.96
53	900.83	917.85	1023.97	868.13	904.88	835.97	880.29	982.98	834.98	900.83	917.85	1023.97	868.13	904.88	835.97	880.29	982.98	834.98
54	942.78	960.60	1071.65	908.55	947.02	874.90	921.28	1028.76	873.86	942.78	960.60	1071.65	908.55	947.02	874.90	921.28	1028.76	873.86
55	984.73	1003.34	1119.34	948.98	989.16	913.83	962.28	1074.53	912.74	984.73	1003.34	1119.34	948.98	989.16	913.83	962.28	1074.53	912.74
56	1030.21	1049.68	1171.04	992.81	1034.85	956.04	1006.72	1124.17	954.90	1030.21	1049.68	1171.04	992.81	1034.85	956.04	1006.72	1124.17	954.90
57	1076.13	1096.47	1223.24	1037.07	1080.98	998.65	1051.60	1174.28	997.47	1076.13	1096.47	1223.24	1037.07	1080.98	998.65	1051.60	1174.28	997.47
58	1125.15	1146.42	1278.96	1084.31	1130.21	1044.14	1099.50	1227.76	1042.90	1125.15	1146.42	1278.96	1084.31	1130.21	1044.14	1099.50	1227.76	1042.90
59	1149.44	1171.16	1306.57	1107.71	1154.61	1066.68	1123.23	1254.27	1065.41	1149.44	1171.16	1306.57	1107.71	1154.61	1066.68	1123.23	1254.27	1065.41
60	1198.45	1221.10	1362.28	1154.95	1203.85	1112.16	1171.13	1307.75	1110.85	1198.45	1221.10	1362.28	1154.95	1203.85	1112.16	1171.13	1307.75	1110.85
61	1240.85	1264.30	1410.47	1195.80	1246.43	1151.50	1212.55	1354.01	1150.14	1240.85	1264.30	1410.47	1195.80	1246.43	1151.50	1212.55	1354.01	1150.14
62	1268.66	1292.64	1442.09	1222.61	1274.37	1177.32	1239.74	1384.37	1175.93	1268.66	1292.64	1442.09	1222.61	1274.37	1177.32	1239.74	1384.37	1175.93
63	1303.55	1328.19	1481.74	1256.23	1309.42	1209.69	1273.83	1422.43	1208.26	1303.55	1328.19	1481.74	1256.23	1309.42	1209.69	1273.83	1422.43	1208.26
64 and over	1324.73	1349.76	1505.82	1276.64	1330.69	1229.34	1294.52	1445.54	1227.89	1324.73	1349.76	1505.82	1276.64	1330.69	1229.34	1294.52	1445.54	1227.89

**Coordinated Care Corporation**  
**RATE SCHEDULE**

**Plan Information**

**Plan Name:** Ambetter Cascade Complete Gold  
**HIOS Plan ID:** 61836WA0050018  
**Effective Date:** 1/1/2026  
**Market Type:** Individual  
**Exchange Status:** In the exchange  
**Metal Level:** Gold  
**Plan Type:** Standardized Non-Public Option Plan

**Plan Geographic Availability**

Area Number	Available in area?	Counties where this plan is available
1	Yes	King
2	Yes	Clallam, Cowlitz, Grays Harbor, Jefferson, Kitsap, Lewis, Pacific, Wahkiakum
3	Yes	Clark, Klickitat, Skamania
4	Yes	Ferry, Lincoln, Pend Oreille, Spokane, Stevens
5	Yes	Mason, Pierce, Thurston
6	Yes	Benton, Franklin, Kittitas, Yakima
7	Yes	Adams, Chelan, Douglas, Grant, Okanogan
8	Yes	Island, San Juan, Skagit, Snohomish, Whatcom
9	Yes	Asotin, Columbia, Garfield, Walla Walla, Whitman

**Plan Rates**

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	281.86	287.19	320.39	271.63	283.13	261.57	275.44	307.57	261.26	281.86	287.19	320.39	271.63	283.13	261.57	275.44	307.57	261.26
15	306.92	312.72	348.87	295.78	308.30	284.82	299.92	334.91	284.48	306.92	312.72	348.87	295.78	308.30	284.82	299.92	334.91	284.48
16	316.50	322.48	359.76	305.01	317.92	293.71	309.28	345.36	293.36	316.50	322.48	359.76	305.01	317.92	293.71	309.28	345.36	293.36
17	326.08	332.24	370.65	314.24	327.54	302.60	318.64	355.82	302.24	326.08	332.24	370.65	314.24	327.54	302.60	318.64	355.82	302.24
18	336.39	342.75	382.38	324.18	337.91	312.17	328.72	367.07	311.80	336.39	342.75	382.38	324.18	337.91	312.17	328.72	367.07	311.80
19	346.71	353.26	394.11	334.12	348.27	321.75	338.81	378.33	321.37	346.71	353.26	394.11	334.12	348.27	321.75	338.81	378.33	321.37
20	357.40	364.15	406.25	344.42	359.00	331.66	349.25	389.99	331.27	357.40	364.15	406.25	344.42	359.00	331.66	349.25	389.99	331.27
21	368.45	375.41	418.82	355.07	370.11	341.92	360.05	402.05	341.52	368.45	375.41	418.82	355.07	370.11	341.92	360.05	402.05	341.52
22	368.45	375.41	418.82	355.07	370.11	341.92	360.05	402.05	341.52	368.45	375.41	418.82	355.07	370.11	341.92	360.05	402.05	341.52
23	368.45	375.41	418.82	355.07	370.11	341.92	360.05	402.05	341.52	368.45	375.41	418.82	355.07	370.11	341.92	360.05	402.05	341.52
24	368.45	375.41	418.82	355.07	370.11	341.92	360.05	402.05	341.52	368.45	375.41	418.82	355.07	370.11	341.92	360.05	402.05	341.52
25	369.92	376.91	420.49	356.49	371.59	343.29	361.49	403.66	342.88	369.92	376.91	420.49	356.49	371.59	343.29	361.49	403.66	342.88
26	377.29	384.42	428.87	363.60	378.99	350.13	368.69	411.70	349.71	377.29	384.42	428.87	363.60	378.99	350.13	368.69	411.70	349.71
27	386.13	393.43	438.92	372.12	387.87	358.33	377.33	421.35	357.91	386.13	393.43	438.92	372.12	387.87	358.33	377.33	421.35	357.91
28	400.50	408.07	455.25	385.97	402.31	371.67	391.37	437.03	371.23	400.50	408.07	455.25	385.97	402.31	371.67	391.37	437.03	371.23
29	412.29	420.09	468.65	397.33	414.15	382.61	402.89	449.90	382.16	412.29	420.09	468.65	397.33	414.15	382.61	402.89	449.90	382.16
30	418.19	426.09	475.36	403.01	420.07	388.08	408.65	456.33	387.62	418.19	426.09	475.36	403.01	420.07	388.08	408.65	456.33	387.62
31	427.03	435.10	485.41	411.53	428.95	396.29	417.30	465.98	395.82	427.03	435.10	485.41	411.53	428.95	396.29	417.30	465.98	395.82
32	435.87	444.11	495.46	420.05	437.84	404.49	425.94	475.63	404.01	435.87	444.11	495.46	420.05	437.84	404.49	425.94	475.63	404.01
33	441.40	449.74	501.74	425.38	443.39	409.62	431.34	481.66	409.14	441.40	449.74	501.74	425.38	443.39	409.62	431.34	481.66	409.14
34	447.30	455.75	508.44	431.06	449.31	415.09	437.10	488.09	414.60	447.30	455.75	508.44	431.06	449.31	415.09	437.10	488.09	414.60
35	450.24	458.75	511.79	433.90	452.27	417.83	439.98	491.31	417.33	450.24	458.75	511.79	433.90	452.27	417.83	439.98	491.31	417.33
36	453.19	461.76	515.14	436.74	455.23	420.56	442.86	494.52	420.06	453.19	461.76	515.14	436.74	455.23	420.56	442.86	494.52	420.06
37	456.14	464.76	518.49	439.58	458.19	423.30	445.74	497.74	422.80	456.14	464.76	518.49	439.58	458.19	423.30	445.74	497.74	422.80
38	459.09	467.76	521.84	442.42	461.15	426.03	448.62	500.96	425.53	459.09	467.76	521.84	442.42	461.15	426.03	448.62	500.96	425.53
39	464.98	473.77	528.55	448.10	467.07	431.50	454.38	507.39	430.99	464.98	473.77	528.55	448.10	467.07	431.50	454.38	507.39	430.99
40	470.88	479.78	535.25	453.78	473.00	436.97	460.14	513.82	436.46	470.88	479.78	535.25	453.78	473.00	436.97	460.14	513.82	436.46
41	479.72	488.79	545.30	462.31	481.88	445.18	468.78	523.47	444.65	479.72	488.79	545.30	462.31	481.88	445.18	468.78	523.47	444.65
42	488.19	497.42	554.93	470.47	490.39	453.04	477.06	532.72	452.51	488.19	497.42	554.93	470.47	490.39	453.04	477.06	532.72	452.51
43	499.98	509.43	568.33	481.84	502.23	463.99	488.59	545.58	463.44	499.98	509.43	568.33	481.84	502.23	463.99	488.59	545.58	463.44
44	514.72	524.45	585.09	496.04	517.04	477.66	502.99	561.67	477.10	514.72	524.45	585.09	496.04	517.04	477.66	502.99	561.67	477.10
45	532.04	542.10	604.77	512.73	534.43	493.73	519.91	580.56	493.15	532.04	542.10	604.77	512.73	534.43	493.73	519.91	580.56	493.15
46	552.67	563.12	628.22	532.61	555.16	512.88	540.07	603.08	512.27	552.67	563.12	628.22	532.61	555.16	512.88	540.07	603.08	512.27
47	575.89	586.77	654.61	554.98	578.48	534.42	562.76	628.41	533.79	575.89	586.77	654.61	554.98	578.48	534.42	562.76	628.41	533.79
48	602.41	613.80	684.76	580.55	605.12	559.04	588.68	657.35	558.38	602.41	613.80	684.76	580.55	605.12	559.04	588.68	657.35	558.38
49	628.57	640.45	714.50	605.76	631.40	583.32	614.24	685.90	582.62	628.57	640.45	714.50	605.76	631.40	583.32	614.24	685.90	582.62
50	658.05	670.49	748.00	634.16	661.01	610.67	643.05	718.06	609.95	658.05	670.49	748.00	634.16	661.01	610.67	643.05	718.06	609.95
51	687.16	700.14	781.09	662.21	690.25	637.68	671.49	749.83	636.93	687.16	700.14	781.09	662.21	690.25	637.68	671.49	749.83	636.93
52	719.21	732.81	817.53	693.10	722.45	667.43	702.81	784.80	666.64	719.21	732.81	817.53	693.10	722.45	667.43	702.81	784.80	666.64
53	751.64	765.84	854.38	724.35	755.02	697.52	734.50	820.18	696.69	751.64	765.84	854.38	724.35	755.02	697.52	734.50	820.18	696.69
54	786.64	801.51	894.17	758.08	790.18	730.00	768.70	858.38	729.13	786.64	801.51	894.17	758.08	790.18	730.00	768.70	858.38	729.13
55	821.64	837.17	933.96	791.82	825.34	762.48	802.91	896.57	761.58	821.64	837.17	933.96	791.82	825.34	762.48	802.91	896.57	761.58
56	859.59	875.84	977.10	828.39	863.46	797.70	839.99	937.99	796.75	859.59	875.84	977.10	828.39	863.46	797.70	839.99	937.99	796.75
57	897.91	914.88	1020.65	865.32	901.95	833.26	877.44	979.80	832.27	897.91	914.88	1020.65	865.32	901.95	833.26	877.44	979.80	832.27
58	938.81	956.55	1067.14	904.73	943.03	871.21	917.40	1024.43	870.18	938.81	956.55	1067.14	904.73	943.03	871.21	917.40	1024.43	870.18
59	959.07	977.20	1090.18	924.26	963.39	890.02	937.21	1046.54	888.96	959.07	977.20	1090.18	924.26	963.39	890.02	937.21	1046.54	888.96
60	999.97	1018.87	1136.67	963.67	1004.47	927.97	977.17	1091.17	926.87	999.97	1018.87	1136.67	963.67	1004.47	927.97	977.17	1091.17	926.87
61	1035.34	1054.91	1176.87	997.76	1040.00	960.80	1011.74	1129.76	959.66	1035.34	1054.91	1176.87	997.76	1040.00	960.80	1011.74	1129.76	959.66
62	1058.55	1078.56	1203.26	1020.13	1063.32	982.34	1034.42	1155.09	981.17	1058.55	1078.56	1203.26	1020.13	1063.32	982.34	1034.42	1155.09	981.17
63	1087.66	1108.22	1236.34	1048.18	1092.56	1009.35	1062.86	1186.86	1008.15	1087.66	1108.22	1236.34	1048.18	1092.56	1009.35	1062.86	1186.86	1008.15
64 and over	1105.33	1126.22	1256.43	1065.20	1110.30	1025.74	1080.12	1206.13	1024.53	1105.33	1126.22	1256.43	1065.20	1110.30	1025.74	1080.12	1206.13	1024.53

**Coordinated Care Corporation**  
**RATE SCHEDULE**

**Plan Information**

**Plan Name:** Ambetter Cascade Vital Gold  
**HIOS Plan ID:** 61836WA0050022  
**Effective Date:** 1/1/2026  
**Market Type:** Individual  
**Exchange Status:** In the exchange  
**Metal Level:** Gold  
**Plan Type:** Standardized Non-Public Option Plan

**Plan Geographic Availability**

Area Number	Available in area?	Counties where this plan is available
1	Yes	King
2	Yes	Clallam, Cowlitz, Grays Harbor, Jefferson, Kitsap, Lewis, Pacific, Wahkiakum
3	Yes	Clark, Klickitat, Skamania
4	Yes	Ferry, Lincoln, Pend Oreille, Spokane, Stevens
5	Yes	Mason, Pierce, Thurston
6	Yes	Benton, Franklin, Kittitas, Yakima
7	Yes	Adams, Chelan, Douglas, Grant, Okanogan
8	Yes	Island, San Juan, Skagit, Snohomish, Whatcom
9	Yes	Asotin, Columbia, Garfield, Walla Walla, Whitman

**Plan Rates**

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	263.41	268.39	299.42	253.85	264.60	244.45	257.41	287.43	244.16	263.41	268.39	299.42	253.85	264.60	244.45	257.41	287.43	244.16
15	286.83	292.25	326.04	276.41	288.12	266.17	280.29	312.98	265.86	286.83	292.25	326.04	276.41	288.12	266.17	280.29	312.98	265.86
16	295.78	301.37	336.21	285.04	297.11	274.48	289.03	322.75	274.16	295.78	301.37	336.21	285.04	297.11	274.48	289.03	322.75	274.16
17	304.73	310.49	346.39	293.67	306.10	282.79	297.78	332.52	282.46	304.73	310.49	346.39	293.67	306.10	282.79	297.78	332.52	282.46
18	314.37	320.31	357.35	302.96	315.79	291.74	307.20	343.04	291.39	314.37	320.31	357.35	302.96	315.79	291.74	307.20	343.04	291.39
19	324.01	330.14	368.31	312.25	325.47	300.68	316.63	353.56	300.33	324.01	330.14	368.31	312.25	325.47	300.68	316.63	353.56	300.33
20	334.00	340.31	379.66	321.88	335.50	309.95	326.38	364.46	309.58	334.00	340.31	379.66	321.88	335.50	309.95	326.38	364.46	309.58
21	344.33	350.84	391.40	331.83	345.88	319.54	336.48	375.73	319.16	344.33	350.84	391.40	331.83	345.88	319.54	336.48	375.73	319.16
22	344.33	350.84	391.40	331.83	345.88	319.54	336.48	375.73	319.16	344.33	350.84	391.40	331.83	345.88	319.54	336.48	375.73	319.16
23	344.33	350.84	391.40	331.83	345.88	319.54	336.48	375.73	319.16	344.33	350.84	391.40	331.83	345.88	319.54	336.48	375.73	319.16
24	344.33	350.84	391.40	331.83	345.88	319.54	336.48	375.73	319.16	344.33	350.84	391.40	331.83	345.88	319.54	336.48	375.73	319.16
25	345.71	352.24	392.96	333.16	347.26	320.82	337.82	377.23	320.44	345.71	352.24	392.96	333.16	347.26	320.82	337.82	377.23	320.44
26	352.59	359.26	400.79	339.79	354.18	327.21	344.55	384.75	326.82	352.59	359.26	400.79	339.79	354.18	327.21	344.55	384.75	326.82
27	360.86	367.68	410.19	347.76	362.48	334.88	352.63	393.77	334.48	360.86	367.68	410.19	347.76	362.48	334.88	352.63	393.77	334.48
28	374.29	381.36	425.45	360.70	375.97	347.34	365.75	408.42	346.93	374.29	381.36	425.45	360.70	375.97	347.34	365.75	408.42	346.93
29	385.30	392.59	437.98	371.32	387.04	357.56	376.52	420.44	357.14	385.30	392.59	437.98	371.32	387.04	357.56	376.52	420.44	357.14
30	390.81	398.20	444.24	376.63	392.57	362.68	381.90	426.46	362.25	390.81	398.20	444.24	376.63	392.57	362.68	381.90	426.46	362.25
31	399.08	406.62	453.63	384.59	400.87	370.34	389.98	435.47	369.90	399.08	406.62	453.63	384.59	400.87	370.34	389.98	435.47	369.90
32	407.34	415.04	463.02	392.55	409.17	378.01	398.05	444.49	377.56	407.34	415.04	463.02	392.55	409.17	378.01	398.05	444.49	377.56
33	412.51	420.30	468.90	397.53	414.36	382.81	403.10	450.13	382.35	412.51	420.30	468.90	397.53	414.36	382.81	403.10	450.13	382.35
34	418.02	425.92	475.16	402.84	419.90	387.92	408.48	456.14	387.46	418.02	425.92	475.16	402.84	419.90	387.92	408.48	456.14	387.46
35	420.77	428.72	478.29	405.50	422.66	390.47	411.18	459.14	390.01	420.77	428.72	478.29	405.50	422.66	390.47	411.18	459.14	390.01
36	423.52	431.53	481.42	408.15	425.43	393.03	413.87	462.15	392.57	423.52	431.53	481.42	408.15	425.43	393.03	413.87	462.15	392.57
37	426.28	434.34	484.55	410.81	428.20	395.59	416.56	465.16	395.12	426.28	434.34	484.55	410.81	428.20	395.59	416.56	465.16	395.12
38	429.03	437.14	487.68	413.46	430.96	398.14	419.25	468.16	397.67	429.03	437.14	487.68	413.46	430.96	398.14	419.25	468.16	397.67
39	434.54	442.76	493.95	418.77	436.50	403.26	424.64	474.17	402.78	434.54	442.76	493.95	418.77	436.50	403.26	424.64	474.17	402.78
40	440.05	448.37	500.21	424.08	442.03	408.37	430.02	480.19	407.88	440.05	448.37	500.21	424.08	442.03	408.37	430.02	480.19	407.88
41	448.32	456.79	509.60	432.04	450.33	416.04	438.09	489.20	415.54	448.32	456.79	509.60	432.04	450.33	416.04	438.09	489.20	415.54
42	456.24	464.86	518.60	439.67	458.29	423.39	445.83	497.84	422.89	456.24	464.86	518.60	439.67	458.29	423.39	445.83	497.84	422.89
43	467.25	476.09	531.13	450.29	469.36	433.61	456.60	509.87	433.10	467.25	476.09	531.13	450.29	469.36	433.61	456.60	509.87	433.10
44	481.03	490.12	546.78	463.57	483.19	446.39	470.06	524.90	445.86	481.03	490.12	546.78	463.57	483.19	446.39	470.06	524.90	445.86
45	497.21	506.61	565.18	479.16	499.45	461.41	485.87	542.56	460.87	497.21	506.61	565.18	479.16	499.45	461.41	485.87	542.56	460.87
46	516.49	526.26	587.10	497.75	518.82	479.31	504.72	563.60	478.74	516.49	526.26	587.10	497.75	518.82	479.31	504.72	563.60	478.74
47	538.19	548.36	611.76	518.65	540.61	499.44	525.92	587.27	498.85	538.19	548.36	611.76	518.65	540.61	499.44	525.92	587.27	498.85
48	562.98	573.62	639.94	542.54	565.51	522.44	550.14	614.32	521.82	562.98	573.62	639.94	542.54	565.51	522.44	550.14	614.32	521.82
49	587.43	598.53	667.73	566.10	590.07	545.13	574.03	641.00	544.48	587.43	598.53	667.73	566.10	590.07	545.13	574.03	641.00	544.48
50	614.97	626.59	699.04	592.65	617.74	570.69	600.95	671.06	570.02	614.97	626.59	699.04	592.65	617.74	570.69	600.95	671.06	570.02
51	642.17	654.31	729.96	618.86	645.06	595.94	627.53	700.74	595.23	642.17	654.31	729.96	618.86	645.06	595.94	627.53	700.74	595.23
52	672.13	684.83	764.01	647.73	675.16	623.74	656.81	733.43	623.00	672.13	684.83	764.01	647.73	675.16	623.74	656.81	733.43	623.00
53	702.43	715.71	798.45	676.93	705.59	651.86	686.42	766.49	651.08	702.43	715.71	798.45	676.93	705.59	651.86	686.42	766.49	651.08
54	735.14	749.04	835.64	708.46	738.45	682.21	718.38	802.19	681.40	735.14	749.04	835.64	708.46	738.45	682.21	718.38	802.19	681.40
55	767.85	782.37	872.82	739.98	771.31	712.57	750.35	837.88	711.72	767.85	782.37	872.82	739.98	771.31	712.57	750.35	837.88	711.72
56	803.32	818.50	913.13	774.16	806.93	745.48	785.00	876.58	744.60	803.32	818.50	913.13	774.16	806.93	745.48	785.00	876.58	744.60
57	839.13	854.99	953.84	808.67	842.91	778.71	820.00	915.66	777.79	839.13	854.99	953.84	808.67	842.91	778.71	820.00	915.66	777.79
58	877.35	893.93	997.28	845.50	881.30	814.18	857.35	957.37	813.22	877.35	893.93	997.28	845.50	881.30	814.18	857.35	957.37	813.22
59	896.29	913.23	1018.81	863.75	900.32	831.76	875.85	978.03	830.77	896.29	913.23	1018.81	863.75	900.32	831.76	875.85	978.03	830.77
60	934.51	952.17	1062.26	900.59	938.71	867.22	913.20	1019.74	866.20	934.51	952.17	1062.26	900.59	938.71	867.22	913.20	1019.74	866.20
61	967.56	985.85	1099.83	932.44	971.92	897.90	945.50	1055.81	896.84	967.56	985.85	1099.83	932.44	971.92	897.90	945.50	1055.81	896.84
62	989.26	1007.95	1124.49	953.35	993.71	918.03	966.70	1079.48	916.94	989.26	1007.95	1124.49	953.35	993.71	918.03	966.70	1079.48	916.94
63	1016.46	1035.67	1155.41	979.56	1021.03	943.27	993.28	1109.16	942.16	1016.46	1035.67	1155.41	979.56	1021.03	943.27	993.28	1109.16	942.16
64 and over	1032.97	1052.49	1174.18	995.47	1037.62	958.59	1009.42	1127.18	957.46	1032.97	1052.49	1174.18	995.47	1037.62	958.59	1009.42	1127.18	957.46

**Coordinated Care Corporation**  
**RATE SCHEDULE**

**Plan Information**

**Plan Name:** Ambetter Cascade Select Bronze  
**HIOS Plan ID:** 61836WA0050036  
**Effective Date:** 1/1/2026  
**Market Type:** Individual  
**Exchange Status:** In the exchange  
**Metal Level:** Bronze  
**Plan Type:** Standardized Public Option Plan

**Plan Geographic Availability**

Area Number	Available in area?	Counties where this plan is available
1	Yes	King
2	Yes	Clallam, Grays Harbor, Jefferson, Kitsap, Lewis, Pacific, Wahkiakum
3	Yes	Klickitat, Skamania
4	Yes	Spokane, Stevens
5	Yes	Pierce, Thurston
6	Yes	Benton, Franklin
7	Yes	Adams, Okanogan
8	Yes	Island, Snohomish
9	Yes	Asotin, Garfield, Walla Walla

**Plan Rates**

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	198.96	202.72	226.16	191.74	199.86	184.64	194.43	217.11	184.42	198.96	202.72	226.16	191.74	199.86	184.64	194.43	217.11	184.42
15	216.65	220.74	246.27	208.79	217.62	201.05	211.71	236.41	200.81	216.65	220.74	246.27	208.79	217.62	201.05	211.71	236.41	200.81
16	223.41	227.63	253.95	215.30	224.42	207.33	218.32	243.79	207.08	223.41	227.63	253.95	215.30	224.42	207.33	218.32	243.79	207.08
17	230.17	234.52	261.64	221.82	231.21	213.60	224.93	251.17	213.35	230.17	234.52	261.64	221.82	231.21	213.60	224.93	251.17	213.35
18	237.46	241.94	269.92	228.84	238.52	220.36	232.04	259.11	220.10	237.46	241.94	269.92	228.84	238.52	220.36	232.04	259.11	220.10
19	244.74	249.36	278.19	235.85	245.84	227.12	239.16	267.06	226.85	244.74	249.36	278.19	235.85	245.84	227.12	239.16	267.06	226.85
20	252.28	257.05	286.77	243.12	253.42	234.12	246.53	275.29	233.84	252.28	257.05	286.77	243.12	253.42	234.12	246.53	275.29	233.84
21	260.08	265.00	295.64	250.64	261.25	241.36	254.15	283.80	241.07	260.08	265.00	295.64	250.64	261.25	241.36	254.15	283.80	241.07
22	260.08	265.00	295.64	250.64	261.25	241.36	254.15	283.80	241.07	260.08	265.00	295.64	250.64	261.25	241.36	254.15	283.80	241.07
23	260.08	265.00	295.64	250.64	261.25	241.36	254.15	283.80	241.07	260.08	265.00	295.64	250.64	261.25	241.36	254.15	283.80	241.07
24	260.08	265.00	295.64	250.64	261.25	241.36	254.15	283.80	241.07	260.08	265.00	295.64	250.64	261.25	241.36	254.15	283.80	241.07
25	261.12	266.06	296.82	251.65	262.30	242.32	255.17	284.94	242.04	261.12	266.06	296.82	251.65	262.30	242.32	255.17	284.94	242.04
26	266.33	271.36	302.73	256.66	267.52	247.15	260.25	290.61	246.86	266.33	271.36	302.73	256.66	267.52	247.15	260.25	290.61	246.86
27	272.57	277.72	309.83	262.67	273.79	252.94	266.35	297.43	252.64	272.57	277.72	309.83	262.67	273.79	252.94	266.35	297.43	252.64
28	282.71	288.05	321.36	272.45	283.98	262.36	276.26	308.49	262.04	282.71	288.05	321.36	272.45	283.98	262.36	276.26	308.49	262.04
29	291.03	296.53	330.82	280.47	292.34	270.08	284.40	317.58	269.76	291.03	296.53	330.82	280.47	292.34	270.08	284.40	317.58	269.76
30	295.19	300.77	335.55	284.48	296.52	273.94	288.46	322.12	273.62	295.19	300.77	335.55	284.48	296.52	273.94	288.46	322.12	273.62
31	301.44	307.13	342.64	290.49	302.79	279.73	294.56	328.93	279.40	301.44	307.13	342.64	290.49	302.79	279.73	294.56	328.93	279.40
32	307.68	313.49	349.74	296.51	309.06	285.53	300.66	335.74	285.19	307.68	313.49	349.74	296.51	309.06	285.53	300.66	335.74	285.19
33	311.58	317.47	354.17	300.27	312.98	289.15	304.48	340.00	288.80	311.58	317.47	354.17	300.27	312.98	289.15	304.48	340.00	288.80
34	315.74	321.71	358.90	304.28	317.16	293.01	308.54	344.54	292.66	315.74	321.71	358.90	304.28	317.16	293.01	308.54	344.54	292.66
35	317.82	323.83	361.27	306.29	319.25	294.94	310.58	346.81	294.59	317.82	323.83	361.27	306.29	319.25	294.94	310.58	346.81	294.59
36	319.90	325.95	363.63	308.29	321.34	296.87	312.61	349.08	296.52	319.90	325.95	363.63	308.29	321.34	296.87	312.61	349.08	296.52
37	321.98	328.07	366.00	310.30	323.43	298.80	314.64	351.35	298.45	321.98	328.07	366.00	310.30	323.43	298.80	314.64	351.35	298.45
38	324.06	330.19	368.36	312.30	325.52	300.73	316.68	353.62	300.37	324.06	330.19	368.36	312.30	325.52	300.73	316.68	353.62	300.37
39	328.23	334.43	373.09	316.31	329.70	304.59	320.74	358.16	304.23	328.23	334.43	373.09	316.31	329.70	304.59	320.74	358.16	304.23
40	332.39	338.67	377.82	320.32	333.88	308.45	324.81	362.70	308.09	332.39	338.67	377.82	320.32	333.88	308.45	324.81	362.70	308.09
41	338.63	345.03	384.92	326.34	340.15	314.25	330.91	369.51	313.87	338.63	345.03	384.92	326.34	340.15	314.25	330.91	369.51	313.87
42	344.61	351.12	391.72	332.10	346.16	319.80	336.75	376.04	319.42	344.61	351.12	391.72	332.10	346.16	319.80	336.75	376.04	319.42
43	352.93	359.60	401.18	340.12	354.52	327.52	344.89	385.12	327.13	352.93	359.60	401.18	340.12	354.52	327.52	344.89	385.12	327.13
44	363.34	370.20	413.00	350.15	364.97	337.18	355.05	396.47	336.78	363.34	370.20	413.00	350.15	364.97	337.18	355.05	396.47	336.78
45	375.56	382.66	426.90	361.93	377.25	348.52	367.00	409.81	348.11	375.56	382.66	426.90	361.93	377.25	348.52	367.00	409.81	348.11
46	390.13	397.50	443.46	375.96	391.88	362.04	381.23	425.70	361.61	390.13	397.50	443.46	375.96	391.88	362.04	381.23	425.70	361.61
47	406.51	414.19	462.08	391.75	408.34	377.24	397.24	443.58	376.79	406.51	414.19	462.08	391.75	408.34	377.24	397.24	443.58	376.79
48	425.24	433.27	483.37	409.80	427.15	394.62	415.54	464.02	394.15	425.24	433.27	483.37	409.80	427.15	394.62	415.54	464.02	394.15
49	443.70	452.09	504.36	427.60	445.70	411.76	433.59	484.17	411.27	443.70	452.09	504.36	427.60	445.70	411.76	433.59	484.17	411.27
50	464.51	473.29	528.01	447.65	466.60	431.06	453.92	506.87	430.55	464.51	473.29	528.01	447.65	466.60	431.06	453.92	506.87	430.55
51	485.06	494.22	551.36	467.45	487.24	450.13	474.00	529.29	449.60	485.06	494.22	551.36	467.45	487.24	450.13	474.00	529.29	449.60
52	507.68	517.28	577.08	489.25	509.97	471.13	496.11	553.98	470.57	507.68	517.28	577.08	489.25	509.97	471.13	496.11	553.98	470.57
53	530.57	540.60	603.10	511.31	532.96	492.37	518.47	578.96	491.79	530.57	540.60	603.10	511.31	532.96	492.37	518.47	578.96	491.79
54	555.28	565.77	631.18	535.12	557.78	515.30	542.62	605.92	514.69	555.28	565.77	631.18	535.12	557.78	515.30	542.62	605.92	514.69
55	579.99	590.95	659.27	558.93	582.60	538.23	566.76	632.88	537.59	579.99	590.95	659.27	558.93	582.60	538.23	566.76	632.88	537.59
56	606.77	618.24	689.72	584.75	609.51	563.09	592.94	662.11	562.42	606.77	618.24	689.72	584.75	609.51	563.09	592.94	662.11	562.42
57	633.82	645.80	720.47	610.82	636.68	588.19	619.37	691.63	587.49	633.82	645.80	720.47	610.82	636.68	588.19	619.37	691.63	587.49
58	662.69	675.22	753.28	638.64	665.67	614.98	647.58	723.13	614.25	662.69	675.22	753.28	638.64	665.67	614.98	647.58	723.13	614.25
59	677.00	689.79	769.54	652.42	680.04	628.25	661.56	738.74	627.51	677.00	689.79	769.54	652.42	680.04	628.25	661.56	738.74	627.51
60	705.87	719.21	802.36	680.24	709.04	655.04	689.77	770.24	654.27	705.87	719.21	802.36	680.24	709.04	655.04	689.77	770.24	654.27
61	730.83	744.65	830.74	704.31	734.12	678.21	714.17	797.49	677.41	730.83	744.65	830.74	704.31	734.12	678.21	714.17	797.49	677.41
62	747.22	761.34	849.36	720.10	750.58	693.42	730.18	815.37	692.60	747.22	761.34	849.36	720.10	750.58	693.42	730.18	815.37	692.60
63	767.77	782.28	872.72	739.90	771.22	712.49	750.26	837.79	711.64	767.77	782.28	872.72	739.90	771.22	712.49	750.26	837.79	711.64
64 and over	780.23	794.98	886.89	751.91	783.74	724.05	762.44	851.39	723.19	780.23	794.98	886.89	751.91	783.74	724.05	762.44	851.39	723.19



**Coordinated Care Corporation**  
**RATE SCHEDULE**

**Plan Information**

**Plan Name:** Ambetter Cascade Select Silver  
**HIOS Plan ID:** 61836WA0050037  
**Effective Date:** 1/1/2026  
**Market Type:** Individual  
**Exchange Status:** In the exchange  
**Metal Level:** Silver  
**Plan Type:** Standardized Public Option Plan

**Plan Geographic Availability**

Area Number	Available in area?	Counties where this plan is available
1	Yes	King
2	Yes	Clallam, Grays Harbor, Jefferson, Kitsap, Lewis, Pacific, Wahkiakum
3	Yes	Klickitat, Skamania
4	Yes	Spokane, Stevens
5	Yes	Pierce, Thurston
6	Yes	Benton, Franklin
7	Yes	Adams, Okanogan
8	Yes	Island, Snohomish
9	Yes	Asotin, Garfield, Walla Walla

**Plan Rates**

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	323.47	329.58	367.68	311.72	324.92	300.18	316.09	352.97	299.82	323.47	329.58	367.68	311.72	324.92	300.18	316.09	352.97	299.82
15	352.22	358.87	400.37	339.43	353.80	326.86	344.19	384.34	326.47	352.22	358.87	400.37	339.43	353.80	326.86	344.19	384.34	326.47
16	363.21	370.08	412.86	350.03	364.85	337.06	354.93	396.34	336.66	363.21	370.08	412.86	350.03	364.85	337.06	354.93	396.34	336.66
17	374.20	381.28	425.36	360.62	375.89	347.26	365.67	408.33	346.85	374.20	381.28	425.36	360.62	375.89	347.26	365.67	408.33	346.85
18	386.04	393.34	438.82	372.03	387.78	358.25	377.24	421.25	357.82	386.04	393.34	438.82	372.03	387.78	358.25	377.24	421.25	357.82
19	397.88	405.40	452.27	383.44	399.67	369.24	388.81	434.17	368.80	397.88	405.40	452.27	383.44	399.67	369.24	388.81	434.17	368.80
20	410.15	417.90	466.21	395.26	411.99	380.61	400.79	447.55	380.16	410.15	417.90	466.21	395.26	411.99	380.61	400.79	447.55	380.16
21	422.83	430.82	480.63	407.48	424.73	392.39	413.19	461.39	391.92	422.83	430.82	480.63	407.48	424.73	392.39	413.19	461.39	391.92
22	422.83	430.82	480.63	407.48	424.73	392.39	413.19	461.39	391.92	422.83	430.82	480.63	407.48	424.73	392.39	413.19	461.39	391.92
23	422.83	430.82	480.63	407.48	424.73	392.39	413.19	461.39	391.92	422.83	430.82	480.63	407.48	424.73	392.39	413.19	461.39	391.92
24	422.83	430.82	480.63	407.48	424.73	392.39	413.19	461.39	391.92	422.83	430.82	480.63	407.48	424.73	392.39	413.19	461.39	391.92
25	424.52	432.54	482.55	409.11	426.43	393.96	414.84	463.24	393.49	424.52	432.54	482.55	409.11	426.43	393.96	414.84	463.24	393.49
26	432.98	441.16	492.17	417.26	434.93	401.80	423.11	472.47	401.33	432.98	441.16	492.17	417.26	434.93	401.80	423.11	472.47	401.33
27	443.13	451.50	503.70	427.04	445.12	411.22	433.02	483.54	410.73	443.13	451.50	503.70	427.04	445.12	411.22	433.02	483.54	410.73
28	459.62	468.30	522.45	442.93	461.68	426.52	449.14	501.53	426.02	459.62	468.30	522.45	442.93	461.68	426.52	449.14	501.53	426.02
29	473.15	482.09	537.83	455.97	475.28	439.08	462.36	516.30	438.56	473.15	482.09	537.83	455.97	475.28	439.08	462.36	516.30	438.56
30	479.91	488.98	545.52	462.49	482.07	445.36	468.97	523.68	444.83	479.91	488.98	545.52	462.49	482.07	445.36	468.97	523.68	444.83
31	490.06	499.32	557.05	472.27	492.27	454.78	478.89	534.75	454.24	490.06	499.32	557.05	472.27	492.27	454.78	478.89	534.75	454.24
32	500.21	509.66	568.59	482.05	502.46	464.19	488.80	545.83	463.64	500.21	509.66	568.59	482.05	502.46	464.19	488.80	545.83	463.64
33	506.55	516.12	575.80	488.16	508.83	470.08	495.00	552.75	469.52	506.55	516.12	575.80	488.16	508.83	470.08	495.00	552.75	469.52
34	513.32	523.02	583.49	494.68	515.63	476.36	501.61	560.13	475.79	513.32	523.02	583.49	494.68	515.63	476.36	501.61	560.13	475.79
35	516.70	526.46	587.33	497.94	519.02	479.50	504.92	563.82	478.93	516.70	526.46	587.33	497.94	519.02	479.50	504.92	563.82	478.93
36	520.08	529.91	591.18	501.20	522.42	482.64	508.22	567.51	482.06	520.08	529.91	591.18	501.20	522.42	482.64	508.22	567.51	482.06
37	523.46	533.36	595.02	504.46	525.82	485.77	511.53	571.20	485.20	523.46	533.36	595.02	504.46	525.82	485.77	511.53	571.20	485.20
38	526.85	536.80	598.87	507.72	529.22	488.91	514.83	574.89	488.33	526.85	536.80	598.87	507.72	529.22	488.91	514.83	574.89	488.33
39	533.61	543.70	606.56	514.24	536.01	495.19	521.45	582.28	494.60	533.61	543.70	606.56	514.24	536.01	495.19	521.45	582.28	494.60
40	540.38	550.59	614.25	520.76	542.81	501.47	528.06	589.66	500.88	540.38	550.59	614.25	520.76	542.81	501.47	528.06	589.66	500.88
41	550.52	560.93	625.78	530.54	553.00	510.89	537.97	600.73	510.28	550.52	560.93	625.78	530.54	553.00	510.89	537.97	600.73	510.28
42	560.25	570.84	636.84	539.91	562.77	519.91	547.48	611.34	519.30	560.25	570.84	636.84	539.91	562.77	519.91	547.48	611.34	519.30
43	573.78	584.63	652.22	552.95	576.36	532.47	560.70	626.11	531.84	573.78	584.63	652.22	552.95	576.36	532.47	560.70	626.11	531.84
44	590.69	601.86	671.44	569.25	593.35	548.16	577.23	644.57	547.51	590.69	601.86	671.44	569.25	593.35	548.16	577.23	644.57	547.51
45	610.57	622.11	694.03	588.40	613.31	566.61	596.65	666.25	565.93	610.57	622.11	694.03	588.40	613.31	566.61	596.65	666.25	565.93
46	634.25	646.23	720.95	611.22	637.10	588.58	619.78	692.09	587.88	634.25	646.23	720.95	611.22	637.10	588.58	619.78	692.09	587.88
47	660.88	673.37	751.23	636.89	663.86	613.30	645.82	721.16	612.57	660.88	673.37	751.23	636.89	663.86	613.30	645.82	721.16	612.57
48	691.33	704.39	785.83	666.23	694.44	641.55	675.57	754.38	640.79	691.33	704.39	785.83	666.23	694.44	641.55	675.57	754.38	640.79
49	721.35	734.98	819.96	695.16	724.59	669.41	704.90	787.14	668.62	721.35	734.98	819.96	695.16	724.59	669.41	704.90	787.14	668.62
50	755.17	769.45	858.41	727.76	758.57	700.80	737.96	824.05	699.97	755.17	769.45	858.41	727.76	758.57	700.80	737.96	824.05	699.97
51	788.58	803.48	896.38	759.95	792.13	731.80	770.60	860.50	730.93	788.58	803.48	896.38	759.95	792.13	731.80	770.60	860.50	730.93
52	825.36	840.96	938.19	795.40	829.08	765.94	806.55	900.64	765.03	825.36	840.96	938.19	795.40	829.08	765.94	806.55	900.64	765.03
53	862.57	878.88	980.49	831.26	866.46	800.47	842.91	941.24	799.52	862.57	878.88	980.49	831.26	866.46	800.47	842.91	941.24	799.52
54	902.74	919.80	1026.15	869.97	906.80	837.75	882.16	985.07	836.75	902.74	919.80	1026.15	869.97	906.80	837.75	882.16	985.07	836.75
55	942.91	960.73	1071.81	908.68	947.15	875.02	921.41	1028.90	873.98	942.91	960.73	1071.81	908.68	947.15	875.02	921.41	1028.90	873.98
56	986.46	1005.11	1121.31	950.65	990.90	915.44	963.97	1076.43	914.35	986.46	1005.11	1121.31	950.65	990.90	915.44	963.97	1076.43	914.35
57	1030.44	1049.91	1171.30	993.03	1035.07	956.25	1006.94	1124.41	955.11	1030.44	1049.91	1171.30	993.03	1035.07	956.25	1006.94	1124.41	955.11
58	1077.37	1097.73	1224.65	1038.26	1082.22	999.80	1052.81	1175.63	998.62	1077.37	1097.73	1224.65	1038.26	1082.22	999.80	1052.81	1175.63	998.62
59	1100.63	1121.43	1251.08	1060.67	1105.58	1021.38	1075.53	1201.00	1020.17	1100.63	1121.43	1251.08	1060.67	1105.58	1021.38	1075.53	1201.00	1020.17
60	1147.56	1169.25	1304.43	1105.90	1152.73	1064.94	1121.40	1252.22	1063.67	1147.56	1169.25	1304.43	1105.90	1152.73	1064.94	1121.40	1252.22	1063.67
61	1188.15	1210.61	1350.57	1145.02	1193.50	1102.61	1161.06	1296.51	1101.30	1188.15	1210.61	1350.57	1145.02	1193.50	1102.61	1161.06	1296.51	1101.30
62	1214.79	1237.75	1380.85	1170.69	1220.26	1127.33	1187.09	1325.58	1125.99	1214.79	1237.75	1380.85	1170.69	1220.26	1127.33	1187.09	1325.58	1125.99
63	1248.19	1271.79	1418.82	1202.89	1253.81	1158.32	1219.74	1362.03	1156.95	1248.19	1271.79	1418.82	1202.89	1253.81	1158.32	1219.74	1362.03	1156.95
64 and over	1268.47	1292.45	1441.87	1222.42	1274.18	1177.14	1239.55	1384.16	1175.74	1268.47	1292.45	1441.87	1222.42	1274.18	1177.14	1239.55	1384.16	1175.74

**Coordinated Care Corporation**  
**RATE SCHEDULE**

**Plan Information**

**Plan Name:** Ambetter Cascade Select Complete Gold  
**HIOS Plan ID:** 61836WA0050038  
**Effective Date:** 1/1/2026  
**Market Type:** Individual  
**Exchange Status:** In the exchange  
**Metal Level:** Gold  
**Plan Type:** Standardized Public Option Plan

**Plan Geographic Availability**

Area Number	Available in area?	Counties where this plan is available
1	Yes	King
2	Yes	Clallam, Grays Harbor, Jefferson, Kitsap, Lewis, Pacific, Wahkiakum
3	Yes	Klickitat, Skamania
4	Yes	Spokane, Stevens
5	Yes	Pierce, Thurston
6	Yes	Benton, Franklin
7	Yes	Adams, Okanogan
8	Yes	Island, Snohomish
9	Yes	Asotin, Garfield, Walla Walla

**Plan Rates**

Age Band	Non-Smoker Rates									Smoker Rates								
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
0-14	269.89	275.00	306.79	260.10	271.11	250.46	263.74	294.51	250.16	269.89	275.00	306.79	260.10	271.11	250.46	263.74	294.51	250.16
15	293.88	299.44	334.06	283.22	295.21	272.72	287.18	320.69	272.40	293.88	299.44	334.06	283.22	295.21	272.72	287.18	320.69	272.40
16	303.06	308.79	344.49	292.06	304.42	281.24	296.15	330.70	280.90	303.06	308.79	344.49	292.06	304.42	281.24	296.15	330.70	280.90
17	312.23	318.13	354.91	300.90	313.64	289.75	305.11	340.71	289.41	312.23	318.13	354.91	300.90	313.64	289.75	305.11	340.71	289.41
18	322.11	328.20	366.14	310.42	323.56	298.92	314.76	351.49	298.56	322.11	328.20	366.14	310.42	323.56	298.92	314.76	351.49	298.56
19	331.99	338.26	377.37	319.94	333.48	308.08	324.42	362.26	307.72	331.99	338.26	377.37	319.94	333.48	308.08	324.42	362.26	307.72
20	342.22	348.69	389.00	329.80	343.76	317.58	334.42	373.43	317.20	342.22	348.69	389.00	329.80	343.76	317.58	334.42	373.43	317.20
21	352.80	359.47	401.03	340.00	354.39	327.40	344.76	384.98	327.01	352.80	359.47	401.03	340.00	354.39	327.40	344.76	384.98	327.01
22	352.80	359.47	401.03	340.00	354.39	327.40	344.76	384.98	327.01	352.80	359.47	401.03	340.00	354.39	327.40	344.76	384.98	327.01
23	352.80	359.47	401.03	340.00	354.39	327.40	344.76	384.98	327.01	352.80	359.47	401.03	340.00	354.39	327.40	344.76	384.98	327.01
24	352.80	359.47	401.03	340.00	354.39	327.40	344.76	384.98	327.01	352.80	359.47	401.03	340.00	354.39	327.40	344.76	384.98	327.01
25	354.21	360.91	402.63	341.36	355.81	328.71	346.14	386.52	328.32	354.21	360.91	402.63	341.36	355.81	328.71	346.14	386.52	328.32
26	361.27	368.10	410.66	348.16	362.90	335.26	353.03	394.22	334.86	361.27	368.10	410.66	348.16	362.90	335.26	353.03	394.22	334.86
27	369.74	376.73	420.28	356.32	371.40	343.12	361.31	403.46	342.71	369.74	376.73	420.28	356.32	371.40	343.12	361.31	403.46	342.71
28	383.50	390.74	435.92	369.58	385.22	355.88	374.75	418.47	355.46	383.50	390.74	435.92	369.58	385.22	355.88	374.75	418.47	355.46
29	394.79	402.25	448.75	380.46	396.56	366.36	385.79	430.79	365.93	394.79	402.25	448.75	380.46	396.56	366.36	385.79	430.79	365.93
30	400.43	408.00	455.17	385.90	402.23	371.60	391.30	436.95	371.16	400.43	408.00	455.17	385.90	402.23	371.60	391.30	436.95	371.16
31	408.90	416.63	464.79	394.06	410.74	379.46	399.58	446.19	379.01	408.90	416.63	464.79	394.06	410.74	379.46	399.58	446.19	379.01
32	417.37	425.25	474.42	402.22	419.24	387.32	407.85	455.43	386.86	417.37	425.25	474.42	402.22	419.24	387.32	407.85	455.43	386.86
33	422.66	430.65	480.43	407.32	424.56	392.23	413.02	461.20	391.76	422.66	430.65	480.43	407.32	424.56	392.23	413.02	461.20	391.76
34	428.30	436.40	486.85	412.76	430.23	397.46	418.54	467.36	396.99	428.30	436.40	486.85	412.76	430.23	397.46	418.54	467.36	396.99
35	431.12	439.27	490.06	415.48	433.06	400.08	421.30	470.44	399.61	431.12	439.27	490.06	415.48	433.06	400.08	421.30	470.44	399.61
36	433.95	442.15	493.27	418.19	435.90	402.70	424.05	473.52	402.23	433.95	442.15	493.27	418.19	435.90	402.70	424.05	473.52	402.23
37	436.77	445.02	496.48	420.91	438.74	405.32	426.81	476.60	404.84	436.77	445.02	496.48	420.91	438.74	405.32	426.81	476.60	404.84
38	439.59	447.90	499.68	423.63	441.57	407.94	429.57	479.68	407.46	439.59	447.90	499.68	423.63	441.57	407.94	429.57	479.68	407.46
39	445.24	453.65	506.10	429.07	447.24	413.18	435.09	485.84	412.69	445.24	453.65	506.10	429.07	447.24	413.18	435.09	485.84	412.69
40	450.88	459.40	512.52	434.51	452.91	418.42	440.60	492.00	417.92	450.88	459.40	512.52	434.51	452.91	418.42	440.60	492.00	417.92
41	459.35	468.03	522.14	442.67	461.42	426.28	448.88	501.24	425.77	459.35	468.03	522.14	442.67	461.42	426.28	448.88	501.24	425.77
42	467.46	476.30	531.37	450.49	469.57	433.81	456.81	510.10	433.29	467.46	476.30	531.37	450.49	469.57	433.81	456.81	510.10	433.29
43	478.75	487.80	544.20	461.37	480.91	444.28	467.84	522.42	443.76	478.75	487.80	544.20	461.37	480.91	444.28	467.84	522.42	443.76
44	492.87	502.18	560.24	474.97	495.08	457.38	481.63	537.81	456.84	492.87	502.18	560.24	474.97	495.08	457.38	481.63	537.81	456.84
45	509.45	519.08	579.09	490.95	511.74	472.77	497.83	555.91	472.21	509.45	519.08	579.09	490.95	511.74	472.77	497.83	555.91	472.21
46	529.20	539.21	601.55	509.99	531.59	491.10	517.14	577.47	490.52	529.20	539.21	601.55	509.99	531.59	491.10	517.14	577.47	490.52
47	551.43	561.85	626.81	531.41	553.91	511.73	538.86	601.72	511.12	551.43	561.85	626.81	531.41	553.91	511.73	538.86	601.72	511.12
48	576.83	587.73	655.69	555.89	579.43	535.30	563.68	629.44	534.67	576.83	587.73	655.69	555.89	579.43	535.30	563.68	629.44	534.67
49	601.88	613.26	684.16	580.03	604.59	558.55	588.16	656.77	557.88	601.88	613.26	684.16	580.03	604.59	558.55	588.16	656.77	557.88
50	630.11	642.01	716.24	607.23	632.94	584.74	615.74	687.57	584.04	630.11	642.01	716.24	607.23	632.94	584.74	615.74	687.57	584.04
51	657.98	670.41	747.92	634.09	660.94	610.60	642.98	717.98	609.88	657.98	670.41	747.92	634.09	660.94	610.60	642.98	717.98	609.88
52	688.67	701.69	782.81	663.67	691.77	639.09	672.97	751.48	638.33	688.67	701.69	782.81	663.67	691.77	639.09	672.97	751.48	638.33
53	719.72	733.32	818.10	693.59	722.96	667.90	703.31	785.36	667.11	719.72	733.32	818.10	693.59	722.96	667.90	703.31	785.36	667.11
54	753.23	767.47	856.20	725.89	756.62	699.00	736.06	821.93	698.17	753.23	767.47	856.20	725.89	756.62	699.00	736.06	821.93	698.17
55	786.75	801.62	894.30	758.19	790.29	730.10	768.81	858.50	729.24	786.75	801.62	894.30	758.19	790.29	730.10	768.81	858.50	729.24
56	823.09	838.64	935.60	793.21	826.79	763.83	804.32	898.15	762.92	823.09	838.64	935.60	793.21	826.79	763.83	804.32	898.15	762.92
57	859.78	876.03	977.31	828.57	863.65	797.88	840.18	938.19	796.93	859.78	876.03	977.31	828.57	863.65	797.88	840.18	938.19	796.93
58	898.94	915.93	1021.83	866.31	902.99	834.22	878.45	980.92	833.23	898.94	915.93	1021.83	866.31	902.99	834.22	878.45	980.92	833.23
59	918.35	935.70	1043.88	885.01	922.48	852.22	897.41	1002.10	851.21	918.35	935.70	1043.88	885.01	922.48	852.22	897.41	1002.10	851.21
60	957.51	975.60	1088.40	922.75	961.82	888.57	935.68	1044.83	887.51	957.51	975.60	1088.40	922.75	961.82	888.57	935.68	1044.83	887.51
61	991.38	1010.11	1126.90	955.39	995.84	920.00	968.77	1081.79	918.91	991.38	1010.11	1126.90	955.39	995.84	920.00	968.77	1081.79	918.91
62	1013.60	1032.76	1152.16	976.81	1018.16	940.62	990.49	1106.04	939.51	1013.60	1032.76	1152.16	976.81	1018.16	940.62	990.49	1106.04	939.51
63	1041.47	1061.16	1183.84	1003.67	1046.16	966.49	1017.73	1136.46	965.34	1041.47	1061.16	1183.84	1003.67	1046.16	966.49	1017.73	1136.46	965.34
64 and over	1058.39	1078.39	1203.07	1019.97	1063.15	982.18	1034.26	1154.91	981.02	1058.39	1078.39	1203.07	1019.97	1063.15	982.18	1034.26	1154.91	981.02

# Part III: Actuarial Memorandum

Coordinated Care Corporation  
Annual Individual Health Rate Filing  
Washington

Assuming Enhanced Advance Premium Tax Credits (eAPTCs) Have Been Extended  
Effective January 1, 2026  
Forms: 61836WA005

## Contents

1. General Information . . . . .	3
2. Proposed Rate Changes . . . . .	6
3. Single Risk Pool . . . . .	10
4. Experience and Current Period Premium, Claims and Enrollment . . . . .	11
5. Benefit Categories . . . . .	13
6. Trend Factors . . . . .	14
7. Adjustments to Trended EHB Allowed Claims PMPM . . . . .	17
8. Manual Rate Adjustments . . . . .	19
9. Credibility of Experience . . . . .	20
10. Establishing the Index Rate . . . . .	21
11. Development of the Market-Wide Adjusted Index Rate . . . . .	22
12. Plan Adjusted Index Rate . . . . .	26
13. Calibration . . . . .	30
14. Consumer Adjusted Premium Rate Development . . . . .	33
15. Projected Loss Ratio . . . . .	34
16. AV Metal Values . . . . .	35
17. Membership Projections . . . . .	36
18. Terminated Plans and Products . . . . .	37
19. Plan Type . . . . .	38
20. Effective Rate Review Information . . . . .	39
21. Reliance . . . . .	43
22. Actuarial Certification . . . . .	44

# 1. General Information

## Scope and Purpose

This document contains the Part III Actuarial Memorandum for Coordinated Care Corporation's individual health block of business annual rate filing, effective January 1, 2026. This Actuarial Memorandum is submitted in conjunction with the Part I Unified Rate Review Template (URRT). This is a renewal rate filing.

The purpose of this Actuarial Memorandum is to provide certain information related to the submission, including support for the values entered into the Part I URRT. In combination, these documents support compliance with the market reform rating rules and reasonableness of applicable rate increases. This information may not be appropriate for other purposes.

Consistent with the October 12, 2017 payment memo from the U.S. Department of Health and Human Services (HHS)<sup>1</sup>, the premium rates developed and supported by this Actuarial Memorandum assume that cost-sharing reduction (CSR) subsidies will not be funded and enhanced Advanced Premium Tax Credits (eAPTCs) remain in effect through the end of plan year 2026, at level consistent with those provisioned under the Inflation Reduction Act.

Additionally, these rates assume that CMS' Marketplace Integrity and Affordability rule, published in the Federal Register on March 19, 2025, is finalized as proposed - including key rule changes regarding open enrollment, special enrollment periods, and annual eligibility requirements.

Future modifications in legislation, regulation and/or court decisions regarding the funding of CSR payments and eAPTCs, including partial funding relative to current levels, and CMS' Marketplace Integrity and Affordability Rule, may affect the extent to which these premium rates are sufficient and neither excessive nor deficient.

Coordinated Care Corporation asserts that the premium rates developed and supported by this Actuarial Memorandum are based on legislative and regulatory provisions in effect at the time of submission.

Coordinated Care Corporation will seek regulatory approval to file revised rates in the event of changes to the regulatory environment in which they were developed to ensure rates are appropriate. In addition to CSR payments and risk adjustment program payments and disruption, material rating impacts could arise from changes to various factors, including but not limited to:

- Advance Premium Tax Credits, including extension of Advanced Premium Tax Credits as provisioned in the Inflation Reduction Act
- Medicaid Redeterminations that were suspended during the COVID-19 public health emergency (PHE)
- Constraints on age rating factors
- Open enrollment and grace periods
- Enrollment of other populations, such as Medicare, Medicaid, and high risk pools
- Taxes and fees, notably the suspension of the ACA Insurer Fee

---

<sup>1</sup><https://www.hhs.gov/sites/default/files/csr-payment-memo.pdf>

- Emerging experience as it relates to both claims and risk adjustment, notably the updated HCC coefficients in the 2026 model as laid out in the Final Rule for the 2026 Annual Notice of Benefit and Payment Parameters
- Enrollment and emerging experience of members with an FPL under 150% as it relates to the special enrollment period granting year-round enrollment

If there are material deviations in market level premiums from our projected statewide average premium (SWAP) assumption for 2026 - for example, based on changes in the number of carriers in the market or carriers' pricing assumptions for 2026 - we would like to work with the Washington Office of the Insurance Commissioner after initial submissions to revise our filing to update our estimated risk adjustment transfer. Market disruption, resulting from changes or carriers' perceived changes in the risk adjustment program, could also necessitate working with the Department to update other critical pricing assumptions such as market morbidity and relative risk.

This information is intended for the sole use by the Washington Office of the Insurance Commissioner, the Center for Consumer Information and Insurance Oversight (CCIIO), and their subcontractors to assist in the review of the Coordinated Care Corporation individual rate filing. However, we recognize that this certification may become a public document.

CCC makes no representations or warranties regarding the contents of this letter to other users. Likewise, other users of this letter should not place reliance upon this actuarial memorandum that would result in the creation of any duty or liability for CCC or its employees under any theory of law.

These results are actuarial projections. Actual results will vary from those projected in the filing for a number of reasons, including but not limited to changes in membership, claims experience, and random variation from selected assumptions.

### **Company Identifying Information**

- Company Legal Name: Coordinated Care Corporation
- State: The State of Washington has regulatory authority over these policies
- HIOS Issuer ID: 61836
- Market: Individual
- Effective Date: January 1, 2026

### **Company Contact Information**

- Primary Contact Name: Charles Steffens
- Primary Contact Telephone Number: (248) 495-1626
- Primary Contact Email Address: charles.steffens@centene.com

The information in URRT worksheet 1, section 2 experience fields includes only CCC summary experience data. This estimate is not based on any model or method and assumptions other than those explicitly described in this document. Please see sections 3 and 4 for a detailed description of the experience data used for pricing.

**Description of Benefits**

These products are issued by Coordinated Care Corporation as HMO health policies. The major provisions of this form for each plan design and product can be found in Appendix 1.1.

**Rate Guarantees**

Rates are guaranteed not to change through December 31, 2026.

**Renewability**

Each policy is renewable by paying the applicable renewal premiums, unless the policyholder no longer meets the eligibility requirements of the policy or Coordinated Care Corporation decides to discontinue that specific policy.

**Applicability**

These rates will apply to both new and renewing business.

**General Marketing Method**

This product will be sold through agents, direct mailings, the internet, and the State Based Exchange.

**Estimated Average Annual Premium**

The estimated average annual premium per policy in calendar year 2026 is \$8,005.

**Distribution of Business**

See Appendix 13.1 for the expected age and geographic distributions for these products.

**Rate Tables**

See Appendix 13.1 for allowable rating factors and Appendices 1.2 and 1.2a for clarification on service area definitions. Appendix 1.3 also includes an example of how rating factors will be applied. Note that for family coverage, rates for children are charged to no more than the three oldest covered children under age 21 consistent with the Family Structure rules of the Patient Protection and Affordable Care Act (ACA).

## 2. Proposed Rate Changes

The rate increases for each product offered in the single risk pool by Coordinated Care Corporation in the state of Washington are reflected in Worksheet 2, Section I of the Part I URRT.

### Reasons for Rate Increase(s)

The rate projections for 2026 have been updated from the previous year's projections to reflect the most recent assumptions and information available.

Factor	Impact
Unit Cost Trend	10.5%
Utilization Trend	3.2%
Changes in Benefit Design	(-23.5% to 14.8%)
Non-Benefit Expenses	3.1%

The following provides a narrative description of the significant factors driving the proposed rate increase for 2026.

- Single Risk Pool Experience and Morbidity

The individual single risk pool experience underlying the rate projections has been updated. The current model reflects the projected utilization trend applied to adjusted experience (from 2024 to 2026), including anticipated changes in the average morbidity of the single risk pool. There is a full description of utilization trend and other projection factors applied to experience in Section 6, "Trend Factors".

Risk adjustment transfer experience for 2026 includes consideration of changes to the statewide average premium, the Risk Adjustment program, and Coordinated Care Corporation enrollee population morbidity relative to the Washington single risk pool.

- Unit Cost trend (10.5% impact from 2025 filed rates)

Unit costs and provider reimbursement agreements have been updated to reflect changes in the rating year. Inpatient, outpatient, and professional unit cost trends are driven by addition of new facilities and provider groups, contractual reimbursement increases, and anticipated changes in the Medicare fee schedule. Prescription drug unit cost trends represent a combination of changes in drug prices and contractual discounts.

- Utilization trend (3.2% impact from 2025 filed rates)

The projected utilization trends are consistent with observed historical trends based on internal analysis of our marketplace experience, supplemented by the Milliman Health Cost Guidelines. There is a description of the Health Cost Guidelines in Section 8, "Manual Rate Adjustments". Inpatient, outpatient, and professional utilization trends were determined on a combined basis, using the data sources above. Prescription drug utilization trends rely on these same data sources and reflect raw utilization changes as well as changes in drug mix.

- Benefit Design and CSR Subsidies (varying impact by plan, between -23.5% and 14.8%)

Rates do reflect updated projections of actuarial value and cost sharing by plan, as described in Section 12, "Plan Adjusted Index Rate." Premium rates continue to reflect the expectation



that CCC will not be reimbursed by the U.S. Department of Health and Human Services (HHS)

- Changes in Non-Benefit Expenses (3.1% impact from 2025 filed rates)

Changes in general administrative expenses incorporated into 2026 rates are resulting in a rate change due to differences from prior year expense assumptions. See Section 12, "Plan Adjusted Index Rate", for details on projected non-benefit expenses.

Note that the requested rate change may not be the same across all plans within a product due to changes to the member cost sharing amounts by plan. Additionally, the defunding of CSR subsidies has contributed to the rate levels being higher than if the subsidies were to be funded.

### **Additional Rate Change Information**

The following sections address the requirements contained in line 24 of the Individual Non-Grandfathered Health Plan Checklist.

Contribution to surplus, contingency charges, or risk charges have not changed on a pre-tax basis between 2025 and 2026. See Appendix 12.2 for support of the pre- and post-tax amounts.

45 CFR 154.301(a)(4)(i) The impact of medical trend changes by major service categories:

See above and Section 6, "Trend Factors" for discussion of medical trend changes and Appendix 6.3 for a comparison of the cost trend factors from the 2025 filing compared to the 2026 filing.

45 CFR 154.301(a)(4)(ii) The impact of utilization changes by major service categories:

See above and Section 6, "Trend Factors" for discussion of utilization changes and Appendix 6.3 for a comparison of the utilization trend factors from the 2025 filing compared to the 2026 filing.

45 CFR 154.301(a)(4)(iii) The impact of cost-sharing changes by major service categories, including actuarial values:

See above and Section 12, "Plan Adjusted Index Rate" for discussion of cost-sharing changes.

45 CFR 154.301(a)(4)(iv) The impact of benefit changes, including essential health benefits and non-essential health benefits:

See above and Section 7, "Adjustments to Trended EHB Allowed Claims PMPM" for discussion of the impact of benefit changes.

45 CFR 154.301(a)(4)(v) The impact of changes in enrollee risk profile and pricing, including rating limitations for age and tobacco use under section 2701 of the Public Health Service Act:

See Section 7, "Adjustments to Trended EHB Allowed Claims PMPM", and Section 11, "Development of Market-Wide Adjusted Index Rate", for a discussion of the impact of changes in enrollee risk profile and pricing and Section 14, "Consumer Adjusted Premium

Rate Development", for discussion of the rating limitations for age and tobacco use. Appendix 13.1 compares the calibrated factors for 2025 and 2026.

45 CFR 154.301(a)(4)(vi) The impact of any overestimate or underestimate of medical trend for prior year periods related to the rate increase:

This consideration is not directly applicable to CCC's 2026 rate development. CCC's 2026 rate projections were informed by its 2024 claims experience and expectations regarding trend and other drivers of rate change from 2024 to 2026.

CCC makes no explicit adjustment for overestimation or underestimation of medical trend. See Section 4, "Experience and Current Period Premium, Claims, and Enrollment", for a discussion of the comparison of actual and expected medical costs.

45 CFR 154.301(a)(4)(vii) The impact of changes in reserve needs:

This consideration is not directly applicable to CCC's 2026 rate development. CCC makes no explicit adjustment due to changes in reserve needs.

45 CFR 154.301(a)(4)(viii) The impact of changes in administrative costs related to programs that improve health care quality:

See above and Section 12, "Plan Adjusted Index Rate", for a discussion of administrative costs related to programs that improve health care quality and Appendix 12.2 for a comparison of the administrative costs from the 2025 filing compared to the 2026 filing.

45 CFR 154.301(a)(4)(ix) The impact of changes in other administrative costs:

See above and Section 12, "Plan Adjusted Index Rate", for a discussion of other administrative costs.

45 CFR 154.301(a)(4)(x) The impact of changes in applicable taxes, licensing or regulatory fees:

See above and Section 12, "Plan Adjusted Index Rate", for a discussion of applicable taxes, licensing, and regulatory fees and Appendix 12.2 for a comparison of the applicable taxes and fees from the 2025 filing compared to the 2026 filing.

45 CFR 154.301(a)(4)(xi) Medical loss ratio:

CCC's 2026 rate projections were informed by the claims experience and quality improvement activities underlying its estimated 2024 MLR. However, its 2026 projected MLR is an outgrowth of its independent projections for each component of the MLR formula (including premium), as opposed to a projection directly built off of its 2024 MLR.

The claims used in the MLR calculation have been adjusted for quality improvement expenses and provider incentive payments. The pharmacy claims used in the MLR calculation are net of prescription drug rebates. In 2024, the rebates were -\$34,633,917.

45 CFR 154.301(a)(4)(xii) The health insurance issuer's capital and surplus:

See the "Contribution to Surplus, Contingency Charges, or Risk Charges" subsection in Section 12, "Plan Adjusted Index Rate", for a discussion of CCC's capital and surplus.

45 CFR 154.301(a)(4)(xiii) The impacts of geographic factors and variations:

See Section 13, "Calibration" for a discussion of the geographic factors and Appendix 13.1 for a comparison of the geographic area rating factors from the 2025 filing compared to the 2026 filing.

45 CFR 154.301(a)(4)(xiv) The impact of changes within a single risk pool to all products or plans within the risk pool:

See above and Section 6, "Trend Factors" for a discussion of the impact of changes within a single risk pool to all plans within the risk pool.

45 CFR 154.301(a)(4)(xv) The impact of reinsurance and risk adjustment payments and charges under sections 1341 and 1343 of the Affordable Care Act:

See Section 11, "Development of Market-Wide Adjusted Index Rate" for a discussion of the impact of reinsurance and risk adjustment payments and charges. The calculations are demonstrated in Appendix 11.2.

### **3. Single Risk Pool**

The Index Rate is based on the single risk pool defined by the state of Washington, which was established according to the requirements in 45 CFR Part 156.80. The single risk pool is defined as including all non-grandfathered individual business in Washington.

The single risk pool for the experience period does not include transitional products/plans. The single risk pool for the 2026 projection period does not include members who still remain enrolled in transitional plans.

#### 4. Experience and Current Period Premium, Claims and Enrollment

The following information supports the best estimate of premium and claims for the single risk pool during the experience period, as reported in Worksheet 1, Section I of the URRT. The experience period for this rate filing is incurrual year 2024, and includes claims paid through 3/31/2025.

##### **Allowed and Incurred Claims Incurred During the Experience Period**

Allowed and incurred claims, as defined by the URR instructions, were determined from Coordinated Care Corporation's claim record system. Per rate filing instructions, American Indian and Alaska Native (AIAN) plan experience was included. Incurred but not paid amounts were estimated using a combination, as appropriate, of the loss development and Bornhuetter-Ferguson completion methodologies. There are no material differences in the methodology for estimating completed allowed versus completed incurred claims. The estimation for incurred but not paid amounts is based on the experience period claims reported. Actual claims run-out may reflect some variability from future expectations. There are no unusually high or low completion factors being applied to allowed or incurred claims resulting from internal shifts in administration practices.

Cost-sharing reduction (CSR) subsidies were unfunded for the entirety of the base period. For rating purposes, we assumed that CSR subsidies will continue to be unfunded throughout the projection period.

##### **Documentation and Justification for URRT Worksheet 2, Section II; Experience Period and Current Plan Level Information**

The following supports item 4 of the Individual Non-Grandfathered Health Plan Checklist. "Section II: Experience Period and Current Plan Level Information" from Worksheet 2 of the URRT is based on information as of March 2025 from the following sources:

- Line 2.2, Allowed Claims: Plan-level experience period data, with runout through March 2025. Allowed claims include an estimate for incurred but not paid amounts.
- Line 2.3, Reinsurance: The Federal Transitional Reinsurance Program ended with the 2016 benefit year, so this field has been populated with zero for all plans. There is no state reinsurance.
- Line 2.4, Member Cost Sharing: Plan-level experience period data, with runout through March 2025.
- Line 2.5, Cost Sharing Reduction: Plan-level experience period data, with runout through March 2025.
- Line 2.6, Incurred Claims: This line is calculated by the URRT. It includes all incurred claims that are the issuer's responsibility.
- Line 2.7, Risk Adjustment Transfer Amount: Based on the CMS "Interim Summary Report on Individual and Small Group Market Risk Adjustment for the 2024 Benefit Year", released March 14, 2025.. The Risk Adjustment User Fee is not included in this line, as it is included in the Taxes & Fees line (3.7) of the URRT.
- Line 2.8, Premium: Plan-level experience period data, reported as of March 2025.

- Line 2.9, Experience Period Member Months: Plan-level experience period data, reported as of March 2025.
- Line 2.10, Current Enrollment: Current enrollment by plan as of March 2025.
- Line 2.11, Current Premium PMPM: March 2025 premium by plan divided by enrollment for March 2025.

**Experience Presented in WAC 284-43-6660 and Part II Written Description Justifying the Rate Increase**

The experience table shown in Part II is consistent with the information presented in the WAC. The following statements apply to the claims reported in these documents:

- Allowed and incurred claims are based on claims incurred from 1/1/2024-12/31/2024, and paid through 3/31/2025.
- The paid claims reported throughout the filing are based on claims paid in 2024 and incurred 1/1/2022-12/31/2024.
- The incurred claims are consistent with the definition prescribed by WAC 284-43-6020: "'Incurred claims' means 'claims' paid during the applicable period plus the 'claim reserves' as of the end of the applicable period minus the 'claim reserves' as of the beginning of the applicable period. Alternatively, for the purpose of providing monthly data or trend analysis, 'incurred claims' may be defined as the current best estimate of the 'claims' for services provided during the applicable period."
- The Beginning and Ending Claims Reserves reflect the reserves as of the beginning and end of the period, respectively.

## 5. Benefit Categories

The benefit categories in Worksheet 1, Section II of the Part I URRT were populated using the Milliman Health Cost Guidelines (HCG) methodology. Due to the high detail of the HCG's benefit categories, the HCG categories were consolidated via a mapping to the URRT's benefit categories.

The algorithm used to assign both the experience and manual utilization data and cost information is summarized as follows.

### **Inpatient Hospital**

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**

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**

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**

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**

Capitation includes all services provided under one or more capitated arrangements.

### **Prescription Drug**

Prescription drug includes drugs dispensed by a pharmacy and is net of rebates.

### **Support for Voluntary Abortion Services**

The following supports items 10d, 12, and 26 of the Individual Non-Grandfathered Health Plan Checklist.

Abortion services are priced at 0.15% of premium. Per WA OIC instruction and reference to 45 CFR 156.280(e)(4)(iii) the non-EHB cost attributed to abortion in premium rates must not be less than \$1.00 PMPM. The binder filing lists the % EHB as 99.9% of total premium.

The cost impact of abortion services is removed from the rate development using the Actuarial Value and Cost Sharing factor in the URRT and reloaded in the Benefits in Addition to EHB factor.

## 6. Trend Factors

This section describes and supports the factors used to project the 2024 experience period allowed claims to the 2026 projection period as shown in Worksheet 1, Section II of the URRT.

### Trend Factors

Trend Factors (cost/utilization):

Experience period claims were trended 24 months to 2026. The annualized cost trend factors reflect the following:

- Changes in contractual reimbursement and discounts between the experience and projection periods for a fixed basket of services. This is for providers that were already part of the network in 2024, based on its actual 2024 contracts and ongoing provider and PBM contracting efforts for 2026, controlling for changes in service mix, the geographic distribution of its enrollees, and pharmacy rebates. This also includes the change in distribution of services among network providers other than changes driven by expanding the provider network.
- The provider contracting status for 2026 is as follows:
- Core Network:
  - According to the most accurate data we have, the amount of utilization attributed to signed providers in our submitted assumptions is shown directly below. This table can also be found in Appendix 6.6.

Rating Area	% of Inpatient	% of Outpatient
1	99%	98%
2	100%	100%
3	98%	98%
4	99%	99%
5	99%	100%
6	100%	100%
7	100%	100%
8	100%	99%
9	97%	97%

When estimating reimbursements for providers whose contracts are not finalized at the time of filing, we rely on our contracting team's best estimate of the provider's reimbursement rate. If negotiations have not progressed to a point where a reliable estimate can be made, we assume a conservative reimbursement rate, based on market intelligence. As most contracts are near-finalized at the time of rate filing, we anticipate the deviations from assumed reimbursement rates to have immaterial impact on our unit cost trends.

- CCC's Core service area will continue to include all 39 Washington counties in 2026. In order to expand member experience and access to providers, Coordinated Care Corporation (CCC) is undertaking network expansion initiatives for the 2026 contracting year. While these activities affect the amounts of estimated market share that are signed



in these different rating areas, they do not and will not significantly affect either unit cost projections or member access requirements. These additional contracts are above what is necessary to maintain the minimum level of network access required by WAC 284-170-200. CCC is committed to expanding the choice of providers for their members, while limiting potential premium increases for an already financially vulnerable population. The involved providers have verbally indicated their cooperation in these efforts, and continuous contact is being made to secure signature as soon as possible.

- Cascade Select Care:
  - CCC is expanding into two additional counties for a total of 23 counties in the PO service area for 2026. CCC recognizes the statutory requirement that primary care services for public option providers must be reimbursed at or above a minimum of 135% of Medicare Allowable, and this has been taken into account in the unit cost assumptions.
- Average charge trend between the experience and projection periods normalized for demographics, morbidity, and benefit design based on the Milliman Health Cost Guidelines

Appendix 6.1 decomposes the cost trend factor into its constituent parts.

The annualized utilization trend factors reflect the following:

- Assumed changes in the mix or intensity of services provided for a fixed level of illness burden.
- Secular utilization trend, normalized for demographics, morbidity, and benefit design, informed by consideration of multiple sources, including typical industry trend assumptions, the Milliman Health Cost Guidelines, and analysis of observed historical trends for Ambetter products.
- Utilization trend is independent from the morbidity adjustments used in the rate development, which are described in Section 7, "Adjustments to Trended EHB Allowed Claims PMPM". The morbidity adjustments represent changes in the health status of the covered population (both the statewide single risk pool and CCC's members), holding all other population, plan, and network characteristics constant. The utilization trend is a secular trend, representing the force of trend under a static population. That is, if nothing else were to change between the experience and projection period, we would expect utilization to increase by this amount. As discussed above, the utilization trend has been normalized for other impacts such as morbidity and induced utilization associated with plan mix and benefit richness. As the utilization trends are on a secular basis and do not include any impact related to population morbidity shifts, there is no overlap between these estimates.

Appendix 6.2 decomposes the utilization trend factor into its constituent parts.

### **Trend Leveraging**

The impact of cost sharing leveraging is included as an implicit adjustment in the calculation of the incurred claims trend and is not directly applied to the EHB allowed claims trend. It has been updated to reflect 2026 projected allowed claims and cost sharing.

**Non-EHB Trend**

There are no non-EHB benefits offered.

**Comparison of Worksheet 1, Section II to Prior Year**

A comparison of the current 2026 entries and prior 2025 filing entries in Worksheet 1, Section II of the URRT can be found in Appendix 6.3.

## 7. Adjustments to Trended EHB Allowed Claims PMPM

This section describes and supports the adjustments other than trend used to project the 2024 experience period Essential Health Benefit (EHB) allowed claims to the 2026 projection period as shown in Worksheet 1, Section II of the URRT. Each factor represents the change between the experience period and projection period. The factors, therefore, are not annualized values.

### Morbidity Adjustments

Claims were adjusted for estimated differences in morbidity between Coordinated Care Corporation's 2024 membership and its projected 2026 membership. Appendix 7.1 decomposes the morbidity projection factor into its components.

Utilization was adjusted for projected changes in single risk pool morbidity from 2024 to 2026 considering regulatory and market uncertainties, as well as projected morbidity changes for Coordinated Care Corporation's members relative to the single risk pool from 2024 to 2026.

Consistent with the 2026 URR instructions, these morbidity adjustments reflect the component of the change in average allowed claims PMPM, holding constant the experience period population's demographics (e.g. age, gender, and region), product mix, and all provider network contracts and time parameters.

The relative morbidity assumption used for projection claims reflects Coordinated Care Corporation's expectations regarding the morbidity of its 2026 membership relative to the single risk pool, and is consistent with the relative morbidity assumption used to estimate Coordinated Care Corporation's risk transfer payment or receivable.

Morbidity was adjusted to account for changes in the market population due to the continuation of eAPTCS.

### Demographic Shift

Experience period claims were adjusted for differences in the projected mix of 2026 membership by gender and age band using demographic factors. The factors underlying this trend were developed from Coordinated Care Corporation-specific experience.

Appendix 7.2 decomposes the demographic changes factor into its components.

### Plan Design Changes

This adjustment factor reflects anticipated changes in the demand for services due to differences in product mix and cost-sharing requirements from the experience period to the projection period. Population demographics and morbidity were held constant across plan designs for this adjustment to avoid confounding with morbidity.

Where applicable, this factor is also used to reflect addition or removal of covered benefits to align the 2026 projection with benefits covered by the state EHB benchmark plan. CCC's PY (2026) rates consider the following benefit changes:

- Additional EHBs of Donor Milk, Hearing Aids and Exams, and Artificial Insemination
- Acupuncture no longer subject to visit limit
- Increased Access to Prescription Hormone Therapy under HB 1971

- Member cost sharing is prohibited for prenatal and postnatal care per SB 5057

The following benefit changes, which went effective in 2025, and are not reflected in the base experience, are also reflected:

- An adjustment for the addition of allergy testing
- A cap on copays for prescription epinephrine autoinjectors and inhalers, per HB 1979
- An adjustment for the coverage of HIV post-exposure prophylaxis drugs under SB 6127

Appendix 7.3 decomposes the plan design changes factor into its components.

### **Other Adjustments**

Experience period claims were also adjusted for the following changes between the experience period and projection period:

- Changes in capitation contracts
- Changes in pharmacy rebates and dispensing fees between the experience and projection periods developed based on changes to PBM contracting from 2024 to 2026 and projected drug utilization
- The reimbursement impact of expanding the provider network from 2024 to 2026 (developed using estimates of the distribution of services and relative unit costs by provider). This only reflects the impact of new providers; the impact of changes in the distribution of services among existing network providers is reflected in unit cost trend.
- Adjustment for expected claims costs without corresponding premium revenue, due to ACA grace period provisions.

Appendix 7.4 decomposes the other changes factor into its components.

## 8. Manual Rate Adjustments

This filing is 100% experience rated. No credibility manual rate is being filed for 2026.

Where manual adjustments to claims are required to model changes in Coordinated Care Corporation's population and coverage over time, most notably utilization trend as discussed in section 2, these adjustments are based on the Milliman Managed Care Rating Model (MCRM) and the companion Milliman Health Cost Guidelines (HCGs), and consideration of relevant QHP experience in other states.

The HCGs provide a flexible but consistent basis for the determination of claim costs for a wide variety of health benefit plans. These rating structures are used to anticipate future claim levels, evaluate past experience, and establish interrelationships between different health coverage levels.

The Milliman HCGs are developed as a result of Milliman's continuing research on health care costs. They were first developed in 1954 and have been updated and expanded annually since then. These guidelines are continually monitored as they use them in measuring the experience or evaluating the rates of their clients and as they compare them to other data sources.

The HCGs are a cooperative effort of all Milliman health actuaries and represent a combination of their experience, research, and judgment. An extensive amount of data is used in developing these guidelines including published and unpublished data. In most instances, cost assumptions are based on their evaluation of several data sources and, therefore, are not specifically attributable to a single source. Since these guidelines are a proprietary document of Milliman, they are only available for release to specific clients that lease these guidelines and to Milliman consulting health actuaries.

## 9. Credibility of Experience

This filing is 100% experience rated, based on the assumption that a state with experience exceeding 125,000 member months should receive full credibility. No credibility manual rate is being filed for 2026.

Here, “member months” are defined as the aggregate 2024 member months across Coordinated Care Corporation calendar year 2024 individual block of business that are suitable for pricing.

- Total 2024 Member Months: 1,006,022
- Credibility Level Assigned to Base Period Experience: 100%

Note that credibility is calculated based on 2024 experience data that are suitable for pricing and may not exactly match the total 2024 member months shown above.

Actuarial Standard of Practice #25 “Credibility Procedures” was considered when determining the credibility level.

## 10. Establishing the Index Rate

The Index Rate for the Experience Period (calendar year 2024) is a measurement of the average allowed claims PMPM for EHB benefits. This value is located on Worksheet 1, Section I of the URRT. The Index Rate for the Experience Period reflects the actual mixture of smoker/non-smoker population, area factors, plan enrollment, and the actual mixture of risk morbidity in the single risk pool during the experience period. The Index Rate for the experience period has not been adjusted for payments and charges under the risk adjustment and reinsurance programs or for Exchange user fees. We have adjusted the Index Rate for the Experience Period to remove any non-EHBs. The claim system does not currently distinguish between EHB and non-EHB claims, so this adjustment was made based on the expected percentage of non-EHB claims for the experience period. The experience period did not contain non-single risk pool claims, so no adjustment was made for this.

The Index Rate for the Projection Period (calendar year 2026) is reflected in Worksheet 1, Section II of the URRT. It was developed following the specifications of 45 CFR part 156.80(d) (1). The Index Rate for the Projection Period represents the estimated total combined projected allowed claims PMPM for Essential Health Benefits (EHB) for calendar year 2026 only and has not been adjusted for payments and charges under the risk adjustment program or for Exchange user fees. The index rate differs from the total allowed claims in that the total allowed claims include benefits in excess of EHBs (adult vision and adult dental). The Index Rate for the Projection Period was calculated based on the methodology discussed in Section 6, 'Trend Factors' and Section 7, 'Adjustments to Trended EHB Allowed Claims PMPM' above and does not include benefits in excess of the EHBs. The Index Rate for the Projection Period will remain unchanged until a renewal filing effective January 1, 2027.

The development of the Index Rate for the Projection Period is shown in Worksheet 1, Section II. This reflects:

- The 12-month projection period shown in Worksheet 1, Section II
- The anticipated claim level of the projection period with respect to trend, benefits, and demographics
- The experience of all policies expected to be in the single risk pool (with necessary adjustments)

Worksheet 1, Section II of the URRT demonstrates the calculation of the Projected Index Rate by blending the Experience Period Index Rate with the Credibility Manual Index Rate, as applicable. The next two sections further describe the steps taken to develop the Market Adjusted Index Rate and Plan Adjusted Index Rate.

## 11. Development of the Market-Wide Adjusted Index Rate

The Index Rate for the projection period is adjusted to arrive at the Market Adjusted Index Rate (MAIR) (\$620.27) based on the following, as outlined in 45 CFR 156.80(d):

- Adjustment for the Risk Adjustment Program
- Exchange user fee adjustment

The risk adjustment payment/charge is described below. Since the Index Rate is on an allowed claims basis, the market-level adjustments are also performed on an allowed basis.

The net Exchange user fee adjustment applied to premium rates is \$5.11 Per Member Per Month. Similar to the Index Rate, the MAIR reflects the average demographics of the single risk pool. In other words, the MAIR is not calibrated. In Appendix 20.3a, the user fee is shown on an allowed basis as a multiplicative factor of 1.009. For further detail on the development of the MAIR, please refer to URRT Worksheet 1, Section 2.

### Reinsurance

Commercial reinsurance is not a material component of the market adjusted index rate.

### Risk Adjustment Payment/Charge

The Projected Risk Adjustment PMPM (-\$38.39) is shown on Worksheet 1, Section II. The amount excludes the 2026 Risk Adjustment User Fee of \$0.20 PMPM (0.03% of premium). The amount includes the projected reinsurance impact from the high risk pool assessment under the risk adjustment program. The gross impact in 2026 was estimated by trending experience and applying the provisions of the reinsurance contract to known high risk exposures. This amount was subtracted from a 0.46% of premium charge to fund the pool. This net impact was combined with the projected risk adjustment transfer amount to calculate a final risk adjustment liability for 2026. The Risk Adjustment User Fee is included with Taxes and Fees on Worksheet 2, line 3.7. Appendix 11.1 shows how the anticipated risk adjustment transfer is applied to the Index Rate in the development of the Market Adjusted Index Rate.

The state transfer calculation portion of the total risk adjustment transfer is based on the risk adjustment transfer formula, as provided in the Federal Register Volume 78 Number 47.

We project the portfolio average for each factor in the risk adjustment transfer formula using a combination of (i) actual historical risk adjustment factors adjusted to the projected population and (ii) adjustments for market and risk adjustment program changes. The resulting aggregate payment or receivable is then proportionally allocated to all plans in the portfolio.

For the purposes of stable modeling, each factor was approximated as follows:

$\bar{P}_s$ : The state average premium was assumed to be approximately \$614.01 PMPM (net of the 14% administrative cost carve out).

PLRS: The statewide average risk score (1.186) is projected based on the average PLRS of the single risk pool in 2024, as reported in Appendix A of the CMS Interim 2024 Risk Adjustment report, for the state of Washington.

Coordinated Care Corporation's projected average risk score (1.208) differs from the projected



single risk pool average risk score due to differences in demographics, plan mix, and morbidity between the two populations.

Based on the Final Rule for the 2026 Annual Notice of Benefit and Payment Parameters, HHS's proposed 2024 and 2026 HCC model and coefficient changes for 2026 (including partial year adjustment factors, prescription drug condition categories, and model recalibration) were considered in the development of the projected risk adjustment transfer. The demographic, plan mix, and morbidity assumptions were used to project claims costs.

IDF (1.030 Single Risk Pool; 1.048 CCC): The statewide average IDF is projected based on the average IDF of the single risk pool in 2024, as reported in Appendix A of the CMS Interim 2024 Risk Adjustment report, for the state of Washington.

The average IDF for Coordinated Care Corporation is projected by applying the induced demand factors from the market reform rule published in the March 11, 2013 Federal Register, page 15433, Table 11 to Coordinated Care Corporation's projected population. The formula recognizes the following IDF factors by metallic tier: Bronze 1.00, Silver, 1.03, Gold 1.08, and Platinum 1.15.

AV (0.687 Single Risk Pool; 0.733 CCC): The statewide average actuarial value (AV) is projected based on the average metal level AV of the single risk pool in 2024, as reported in Appendix A of the CMS Interim 2024 Risk Adjustment report, for the state of Washington. The average AV for Coordinated Care Corporation is calculated by applying the metal level AV factors from the market reform rule published in the March 11, 2013 Federal Register, page 15433, Table 9 to Coordinated Care Corporation's projected population. The formula recognizes the following AV values by metallic tier: Bronze 0.60, Silver 0.70, Gold 0.80, and Platinum 0.90.

ARF (1.712 Single Risk Pool; 1.720 CCC): As stated in the March 11, 2013 Federal Register, page 15433, the allowable rating factor (ARF) adjustment accounts only for age rating.

The statewide average ARF was set equal to the average ARF of the single risk pool in 2024, as reported in Appendix A of the CMS Interim 2024 Risk Adjustment report, for the state of Washington.

The average ARF for Coordinated Care Corporation is projected by applying the proposed 2026 HHS age rating factors to Coordinated Care Corporation's projected population. An equal distribution across ages within each age band was assumed.

GCF (1.000 Single Risk Pool; 0.989 CCC): The average Geographic Cost Factors for Coordinated Care Corporation's membership is projected based on the 2023 GCFs, as reported by HHS, adjusted for projected changes caused by carrier rate actions from 2023 to 2026.

Outliers were reflected in our calculations to the extent that outliers are reflected in historical risk scores used as the starting point of the 2026 risk transfer projection and via the calculation of the net High Risk Pool receivable or payment. Otherwise, there were no "potential outlier assumptions" that would have an impact on transfers.

The risk adjustment transfer amounts (-\$38.39) shown on Worksheet 1 of the URRT are the actual PMPM amounts expected in the projection period. The risk adjustment transfer amount applied to the Index Rate in the development of the Market Adjusted Index Rate is on an allowed claims basis, as the Index Rate is on an allowed claims basis.

The demographic, plan mix, and morbidity assumptions supporting the risk transfer projection are consistent with the demographic, plan mix, and the morbidity assumptions used to project claims costs.

### **Projected 2026 Risk Adjustment Data by Metal Level and Durational Cohort**

Appendix 11.1 includes support for the Individual Non-Grandfathered Health Plan Checklist item 17, 18a, 18c, and 18e.

Appendix 11.1 provides the 2026 projected risk adjustment data used to project CCC's 2026 risk transfer liability, including the projected 2026 state average premium, separately by metal level and broken down by each of the following durational cohorts:

1. 2024 members projected to persist into 2026
2. new 2025 members, as of March 2025, projected to persist into 2026
3. new members projected in 2026
4. total 2026 projected membership outcomes

Risk adjustment results are not projected at the member cohort level of detail. For the purpose of Appendix 11.1, the same plan, demographics, and health status mix across all of the projected membership cohorts are reported regardless of whether renewing or new. Membership is allocated to the three cohorts based on CCC's expectations regarding the composition of its 2026 membership between renewing and new members.

Risk adjustment projections are broken out by metal level by adjusting the total risk adjustment projection allowable rating factor differences by metal level, the impact of differences in demographic composition on allowable ratings factors and plan liability risk scores, and for differences in HHS HCC risk models by metal level, including CSR variation adjustments.

Note that we used consistent assumptions for each of the durational cohorts listed above.

In support of the Individual Non-Grandfathered Health Plan Checklist items 17 and 18b, see Appendix 11.1. Elements of the risk transfer formula are provided for Washington State and CCC totals, as well as CCC by metal level.

We calculated parameters intended to approximate the following aspects of the HHS-HCC risk model and the associated impacts of risk model changes through 2026:

1. Risk Adjuster Efficiency - The efficiency (or inefficiency) of the risk model in translating variation in morbidity into variation in plan liability risk scores.
2. Residual Model Change Factors (MCF) - Measurement of the estimated, residual favorable or unfavorable impact of a particular HHS-HCC Risk Adjuster model version on relative risk scores for Coordinated Care Corporation (CCC), after accounting for changes in the "efficiency" of the risk adjuster.

We estimated values for these parameters for each of model years 2024, 2025, and 2026 (proposed coefficients) based on analysis of simulated risk scores and risk transfer amounts (holding the underlying CCC and statewide EDGE submissions constant) using information from Wakely

National Risk Adjustment Reports (WNRAR) for the Washington state individual marketplace risk pool.

In support of the Individual Non-Grandfathered Health Plan Checklist items 18c, 18e, and 18f, see Appendix 11.2. Appendix 11.2 shows the total 2026 projected risk adjustment plus High Cost Risk Pool (HCRP) payment and assessment on an incurred and allowed basis as well as on an incurred basis by plan.

The HCRP reinsurance program is based on an attachment point of \$1 million. Issuers are reimbursed for 60% of annualized enrollee claims costs in excess of the attachment point.

The High-Cost Risk Pool (HCRP) reinsurance program assessment fee changed from an assumed 0.51% of premium in plan-year (PY) 2025 to an assumed 0.46% of premium in PY 2026. Projected PY 2026 premiums, coupled with an updated assessment fee as a percentage of premium, results in changes to the projected PY 2026 aggregate High-Cost Risk Pool (HCRP) assessment underlying CCC's projected risk adjustment transfer. Projected receipts for HCRP were 0.00% of premium in PY 2025 and 0.00% of premium in PY 2026. Differences between these estimates are driven by changes in the underlying model used to calculate HCRP recoveries.

HCRP	2022 Actual	2023 Actual	2024 Actual	2022 Filed	2023 Filed	2024 Filed
Recoveries	\$0	\$264,778	\$674,178	\$281,919	\$222,772	\$0
Assessments	(\$785,524)	(\$1,307,365)	(\$2,122,730)	(\$619,427)	(\$584,783)	(\$1,363,605)

Differences between pricing projections and historical actual values for HCRP charges and receivables may be driven by differences between actual and projected membership, deviations from internal estimates of the total pooled costs in the High Cost Risk Pool, differences between actual and expected claims distributions, and random variation in the experience of the carrier's population.

#### **Impact due to Risk Adjustment Data Validation (RADV)**

The projected transfer amount assumes no impact under the Risk Adjustment Data Validation (RADV) process.

#### **Exchange User Fees**

Exchange user fees have been applied as an adjustment to the Index Rate at the market level. In Appendix 11.1, the user fee is shown on an allowed basis as a multiplicative factor. The Exchange fee is \$5.11 PMPM, and there is no fee if sold outside of the Exchange. Note, we assumed 100.00% of members would enroll through the Exchange and 0.00% would enroll outside of the Exchange. On Worksheet 1, Section II of the URRT, the user fee is shown on an allowed basis as 0.93% of premium.

## 12. Plan Adjusted Index Rate

The Plan Adjusted Index Rate (PAIR) (average Plan Adjusted Index Rate: (\$667.07) is included in Worksheet 2, Section III of the URRT. The PAIR is the MAIR adjusted for only the following allowable adjustments, where applicable, as outlined in 45 CFR 156.80(d):

- Actuarial value and cost-sharing design of the plan.
  - The CMS Actuarial Value Calculator was used to determine the AV metal value for plan provisions that fit within the calculator parameters. The AVs for all plans were developed using appropriate adjustments as described in section 16 of this actuarial memorandum.
  - The actuarial value and cost-sharing pricing adjustment was developed using a claims simulation methodology with a large dataset of individual exchange data, calibrated to the expected population.
    - \* Under a claims simulation approach to modeling plan relativities, member-level claims are re-adjudicated using the cost sharing parameters of each plan design, thereby calculating plan versus patient liability.
    - \* Using the same dataset for plan rating factors ensures that a static demographic and risk profile informs the rating factor of each plan so that allowed relativities by plan solely reflect benefit design differences.
    - \* Rate increases can vary by plan under this methodology without reflecting morbidity differences. For example, rate increases naturally vary by plan over time as the relationship changes between cost sharing levels and the allowed costs to which they are applied (i.e., leveraging).
    - \* Actuarial value calculations under the claims simulation methodology were adjusted to conform to new guidance under Washington Emergency Regulation, such that AV Pricing Values are within 2% of AV metal values.
    - \* The induced demand factor was determined using the following formula:  

$$IDF = AV^2 - AV + 1.24$$
 where AV is the plan's AV Pricing Value
  - The actuarial value and cost-sharing pricing adjustment reflects full plan liability for CSR subsidies. CSR costs are reflected as a uniform percentage load applied to each Silver ACA-compliant plan (those sold through the Exchange).
  - The development of the CSR funded actuarial value and cost sharing pricing adjustment is shown in Appendix 12.3. A comparison of funded CSR pricing AV relativities to AV metal value relativities is also included.
- The plan's provider network, delivery system characteristics, and utilization management adjustment practices

CCC offers a select high performance HMO network of providers, CCCWA Exchange. Public Option Plans (Cascade Select) will be offered under the Cascade Complete Care HMO network. The Cascade Complete Care network offers the public option plans and

follows all reimbursement requirements relative to Medicare reimbursement specified in the Cascade Care Public Option guidance. The network factor for the Cascade Care plans is 0.9697, reflecting the expected difference in reimbursement relative to the CCCWA Exchange network, which have a network factor of 1.0127. Network information is filed annually with the QHP filing process and with the OIC per state regulations. CCC provides benefits for emergency services by non-network providers, and applies the requirements from the Balance Bill Protection Act and Federal No Surprises Act when processing services from non-network providers at an in network hospital or Ambulatory Surgical center

- Benefits provided under the plan that are in addition to the EHBs.
  - All plans include coverage for elective abortion. In accordance with the 2026 URR instructions and checklist item 12, the adjustment for elective abortion is included in the Benefits in Addition to EHB line of the URRT. URRT Worksheet 2, field 3.5 as a non-EHB benefit.
- Administrative costs, excluding the Exchange user fees (which are already accounted for in the Market Adjusted Index Rate).
  - The administrative costs (\$69.39) are discussed further in the subsequent paragraphs of this section

There are no catastrophic plans being offered, so there is no eligibility adjustment made for catastrophic plan enrollment.

Administrative costs and non-EHB benefits common to all plans are added to the Market Adjusted Index Rate. Then, factors for actuarial value and cost-sharing and non-EHBs by plan are applied to reach the Plan Adjusted Index Rate for each plan.

The development and values of the Plan Adjusted Index Rates are shown in Worksheet 2, Section III of the URRT and are not calibrated.

On Worksheet 2, Section II, the Plan Adjusted Index Rate of the Experience Period is reported.

### **Silver CSR Loading and Subsidized Membership**

CCC received no member cost-sharing subsidy payments from HHS in 2024. Per Washington Emergency Regulation, CSR costs (including CSR costs for AIAN plans) are included as a 43.5% load applied to each Silver ACA-compliant plan sold through the Exchange.

Note that after the CSR loads are applied to the Silver plans, the AV and Cost Sharing Factors for Silver plans overlap with those of Gold plans. The full support for AV and Cost Sharing factors can be seen in Appendix 12.3. Additionally, support for the Provider Factor Normalization has been provided in Appendix 12.3a in order to fulfill the requirement of Checklist Item 12.

### **Administrative Expense Load**

The administrative expense load (\$69.39) was provided by CCC. A demonstration of the development of the Administrative Expense load shown on Worksheet 2 of the URRT is shown in Appendix 12.2. This allowance is based on projected enrollment and is estimated to appropriately cover expenses for overhead, operations, sales and marketing expenses, quality improvement expenses, and provider incentive payments.

The administrative expenses are allocated proportionally by plan on a constant percentage of premium basis.

The administrative expense load includes commissions and bonuses. The commission fee and broker bonus fee are included in the Sales Compensation assumption shown on Appendix 12.2. For 2026 rate development, we assumed a \$25.00 PMPM commission for new and renewing members who purchase plans through compensated channels, and we assumed that 43.1% of members will purchase plans through compensated channels. We also assumed a per member broker bonus fee that varies based on the number of new enrollments, as detailed in the Agent Incentive Program document. Sales compensation also includes broker marketing, broker staffing costs, and call center bonuses. For 2025 rate development, we assumed a \$25.00 PMPM commission for new and renewing members who purchase plans through compensated channels, and we assumed that 43.0% of members will purchase plans through compensated channels.

Unlike Life Insurance and Property and Casualty products, the claim liabilities for Health Insurance have very short durations. Therefore, because the time between premium receipt and claim reimbursement is very short, investments are highly liquid with little time to achieve material returns. Our rate filing does not consider interest earned on funds backing the company's projected risk transfer because this does not represent operating income and pricing to an operating shortfall is not actuarially sound.

To fulfill the requirements of line 20 of the Individual Non-Grandfathered Health Plan Checklist, a breakdown of historical administrative expenses is shown in Appendix 12.2.

### **Contribution to Surplus, Contingency Charges, or Risk Charges**

This load (\$26.35) was applied proportionally to all products. A demonstration of the development of the Profit & Risk Load shown on Worksheet 2 of the URRT is shown in Appendix 12.2.

Contribution to surplus, contingency charges, or risk charges is defined as the portion of projected earned premium not associated directly with claims or expenses. This represents 3.95% of the projected earned premium, or 5.0% of premium before income taxes. This load does not vary by product or plan. See Appendix 12.2 for more detail on these values.

CCC will target accumulating an 8 to 1 premium to surplus ratio on its Individual market business over approximately ten years. To achieve this goal, the rate development assumes that 40% of contribution to surplus, contingency charges, or risk charges will be used in each year, for approximately ten years, to build the overall surplus level. In our opinion, this is a reasonable assumption and consistent with contribution to surplus, contingency charges, or risk charges assumptions we have seen in the market. Experience unpaid claims liability estimate does not include any margin, it reflects our best estimate of unpaid claims liability. No additional margin provisions were added to other rating assumptions. Appendix 12.4 shows a calculation of the current months of surplus, based on CCC's financial statement.

To fulfill the requirements of lines 20, 21, and 22 of the Individual Non-Grandfathered Health Plan Checklist, a breakdown of historical expenses compared to expense loads applied in the development of the rates is shown in Appendix 12.5.

### **Taxes and Fees**

The taxes and fees (\$26.99) which may be subtracted from premiums for purposes of calculating

the MLR are listed in Appendix 12.2. The Taxes & Fees shown on Worksheet 2 of the URRT do not include the Exchange User Fee (\$5.11) and are changed to a percent of premium by dividing by the Base Premium PMPM (\$667.07) as follows:  $(\$26.99 - \$5.11) / \$667.07 = 3.28\%$ . Note that this flat percent of premium is applied to all plans. This demonstration of the development of the Taxes & Fees shown on Worksheet 2 of the URRT is shown in Appendix 12.2. The Risk Adjustment Taxes and Fees shown in Appendix 12.2 is comprised of the Regulatory Surcharge fee, Insurance Fraud Surcharge fee and ACA annual fee that are attributed to the risk adjustment transfer payment.

The Patient Centered Outcomes Research Fee (PCORI) amount of \$0.32 shown on Appendix 12.2 is calculated as follows:  $\$3.47 / 12 * 1.075^{(15 / 12)} = \$0.32$  PMPM. The \$3.47 annual fee per member for plan years ending October 1, 2025 through September 30, 2026 is first divided by 12 to transfer the fee to a PMPM basis. It is then trended by the projected NHE trend for 2019-2028 of 7.5%, as noted on the CMS website on 12/18/2024 (<https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NHE-Fact-Sheet>). Fifteen months of trend are applied to project the payment for plan years ending 9/30/2025 to plan years ending 12/31/2026.

For 2026, the Risk Adjustment User Fee is included as part of Taxes and Fees on line 3.7 on Worksheet 2 of the URRT.

The 2026 WSHIP Assessment of \$0.34 PMPM is included in Appendix 12.2, along with the \$0.07 PMPM assessment for the WAPAL fund. The WSHIP 2023 Final Assessment is \$0.25 PMPM, and the Interim III 2024 Assessment is \$0.13 PMPM.

In Appendix 12.2, the ACA Annual Fee is \$0.00. These fees are not in effect in 2026. State income tax is expected to be \$0.00. The Mitigating Inequity Fee (WAC 284-43-6590) is \$0.00. This fee does not apply to Coordinated Care Corporation.

### 13. Calibration

The Plan Adjusted Index Rate is calibrated for plans within the single risk pool to correspond to an age rating factor of 1.0, a geographic rating factor of 1.0, and a tobacco use rating factor of 1.0. The intent of the calibration factors is to reset the Plan Adjusted Index Rate so that applying the age factor, geographic rating area factor, and tobacco use factor will result in the appropriate consumer adjusted premium rate. The calibration factors for each of the age, geographic, and tobacco use factors are shown in Appendix 13.1.

- Note that each of the calibration factors has one value that is applied uniformly and does not vary by plan.
- Premiums are developed without consideration of family composition for dependent premiums. Based on low historical frequency of greater than three child dependents, the impact of waived premiums due to family composition is negligible and premiums are developed assuming each covered member pays a premium.

#### Age Curve Calibration

The age curve calibration factor (1.7199) is applied in Worksheet 2, Section III of the URRT. The age curve calibration factor is calculated by weighting the prescribed age rating factors with the single risk pool membership distribution. This age curve calibration calculation is based on page 9 of the 2026 Unified Rate Review Instructions. Appendix 13.1 demonstrates the factors and member months used in the calculation of the average age rating factor. The age factor for each age band is the simple average of the factors in that band. The rounded weighted average age corresponding to this age calibration factor is 49 years.

Appendix 13.1 of the Actuarial Memorandum demonstrates the calibration of the Plan Adjusted Index Rate for age.

#### Geographic Factor Calibration

The geographic rating factors are displayed in Appendix 13.1 and Appendix 13.2. Appendix 13.1 demonstrates the factors and member months used in the calculation of the average geographic rating factor (1.0132). In order to determine the calibration factor for geography, the projected distribution of members by area was determined. Next, the weighted average of the area factors was calculated utilizing this distribution. The calibration factor is the inverse of the weighted average geographic factor.

The following section addresses the requirements contained in lines 16a, 16b and 16c of the Individual Non-Grandfathered Health Plan Checklist. The geographic factors were developed to reflect provider reimbursement differences by area. The reimbursement reflected in the geographic factors is based on current and projected contracts for providers by rating area. Projected risk pool morbidity and age/gender factors were set at statewide levels during geographic factor development. The area factors used are reflective of differences in delivery costs only and do not reflect differences in population morbidity. Appendix 13.2 demonstrates this development and shows that the geographic rating area factors are established without using the following health-status related factors listed in line 16b of the Individual Non-Grandfathered Health Plan Checklist:

- Health status of enrollees or the population in an area



- Medical condition of enrollees or the population in an area, including physical, mental and behavioral health illnesses
- Claims experience
- Health services utilization in the area
- Medical history of enrollees or the population in an area
- Genetic information of enrollees or the population in an area
- Disability status of enrollees or the population in an area
- Other evidence of insurability applicable in the area

The rating areas have been normalized so that King County has a factor of 1.00. The ratio between the highest and lowest area factor is no greater than 1.40. Appendix 13.1 lists the counties covered within each rating area.

The geographic factors changed from 2025 to 2026. The key elements causing the change in geographic factors include:

- Reimbursement assumptions including changes in provider contracting from 2025 to 2026
- Shifts in demographics

The following outlines the methodology used to determine the final 2026 factors:

1. Area-specific Medicare average allowed amounts by type of service are determined using Medicare average charge factors from the Milliman Health Cost Guidelines (HCGs).
2. These base Medicare amounts are adjusted to reflect provider reimbursement levels by area and type of service. Provider reimbursement is defined as a percentage of Medicare (e.g., 120% of Medicare), so the percentages of Medicare are applied directly to the base Medicare amounts.
3. Projected utilization by type of service is determined at the statewide, single risk pool level.
4. The projected statewide single risk pool utilization and average allowed charges are used to set area factors that only reflect unit cost reimbursement differentials by rating area.
5. Area factor relativities are developed as the ratio of the projected statewide risk pool utilization and regional unit cost PMPM for each area divided by the Area 1 projected statewide risk pool utilization and regional unit cost PMPM so area factors will be relative to Rating Area 1.
6. The state of Washington requires the ratio of the highest and lowest area factor be limited to 1.40. The area factors were adjusted to meet this requirement as shown in Appendix 13.2.

### **Tobacco Use Rating Factor Calibration**

The tobacco use calibration factor (1.0000) is applied in Worksheet 2, Section III of the URRT. This reflects that Coordinated Care Corporation will no longer rate for tobacco use in 2026. Proposed and historical tobacco factors are included in Appendix 13.1.

**Calibration adjustments are applied uniformly to all plans**

The calibration adjustment does not vary by plan. This is demonstrated in URRT Worksheet 2, Section III. Member-level adjustments as described in 45 CFR 147.102 are applied uniformly to all plans in the single risk pool, and these adjustments do not vary by plan.

In URRT Worksheet 2, Section III, the Plan Adjusted Index Rate is calibrated for age, tobacco, and geography to determine the Calibrated Plan Adjusted Index Rate. The Calibrated Plan Adjusted Index Rate can then be converted to the Base Rate by dividing by the average plan factor. Multiplying the Base Rate by the plan, age, tobacco, and area factors produces the Consumer Adjusted Premium Rate.

## 14. Consumer Adjusted Premium Rate Development

Each Plan Adjusted Index Rate is divided by the overall calibration factor to determine the Calibrated Plan Adjusted Index Rate.

The following allowable rating factors, as specified by 45 CFR Part 147.102, are applied to the Calibrated Plan Adjusted Index Rate to determine the rate that is charged to the health insurance subscriber:

- Rating Area
  - The area factors are listed in Appendix 13.1. The methodology for developing geographic factors is included in Section 13, "Calibration".
- Age
  - The prescribed standard age factors were used. Final premium rates are rounded to the nearest \$0.01. To guarantee that the rates for members aged 64+ years are not more than three times the rate for members 21 years old, \$0.02 is subtracted from the 64-and-over rate when calculating the final premiums shown in the rate table.
- Tobacco Status
  - The tobacco factor for 2026 is set to 1.000 for all ages 21+.
- For family coverage, rates for children are charged to no more than the three oldest covered children under age 21.

The Calibrated Plan Adjusted Index Rate for each plan is developed in Worksheet 2, Section III of the URRT. Appendix 13.1 lists the allowable rating factors and "Rate\_Review\_Detail\_Rating\_Example.pdf" has an example calculation of a family's rates.

## **15. Projected Loss Ratio**

The projected medical loss ratio (MLR) for Coordinated Care Corporation in 2026 in Washington is 85.9%, which satisfies the state of Washington's minimum MLR requirement of 80%. This projected MLR is calculated according to 45 CFR 158. The projected MLR is the projected 2026 calendar year single risk pool experience rather than the three-year period used for determining rebates. No credibility adjustment based on projected enrollment and average deductible was estimated. See Appendix 15.1 for the detail underlying the calculation.

Additionally the loss ratio as defined in the 2026 URR Instructions and calculated on URRT Worksheet 2 Line 4.10 is 80.61%. This represents incurred claims as a percent of premium after risk adjustment and is calculated in Appendix 15.1.

## 16. AV Metal Values

The AV Metal Values included in Worksheet 2 of the Part I URRT were calculated using the Final 2026 Federal AV Calculator for the plan provisions that fit within the calculator parameters and using alternative methods for plan design features that are not compatible with the parameters of the AV Calculator. Consistent with CMS' Marketplace Integrity and Affordability rule, the plan designs in this filing have been developed in compliance with these proposed expanded AV parameters.

The AVC only has one input for MH/SUD OP services and one input for generic drug cost sharing. Plans with different cost shares for MH/SUD OP office visits and MH/SUD OP other services, or with multiple tiers of generic drugs, cannot be input into the current Federal AVC without a unique benefit design certification.

The unique plan design certification for non-standardized plans is located in: "2026\_WA\_Unique\_Plan\_Design\_Justification.pdf".

Appendix 16.1 shows a summary of the AV, unique plan design status and certification of each plan. Appendix 16.2 contains the screenshots documenting the outcomes of the AV Calculator for each non-standardized plan. Due to size, Appendix 16.2 can be found in the standalone file named "WA\_State\_Appendix\_16\_2\_AV\_Screenshots.pdf".

Appendix 16.4 contains the Unique Plan Design Certification for the WA Standardized benefit designs, performed by Ksenia Whittal of Wakely Consulting. Due to size, Appendix 16.4 can be found in a standalone file named "WA\_State\_Appendix\_16\_4\_AV\_Screenshots\_Wakely.pdf".

Appendix 16.5 provides additional detail on the methodology used to calculate AVs for plans with benefit design features that were incompatible with the parameters of the AV Calculator. Appendix 16.6 details the benefit designs for plans included in the unique plan design certification. Both of these appendices are included in the file "WA\_State\_Appendix\_16\_5-6\_AVC\_Methodology.pdf".

## **17. Membership Projections**

The projected 2026 enrollment is 1,093,338 member months. It is expected that 688,936 of these member months will be from renewal membership. Based on CCC's price position, we project that 404,402 member months will be from new members, including newly eligible members under Washington's approved 1332 waiver. The projected enrollment for 2026 is developed by scaling the 2025 CCC member distribution by age, gender, service area and metal tier for expected growth or decrease in total CCC membership.

Silver plan membership projections are broken out separately for each cost-sharing reduction subsidy variant. We use the 2025 silver variant proportions at the rating area level and apply it to each county in that rating area in the 2026 projections, unless the 2026 membership for the rating area is projected to be less than 1,200, in which case we use the 2025 state-level proportions and apply it to those counties.

The details of the projected membership by subsidy level are shown in Appendix 17.1.

## 18. Terminated Plans and Products

A list of the plans being terminated and the plans to which these are being mapped is included below.

The following plans will not be offered in 2026:

Terminated 2025 Plan ID	Terminated 2025 Plan Name	Mapped 2026 Plan ID	Mapped 2026 Plan Name
61836WA0050026	Ambetter Cascade Bronze	61836WA0050022	Ambetter Cascade Vital Gold
61836WA0050034	Ambetter Clear Gold	61836WA0050022	Ambetter Cascade Vital Gold
61836WA0050019	Ambetter Essential Care 1	61836WA0050022	Ambetter Cascade Vital Gold
61836WA0050030	Ambetter Essential Care: \$0 Medical Deductible	61836WA0050022	Ambetter Cascade Vital Gold

All plans offered in plan year 2024 were also offered in 2025.

## **19. Plan Type**

The plan types listed in Worksheet 2, Section I of the Part I URRT describe Coordinated Care Corporation's plans exactly.



## 20. Effective Rate Review Information

**SUPPORTING SPEED TO MARKET TOOLS (STM)** The following speed to market tools were submitted with this filing:

- Checklist - Rates - 2026 Individual Nongrandfathered Health Plans
- 2026 Medical Uniform Product Modification Justification
- 2026 Ind Mental Health and Substance Use Disorder Financial Reqs
- 2026 Individual Nongrandfathered Health Plan Rate Schedule
- WAC 284-43-6660
- Format - Rates - 2026 MHSUD Parity Calculations
- Checklist - Rates - 2026 Individual Supplemental for 1332 Waiver Reporting
- Standardized Rate Filing Exhibits

**Additional Support for the Individual Health Plan Rate Filing WAC 284-43-6660** The experience shown in the WAC 284-43-6660 is current through March 2025 and is consistent with the financial data shown in URRT Worksheet 1, Section I.

**Investment Earnings** We anticipate investment earnings of 0.0%.

**Reinsurance (Checklist item 1b)** In 2024, there were \$99,759 of reinsurance premiums paid, and no recoveries as of March 2025. CCC has \$0 of reinsurance premiums projected in 2026.

**Overall Allowed EHB and non-EHB Claims Trend (Checklist item 5)** The overall annual EHB and non-EHB claims annual “trend” (before adjusting for URRT Worksheet 1, Section II non-trend adjustments) is 1.166. This change impact is developed through the following steps:

1. The starting point is the experience period allowed claims PMPM in URRT Worksheet 1, Section I (\$423.50 PMPM)
2. The experience period allowed claims PMPM (\$423.50 PMPM) is trended forward to calendar year 2026 using the allowed claims trends in URRT Worksheet 1, Section II.
3. The trended allowed claims PMPM (\$515.11 PMPM) is multiplied by the product of the four adjustment factors in URRT Worksheet 1, Section II ( 1.118) to develop the adjusted trended EHB allowed claims PMPM (\$576.11 PMPM).

The annualized difference between the PMPMs in URRT Worksheet 1, Section I (\$423.50 PMPM) and URRT Worksheet 2, Field 4.11 (\$576.11 PMPM) is 1.166, which is consistent with the overall annual EHB and non-EHB claims annual trend (adjusted for URRT Worksheet 1, Section II non-trend adjustments) listed above.

**Rate Review Detail in SERFF (Checklist items 23a and 23b)** The following addresses the requirements contained in lines 23a and 23b of the Individual Non-Grandfathered Health Plan Checklist.

Descriptions for the information listed in each section of “View Rate Review Detail” under Rate/Rule Schedule tab of SERFF rate filing are provided below. Note that the actual information will be entered directly into SERFF.

#### Company Rate Information

1. The number of policy holders: the number of subscribers enrolled in CCC’s individual marketplace health plans for March 2025.
2. The minimum, maximum, and average rate changes are consistent with the UPMJ Q5. Changes are developed using March 2025 enrollment and the 2025 and 2026 rating factors.
3. The overall percent rate impact matches the calculated overall average rate change in UPMJ Q5. The rate change calculation reflects the impact of mapping terminated plans and is member-weighted using March 2025 enrollment.
4. The Written Premium and Premium Change are annual amounts.

#### Rate Review Detail

1. The number of covered lives: the number of members enrolled in CCC’s individual marketplace health plans for March 2025.
2. Requested rate change information:
  - (a) Member months as of March 2025: the total member months for CY 2024 (the Experience Period) as of March 2025.
  - (b) The minimum, maximum, and weighted average rate changes match the initial UPMJ Q5. Changes are developed using March 2025 enrollment and the 2025 and 2026 rating factors.
3. Prior Rate:
  - (a) Projected earned premiums and incurred claims for 2025 match the amounts shown in the 2025 rate filing under "Requested Rate".
  - (b) The minimum and maximum PMPM rates come from the 2025 final Rate Schedule.
  - (c) The weighted average PMPM is consistent with the requested 2025 PMPM and average rate change.
4. Requested Rate:
  - (a) Projected earned premiums are for CY 2026 and are calculated as the total premium PMPM from line 4.17 on Worksheet 2, Section IV of the URRT multiplied by projected member months. Projected incurred claims are for CY 2026 and are calculated as the total incurred claims PMPM from line 4.15 on Worksheet 2, Section IV of the URRT multiplied by projected member months.
  - (b) The minimum and maximum PMPM rates come from the initial 2026 Rate Schedule.
  - (c) The weighted average PMPM is consistent with the total premium PMPM from line 4.17 on Worksheet 2, Section IV of the URRT.

5. The annual incurred claims trend factor, including leveraging, matches the weighted average of the trends by category in the WAC 284-43-6660 summary.

Appendix 20.2 shows the values entered into the “View Rate Review Detail” section under Rate/Rule Schedule tab of SERFF.

#### **45 CFR §156.130(h)(2) (Checklist item 24)**

Per 45 CFR §156.130(h)(2), for plan years beginning on or after January 1, 2020, amounts paid toward cost sharing using any form of direct support offered by drug manufacturers to insured patients to reduce or eliminate immediate out-of-pocket costs for specific prescription brand drugs are permitted, but not required, to be counted toward the annual limitation on cost sharing. CCC is not implementing this option.

**Membership Reconciliation (Checklist item 25a)** The experience period average monthly membership is consistent between the Additional Data Statement and WAC 284-43-6660.

**URRT Paid-to-Allowed Factor (Checklist item 28b)** See Appendix 12.3 for the development of the paid-to-allowed factor. The paid-to-allowed factor used in the URRT is consistent with the aggregate impact of the four plan factors from URRT Worksheet 2 (Fields 3.3, 3.4, 3.5, and 3.9).

**URRT Worksheet 2, Section IV Projected Allowed Claims, Incurred Claims & Premiums (Checklist item 28f)** Total allowed and incurred claims represent the expected cost by plan for the projection period, reflecting all characteristics of the population being enrolled.

In total, Claims PMPM is equal to Premium PMPM, plus Risk Adjustment PMPM, minus retention PMPM. At the plan level, there may be deviations from this expected relationship.

The Single Risk Pool rate development methodology requires that rates are developed by combining projected allowed costs and risk adjustment transfer (expressed on allowed basis). This sum produces the allowed claims projection, to which the AV and Cost Sharing Factor applies, to produce plan-level incurred claims projections. In reference to the AV and Cost Sharing Factor, the URR instructions state, “This factor should not include adjustments that take into account the morbidity of the population expected to enroll in the plan.”

Each plan’s incurred claims PMPM projection must implicitly reflect a single composite Risk Transfer value. However, we typically estimate there is a difference of hundreds of dollars PMPM between the Risk Transfers of Bronze and Gold enrollees. Due to this disconnect in the expected plan-level results and the required rate development methodology, accurate plan-level risk adjustment projections cannot reconcile perfectly with plan-level premium, claims, and retention projections developed under the URRT framework.

**Differences in the UPMJ and URRT Aggregate Rate Change (Checklist item 30c)** The URRT Worksheet 2, fields 1.12 and 1.13 premium-weight the overall rate change while the Aggregate Rate Change in UPMJ Q5 and only weights by current enrollment.

**Mitigating Inequity in the Health Insurance Market (Checklist item 38)** This item is not applicable to Coordinated Care Corporation.

**Demonstrating Consistency with URRT** Appendix 20.3a and 20.3b demonstrate the flow of calculations in the URRT.

**Use of Artificial Intelligence, Machine Learning, and/or Predictive Modeling (Checklist Item 39)** The following describes Coordinated Care Corporation reliance on predictive modeling techniques in preparing assumptions and premium rates for this filing:

- To forecast 2026 membership, we start with our 2025 OE results and trend this to December 2025 before applying a renewal rate and new member volume. We use predictive models to forecast how many members will join and leave our plans during the year to understand how membership volume will change over time. We compare these trends with historical patterns to ensure our forecasts are accurate and reasonable.
- Utilization trend estimates place partial reliance on predictive models, specifically a Generalized Linear Model (GLM). The GLM uses utilization data from 2022 to 2024 and quantifies medical utilization trends for the full two years in between those periods. It uses predictor variables that include risk scores, product, and geographic information to predict an assumed Tweedie target variable, which is the normalized allowed costs at the HCG category level. At the national level, the GLM results do not stray away significantly from the other model's results, with the exception of the Other Medical trends, which are liable to be volatile. The blended trends, guided by several benchmarks such as trends from previous year's filing, URRT trends, and Milliman trend guidelines, are used to inform the recommended trends for CNC in the 2026 pricing cycle.
- The expected morbidity of CNC's 2026 population relative to that of the state of Washington is calculated using a linear model. The inputs of the model are 2024 risk score and age/gender data from our nationwide population. The output of the model estimates the impact of age on our nationwide risk score split by metal and gender, which is then applied to the demographics of our projected membership in the state of Washington. The reasonableness of the results is assessed by actual to expected analysis using historical model results.

## **21. Reliance**

In the preparation of this filing, I relied upon data provided by other parties within Coordinated Care Corporation and its parent company Centene Corporation. I performed general reasonableness checks, but I have not audited the data and have relied upon its accuracy. To the extent that the underlying data is inaccurate, this filing may also be inaccurate. Actual results will vary from those projected in the filing. This is due to random fluctuations, unexpected large claims, changes in population, and other such factors.

Models used in the preparation of our analysis were applied consistent with their intended use. Where we relied on models developed by others, we have made a reasonable effort to understand the intended purpose, general operation, dependencies and sensitivities of those models.

As permitted by the OIC, we have relied on the Actuarial Value Certification for WAHBE 2026 Standard Medical Plan designs performed by Wakely Consulting Group. We have relied on the certification by Wakely Consulting Group since we do not have access to the underlying data used in their assessment of the Actuarial Value for these plans which the OIC has indicated must be matched. Documentation of the analysis performed by Wakely Consulting Group is included in Appendix 16.4.

See Appendix 21.1 for a detailed listing of items received and relied upon for rate development.

## 22. Actuarial Certification

I, Charles Steffens, am a member of the American Academy of Actuaries in good standing and meet its qualification standards for actuaries issuing statements of actuarial opinion in the United States promulgated by the American Academy of Actuaries, and have the education and experience necessary to perform the work.

I certify the rates were developed in accordance with the appropriate Actuarial Standards of Practice (ASOPs) and the profession's Code of Professional Conduct. While other ASOPs apply, particular emphasis was placed on the following

- ASOP No. 5, Incurred Health and Disability Claims
- ASOP No. 8, Regulatory Filings for Health Benefits, Accident and Health Insurance, and Entities Providing Health Benefits
- ASOP No. 12, Risk Classification
- ASOP No. 23, Data Quality
- ASOP No. 25, Credibility Procedures
- ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans
- ASOP No. 41, Actuarial Communications
- ASOP No. 42, Health and Disability Actuarial Assets and Liabilities Other Than Liabilities for Incurred Claims
- ASOP No. 45, The Use of Health Status Based Risk Adjustment Methodologies
- ASOP No. 50, Determining minimum value and Actuarial Value under the Affordable Care Act
- ASOP No. 56, Modeling

I certify that to the best of my knowledge and judgement:

1. The Index Rate for the Projection Period is:
  - (a) In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80 and 147.102);
  - (b) Developed in compliance with the applicable Actuarial Standards of Practice;
  - (c) Reasonable in relation to the benefits provided and the population anticipated to be covered;
  - (d) Neither excessive nor deficient based on my best estimate 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 difference in the cost of delivery and do not include differences for population morbidity by geographic area.
4. The CMS Actuarial Value Calculator, with appropriate adjustments, was used to determine the AV Metal Values shown in Worksheet 2, Section I of the URRT for all plans. This rate filing was prepared in compliance with all applicable state and federal statutes and regulations.

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

The 2026 plan year premium rates in this actuarial memorandum are contingent upon the status of the ACA statutes and regulations including any regulatory guidance, such as CMS' Marketplace Integrity and Affordability Rule, court decisions, or otherwise. Changes have the potential to greatly impact the 2026 plan year premium rates provided in this Actuarial Memorandum and the alignment of these premium rates with incurred costs. Changes include, but are not limited to, any legislative or regulatory amendment, court decision, or a decision by Congress, the Health and Human Services Secretary or the Centers for Medicare and Medicaid Services director to adjust funding of CSR subsidies or advance premium tax credits. In the event that a material provision relative to currently provisioned levels of eAPTCs is enacted, a revision to the rates will be needed. In particular, rates were developed assuming steady funding of Advanced Premium Tax Credits (APTCs) and elimination of cost-sharing reduction (CSR) subsidy payments. Rates assume extended Advanced Premium Tax Credits (eAPTCs) funded through the American Rescue Plan have been continued. The discontinuation of such funding, as it relates to both standard APTCs, eAPTCs and CSR subsidy payments, will impact whether rates are sufficient and not excessive.

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 URRT's process used to develop proposed premium rates. It does certify that rates were developed in accordance with applicable regulations, as noted.

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

Signed: 

Name: Charles Steffens FSA, MAAA

Date: 5/5/2025

### **Expected Plan Payments Used For Federal Mental Health Parity Testing**

When reviewing Coordinated Care Corporation Washington Individual HMO plans for compliance with the Final Rules under the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008, Coordinated Care Corporation first considered the overall data volume to determine the credibility level. Using the methods below, Coordinated Care Corporation determined that there is not sufficient Washington Individual HMO plan level experience available for use in testing for compliance with the Final Rules and blended the available experience with appropriate manual experience.

To test a given 2026 Individual HMO plan for Mental Health Parity compliance, Coordinated Care Corporation used the Limited Fluctuation Classical Credibility procedure in accordance with Actuarial Standard of Practice No. 25 to blend the 2024 Washington plan experience with 2024 Individual Marketplace experience. The Limited Fluctuation Classical Credibility procedure is appropriate for producing expected plan payments for use in Mental Health Parity testing.

The 2024 Individual Marketplace experience used in the credibility blend is fully credible. The experience is appropriate for the purpose of credibility blending with WA plan experience to determine expected costs and the associated distribution of costs by benefit category for this Mental Health Parity testing. The 2024 Individual Marketplace experience is internal company data and has similar risk characteristics as the WA plan experience. The 2024 Individual Marketplace data reflects similarities in demographics, coverages, frequency and severity with the subject plan experience and is therefore appropriate to be used in the credibility blend.

To produce the expected 2026 plan payments, 2024 claim experience allowed cost was trended with unit cost and utilization trends for 2 years using 2024 trend factor guidelines according to the type of coverage of the claim (inpatient, outpatient, or professional). Allowed cost was then summarized at the benefit category level and expressed on a per member per month basis. This was done for both the plan experience and the 2024 Individual Marketplace experience. The plan experience was assigned a credibility weight based on the experience member months according to the Limited Fluctuation Classical Credibility procedure. This credibility weight was used to blend the plan specific experience with the credible 2024 Individual Marketplace experience at the benefit category level. The blended allowed cost per member per month multiplied by projected member months for the plan is the 2026 expected plan payment that was used for testing Mental Health Parity.

### **Actuarial Certification**

This memorandum provides actuarial certification of the methods used to estimate expected plan payments for the purpose of testing the Individual HMO plans for the 2026 plan year.

I, Ashlesha Joshi, am associated with Coordinated Care Corporation. I am a member of the American Academy of Actuaries and meet its qualifications standards for the issuance of a statement of actuarial opinion in regard to health plans in the United States.

I certify that, to the best of my knowledge, this rate filing is in compliance with WAC 284-43-7040(1)(c)(ii) and applicable Actuarial Standards of Practice.

Ashlesha Joshi ASA, MAAA

5/5/2025



1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

35

36

37

38

39

40

41

42

43

44

45

46

47

48

49

50

51

Unified Rate Review v6.1

Company Legal Name:Coordinated Care Corporation

HIOS Issuer ID:61836

State:WA

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

Market:Individual

Market Level Calculations (Same for all Plans)

Section I: Experience Period Data

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

	Total	PMPM
Allowed Claims	\$426,046,154.82	\$423.50
Reinsurance	\$0.00	\$0.00
Incurred Claims in Experience Period	\$360,361,853.54	\$358.20
Risk Adjustment	-\$68,113,885.12	-\$67.71
Experience Period Premium	\$517,777,240.60	\$514.68
Experience Period Member Months	1,006,022	

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	\$85.40	1.093	1.025	1.093	1.025	\$107.13
Outpatient Hospital	\$130.76	1.091	1.025	1.091	1.025	\$163.63
Professional	\$110.99	1.043	1.025	1.043	1.025	\$126.90
Other Medical	\$11.49	0.998	1.025	0.998	1.025	\$12.03
Capitation	\$2.90	1.000	1.000	1.000	1.000	\$2.90
Prescription Drug	\$81.95	1.068	1.048	1.068	1.048	\$102.53
Total	\$423.50					\$515.11

Morbidity Adjustment	0.974
Demographic Shift	1.146
Plan Design Changes	0.993
Other	1.008
Adjusted Trended EHB Allowed Claims PMPM for 1/1/2026	\$576.11

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

Projected Period Totals

Projected Index Rate for 1/1/2026	\$576.11	\$629,882,955.18
Reinsurance	\$0.00	\$0.00
Risk Adjustment Payment/Charge	-\$38.39	-\$41,975,114.98
Exchange User Fees	0.93%	\$6,307,046.35
Market Adjusted Index Rate	\$620.27	\$678,165,116.51

Projected Member Months	1,093,338
-------------------------	-----------

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

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

1 of 4

Product-Plan Data Collection

Company Legal Name: Coordinated Care Corporation  
 HIOS Issuer ID: 61836 State: WA  
 Effective Date of Rate Change(s): 1/1/2026 Market: Individual

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

Product/Plan Level Calculations

Field # Section I: General Product and Plan Information

1.1 Product Name	Ambetter Essential Care													
1.2 Product ID	61836WA0050007													
1.3 Plan Name	Ambetter	Ambetter Cascade	Ambetter Cascade	Ambetter Cascade	Ambetter Cascade	Ambetter Cascade	Ambetter Cascade	Ambetter Cascade	Ambetter Cascade	Ambetter Cascade	Ambetter Cascade	Ambetter Cascade	Ambetter Cascade	Ambetter Cascade
1.4 Plan ID (Standard Component ID)	61836WA0050007	61836WA0050018	61836WA0050036	61836WA0050038	61836WA0050037	61836WA0050017	61836WA0050008	61836WA0050022	61836WA0050016	61836WA0050026	61836WA0050034	61836WA0050019	61836WA0050030	61836WA0050030
1.5 Metal	Silver	Gold	Bronze	Gold	Silver	Silver	Gold	Gold	Gold	Bronze	Gold	Bronze	Bronze	Bronze
1.6 AV Metal Value	0.719	0.818	0.850	0.818	0.718	0.718	0.816	0.781	0.781	0.636	0.782	0.603	0.647	0.647
1.7 Plan Category	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Yes	No	Terminated	Terminated	Terminated	Terminated	Terminated
1.8 Plan Type	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
1.9 Exchange Plan?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	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	1/1/2026	1/1/2026
1.11 Cumulative Rate Change % (over 12 mos prior)	23.93%	-4.59%	8.54%	1.20%	31.77%	25.77%	-6.44%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
1.12 Product Rate Increase %	19.38%													
1.13 Submission Level Rate Increase %	19.38%													

Worksheet 1 Totals

Section II: Experience Period and Current Plan Level Information	Total	61836WA0050007	61836WA0050018	61836WA0050036	61836WA0050038	61836WA0050037	61836WA0050017	61836WA0050008	61836WA0050022	61836WA0050016	61836WA0050026	61836WA0050034	61836WA0050019	61836WA0050030
2.1 Plan ID (Standard Component ID)	\$426,046.155	\$57,331.789	\$91,836.645	\$11,476.515	\$30,595.762	\$51,778.864	\$93,374.119	\$8,661.912	\$0	\$0	\$31,808.743	\$13,739.549	\$21,813.787	\$13,628.490
2.2 Allowed Claims	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.4 Member Cost Sharing	\$65,684.301	\$6,160.360	\$10,144.533	\$3,941.875	\$4,497.113	\$4,999.113	\$11,149.784	\$1,519.162	\$0	\$0	\$10,026.898	\$3,312.684	\$6,343.682	\$3,590.097
2.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.6 Incurred Claims	\$360,361.854	\$51,121.408	\$81,692.112	\$7,534.639	\$26,098.649	\$46,780.751	\$82,224.335	\$7,142.750	\$0	\$0	\$21,781.846	\$10,426.864	\$15,470.105	\$10,038.391
2.7 Risk Adjustment Transfer Amount	\$68,113.885	\$6,348.750	\$6,541.365	\$12,460.485	\$4,668.633	\$8,896.988	\$10,484.692	\$675.427	\$0	\$0	\$22,530.797	\$1,723.886	\$13,241.928	\$7,759.556
2.8 Premium	\$517,777.241	\$71,755.688	\$64,842.725	\$23,604.850	\$38,663.065	\$87,526.086	\$110,203.091	\$6,997.148	\$0	\$0	\$50,643.268	\$16,177.111	\$26,299.349	\$21,064.858
2.9 Experience Period Member Months	1,006.022	113.909	116.922	64.445	82.512	170.693	188.756	12.094	0	0	116.358	30.749	69.188	39.996
2.10 Current Enrollment	107.649	10.998	9.561	8.518	6.960	22.438	21.092	1.005	0	0	12.399	8.159	3.853	3.883
2.11 Current Premium PMPM	\$556.50	\$670.69	\$643.92	\$394.84	\$527.36	\$534.65	\$633.72	\$633.97	\$0.00	\$0.00	\$487.95	\$613.20	\$418.46	\$587.35
2.12 Loss Ratio	80.14%	78.24%	114.44%	67.61%	60.23%	59.50%	82.46%	93.09%	#DIV/0!	#DIV/0!	77.48%	88.25%	118.48%	75.45%
Per Member Per Month														
2.13 Allowed Claims	\$423.50	\$503.31	\$785.45	\$178.08	\$369.01	\$303.34	\$494.68	\$716.22	#DIV/0!	#DIV/0!	\$273.37	\$446.83	\$315.28	\$340.75
2.14 Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00
2.15 Member Cost Sharing	\$65.29	\$54.08	\$86.76	\$61.17	\$54.24	\$29.28	\$59.07	\$125.61	#DIV/0!	#DIV/0!	\$86.17	\$107.73	\$91.69	\$89.76
2.16 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00
2.17 Incurred Claims	\$358.20	\$449.23	\$698.69	\$116.92	\$314.78	\$274.06	\$435.61	\$590.60	#DIV/0!	#DIV/0!	\$187.20	\$339.10	\$223.60	\$250.98
2.18 Risk Adjustment Transfer Amount	\$67.71	\$55.71	\$55.95	\$193.35	\$56.31	\$52.12	\$55.55	\$55.85	#DIV/0!	#DIV/0!	\$193.63	\$56.06	\$191.39	\$194.01
2.19 Premium	\$514.68	\$629.94	\$554.58	\$366.28	\$466.31	\$512.77	\$583.84	\$578.56	#DIV/0!	#DIV/0!	\$435.24	\$526.10	\$380.11	\$526.67

Section III: Plan Adjustment Factors

3.1 Plan ID (Standard Component ID)	61836WA0050007	61836WA0050018	61836WA0050036	61836WA0050038	61836WA0050037	61836WA0050017	61836WA0050008	61836WA0050022	61836WA0050016	61836WA0050026	61836WA0050034	61836WA0050019	61836WA0050030
3.2 Market Adjusted Index Rate							\$6.20						
3.3 AV and Cost Sharing Design of Plan	0.9384	0.8406	0.6197	0.8406	1.0075	1.0075	0.7794	0.7856	0.7856	0.0000	0.0000	0.0000	0.0000
3.4 Provider Network Adjustment	1.0127	1.0127	0.9697	0.9697	0.9697	1.0127	1.0127	1.0127	0.9697	0.0000	0.0000	0.0000	0.0000
3.5 Benefits in Addition to EHB	1.0015	1.0015	1.0015	1.0015	1.0015	1.0015	1.0015	1.0015	1.0015	0.0000	0.0000	0.0000	0.0000
Administrative Costs													
3.6 Administrative Expense	10.40%	10.40%	10.40%	10.40%	10.40%	10.40%	10.40%	10.40%	10.40%	0.00%	0.00%	0.00%	0.00%
3.7 Taxes and Fees	3.28%	3.28%	3.28%	3.28%	3.28%	3.28%	3.28%	3.28%	3.28%	0.00%	0.00%	0.00%	0.00%
3.8 Profit & Risk Load	3.95%	3.95%	3.95%	3.95%	3.95%	3.95%	3.95%	3.95%	3.95%	0.00%	0.00%	0.00%	0.00%
3.9 Catastrophic Adjustment	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.0000	0.0000	0.0000	0.0000
3.10 Plan Adjusted Index Rate	\$716.72	\$642.05	\$453.21	\$614.78	\$736.81	\$769.48	\$595.32	\$600.02	\$574.54	\$0.00	\$0.00	\$0.00	\$0.00

3.11 Age Calibration Factor	0.5814	0.5814												
3.12 Geographic Calibration Factor	0.9870	0.9870												
3.13 Tobacco Calibration Factor	1.0000	1.0000												
3.14 Calibrated Plan Adjusted Index Rate	\$411.30	\$368.45	\$260.08	\$352.80	\$422.83	\$441.58	\$341.63	\$344.33	\$329.71	\$0.00	\$0.00	\$0.00	\$0.00	

Section IV: Projected Plan Level Information

4.1 Plan ID (Standard Component ID)	Total	61836WA0050007	61836WA0050018	61836WA0050036	61836WA0050038	61836WA0050037	61836WA0050017	61836WA0050008	61836WA0050022	61836WA0050016	61836WA0050026	61836WA0050034	61836WA0050019	61836WA0050030
4.2 Allowed Claims	\$629,885.515	\$97,895.249	\$84,267.973	\$44,971.565	\$30,519.623	\$81,880.318	\$151,192.473	\$12,816.913	\$87,929.231	\$27,212.171	\$0	\$0	\$0	\$0
4.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.4 Member Cost Sharing	\$71,915.397	\$7,678.385	\$9,381.506	\$13,500.068	\$3,397.732	\$5,926.803	\$11,459.857	\$1,936.574	\$14,582.380	\$4,052.092	\$0	\$0	\$0	\$0
4.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.6 Incurred Claims	\$557,970.319	\$90,216.864	\$74,886.468	\$21,471.497	\$27,121.890	\$77,953.514	\$139,732.516	\$10,080.339	\$83,346.851	\$23,160.079	\$0	\$0	\$0	\$0
4.7 Risk Adjustment Transfer Amount	\$37,182.725	\$5,513.041	\$5,003.867	\$3,022.943	\$1,892.638	\$4,886.129	\$8,464.022	\$731.148	\$5,943.996	\$1,724.942	\$0	\$0	\$0	\$0
4.8 Premium	\$729,333.861	\$116,186.608	\$94,468.043	\$40,285.135	\$34,213.817	\$105,860.294	\$191,509.416	\$12,798.723	\$104,870.769	\$28,141.057	\$0	\$0	\$0	\$0
4.9 Projected Member Months	1,093.318	162.108	147.136	88.888	55.652	143.674	248.880	21.499	174.780	50.721	0	0	0	0
4.10 Loss Ratio	80.61%	81.52%	83.71%	84.46%	83.91%	77.20%	76.34%	83.53%	84.25%	84.48%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Per Member Per Month														
4.11 Allowed Claims	\$576.11	\$603.89	\$572.72	\$505.94	\$548.40	\$581.82	\$607.49	\$558.95	\$560.30	\$536.51	#DIV/0!	#DIV/0!	#DIV/0!	#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	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
4.13 Member Cost Sharing	\$65.78	\$47.37	\$63.76	\$151.88	\$61.05	\$41.25	\$46.05	\$90.08	\$83.43	\$79.89	#DIV/0!	#DIV/0!	#DIV/0!	#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	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
4.15 Incurred Claims	\$510.34	\$556.52	\$508.96	\$354.06	\$487.35	\$542.57	\$561.45	\$468.87	\$476.87	\$456.62	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
4.16 Risk Adjustment Transfer Amount	\$34.01	\$34.01	\$34.01	\$34.01	\$34.01	\$34.01	\$34.01	\$34.01	\$34.01	\$34.01	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
4.17 Premium	\$667.07	\$716.72	\$642.05	\$453.21	\$614.78	\$736.81	\$769.48	\$595.32	\$600.02	\$574.54	#DIV/0!	#DIV/0!	#DIV/0!	#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	1.0000
Rating Area 2	1.0189
Rating Area 3	1.1367
Rating Area 4	0.9637
Rating Area 5	1.0045
Rating Area 6	0.9280
Rating Area 7	0.9772
Rating Area 8	1.0912
Rating Area 9	0.9269



**WA Appendices  
Table of Contents**

Tab Name	Exhibit
Appendix 1.1	Description of Benefits
Appendix 1.2	List of Counties in Each Service Area
Appendix 1.2a	List of Plans in Each Service Area
Appendix 1.3	Rating Example
Appendix 6.1	URRT Cost Trend Factor, Annualized
Appendix 6.2	URRT Util Trend Factor, Annualized
Appendix 6.3	URRT Worksheet 1, Section II Factor Comparison
Appendix 6.4	URRT Worksheet 1 Utilization/1,000, Unit Cost, and PMPM Comparison
Appendix 6.5	Incurred Claims Projected Trend for WAC 284-43-6660 Summary
Appendix 6.6	Utilization Attributed to Signed Providers in Core Network
Appendix 7.1	Development of Morbidity Adjustment
Appendix 7.2	Development of Demographic Shift Adjustment
Appendix 7.3	Development of Plan Design Changes Adjustment
Appendix 7.4	Development of Other Adjustment
Appendix 11.1	Experience Period and Projected Risk Adjustment Data by Metal Level
Appendix 11.2	Experience Period and Projected Risk Adjustment Data by Plan
Appendix 12.1	Development of URRT Worksheet 2, Section IV Values
Appendix 12.2	Summary of Non-Benefit Expenses and Comparison of Non-Benefit Expense Loads from Prior Filings
Appendix 12.3	Development of AV and Cost Sharing Factors
Appendix 12.3a	Normalized Provider Network Adjustment Factors
Appendix 12.4	Months of Surplus Calculation
Appendix 12.5	Actual-to-Expected Expense Load Comparison
Appendix 13.1	Development of Composite & Calibrated Rating Factors
Appendix 13.2	Rating Area Relativities
Appendix 15.1	Projected MLR Table
Appendix 16.1	AV Calculator Results
Appendix 16.2	AV Screenshots for Non-Standardized Plans
Appendix 16.4	AV Screenshots for Wakely Certified Plans
Appendix 16.5	AV Methodology Unique Plan Designs
Appendix 16.6	Plan Designs for Plans Included in Unique Plan Design Certification
Appendix 17.1	Membership Projections
Appendix 18.1	Terminated Plans
Appendix 20.1	Development of Non-EHB Adjustment Factor
Appendix 20.2	Data for Rate Review Detail
Appendix 20.3a	Unified Rate Review Template - Worksheet 1
Appendix 20.3b	Unified Rate Review Template - Worksheet 2
Appendix 20.4	Financial Data Consistency Summary
Appendix 20.5	Changes in Cost Sharing For Plans Offered in 2025 and 2026
Appendix 20.6	Demonstration of Incurred Claims vs. Premium
Appendix 21.1	Data and Assumption Reliance for 2026 Individual Marketplace Premium Development

**Appendix 1.1**  
**Coordinated Care Corporation**  
**Description of Benefits**

Plan Design	Plan ID	Plan Type	Medical Deductible	Plan Coinsurance	Rx Deductible	OOP Max	PCP Visit	Specialty Visit	Rx Plan Coverage				Includes adult vision coverage?	Includes adult dental coverage?
									Generic	Preferred Brand	Non-Preferred Brand	Specialty		
Ambetter Balanced Care 4	61836WA0050007	HMO	\$8,200 INT	100%	INT	\$8,200	\$30 NSD	\$60 NSD	\$15 NSD	\$50 NSD	\$0 SD	\$0 SD	N	N
Ambetter Secure Care 5	61836WA0050008	HMO	\$1,450 INT	80%	INT	\$7,500	\$15 NSD	\$35 NSD	\$15 NSD	\$30 NSD	\$0 SD	\$0 SD	N	N
Ambetter Cascade Select Vital Gold	61836WA0050016	HMO	\$1,900 INT	80%	INT	\$8,800	\$15 NSD	\$40 NSD	\$10 NSD	\$75 NSD	\$200 SD	\$200 SD	N	N
Ambetter Cascade Silver	61836WA0050017	HMO	\$2,500 INT	70%	INT	\$9,750	\$20 NSD	\$65 NSD	\$25 NSD	\$75 NSD	\$250 SD	\$250 SD	N	N
Ambetter Cascade Complete Gold	61836WA0050018	HMO	\$1,000 INT	80%	INT	\$7,000	\$15 NSD	\$40 NSD	\$10 NSD	\$60 NSD	\$100 NSD	\$100 NSD	N	N
Ambetter Cascade Vital Gold	61836WA0050022	HMO	\$1,900 INT	80%	INT	\$8,800	\$15 NSD	\$40 NSD	\$10 NSD	\$75 NSD	\$200 SD	\$200 SD	N	N
Ambetter Cascade Select Bronze	61836WA0050036	HMO	\$6,000 INT	60%	INT	\$10,150	\$40 NSD	\$100 SD	\$32 NSD	\$0 SD	\$0 SD	\$0 SD	N	N
Ambetter Cascade Select Silver	61836WA0050037	HMO	\$2,500 INT	70%	INT	\$9,750	\$20 NSD	\$65 NSD	\$25 NSD	\$75 NSD	\$250 SD	\$250 SD	N	N
Ambetter Cascade Select Complete Gold	61836WA0050038	HMO	\$1,000 INT	80%	INT	\$7,000	\$15 NSD	\$40 NSD	\$10 NSD	\$60 NSD	\$100 NSD	\$100 NSD	N	N

*Explanation of abbreviations:*

*D&C – Deductible and Coinsurance*

*INT – Integrated Medical and Rx Deductible*

*NSD – Not subject to deductible*

*SD – Subject to deductible*

**Appendix 1.2**  
**Coordinated Care Corporation**  
**List of Counties in Each Service Area**

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

<b>Service Area 2</b>	
<b>County</b>	<b>Rating Area</b>
Adams	7
Asotin	9
Benton	6
Clallam	2
Franklin	6
Garfield	9
Grays Harbor	2
Island	8
Jefferson	2
King	1
Kitsap	2
Klickitat	3
Lewis	2
Okanogan	7
Pacific	2
Pierce	5
Skamania	3
Snohomish	8
Spokane	4
Stevens	4
Thurston	5
Wahkiakum	2
Walla Walla	9

**Appendix 1.2a**  
**Coordinated Care Corporation**  
**List of Plans in Each Service Area**

Service Area 1	
HIOS ID	Plan Name
61836WA0050007	Ambetter Balanced Care 4
61836WA0050008	Ambetter Secure Care 5
61836WA0050017	Ambetter Cascade Silver
61836WA0050018	Ambetter Cascade Complete Gold
61836WA0050022	Ambetter Cascade Vital Gold

Service Area 2	
HIOS ID	Plan Name
61836WA0050016	Ambetter Cascade Select Vital Gold
61836WA0050036	Ambetter Cascade Select Bronze
61836WA0050037	Ambetter Cascade Select Silver
61836WA0050038	Ambetter Cascade Select Complete Gold



**Appendix 1.3**  
**Coordinated Care Corporation**  
**Rating Example**  
**Checklist Item 37**

**Family Rating Example**

<b>Plan Design:</b>	Ambetter Cascade Complete Gold
<b>Product:</b>	61836WA005
<b>HIOS ID:</b>	61836WA0050018

								(e) = (a) x (b) x (c) x (d)
Member	Age	Smoking Status	Rating Area	Calibrated Plan	(a)	(b)	(c)	(d)
				Adjusted Index Rate	Age Factor	Tobacco	Area	Final Premium <sup>(1)</sup>
Subscriber	40	Non-Smoker	Rating Area 1	\$368.45	1.278	1.000	1.0000	\$470.88
Spouse	38	Non-Smoker	Rating Area 1	\$368.45	1.246	1.000	1.0000	\$459.09
Child 1	18	Non-Smoker	Rating Area 1	\$368.45	0.913	1.000	1.0000	\$336.39
Child 2	16	Non-Smoker	Rating Area 1	\$368.45	0.859	1.000	1.0000	\$316.50
Child 3	14	Non-Smoker	Rating Area 1	\$368.45	0.765	1.000	1.0000	\$281.86
Child 4 <sup>(2)</sup>	11	Non-Smoker	Rating Area 1	\$368.45	0.000	1.000	1.0000	\$0.00
<b>Total</b>								<b>\$1,864.72</b>

Notes:

(1) The Rate Schedule includes a table outlining premiums by age, smoking status and rating area for each plan.

'Final Premium' is aligned with the Rate Schedule for the appropriate plan, age, smoking status and rating area combination.

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

**Appendix 6.1**  
**Coordinated Care Corporation**  
**URRT Cost Trend Factor, Annualized**  
**Checklist Item 5b**

	(a)	(b)	(c) =[(a)*(b)]^0.5	
Benefit Category	% of Allowed Claims	Reimbursement Change other than AWP Trend, Significant Network Changes, Provider Distribution Changes	2024 to 2026 AWP Trend (Rx Only)	URRT Annual Cost Trend Factor
Inpatient Hospital	20%	1.194	-	1.093
Outpatient Hospital	31%	1.191	-	1.091
Professional	26%	1.088	-	1.043
Other Medical	3%	0.996	-	0.998
Capitation	1%	1.000	-	1.000
Medical Total	81%	1.150	-	1.072
Prescription Drug	19%	0.977	1.167	1.068
Total	100%	1.117	1.032	1.074

*Unit cost trend expectations in this exhibit are specific to the state of Washington.*

**Appendix 6.2**  
**Coordinated Care Corporation**  
**URRT Util Trend Factor, Annualized**  
**Checklist Item 5b**

Industry Utilization/1,000 Trends					
Benefit Category	Washington State	2025 URRT Worksheet 1 - Nationwide Individual Market <sup>(1)</sup>			Ambetter Nationwide Trend Study <sup>(2)</sup>
	2026 URRT Annual Util Trend Factor	Median	20th Percentile	80th Percentile	Observed Medical Trend, Annualized
Inpatient Hospital	1.025	1.019	1.003	1.030	1.067
Outpatient Hospital	1.025	1.023	1.005	1.037	1.021
Professional	1.025	1.024	1.005	1.036	0.974
Other Medical	1.025	1.024	1.005	1.036	n/a
Capitation <sup>(3)</sup>	1.000	n/a	n/a	n/a	n/a
<b>Medical Total</b>	<b>1.025</b>				
Prescription Drug	1.048				
<b>Total</b>	<b>1.029</b>				

Annualized PMPM Trend <sup>(4)</sup>				
Benefit Category	Washington State	2025 URRT Worksheet 1 - Nationwide Individual Market		
	2026 URRT Annual PMPM Trend Factor	Median	20th Percentile	80th Percentile
Prescription Drug	1.118	1.088	1.067	1.123

(1) Reflects annualized Utilization trends from Worksheet 1, Section II from 2025 URRTs. Based on public use files released by CCIIO, filtered on all 2025 Individual Market URRTs with non-zero credibility and non-zero trend factors. Note, PMPM trends are provided for prescription drugs, see footnote (4).

(2) The Ambetter nationwide trend study analyzed changes over time in normalized medical allowed claims PMPM for Ambetter individual marketplace products offered across the United States. In order to isolate secular forces of utilization trend, the study first normalized claims costs for differences in population characteristics (age/sex, morbidity), benefit design (induced demand), renewal status, and network characteristics (e.g. unit cost and provider practice patterns) by area and over time.

(3) Coordinated Care Corporation capitation costs are based on actual and expected contracts in 2026, and do not require any trend adjustment.

(4) Due to differences in how sources allocate intensity/mix change between utilization and unit cost trend, prescription drug trends are best compared at the PMPM level, instead of separately for utilization and unit cost.

**Appendix 6.3**  
**Coordinated Care Corporation**  
**URRT Worksheet 1, Section II Factor Comparison**  
**Checklist Item 28c**

	Benefit Category	WAC Category	Year 1 Trend		Year 2 Trend	
			Cost	Utilization	Cost	Utilization
<b>2025 Rates</b>	Inpatient Hospital	Hospital	1.051	1.025	1.051	1.025
	Outpatient Hospital	Hospital	1.051	1.025	1.051	1.025
	Professional	Professional	1.017	1.025	1.017	1.025
	Other Medical	Other	0.987	1.025	0.987	1.025
	Capitation	Other	1.000	1.000	1.000	1.000
	Prescription Drug	Prescription Drugs	1.046	1.034	1.046	1.034
<b>2026 Rates</b>	Inpatient Hospital	Hospital	1.093	1.025	1.093	1.025
	Outpatient Hospital	Hospital	1.091	1.025	1.091	1.025
	Professional	Professional	1.043	1.025	1.043	1.025
	Other Medical	Other	0.998	1.025	0.998	1.025
	Capitation	Other	1.000	1.000	1.000	1.000
	Prescription Drug	Prescription Drugs	1.068	1.048	1.068	1.048
<b>Change</b>	Inpatient Hospital	Hospital	0.042	0.000	0.042	0.000
	Outpatient Hospital	Hospital	0.041	0.000	0.041	0.000
	Professional	Professional	0.026	0.000	0.026	0.000
	Other Medical	Other	0.011	0.000	0.011	0.000
	Capitation	Other	0.000	0.000	0.000	0.000
	Prescription Drug	Prescription Drugs	0.022	0.013	0.022	0.013

	2025	2026	Change
<b>Morbidity Adjustment:</b>	1.010	0.974	-0.035
<b>Demographic Shift:</b>	0.987	1.146	0.159
<b>Plan Design Changes:</b>	1.000	0.993	-0.007
<b>Other:</b>	1.021	1.008	-0.013

*Trend expectations in this exhibit are specific to the state of Washington.*

**Appendix 6.4**  
**Coordinated Care Corporation**  
**URRT Worksheet 1 Utilization/1,000, Unit Cost, and PMPM Comparison**  
**Checklist Item 5b**

	<b>Benefit Category</b>	<b>WAC Category</b>	<b>Utilization/1,000</b>	<b>Unit Cost</b>	<b>PMPM</b>
<b>2022 Experience</b>	Inpatient Hospital	Hospital	178.96	\$5,245.46	\$78.23
	Outpatient Hospital	Hospital	1,489.27	\$1,022.81	\$126.94
	Professional	Professional	13,507.17	\$96.37	\$108.47
	Other Medical	Other	980.06	\$128.82	\$10.52
	Capitation	Other	12,000.00	\$3.71	\$3.71
	Prescription Drug	Prescription Drugs	422,297.88	\$3.01	\$105.77
	<b>Total</b>				<b>\$433.64</b>
<b>2023 Experience</b>	Inpatient Hospital	Hospital	170.71	\$5,102.11	\$72.58
	Outpatient Hospital	Hospital	1,218.07	\$1,100.88	\$111.75
	Professional	Professional	11,803.02	\$99.97	\$98.32
	Other Medical	Other	516.59	\$224.81	\$9.68
	Capitation	Other	12,000.00	\$2.56	\$2.56
	Prescription Drug	Prescription Drugs	342,547.62	\$2.73	\$77.87
	<b>Total</b>				<b>\$372.76</b>
<b>2024 Experience</b>	Inpatient Hospital	Hospital	168.26	\$6,090.56	\$85.40
	Outpatient Hospital	Hospital	1,391.28	\$1,127.86	\$130.76
	Professional	Professional	12,588.95	\$105.80	\$110.99
	Other Medical	Other	459.01	\$300.46	\$11.49
	Capitation	Other	12,000.00	\$2.90	\$2.90
	Prescription Drug	Prescription Drugs	349,371.63	\$2.81	\$81.95
	<b>Total</b>				<b>\$423.50</b>
<b>2026 Projection</b>	Inpatient Hospital	Hospital	176.78	\$7,272.50	\$107.13
	Outpatient Hospital	Hospital	1,461.72	\$1,343.36	\$163.63
	Professional	Professional	13,226.27	\$115.13	\$126.90
	Other Medical	Other	482.25	\$299.24	\$12.03
	Capitation	Other	12,000.00	\$2.90	\$2.90
	Prescription Drug	Prescription Drugs	383,449.79	\$3.21	\$102.53
	<b>Total</b>				<b>\$515.11</b>

**Appendix 6.5**  
**Coordinated Care Corporation**  
**Incurred Claims Projected Trend for WAC 284-43-6660 Summary**  
**Checklist Items 6b, 23b**

WAC Trend Category	Experience Incurred PMPM	Incurred Cost Trend	Incurred Util Trend	WAC Percentages	
				Annual Trend Assumed	Portion of Claim Dollars
Hospital	\$186.16	1.174	1.025	20.37%	51.97%
Professional	\$90.88	1.143	1.025	17.12%	25.37%
Prescription Drugs	\$68.59	1.157	1.048	21.18%	19.15%
Dental	-	-	-	-	-
Other	\$12.57	1.100	1.000	10.05%	3.51%
Total	\$358.20	1.160	1.028	19.36%	100.00%

URRT WS1 Section I, Experience Incurred PMPM:	\$358.20
URRT WS2 Section IV, Field 4.15, Projected Incurred PMPM:	\$510.34
Annual Incurred Claims Projected Trend <sup>(1)</sup> :	19.36%
Rate Review Details, Annual Incurred Claims Trend:	19.36%

*Notes:*

*(1) The Annual Incurred Claims Projected Trend includes the impact of morbidity, demographic shift, plan design and other changes.*

<p><b>Appendix 6.6</b></p> <p><b>Coordinated Care Corporation</b></p> <p><b>Utilization Attributed to Signed Providers in Core Network</b></p> <p><b>Checklist Item 5c</b></p>
--

Rating Area	% of Inpatient	% of Outpatient
1	98.7%	97.6%
2	100.0%	100.0%
3	98.1%	98.1%
4	98.7%	98.7%
5	98.8%	100.0%
6	100.0%	100.0%
7	100.0%	100.0%
8	100.0%	99.0%
9	97.4%	97.4%

**Appendix 7.1**  
**Coordinated Care Corporation**  
**Development of Morbidity Adjustment**  
**Checklist Item 7**

<b>Morbidity</b>		
(a)	Statewide Morbidity Impact to Claims	0.993
(b)	Durational Morbidity Impact	1.000
(c)	Experience Calibration Adjustment	1.000
(d)=(a)*(b)*(c)	2024 to 2026 Statewide Morbidity Trend	0.993
(e)	2024 to 2026 Relative Morbidity Trend	0.982
(f)=(d)*(e)	<b>Final URRT Morbidity Adjustment</b>	0.974

*No COVID-related adjustments are applied, as no unique adjustments were applied to COVID claims in the underlying experience period data.*



**Appendix 7.2**  
**Coordinated Care Corporation**  
**Development of Demographic Shift Adjustment**  
**Checklist Item 7**

<b>Demographic Shift</b>		
(a)	Demographic Change (Age/Gender)	1.016
(b)	Enrollment Distribution Change	1.128
<b>(c)=(a)*(b)</b>	<b>Final URRT Demographic Shift Adjustment</b>	<b>1.146</b>

**Appendix 7.3**  
**Coordinated Care Corporation**  
**Development of Plan Design Changes Adjustment**  
**Checklist Item 7**

Plan Design Changes		
(a)	Induced Utilization	0.988
(b)	Covered Benefit Changes	1.005
<b>(c)=(a)*(b)</b>	<b>Final URRT Plan Design Change Adjustment</b>	<b>0.993</b>

**Appendix 7.4**  
**Coordinated Care Corporation**  
**Development of Other Adjustment**  
**Checklist Item 7**

<b>Other</b>		
(a)	Changes in Capitation Contracts	1.001
(b)	Changes in Pharmacy Rebates and Dispensing Fees	1.003
(c)	Significant Provider Network Changes	1.000
(d)	Grace Period	1.004
(e)	Balancing Factor	1.000
<b>(f)=(a)*...*(e)</b>	<b>Final URRT Other Adjustment</b>	<b>1.008</b>

**Appendix 11.1**  
**Coordinated Care Corporation**  
**Experience Period and Projected Risk Adjustment Data by Metal Level**  
**Checklist Items 18a, 19b, 19c, 19e, 19f**

Experience Period (2024)					
Source: Wakely National Risk Adjustment Reporting Project (WNRAR) <sup>(1)</sup>					
Transfer Formula Component	Coordinated Care Corporation				Washington Individual Single Risk Pool
	Issuer Total	Gold	Silver	Bronze	Total
HHS Billable member months	1,021,963	246,220	481,355	294,388	n/a
Actual member months	1,006,021	242,676	473,357	289,987	3,496,627
Plan Liability Component (Product with Risk)	1.074	1.511	1.162	0.592	1.221
PLRS	1.051	1.416	1.142	0.599	1.186
IDF	1.033	1.080	1.030	1.000	1.030
GCF	0.988	0.988	0.988	0.988	1.000
Allowable Rating Component (Product without Risk)	1.233	1.359	1.279	1.045	1.211
AV	0.695	0.800	0.700	0.600	0.687
ARF	1.737	1.592	1.795	1.762	1.712
IDF	1.033	1.080	1.030	1.000	1.030
GCF	0.988	0.988	0.988	0.988	1.000
RATP % Amount of SWAP <sup>(2)</sup>	-13.1%	11.5%	-10.5%	-37.8%	
SWAP, net of 14% admin carveout			\$507.09		
Risk Adjustment Transfer Payment	(\$66.27)	\$58.22	(\$53.15)	(\$191.85)	
HCRP (Reinsurance) Receivable PMPM	\$0.67	\$0.00	\$1.13	\$0.48	
HCRP (Reinsurance) Assessment PMPM	(\$2.11)	(\$2.14)	(\$2.33)	(\$1.72)	
RADV Adjustment PMPM	n/a	n/a	n/a	n/a	
<b>Risk Adjustment Liability PMPM</b>	<b>(\$67.71)</b>	<b>\$56.08</b>	<b>(\$54.36)</b>	<b>(\$193.09)</b>	
URRT Worksheet II, Line 2.18	(\$67.71)				

Projection Period (2026)					
Transfer Formula Component	Coordinated Care Corporation				Washington Individual Single Risk Pool
	Issuer Total	Gold	Silver	Bronze	Total
Billable member months	1,093,338	449,788	554,662	88,888	n/a
2024 Members Persisting	443,686				
New 2025 Members Persisting	245,250				
New 2026 Members	404,402				
Plan Liability Component (Product with Risk)	1.252	1.531	1.142	0.601	1.221
PLRS	1.208	1.433	1.121	0.608	1.186
IDF	1.048	1.080	1.030	1.000	1.030
GCF	0.989	0.989	0.989	0.989	1.000
Allowable Rating Component (Product without Risk)	1.307	1.434	1.263	0.954	1.211
AV	0.733	0.800	0.700	0.600	0.687
ARF	1.720	1.679	1.771	1.607	1.712
IDF	1.048	1.080	1.030	1.000	1.030
GCF	0.989	0.989	0.989	0.989	1.000
RATP % Amount of SWAP	-5.0%	6.9%	-10.8%	-29.5%	
2024-2025 SWAP Rate Increase Trend			12.0%		
2025-2026 SWAP Rate Increase Trend			8.1%		
SWAP (Net of 14% Admin Carveout)			\$614.01		
Risk Adjustment Transfer Payment	(\$30.91)	\$42.36	(\$66.24)	(\$181.21)	
HCRP (Reinsurance) Receivable	\$0.00	\$0.00	\$0.00	\$0.00	
HCRP (Reinsurance) Assessment	(\$3.10)	(\$3.10)	(\$3.10)	(\$3.10)	
<b>Risk Adjustment Liability PMPM</b>	<b>(\$34.01)</b>	<b>\$39.27</b>	<b>(\$69.34)</b>	<b>(\$184.30)</b>	
URRT Worksheet II, Line 4.16	(\$34.01)				

Notes:

(1) PLRS adjustments made to reflect the estimated impact of experience runoff on risk scores.

(2) Represents the portion of the state transfer amount formula that is multiplied by SWAP: (Product with Risk / Statewide Average Product with Risk) - (Product without Risk / Statewide Average Product without Risk)

**Appendix 11.2**  
**Coordinated Care Corporation**  
**Experience Period and Projected Risk Adjustment Data by Plan**  
**Checklist Items 18b, 19c, 19e, 19f**

2024 Experience								
Plan ID	Plan Name	Metal Level	Experience Member Months	RATP Amount PMPM	HCRP Receivable PMPM	HCRP Assessment PMPM	Risk Adjustment PMPM	Risk Adjustment Total
61836WA0050017	Ambetter Cascade Silver	Silver	188,756	(\$53.15)	\$0.00	(\$2.39)	(\$55.55)	(\$10,484,692)
61836WA0050007	Ambetter Balanced Care 4	Silver	113,909	(\$53.15)	\$0.00	(\$2.58)	(\$55.74)	(\$6,348,750)
61836WA0050019	Ambetter Essential Care 1	Bronze	69,188	(\$191.85)	\$2.02	(\$1.56)	(\$191.39)	(\$13,241,928)
61836WA0050026	Ambetter Cascade Bronze	Bronze	116,358	(\$191.85)	\$0.00	(\$1.78)	(\$193.63)	(\$22,530,797)
61836WA0050008	Ambetter Secure Care 5	Gold	12,094	\$58.22	\$0.00	(\$2.37)	\$55.85	\$675,427
61836WA0050018	Ambetter Cascade Complete Gold	Gold	116,922	\$58.22	\$0.00	(\$2.27)	\$55.95	\$6,541,365
61836WA0050036	Ambetter Cascade Select Bronze	Bronze	64,445	(\$191.85)	\$0.00	(\$1.50)	(\$193.35)	(\$12,460,485)
61836WA0050038	Ambetter Cascade Select Complete Gold	Gold	82,912	\$58.22	\$0.00	(\$1.91)	\$56.31	\$4,668,633
61836WA0050037	Ambetter Cascade Select Silver	Silver	170,693	(\$53.15)	\$3.13	(\$2.10)	(\$52.12)	(\$8,896,988)
61836WA0050030	Ambetter Essential Care: \$0 Medical Deductible	Bronze	39,996	(\$191.85)	\$0.00	(\$2.16)	(\$194.01)	(\$7,759,556)
61836WA0050034	Ambetter Clear Gold	Gold	30,749	\$58.22	\$0.00	(\$2.16)	\$56.06	\$1,723,886
Total			1,006,022	(\$66.27)	\$0.67	(\$2.11)	(\$67.71)	(\$68,113,885)

2026 Projections								
Plan ID	Plan Name	Metal Level	Projected Member Months	RATP Amount PMPM (Incurred)	HCRP Receivable PMPM	HCRP Assessment PMPM	Risk Adjustment PMPM <sup>(1)</sup>	Risk Adjustment Total
61836WA0050007	Ambetter Balanced Care 4	Silver	162,108	(\$30.91)	\$0.00	(\$3.10)	(\$34.01)	(\$5,513,041)
61836WA0050008	Ambetter Secure Care 5	Gold	21,499	(\$30.91)	\$0.00	(\$3.10)	(\$34.01)	(\$731,148)
61836WA0050016	Ambetter Cascade Select Vital Gold	Gold	50,721	(\$30.91)	\$0.00	(\$3.10)	(\$34.01)	(\$1,724,942)
61836WA0050017	Ambetter Cascade Silver	Silver	248,880	(\$30.91)	\$0.00	(\$3.10)	(\$34.01)	(\$8,464,022)
61836WA0050018	Ambetter Cascade Complete Gold	Gold	147,136	(\$30.91)	\$0.00	(\$3.10)	(\$34.01)	(\$5,003,867)
61836WA0050022	Ambetter Cascade Vital Gold	Gold	174,780	(\$30.91)	\$0.00	(\$3.10)	(\$34.01)	(\$5,943,996)
61836WA0050036	Ambetter Cascade Select Bronze	Bronze	88,888	(\$30.91)	\$0.00	(\$3.10)	(\$34.01)	(\$3,022,943)
61836WA0050037	Ambetter Cascade Select Silver	Silver	143,674	(\$30.91)	\$0.00	(\$3.10)	(\$34.01)	(\$4,886,129)
61836WA0050038	Ambetter Cascade Select Complete Gold	Gold	55,652	(\$30.91)	\$0.00	(\$3.10)	(\$34.01)	(\$1,892,638)
Total			1,093,338	(\$30.91)	\$0.00	(\$3.10)	(\$34.01)	(\$37,182,725)

(1) Risk adjustment shown in this exhibit and the URRT is consistent with rate development, in which it is included at an equal rate for every plan.

Calculation of URRT Worksheet 1 Risk Adjustment	
Risk Adjustment PMPM	(\$34.01)
Incurred Claims PMPM (URRT WS 2, Line 4.16)	\$510.34
Allowed Claims PMPM (URRT WS 2, Line 4.11)	\$576.11
Paid-to-Allowed Factor	0.8858
Risk Adjustment PMPM (URRT WS 1)	(\$38.39)

**Appendix 12.1**  
**Coordinated Care Corporation**  
**Development of URRT Worksheet 2, Section IV Values**  
**Checklist Item 28f**

		Field 4.9	Field 3.10	Field 4.11	Field 4.12	Field 4.13	Field 4.14	Field 4.15	Field 4.16	Field 4.17	Field 4.2	Field 4.4	Field 4.8
Plan ID	Plan Name	Projected Member Months	Plan Adjusted Index Rate	Allowed Claims PMPM	Reinsurance PMPM	Member Cost Sharing PMPM	Cost Sharing Reduction PMPM	Incurred Claims PMPM	Risk Adjustment Transfer Amount PMPM	Premium PMPM	Total Allowed URRT Worksheet 2	Total Member Cost Sharing URRT Worksheet 2	Total Premium URRT Worksheet 2
61836WA0050007	Ambetter Balanced Care 4	162,108	\$716.72	\$603.89	\$0.00	\$47.37	\$0.00	\$556.52	(\$34.01)	\$716.72	\$97,895,249	\$7,678,385	\$116,186,608
61836WA0050008	Ambetter Secure Care 5	21,499	\$595.32	\$558.95	\$0.00	\$90.08	\$0.00	\$468.87	(\$34.01)	\$595.32	\$12,016,913	\$1,936,574	\$12,798,723
61836WA0050016	Ambetter Cascade Select Vital Gold	50,721	\$574.54	\$536.51	\$0.00	\$79.89	\$0.00	\$456.62	(\$34.01)	\$574.54	\$27,212,171	\$4,052,092	\$29,141,057
61836WA0050017	Ambetter Cascade Silver	248,880	\$769.48	\$607.49	\$0.00	\$46.05	\$0.00	\$561.45	(\$34.01)	\$769.48	\$151,192,473	\$11,459,857	\$191,509,416
61836WA0050018	Ambetter Cascade Complete Gold	147,136	\$642.05	\$572.72	\$0.00	\$63.76	\$0.00	\$508.96	(\$34.01)	\$642.05	\$84,267,973	\$9,381,506	\$94,468,043
61836WA0050022	Ambetter Cascade Vital Gold	174,780	\$600.02	\$560.30	\$0.00	\$83.43	\$0.00	\$476.87	(\$34.01)	\$600.02	\$97,929,231	\$14,582,380	\$104,870,769
61836WA0050036	Ambetter Cascade Select Bronze	88,888	\$453.21	\$505.94	\$0.00	\$151.88	\$0.00	\$354.06	(\$34.01)	\$453.21	\$44,971,565	\$13,500,068	\$40,285,135
61836WA0050037	Ambetter Cascade Select Silver	143,674	\$736.81	\$583.82	\$0.00	\$41.25	\$0.00	\$542.57	(\$34.01)	\$736.81	\$83,880,318	\$5,926,803	\$105,860,294
61836WA0050038	Ambetter Cascade Select Complete Gold	55,652	\$614.78	\$548.40	\$0.00	\$61.05	\$0.00	\$487.35	(\$34.01)	\$614.78	\$30,519,623	\$3,397,732	\$34,213,817
Total		1,093,338	\$667.07	\$576.11	\$0.00	\$65.78	\$0.00	\$510.34	(\$34.01)	\$667.07	\$629,885,515	\$71,915,397	\$729,333,861

**Appendix 12.2**  
**Coordinated Care Corporation**  
**Summary of Non-Benefit Expenses and Comparison of Non-Benefit Expense Loads from Prior Filings**  
**Checklist Items 28a, 32b**

Administrative Expenses										
Expense Component	2022		2023		2024		2025		2026	
	PMPM	% of Premium	PMPM	% of Premium	PMPM	% of Premium	PMPM	% of Premium	PMPM	% of Premium
Sales Compensation	\$9.74	1.88%	\$9.34	1.81%	\$13.10	2.46%	\$12.80	2.28%	\$12.77	1.91%
Quality Improvement	\$3.00	0.58%	\$3.00	0.58%	\$3.00	0.56%	\$3.00	0.54%	\$3.50	0.52%
Commercial Reinsurance Premium	-	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.00%
Core CNC Admin	\$43.08	8.31%	\$49.47	9.62%	\$55.19	10.36%	\$45.52	8.24%	\$49.69	7.45%
Non-Benefit Portion of Capital Arrangements	\$0.58	0.11%	\$0.55	0.11%	\$0.22	0.04%	\$0.22	0.04%	\$0.14	0.02%
Marketing - Lead Generation	\$2.30	0.44%	\$2.18	0.42%	\$2.50	0.47%	\$0.68	0.12%	\$1.28	0.19%
Provider Incentive Payments	-	0.00%	-	0.00%	-	0.00%	-	0.00%	\$2.00	0.30%
<b>Total</b>	<b>\$58.70</b>	<b>11.32%</b>	<b>\$64.53</b>	<b>12.54%</b>	<b>\$74.00</b>	<b>13.89%</b>	<b>\$62.01</b>	<b>11.23%</b>	<b>\$69.39</b>	<b>10.40%</b>

Taxes & Fees										
Expense Component	2022		2023		2024		2025		2026	
	PMPM	% of Premium	PMPM	% of Premium	PMPM	% of Premium	PMPM	% of Premium	PMPM	% of Premium
Premium Tax	\$10.37	2.00%	\$10.20	2.00%	\$10.75	2.02%	\$9.89	1.75%	\$13.31	2.00%
Federal Income Tax	\$5.45	1.05%	\$5.40	1.05%	\$5.59	1.05%	\$5.80	1.08%	\$7.00	1.05%
WA OIC Regulatory Surcharge	\$0.44	0.08%	\$0.47	0.09%	\$0.48	0.09%	\$0.44	0.08%	\$0.57	0.09%
WA OIC Fraud Surcharge	\$0.03	0.01%	\$0.03	0.01%	\$0.03	0.01%	\$0.03	0.01%	\$0.06	0.01%
Risk Adjustment User Fee	\$0.23	0.05%	\$0.20	0.04%	\$0.21	0.04%	\$0.18	0.03%	\$0.20	0.03%
PCORI Fee	\$0.24	0.05%	\$0.26	0.05%	\$0.27	0.05%	\$0.27	0.05%	\$0.32	0.05%
WSHIP Assessment	\$0.59	0.11%	\$0.68	0.13%	\$0.68	0.13%	\$0.34	0.06%	\$0.34	0.05%
WAPAL Assessment	-	0.00%	\$0.07	0.01%	\$0.07	0.01%	\$0.07	0.01%	\$0.07	0.01%
Misc. Taxes and Fees	\$0.03	0.01%	\$0.03	0.01%	-	0.00%	-	0.00%	-	0.00%
Exchange User Fee	\$3.00	0.58%	\$3.00	0.58%	\$3.00	0.56%	\$5.11	0.93%	\$5.11	0.77%
<b>Total Taxes &amp; Fees</b>	<b>\$20.38</b>	<b>3.93%</b>	<b>\$20.43</b>	<b>3.97%</b>	<b>\$21.08</b>	<b>3.96%</b>	<b>\$21.92</b>	<b>3.97%</b>	<b>\$26.99</b>	<b>4.05%</b>
(including exchange fee)	\$20.38	3.93%	\$20.43	3.97%	\$21.08	3.96%	\$21.92	3.97%	\$26.99	4.05%
(excluding exchange fee)	\$17.38	3.35%	\$17.43	3.39%	\$18.08	3.39%	\$16.81	3.04%	\$21.88	3.28%

Profit & Risk Load										
Expense Component	2022		2023		2024		2025		2026	
	PMPM	% of Premium	PMPM	% of Premium	PMPM	% of Premium	PMPM	% of Premium	PMPM	% of Premium
Gross Profit Margin	\$25.93	5.00%	\$25.72	5.00%	\$26.64	5.00%	\$27.61	5.00%	\$33.35	5.00%
State Income Tax	-	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.00%
Federal Income Tax	\$5.45	1.05%	\$5.40	1.05%	\$5.59	1.05%	\$5.80	1.05%	\$7.00	1.05%
<b>Total</b>	<b>\$20.49</b>	<b>3.95%</b>	<b>\$20.32</b>	<b>3.95%</b>	<b>\$21.05</b>	<b>3.95%</b>	<b>\$21.81</b>	<b>3.95%</b>	<b>\$26.35</b>	<b>3.95%</b>

Premium										
Expense Component	2022		2023		2024		2025		2026	
	PMPM	% of Premium	PMPM	% of Premium	PMPM	% of Premium	PMPM	% of Premium	PMPM	% of Premium
Premium	\$518.66	100.00%	\$514.43	100.00%	\$532.82	100.00%	\$552.15	100.00%	\$667.07	100.00%

Reconciliation of 2026 Expenses in URRT and WAC-284-43-6660										
URRT Subtotal			WAC-284-43-6660 Subtotal			PMPM		2026 Notes		
Administrative Expenses (URRT WS 2 Line 3.6)	10.40%	10.40%	Expenses	\$96.38	14.45%					
Taxes and Fees (URRT WS 2 Line 3.7)	3.28%	3.28%	Contribution to surplus contingency charges, or risk charges	\$26.35	3.95%					
<b>Profit &amp; Risk Load (URRT WS 2 Line 3.8)</b>	<b>3.95%</b>	<b>3.95%</b>								

Calculation of 2026 Sales Compensation										
Component										
Commission Rate	\$25.00									
Enrollment Percentage	x	43.1%								
Commission Fee	=	\$10.77								
Bonus and Other Compensation <sup>(1)</sup>	+	\$2.00								
<b>Total</b>		<b>\$12.77</b>								

Notes:  
(1) Shaded Cells indicate values that are set as PMPMs, unshaded cells are set as a % of Premium.  
(2) Bonus and Other Compensation includes: broker bonus, call center bonus, broker marketing, and internal staffing cost of brokers.

**Appendix 12.3**  
**Coordinated Care Corporation**  
**Development of AV and Cost Sharing Factors**  
**Checklist Items 11a, 11b, 11e, 11f**

**Single Risk Pool Claims PMPM**

Market Adjusted Index Rate: \$620.27  
 EHB Incurred Claims: \$510.34  
 Risk Adjustment: **(\$34.01)**  
 Exchange User Fee (Paid): \$5.11  
 Paid-to-Allowed: 88.6%  
 Cascade Select Savings: 4.25%

Cascade Select Savings: 4.25%								URRT WS 2 Line 3.4 Provider Network Adjustment Factor	URRT WS 2 Line 3.5 Benefits in Addition to EHB	URRT WS 2 Line 3.3 Final AV and Cost Sharing Factor	URRT WS 2 Line 1.6 AV Metal Value	2024 Actual Paid-to-Allowed
Plan ID	Plan Name	Metal Tier	Projected Member Months	Induced Demand Factor (IDF) <sup>(1)</sup>	AV Pricing Value <sup>(1)</sup>	CSR Load	Network Savings					
61836WA0050018	Ambetter Cascade Complete Gold	Gold	147,136	1.104	0.838	1.000	1.000	1.013	1.002	0.841	0.818	89.0%
61836WA0050038	Ambetter Cascade Select Complete Gold	Gold	55,652	1.104	0.838	1.000	0.958	0.970	1.002	0.841	0.818	85.3%
61836WA0050008	Ambetter Secure Care 5	Gold	21,499	1.078	0.796	1.000	1.000	1.013	1.002	0.779	0.816	82.5%
61836WA0050022	Ambetter Cascade Vital Gold	Gold	174,780	1.080	0.801	1.000	1.000	1.013	1.002	0.786	0.781	n/a
61836WA0050016	Ambetter Cascade Select Vital Gold	Gold	50,721	1.080	0.801	1.000	0.958	0.970	1.002	0.786	0.781	n/a
61836WA0050007	Ambetter Balanced Care 4	Silver	162,108	1.030	0.699	1.435	1.000	1.013	1.002	0.938	0.719	89.3%
61836WA0050037	Ambetter Cascade Select Silver	Silver	143,674	1.047	0.738	1.435	0.958	0.970	1.002	1.007	0.718	90.3%
61836WA0050017	Ambetter Cascade Silver	Silver	248,880	1.047	0.738	1.435	1.000	1.013	1.002	1.007	0.718	88.1%
61836WA0050036	Ambetter Cascade Select Bronze	Bronze	88,888	1.019	0.670	1.000	0.958	0.970	1.002	0.620	0.650	65.7%
Total			1,093,338	1.060	0.761		0.987	0.999	1.002	0.885	0.746	

Notes:

(1) Induced demand factors and AV pricing values for Silver plans are determined using the standard (non-CSR) plan design.



**Appendix 12.3a**  
**Coordinated Care Corporation**  
**Normalized Provider Network Adjustment Factors**  
**Checklist Item 12**

Plan ID	Plan Name	Projected Member Months	Market Adjusted Index Rate	Actuarial Value and Cost-		Benefits in Addition to EHB	Catastrophic Adjustment	Provider Network	
				Sharing Design of the Plan	Plan			Adjustment Factor	Adjustment Factor
61836WA0050007	Ambetter Balanced Care 4	162,108	\$620.27	0.938		1.002	1.000		1.013
61836WA0050008	Ambetter Secure Care 5	21,499	\$620.27	0.779		1.002	1.000		1.013
61836WA0050016	Ambetter Cascade Select Vital Gold	50,721	\$620.27	0.786		1.002	1.000		0.970
61836WA0050017	Ambetter Cascade Silver	248,880	\$620.27	1.007		1.002	1.000		1.013
61836WA0050018	Ambetter Cascade Complete Gold	147,136	\$620.27	0.841		1.002	1.000		1.013
61836WA0050022	Ambetter Cascade Vital Gold	174,780	\$620.27	0.786		1.002	1.000		1.013
61836WA0050036	Ambetter Cascade Select Bronze	88,888	\$620.27	0.620		1.002	1.000		0.970
61836WA0050037	Ambetter Cascade Select Silver	143,674	\$620.27	1.007		1.002	1.000		0.970
61836WA0050038	Ambetter Cascade Select Complete Gold	55,652	\$620.27	0.841		1.002	1.000		0.970
Total		1,093,338					\$549.45		\$549.45

**Appendix 12.4**  
**Coordinated Care Corporation**  
**Months of Surplus Calculation**  
**Checklist Item 26b**

**Health Statement**

Total Capital and Surplus (Page 3, Line 33)	\$344,978,340
Total Hospital and Medical (Lines 16 minus 17) (Page 4, Line 18)	\$2,386,543,618
Months of Surplus	1.7

**Appendix 12.5**  
**Coordinated Care Corporation**  
**Actual-to-Expected Expense Load Comparison**

	2022				2023				2024			
	Actual		Expected		Actual		Expected		Actual		Expected	
	PMPM	% of	PMPM	% of	PMPM	Premium	PMPM	% of	PMPM	Premium	PMPM	% of
		Premium		Premium				Premium				Premium
<b>Administrative Expenses:</b>												
Core CNC Admin	\$49.34	9.2%	\$43.08	8.3%	\$51.69	10.4%	\$49.47	9.6%	\$44.53	8.7%	\$55.19	10.4%
Sales Compensation	\$9.44	1.8%	\$9.74	1.9%	\$10.04	2.0%	\$9.34	1.8%	\$10.37	2.0%	\$13.10	2.5%
Marketing - Lead Generation	\$0.08	0.0%	\$2.30	0.4%	\$0.05	0.0%	\$2.18	0.4%	\$0.04	0.0%	\$2.50	0.5%
Commercial Reinsurance Premium	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%
Non-Benefit Portion of Capitation Arrangements	\$0.73	0.1%	\$0.58	0.1%	\$0.55	0.1%	\$0.55	0.1%	\$0.22	0.0%	\$0.22	0.0%
Quality Improvement	\$6.46	1.2%	\$3.00	0.6%	\$5.16	1.0%	\$3.00	0.6%	\$4.83	0.9%	\$3.00	0.6%
Provider Incentive Payments	\$0.00	0.0%	\$0.00	0.0%	\$1.14	0.2%	\$0.00	0.0%	\$0.52	0.1%	\$0.00	0.0%
<b>Taxes &amp; Fees:</b>												
Premium Tax	\$10.70	2.0%	\$10.37	2.0%	\$9.97	2.0%	\$10.29	2.0%	\$10.38	2.0%	\$10.75	2.0%
State Income Tax	(\$0.80)	-0.1%	\$0.00	0.0%	\$0.75	0.2%	\$0.00	0.0%	\$3.24	0.6%	\$0.00	0.0%
Federal Income Tax	(\$5.05)	-0.9%	\$5.45	1.1%	\$11.17	2.2%	\$5.40	1.1%	\$11.94	2.3%	\$5.59	1.1%
WA OIC Regulatory Surcharge	\$0.45	0.1%	\$0.44	0.1%	\$0.23	0.0%	\$0.47	0.1%	\$0.23	0.0%	\$0.48	0.1%
WA OIC Fraud Surcharge	\$0.03	0.0%	\$0.03	0.0%	\$0.03	0.0%	\$0.03	0.0%	\$0.03	0.0%	\$0.03	0.0%
Risk Adjustment User Fee	\$0.25	0.0%	\$0.23	0.0%	\$0.22	0.0%	\$0.20	0.0%	\$0.21	0.0%	\$0.21	0.0%
PCORI Fee	\$0.24	0.0%	\$0.24	0.0%	\$0.27	0.1%	\$0.26	0.1%	\$0.27	0.1%	\$0.27	0.1%
WSHIP Assessment	\$0.26	0.0%	\$0.59	0.1%	\$0.21	0.0%	\$0.68	0.1%	\$0.18	0.0%	\$0.68	0.1%
WAPAL Assessment	\$0.09	0.0%	\$0.00	0.0%	\$0.06	0.0%	\$0.07	0.0%	\$0.07	0.0%	\$0.07	0.0%
Misc. Taxes and Fees	\$0.00	0.0%	\$0.03	0.0%	\$0.00	0.0%	\$0.03	0.0%	\$0.00	0.0%	\$0.00	0.0%
Exchange User Fee	\$3.06	0.6%	\$3.00	0.6%	\$3.00	0.6%	\$3.00	0.6%	\$3.04	0.6%	\$3.00	0.6%
<b>Profit &amp; Risk Load</b>	\$95.06	17.8%	\$20.49	4.0%	(\$7.91)	-1.6%	\$20.32	4.0%	\$60.17	11.7%	\$21.05	4.0%
<i>URRT Worksheet 2, Field 3.8</i>												
<b>Premium</b>	\$535.32		\$518.66		\$497.44		\$514.43		\$514.68		\$532.82	
<b>Reconciliation to WAC 284-43-6660:</b>												
Member Months	400,907				727,349				1,006,022			
Admin, Taxes, and Fees Above	\$30,179,665				\$68,751,562				\$90,630,894			
WAC-284-43-6660 Expenses	\$30,179,665				\$68,751,562				\$90,630,894			

**Appendix 13.1**  
**Coordinated Care Corporation**  
**Development of Composite & Calibrated Rating Factors**  
**Checklist Items 15a, 15b, 15c, 16a, 16c, 16d, 17b, 17c**

Composite Factors				
	2023	2024	2025	2026
Composite Age Factor	1.8071	1.8050	1.7128	1.7199
Composite Area Factor	1.0292	0.9868	0.9934	1.0132
Tobacco Factor	1.1500	1.1500	1.1500	1.0000
Composite Tobacco Use Factor	1.0052	1.0054	1.0056	1.0000

Calibration Factors				
	2023	2024	2025	2026
Calibration Age Factor	0.5534	0.5540	0.5839	0.5814
Calibration Area Factor	0.9716	1.0133	1.0066	0.9870
Calibration Tobacco Use Factor	0.9948	0.9946	0.9944	1.0000

2026 Age Factors		
Age Band	Distribution	Age Factor <sup>(3)</sup>
0-14	3.50%	0.7650
15	0.23%	0.8330
16	0.23%	0.8590
17	0.23%	0.8850
18	0.23%	0.9130
19	1.53%	0.9410
20	1.53%	0.9700
21	1.53%	1.0000
22	1.53%	1.0000
23	1.53%	1.0000
24	1.53%	1.0000
25	2.05%	1.0040
26	2.05%	1.0240
27	2.05%	1.0480
28	2.05%	1.0870
29	2.05%	1.1190
30	2.04%	1.1350
31	2.04%	1.1590
32	2.04%	1.1830
33	2.04%	1.1980
34	2.04%	1.2140
35	1.94%	1.2220
36	1.94%	1.2300
37	1.94%	1.2380
38	1.94%	1.2460
39	1.94%	1.2620
40	1.77%	1.2780
41	1.77%	1.3020
42	1.77%	1.3250
43	1.77%	1.3570
44	1.77%	1.3970
45	1.64%	1.4440
46	1.64%	1.5000
47	1.64%	1.5630
48	1.64%	1.6350
49	1.64%	1.7060
50	1.82%	1.7860
51	1.82%	1.8650
52	1.82%	1.9520
53	1.82%	2.0400
54	1.82%	2.1350
55	2.13%	2.2300
56	2.13%	2.3330
57	2.13%	2.4370
58	2.13%	2.5480
59	2.13%	2.6030
60	2.99%	2.7140
61	2.99%	2.8100
62	2.99%	2.8730
63	2.99%	2.9520
64 and Over	7.41%	3.0000
<b>Total</b>	<b>100.00%</b>	<b>1.7199</b>

2023 Rating Area Factors				
Counties	Region	Actual MMs	Percent Distribution	Area Factor <sup>(1) (2)</sup>
King	Rating Area 1	153,894	36.6%	1.0000
Jefferson, Kitsap, Lewis, Pacific, Wahkiakum	Rating Area 2	34,482	8.2%	1.0499
Klickitat, Skamania	Rating Area 3	2,387	0.6%	0.9893
Ferry, Lincoln, Pend Oreille, Spokane, Stevens	Rating Area 4	45,023	10.7%	0.9893
Mason, Pierce, Thurston	Rating Area 5	48,798	11.6%	1.0697
Benton, Franklin, Kittitas, Yakima	Rating Area 6	43,531	10.3%	1.0078
Adams, Chelan, Douglas, Grant, Okanogan	Rating Area 7	31,307	7.4%	1.2069
Snohomish	Rating Area 8	53,002	12.6%	1.0098
Asotin, Columbia, Garfield, Walla Walla, Whitman	Rating Area 9	8,601	2.0%	1.0384
<b>Total</b>		<b>421,026</b>	<b>100%</b>	<b>1.0292</b>

2024 Rating Area Factors				
Counties	Region	Actual MMs	Percent Distribution	Area Factor <sup>(1) (2)</sup>
King	Rating Area 1	376,444	37.4%	1.0000
Clallam, Grays Harbor, Jefferson, Kitsap, Lewis, Pacific, Wahkiakum	Rating Area 2	104,362	10.4%	0.9688
Klickitat, Skamania	Rating Area 3	6,210	0.6%	0.8902
Ferry, Lincoln, Pend Oreille, Spokane, Stevens	Rating Area 4	114,137	11.3%	0.9627
Mason, Pierce, Thurston	Rating Area 5	125,046	12.4%	0.9752
Benton, Franklin, Kittitas, Yakima	Rating Area 6	69,843	6.9%	0.9637
Adams, Chelan, Douglas, Grant, Okanogan	Rating Area 7	51,833	5.2%	1.0860
Snohomish	Rating Area 8	138,258	13.7%	0.9702
Asotin, Columbia, Garfield, Walla Walla, Whitman	Rating Area 9	19,888	2.0%	0.9512
<b>Total</b>		<b>1,006,021</b>	<b>100%</b>	<b>0.9856</b>

2025 Rating Area Factors				
Counties	Region	Projected MMs	Percent Distribution	Area Factor <sup>(1) (2)</sup>
King	Rating Area 1	286,209	36.9%	1.0000
Clallam, Cowlitz, Grays Harbor, Jefferson, Kitsap, Lewis, Pacific, Wahkiakum	Rating Area 2	79,072	10.2%	1.0304
Clark, Klickitat, Skamania	Rating Area 3	13,436	1.7%	1.0862
Ferry, Lincoln, Pend Oreille, Spokane, Stevens	Rating Area 4	82,890	10.7%	0.9504
Mason, Pierce, Thurston	Rating Area 5	97,641	12.6%	0.9917
Benton, Franklin, Kittitas, Yakima	Rating Area 6	49,067	6.3%	0.9261
Adams, Chelan, Douglas, Grant, Okanogan	Rating Area 7	36,911	4.8%	1.1202
Island, San Juan, Skagit, Snohomish, Whatcom	Rating Area 8	115,171	14.9%	0.9729
Asotin, Columbia, Garfield, Walla Walla, Whitman	Rating Area 9	14,275	1.8%	0.8992
<b>Total</b>		<b>774,673</b>	<b>100%</b>	<b>0.9934</b>

2026 Rating Area Factors				
Counties	Region	Projected MMs	Percent Distribution	Area Factor <sup>(1) (2)</sup>
King	Rating Area 1	372,706	34.1%	1.0000
Clallam, Cowlitz, Grays Harbor, Jefferson, Kitsap, Lewis, Pacific, Wahkiakum	Rating Area 2	99,766	9.1%	1.0189
Clark, Klickitat, Skamania	Rating Area 3	29,932	2.7%	1.1367
Ferry, Lincoln, Pend Oreille, Spokane, Stevens	Rating Area 4	108,410	9.9%	0.9637
Mason, Pierce, Thurston	Rating Area 5	131,458	12.0%	1.0045
Benton, Franklin, Kittitas, Yakima	Rating Area 6	73,190	6.7%	0.9280
Adams, Chelan, Douglas, Grant, Okanogan	Rating Area 7	41,797	3.8%	0.9772
Island, San Juan, Skagit, Snohomish, Whatcom	Rating Area 8	214,499	19.6%	1.0912
Asotin, Columbia, Garfield, Walla Walla, Whitman	Rating Area 9	21,579	2.0%	0.9269
<b>Total</b>		<b>1,093,338</b>	<b>100%</b>	<b>1.0132</b>

2026 Tobacco Factors		
Premium Rate	Projected MMs	Tobacco Surcharge <sup>(4)</sup>
Tobacco Users		
Age 21+	39,345	1.0000
Age 20 and under	975	1.0000
Non-Tobacco Users	1,053,018	1.0000
<b>Total</b>	<b>1,093,338</b>	<b>1.0000</b>

Notes:

- (1) Factors comply with limit of 1.4 ratio between highest cost area factor and lowest cost area factor (WAC 284-43-6681).  
(2) Area factors weighted so that King County (Washington Rating Area 1) is equal to 1.00 (WAC 284-43-6681).  
(3) The nearest whole age corresponding to the composite factor is 49.  
(4) The Tobacco Factor for smokers over age 20 is 1. The tobacco factor can only apply if a member is of legal/tobacco use age, currently age 21.

**Appendix 13.2**  
**Coordinated Care Corporation**  
**Rating Area Relativities**  
**Checklist Item 16b**

	Statewide	Rating Area								
		1	2	3	4	5	6	7	8	9
<b>Projected Member Months</b>	1,093,338	372,706	99,766	29,932	108,410	131,458	73,190	41,797	214,499	21,579
<b>Util / 1,000</b>	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
<b>Unit Cost</b>	1.000	0.987	1.006	1.122	0.951	0.991	0.916	0.964	1.077	0.915
<b>Raw Area Factors</b>	1.000	0.987	1.006	1.122	0.951	0.991	0.916	0.964	1.077	0.915
<b>Final Area Factors</b> <sup>(1) (2)</sup>	1.013	1.000	1.019	1.137	0.964	1.005	0.928	0.977	1.091	0.927

<b>Max / Min</b>	1.23
------------------	------

Notes:

(1) Rating Area factors are adjusted so that Rating Area 1 is equal to 1.00.

(2) Rating Area factors are adjusted as needed to satisfy the 1.40 maximum to minimum threshold. This is done by setting a floor based on the lowest paid PMPM of the rating areas, and setting the ceiling to satisfy the 1.40 ratio.

<p align="center"><b>Appendix 15.1</b>  <b>Coordinated Care Corporation</b>  <b>Projected MLR Table</b></p>
---

a)	Incurred Claims	\$510.34
b)	Quality Improvement Expense & Provider Incentive Payments	\$5.50
c)	Risk Adjustment Transfer	(\$34.01)
d)	Projected Claims for MLR (a+b-c)	\$549.84
e)	Administrative Expenses	\$63.89
f)	Post-Tax Profit and Contribution to Surplus	\$26.35
g)	Taxes and Fees	\$19.99
h)	Federal Income Tax	\$7.00
i)	State Income Tax	\$0.00
j)	Premium (d+e+f+g+h+i)	\$667.07
k)	Medical Loss Ratio (d/(j-g-h-i))	85.9%
l)	URRT Worksheet 2 Loss Ratio Calculation	80.6%

This projected MLR is calculated according to 45 CFR 158. The projected MLR is the projected 2026 calendar year single risk pool experience rather than the three-year period used for determining rebates. No credibility adjustment based on projected enrollment and average deductible was estimated.

**Appendix 16.1**  
**Coordinated Care Corporation**  
**AV Calculator Results**  
**Checklist Items 8, 9a, 9b**

Plan ID	Plan Name	Metal	Unique Benefit Design?	AV Certified By <sup>(1)</sup>	Federal AV
61836WA0050018	Ambetter Cascade Complete Gold	Gold	N	N/A	81.81%
61836WA0050022	Ambetter Cascade Vital Gold	Gold	N	N/A	78.06%
61836WA0050008	Ambetter Secure Care 5	Gold	Y	Ashlesha Joshi, Coordinated Care Corporation	81.62%
61836WA0050007	Ambetter Balanced Care 4	Silver 70%	Y	Ashlesha Joshi, Coordinated Care Corporation	71.92%
61836WA0050007	Ambetter Balanced Care 4	Silver 73%	Y	Ashlesha Joshi, Coordinated Care Corporation	73.93%
61836WA0050007	Ambetter Balanced Care 4	Silver 87%	Y	Ashlesha Joshi, Coordinated Care Corporation	87.68%
61836WA0050007	Ambetter Balanced Care 4	Silver 94%	Y	Ashlesha Joshi, Coordinated Care Corporation	94.73%
61836WA0050017	Ambetter Cascade Silver	Silver 70%	Y	Ksenia Whittal, Wakely	71.84%
61836WA0050017	Ambetter Cascade Silver	Silver 73%	Y	Ksenia Whittal, Wakely	73.95%
61836WA0050017	Ambetter Cascade Silver	Silver 87%	Y	Ksenia Whittal, Wakely	87.87%
61836WA0050017	Ambetter Cascade Silver	Silver 94%	Y	Ksenia Whittal, Wakely	94.86%
61836WA0050036	Ambetter Cascade Select Bronze	Bronze	Y	Ksenia Whittal, Wakely	64.97%
61836WA0050038	Ambetter Cascade Select Complete Gold	Gold	N	N/A	81.81%
61836WA0050016	Ambetter Cascade Select Vital Gold	Gold	N	N/A	78.06%
61836WA0050037	Ambetter Cascade Select Silver	Silver 70%	Y	Ksenia Whittal, Wakely	71.84%
61836WA0050037	Ambetter Cascade Select Silver	Silver 73%	Y	Ksenia Whittal, Wakely	73.95%
61836WA0050037	Ambetter Cascade Select Silver	Silver 87%	Y	Ksenia Whittal, Wakely	87.87%
61836WA0050037	Ambetter Cascade Select Silver	Silver 94%	Y	Ksenia Whittal, Wakely	94.86%

(1) Certification by Ashlesha Joshi can be found in the UPD Certification. Certification by Ksenia Whittal can be found in Appendix 16.4.

**Appendix 16.2**  
**Coordinated Care Corporation**  
**AV Screenshots for Non-Standardized Plans**  
**Checklist Items 8, 9a, 9b**

See [WA\\_State\\_Appendix\\_16\\_2\\_AV\\_Screenshots.pdf](#).



**Appendix 16.4**  
**Coordinated Care Corporation**  
**AV Screenshots for Wakely Certified Plans**  
**Checklist Items 8, 9a, 9b**

See WA\_State\_Appendix\_16\_4\_AV\_Screenshots\_Wakely.pdf.

**Appendix 16.5**  
**Coordinated Care Corporation**  
**AV Methodology Unique Plan Designs**  
**Checklist Items 9a, 9b, 9d**

See WA\_State\_Appendix\_16\_5-6\_AVC\_Methodology.pdf.

**Appendix 16.6**  
**Coordinated Care Corporation**  
**Plan Designs for Plans Included in Unique Plan Design Certification**  
**Checklist Items 9a, 9b, 9d**

See WA\_State\_Appendix\_16\_5-6\_AVC\_Methodology.pdf.

**Appendix 17.1**  
**Coordinated Care Corporation**  
**Membership Projections**

Product	Plan Name	Plan ID	Platinum	Gold	Silver Plan					Bronze	Total
					70%	73%	87%	94%	100%		
		<b>Aggregate</b>	-	<b>449,788</b>	<b>61</b>	<b>61</b>	<b>339,758</b>	<b>214,783</b>	-	<b>88,888</b>	<b>1,093,338</b>
Ambetter	Ambetter Balanced Care 4	61836WA0050007	-	-	22	22	78,890	83,174	-	-	162,108
Ambetter	Ambetter Secure Care 5	61836WA0050008	-	21,499	-	-	-	-	-	-	21,499
Ambetter	Ambetter Cascade Select Vital Gold	61836WA0050016	-	50,721	-	-	-	-	-	-	50,721
Ambetter	Ambetter Cascade Silver	61836WA0050017	-	-	22	22	172,865	75,971	-	-	248,880
Ambetter	Ambetter Cascade Complete Gold	61836WA0050018	-	147,136	-	-	-	-	-	-	147,136
Ambetter	Ambetter Cascade Vital Gold	61836WA0050022	-	174,780	-	-	-	-	-	-	174,780
Ambetter	Ambetter Cascade Select Bronze	61836WA0050036	-	-	-	-	-	-	-	88,888	88,888
Ambetter	Ambetter Cascade Select Silver	61836WA0050037	-	-	16	16	88,004	55,639	-	-	143,674
Ambetter	Ambetter Cascade Select Complete Gold	61836WA0050038	-	55,652	-	-	-	-	-	-	55,652

Appendix 18.1  
Coordinated Care Corporation  
Terminated Plans  
Checklist Item 28d

Terminated 2025 Plan ID	Terminated 2025 Plan Name	Mapped 2026 Plan ID	Mapped 2026 Plan Name
Plans Offered in Portfolio 1			
61836WA0050026	Ambetter Cascade Bronze (2025)	61836WA0050022	Ambetter Cascade Vital Gold
61836WA0050034	Ambetter Clear Gold (2025)	61836WA0050022	Ambetter Cascade Vital Gold
61836WA0050019	Ambetter Essential Care 1 (2025)	61836WA0050022	Ambetter Cascade Vital Gold
61836WA0050030	Ambetter Essential Care: \$0 Medical Deductible (2025)	61836WA0050022	Ambetter Cascade Vital Gold
Terminated 2024 Plan ID	Terminated 2024 Plan Name	Mapped 2026 Plan ID	Mapped 2026 Plan Name
No 2024 plans were terminated.			

**Appendix 20.1**  
**Coordinated Care Corporation**  
**Development of Non-EHB Adjustment Factor**  
**Checklist Items 11d, 13**

(a) Non-EHB Cost Attributed to Coverage for Abortion Services <sup>(1)</sup>	\$1.00
(b) Projected Aggregate Premium <i>URRT Worksheet 2, Line 4.17</i>	\$667.07
(c) Benefits in Addition to EHB ( $1 / (1 - (a/b))$ ) <i>URRT Worksheet 2, Line 3.5</i>	1.0015

*Notes:*

(1) Per WA OIC instruction and reference to 45 CFR 156.280(e)(4)(iii) the non-EHB cost attributed to abortion in premium rates must not be less than \$1 PMPM.

<p align="center"><b>Appendix 20.2</b>  <b>Coordinated Care Corporation</b>  <b>Data for Rate Review Detail</b>  <b>Checklist Items 23a, 23b</b></p>
--

<b>Checklist Item</b>	<b>Rate Review Detail</b>
<u>Company Rate Information</u>	
Annual Written Premium	\$718,883,940
Written Premium Change	\$153,897,254
Overall % Rate Impact	21.41%
Annual incurred claims trend factor	19.36%
<u>Requested Rate Change Information</u>	
Min %	-6.4%
Max %	31.8%
Weighted Avg %	21.4%
<u>Prior Rate</u>	
Total Earned Premium	\$427,737,173
Total Incurred Claims	\$293,400,181
Min PMPM	\$167.00
Max PMPM	\$1,498.95
2025 Weighted Avg PMPM	\$552.15
<u>Requested Rate</u>	
Projected Earned Premium	\$729,333,861
Projected Incurred Claims	\$557,970,119
Min PMPM	\$184.42
Max PMPM	\$1,505.82
2026 Weighted Avg PMPM	\$667.07
<u>Experience Period Information</u>	
March 2025 Policyholders	81,231
March 2025 Covered Lives	107,649
March 2025 Member Months	1,006,022

Appendix 20.3a  
Coordinated Care Corporation  
Unified Rate Review Template - Worksheet 1

**Section I: Experience Period Data**

Experience Period:

1/1/2024

to

12/31/2024

Total

PMPM

Allowed Claims	\$426,046,154.82	\$423.50
Reinsurance	\$0.00	\$0.00
Incurred Claims in Experience Period	\$360,361,853.54	\$358.20
Risk Adjustment	-\$68,113,885.12	-\$67.71
Experience Period Premium	\$517,777,240.60	\$514.68
Experience Period Member Months	1,006,022	

**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	\$85.40	1.093	1.025	1.093	1.025	\$107.13
Outpatient Hospital	\$130.76	1.091	1.025	1.091	1.025	\$163.63
Professional	\$110.99	1.043	1.025	1.043	1.025	\$126.90
Other Medical	\$11.49	0.998	1.025	0.998	1.025	\$12.03
Capitation	\$2.90	1.000	1.000	1.000	1.000	\$2.90
Prescription Drug	\$81.95	1.068	1.048	1.068	1.048	\$102.53
Total	\$423.50					\$515.11

Morbidity Adjustment	0.974
Demographic Shift	1.146
Plan Design Changes	0.993
Other	1.008
Adjusted Trended EHB Allowed Claims PMPM for 1/1/2026	\$576.11

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

**Projected Period Totals**

Projected Index Rate for 1/1/2026	\$576.11	\$629,882,955.18
Reinsurance	\$0.00	\$0.00
Risk Adjustment Payment/Change	-\$38.39	-\$41,975,114.98
Exchange User Fees	0.93%	\$6,307,046.35
Market Adjusted Index Rate	\$620.27	\$678,165,116.51

Projected Member Months	1,093,338
-------------------------	-----------



Appendix 20.3b  
Coordinated Care Corporation  
Unified Rate Review Template - Worksheet 2

Field # Section I: General Product and Plan Information													
1.1 Product Name	Care	Ambetter Essential	Ambetter Essential	Ambetter Essential	Ambetter Essential	Ambetter Essential	Ambetter Essential	Ambetter Essential	Ambetter Essential	Ambetter Essential	Ambetter Essential	Ambetter Essential	Ambetter Essential
1.2 Product ID	Care	61836WA005	61836WA005	61836WA005	61836WA005	61836WA005	61836WA005	61836WA005	61836WA005	61836WA005	61836WA005	61836WA005	61836WA005
1.3 Plan Name	Care	Ambetter Balanced	Ambetter Cascade	Ambetter Cascade	Ambetter Cascade	Ambetter Cascade	Ambetter Cascade	Ambetter Secure Care	Ambetter Cascade	Ambetter Cascade	Ambetter Cascade	Ambetter Clear Gold	Ambetter Essential
1.4 Plan ID (Standard Component ID)	Care	61836WA0050007	61836WA0050018	61836WA0050036	61836WA0050038	61836WA0050037	61836WA0050017	61836WA0050008	61836WA0050022	61836WA0050016	61836WA0050026	61836WA0050034	61836WA0050019
1.5 Metal		Silver	Gold	Bronze	Gold	Silver	Silver	Gold	Gold	Gold	Bronze	Gold	Bronze
1.6 AV Metal Value		0.719	0.818	0.650	0.818	0.718	0.718	0.816	0.781	0.781	0.636	0.782	0.603
1.7 Plan Category		Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	New	New	Terminated	Terminated	Terminated
1.8 Plan Type		HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
1.9 Exchange Plan?		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	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)		23.93%	-4.59%	8.54%	1.20%	31.77%	25.77%	-6.44%	0.00%	0.00%	0.00%	0.00%	0.00%
1.12 Product Rate Increase %								19.38%					
1.13 Submission Level Rate Increase %								19.38%					
Section II: Experience Period and Current Plan Level Information													
2.1 Plan ID (Standard Component ID)	Total	61836WA0050007	61836WA0050018	61836WA0050036	61836WA0050038	61836WA0050037	61836WA0050017	61836WA0050008	61836WA0050022	61836WA0050016	61836WA0050026	61836WA0050034	61836WA0050019
2.2 Allowed Claims	\$426,046.155	\$57,331.769	\$91,836.645	\$11,476.515	\$30,595.762	\$51,778.864	\$93,374.119	\$8,661.912	\$0	\$0	\$13,908.743	\$13,739.549	\$13,628.490
2.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.4 Member Cost Sharing	\$65,684.301	\$6,160.360	\$10,144.533	\$3,641.875	\$4,497.113	\$4,998.113	\$11,149.784	\$1,519.163	\$0	\$0	\$10,026.899	\$3,312.664	\$3,590.097
2.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.6 Incurred Claims	\$360,361.854	\$51,171.408	\$81,692.112	\$7,534.639	\$26,098.649	\$46,780.751	\$82,234.335	\$7,142.750	\$0	\$0	\$21,781.846	\$10,426.864	\$15,470.105
2.7 Risk Adjustment Transfer Amount	\$68,113.885	-\$6,348.750	-\$6,541.365	-\$12,460.485	-\$4,668.633	-\$8,996.988	-\$10,484.692	\$6,754.427	\$0	\$0	-\$22,536.797	\$1,723.686	-\$7,789.556
2.8 Premium	\$511,777.241	\$71,755.688	\$84,842.725	\$23,604.850	\$38,663.065	\$87,526.086	\$10,203.091	\$6,997.148	\$0	\$0	\$50,643.268	\$16,177.111	\$26,299.349
2.9 Experience Period Member Months	1,006,022	114,992	114,992	64,445	82,912	170,693	186,796	17,984	0	0	116,358	69,188	39,966
2.10 Current Enrollment	107,649	10,998	9,561	8,638	6,586	22,438	21,092	1,095	0	0	2,542	8,159	3,883
2.11 Current Premium PMPM	\$556.50	\$670.69	\$643.92	\$384.84	\$527.36	\$534.65	\$833.72	\$833.97	\$0.00	\$0.00	\$487.95	\$813.20	\$418.46
2.12 Loss Ratio	80.14%	78.24%	114.44%	67.61%	60.23%	59.50%	82.46%	83.09%	#DIV/0!	#DIV/0!	77.48%	58.25%	118.48%
Per Member Per Month													
2.13 Allowed Claims	\$423.55	\$503.31	\$785.45	\$178.08	\$369.01	\$303.34	\$484.68	\$726.22	#DIV/0!	#DIV/0!	\$773.37	\$446.83	\$315.26
2.14 Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!	\$0.00	\$0.00	\$0.00
2.15 Member Cost Sharing	\$65.29	\$54.08	\$86.76	\$61.17	\$54.24	\$29.28	\$59.07	\$125.01	#DIV/0!	#DIV/0!	\$86.17	\$107.73	\$91.69
2.16 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!	\$0.00	\$0.00	\$0.00
2.17 Incurred Claims	\$358.20	\$449.23	\$698.69	\$116.92	\$314.78	\$274.06	\$435.01	\$590.60	#DIV/0!	#DIV/0!	\$187.20	\$339.10	\$250.88
2.18 Risk Adjustment Transfer Amount	-\$67.71	-\$55.74	-\$55.95	-\$193.35	-\$56.31	-\$52.12	-\$55.55	\$55.85	#DIV/0!	#DIV/0!	-\$193.63	\$56.06	-\$191.39
2.19 Premium	\$514.68	\$629.94	\$554.58	\$366.28	\$466.31	\$512.77	\$583.84	\$578.56	#DIV/0!	#DIV/0!	\$435.24	\$526.10	\$380.11
Section III: Plan Adjustment Factors													
3.1 Plan ID (Standard Component ID)		61836WA0050007	61836WA0050018	61836WA0050036	61836WA0050038	61836WA0050037	61836WA0050017	61836WA0050008	61836WA0050022	61836WA0050016	61836WA0050026	61836WA0050034	61836WA0050019
3.2 Market Adjusted Index Rate													
3.3 AV and Cost Sharing Design of Plan		0.9384	0.8406	0.6197	0.8406	1.0075	1.0075	0.7794	0.7856	0.7856	0.0000	0.0000	0.0000
3.4 Provider Network Adjustment		1.0127	1.0127	0.9697	0.9697	0.9697	0.9127	0.9127	0.9697	0.9697	0.0000	0.0000	0.0000
3.5 Benefits in Addition to EHB		1.0015	1.0015	1.0015	1.0015	1.0015	1.0015	1.0015	1.0015	1.0015	0.0000	0.0000	0.0000
Administrative Costs													
3.6 Administrative Expense		10.40%	10.40%	10.40%	10.40%	10.40%	10.40%	10.40%	10.40%	10.40%	0.00%	0.00%	0.00%
3.7 Taxes and Fees		3.28%	3.28%	3.28%	3.28%	3.28%	3.28%	3.28%	3.28%	3.28%	0.00%	0.00%	0.00%
3.8 Profit & Risk Load		3.95%	3.95%	3.95%	3.95%	3.95%	3.95%	3.95%	3.95%	3.95%	0.00%	0.00%	0.00%
3.9 Catastrophic Adjustment		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.0000	0.0000	0.0000
3.10 Plan Adjusted Index Rate		\$736.72	\$642.03	\$453.21	\$614.78	\$736.61	\$769.48	\$595.32	\$600.02	\$574.54	\$0.00	\$0.00	\$0.00
3.11 Age Calibration Factor		0.5814						0.5814					
3.12 Geographic Calibration Factor		0.9870						0.9870					
3.13 Tobacco Calibration Factor		1.0000						1.0000					
3.14 Calibrated Plan Adjusted Index Rate		\$411.30	\$368.45	\$260.08	\$352.80	\$422.83	\$441.58	\$341.63	\$344.33	\$329.71	\$0.00	\$0.00	\$0.00
Section IV: Projected Plan Level Information													
4.1 Plan ID (Standard Component ID)	Total	61836WA0050007	61836WA0050018	61836WA0050036	61836WA0050038	61836WA0050037	61836WA0050017	61836WA0050008	61836WA0050022	61836WA0050016	61836WA0050026	61836WA0050034	61836WA0050019
4.2 Allowed Claims	\$629,885,516	\$97,895,249	\$84,267,978	\$44,971,585	\$30,519,629	\$83,880,338	\$151,182,473	\$12,016,943	\$87,908,291	\$27,212,171	\$0	\$0	\$0
4.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.4 Member Cost Sharing	\$71,915,397	\$7,678,385	\$9,381,506	\$13,500,068	\$3,397,732	\$5,926,803	\$11,459,857	\$1,936,574	\$14,582,380	\$4,052,092	\$0	\$0	\$0
4.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.6 Incurred Claims	\$557,970,110	\$90,216,864	\$74,886,468	\$31,471,497	\$27,121,890	\$77,963,514	\$139,732,616	\$10,040,339	\$83,348,851	\$23,160,079	\$0	\$0	\$0
4.7 Risk Adjustment Transfer Amount	-\$17,182,725	-\$5,513,043	-\$5,003,867	-\$3,022,943	-\$1,892,638	-\$4,886,129	-\$6,484,022	-\$731,148	-\$5,943,996	-\$1,724,842	\$0	\$0	\$0
4.8 Premium	\$720,333,861	\$116,188,609	\$94,488,043	\$40,285,135	\$34,213,817	\$105,800,294	\$191,559,418	\$12,798,723	\$124,876,389	\$29,141,057	\$0	\$0	\$0
4.9 Projected Member Months	1,093,338	162,108	147,138	88,868	85,652	143,674	248,880	21,499	174,780	50,721	0	0	0
4.10 Loss Ratio	80.61%	81.52%	83.71%	84.46%	83.91%	77.20%	76.34%	83.53%	84.25%	84.48%	#DIV/0!	#DIV/0!	#DIV/0!
Per Member Per Month													
4.11 Allowed Claims	\$576.11	\$603.89	\$572.72	\$505.94	\$548.40	\$583.82	\$607.49	\$558.95	\$560.30	\$536.51	#DIV/0!	#DIV/0!	#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	#DIV/0!	#DIV/0!	#DIV/0!
4.13 Member Cost Sharing	\$65.76	\$47.37	\$63.76	\$11.88	\$61.05	\$41.25	\$46.05	\$90.08	\$83.43	\$79.89	#DIV/0!	#DIV/0!	#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	#DIV/0!	#DIV/0!	#DIV/0!
4.15 Incurred Claims	\$510.34	\$556.53	\$508.98	\$354.08	\$487.35	\$542.57	\$561.45	\$468.87	\$476.87	\$456.82	#DIV/0!	#DIV/0!	#DIV/0!
4.16 Risk Adjustment Transfer Amount	-\$34.01	-\$34.01	-\$34.01	-\$34.01	-\$34.01	-\$34.01	-\$34.01	-\$34.01	-\$34.01	-\$34.01	#DIV/0!	#DIV/0!	#DIV/0!
4.17 Premium	\$667.07	\$716.72	\$642.05	\$453.21	\$614.78	\$736.61	\$769.48	\$595.32	\$600.02	\$574.54	#DIV/0!	#DIV/0!	#DIV/0!

**Appendix 20.4**  
**Coordinated Care Corporation**  
**Financial Data Consistency Summary**  
**Checklist Items 1a, 23d**

Financial Data Item	URRT Worksheet 1,	URRT Worksheet 2,	WAC 284-43-6660	Actuarial Memorandum Exhibits		
	Section I	Section II	Summary	Appendix 11.1	Appendix 13.1	Appendix 20.2
Allowed Claims	\$426,046,155	\$426,046,155	n/a	n/a	n/a	n/a
Reinsurance	\$0	\$0	n/a	n/a	n/a	n/a
Incurred Claims in Experience Period	\$360,361,854	\$360,361,854	\$360,361,854	n/a	n/a	n/a
Risk Adjustment	-\$68,113,885	-\$68,113,885	n/a	-\$68	n/a	n/a
Experience Period Premium	\$517,777,241	\$517,777,241	\$517,777,241	n/a	n/a	n/a
Experience Period Member Months <sup>(1)</sup>	1,006,022	1,006,022	1,006,022	1,006,021	1,006,021	1,006,022

Notes:

(1) Member months in URRT differ due to forced rounding in the URRT template. Rate review detail data for Appendix 20.2 is aligned with that rounding.

Appendix 20.5

Coordinated Care Corporation

Changes in Cost Sharing For Plans Offered in 2025 and 2026

Plan	Ambetter Balanced Care 4 - Standard Silver On Exchange Plan		Ambetter Balanced Care 4 - 73% AV Level Silver Plan		Ambetter Balanced Care 4 - 87% AV Level Silver Plan		Ambetter Balanced Care 4 - 94% AV Level Silver Plan		Ambetter Secure Care 5 - Standard Gold On Exchange Plan		Ambetter Cascade Silver - Standard Silver On Exchange Plan		Ambetter Cascade Silver - 73% AV Level Silver Plan		Ambetter Cascade Silver - 87% AV Level Silver Plan		Ambetter Cascade Silver - 94% AV Level Silver Plan		Ambetter Cascade Complete Gold - Standard Gold On Exchange Plan	
	2025	2026	2025	2026	2025	2026	2025	2026	2025	2026	2025	2026	2025	2026	2025	2026	2025	2026	2025	2026
Service Category	2025	2026	2025	2026	2025	2026	2025	2026	2025	2026	2025	2026	2025	2026	2025	2026	2025	2026	2025	2026
Deductible	\$8,050 INT	\$8,200 INT	\$7,250 INT	\$7,450 INT	\$2,550 INT	\$2,650 INT	\$800 INT	\$800 INT	\$1,450 INT	\$1,450 INT	\$2,500 INT	\$2,500 INT	\$2,500 INT	\$2,500 INT	\$750 INT	\$750 INT	\$0 INT	\$0 INT	\$600 INT	\$1,000 INT
OOP Max	\$9,050	\$9,200	\$7,250	\$7,450	\$2,550	\$2,650	\$800	\$800	\$7,500	\$7,500	\$9,200	\$9,750	\$7,250	\$7,950	\$2,500	\$2,850	\$1,900	\$2,400	\$7,000	\$7,000
Primary Care Visit	\$30 NSD	\$30 NSD	\$15 NSD	\$15 NSD	\$0 NSD	\$0 NSD	\$0 NSD	\$0 NSD	\$15 NSD	\$15 NSD	\$30 NSD	\$20 NSD	\$30 NSD	\$20 NSD	\$10 NSD	\$5 NSD	\$5 NSD	\$1 NSD	\$15 NSD	\$15 NSD
Specialist Visit	\$60 NSD	\$60 NSD	\$45 NSD	\$45 NSD	\$5 NSD	\$10 NSD	\$5 NSD	\$10 NSD	\$35 NSD	\$35 NSD	\$65 NSD	\$65 NSD	\$65 NSD	\$65 NSD	\$30 NSD	\$30 NSD	\$15 NSD	\$15 NSD	\$40 NSD	\$40 NSD
ER	D&C	D&C	D&C	D&C	D&C	D&C	D&C	D&C	D&C	D&C	\$800 SD	\$800 SD	\$800 SD	\$800 SD	\$425 SD	\$425 SD	\$150 NSD	\$150 NSD	\$450 SD	\$450 SD
Urgent Care	\$60 NSD	\$50 NSD	\$45 NSD	\$35 NSD	\$10 NSD	\$5 NSD	\$10 NSD	\$5 NSD	\$35 NSD	\$35 NSD	\$65 NSD	\$65 NSD	\$65 NSD	\$65 NSD	\$30 NSD	\$30 NSD	\$15 NSD	\$15 NSD	\$35 NSD	\$35 NSD
Outpatient Surgery	D&C	D&C	D&C	D&C	D&C	D&C	D&C	D&C	D&C	D&C	\$600 SD	\$600 SD	\$600 SD	\$600 SD	\$325 SD	\$325 SD	\$100 NSD	\$100 NSD	\$350 SD	\$350 SD
Inpatient Facility (including MH/SA)	D&C	\$0 SD	D&C	\$0 SD	D&C	\$0 SD	D&C	\$0 SD	D&C	\$0 SD	\$800 SD	\$800 SD	\$800 SD	\$800 SD	\$425 SD	\$425 SD	\$100 NSD	\$100 NSD	\$525 NSD	\$525 NSD
SNF	D&C	\$0 SD	D&C	\$0 SD	D&C	\$0 SD	D&C	\$0 SD	D&C	\$0 SD	\$800 SD	\$800 SD	\$800 SD	\$800 SD	\$425 SD	\$425 SD	\$100 NSD	\$100 NSD	\$350 SD	\$350 SD
Inpatient Facility - Maternity	D&C	\$0 SD	D&C	\$0 SD	D&C	\$0 SD	D&C	\$0 SD	D&C	\$0 SD	\$800 SD	\$800 SD	\$800 SD	\$800 SD	\$425 SD	\$425 SD	\$100 NSD	\$100 NSD	\$525 NSD	\$525 NSD
PT/OT/ST	D&C	D&C	D&C	D&C	D&C	D&C	D&C	D&C	D&C	D&C	\$40 NSD	\$40 NSD	\$40 NSD	\$40 NSD	\$20 NSD	\$20 NSD	\$5 NSD	\$5 NSD	\$25 NSD	\$25 NSD
MH/SA (Excluding IP)	\$30 NSD	\$30 NSD	\$15 NSD	\$15 NSD	\$0 NSD	\$0 NSD	\$0 NSD	\$0 NSD	\$15 NSD	\$15 NSD	\$30 NSD	\$20 NSD	\$30 NSD	\$20 NSD	\$10 NSD	\$5 NSD	\$5 NSD	\$1 NSD	\$15 NSD	\$15 NSD
Lab	D&C	D&C	D&C	D&C	D&C	D&C	D&C	D&C	\$15 NSD	\$15 NSD	\$40 NSD	\$40 NSD	\$40 NSD	\$40 NSD	\$20 NSD	\$20 NSD	\$5 NSD	\$5 NSD	\$20 NSD	\$20 NSD
X-Rays	D&C	D&C	D&C	D&C	D&C	D&C	D&C	D&C	D&C	D&C	\$65 NSD	\$65 NSD	\$65 NSD	\$65 NSD	\$40 NSD	\$40 NSD	\$15 NSD	\$15 NSD	\$30 NSD	\$30 NSD
Chiropractor	\$60 NSD	\$60 NSD	\$45 NSD	\$45 NSD	\$5 NSD	\$10 NSD	\$5 NSD	\$10 NSD	\$35 NSD	\$35 NSD	\$30 NSD	\$20 NSD	\$30 NSD	\$20 NSD	\$10 NSD	\$5 NSD	\$5 NSD	\$1 NSD	\$15 NSD	\$15 NSD
Rx - Generics	\$15 NSD	\$15 NSD	\$15 NSD	\$15 NSD	\$0 NSD	\$0 NSD	\$0 NSD	\$0 NSD	\$15 NSD	\$15 NSD	\$25 NSD	\$25 NSD	\$24 NSD	\$24 NSD	\$12 NSD	\$12 NSD	\$5 NSD	\$5 NSD	\$10 NSD	\$10 NSD
Rx - Preferred Brand Drugs	\$50 NSD	\$50 NSD	\$50 NSD	\$50 NSD	\$25 NSD	\$25 NSD	\$25 NSD	\$25 NSD	\$30 NSD	\$30 NSD	\$75 NSD	\$75 NSD	\$75 NSD	\$75 NSD	\$35 NSD	\$35 NSD	\$12 NSD	\$12 NSD	\$60 NSD	\$60 NSD
Rx - Non-Preferred Brand Drugs	100% SD	\$0 SD	100% SD	\$0 SD	100% SD	\$0 SD	100% SD	\$0 SD	75% SD	\$0 SD	\$250 SD	\$250 SD	\$250 SD	\$250 SD	\$160 NSD	\$160 NSD	\$35 NSD	\$35 NSD	\$100 NSD	\$100 NSD
Rx - Specialty High-Cost Drugs	100% SD	\$0 SD	100% SD	\$0 SD	100% SD	\$0 SD	100% SD	\$0 SD	70% SD	\$0 SD	\$250 SD	\$250 SD	\$250 SD	\$250 SD	\$160 NSD	\$160 NSD	\$35 NSD	\$35 NSD	\$100 NSD	\$100 NSD

Plan	Ambetter Cascade Select Bronze - Standard Bronze On Exchange Plan		Ambetter Cascade Select Silver - Standard Silver On Exchange Plan		Ambetter Cascade Select Silver - 73% AV Level Silver Plan		Ambetter Cascade Select Silver - 87% AV Level Silver Plan		Ambetter Cascade Select Silver - 94% AV Level Silver Plan		Ambetter Cascade Select Complete Gold - Standard Gold On Exchange Plan					
	2025	2026	2025	2026	2025	2026	2025	2026	2025	2026	2025	2026				
Service Category	2025	2026	2025	2026	2025	2026	2025	2026	2025	2026	2025	2026				
Deductible	\$6,000 INT	\$6,000 INT	\$2,500 INT	\$2,500 INT	\$2,500 INT	\$2,500 INT	\$750 INT	\$750 INT	\$0 INT	\$0 INT	\$600 INT	\$1,000 INT				
OOP Max	\$9,200	\$10,150	\$9,200	\$9,750	\$7,250	\$7,950	\$2,500	\$2,850	\$1,900	\$2,400	\$7,000	\$7,000				
Primary Care Visit	\$50 NSD	\$40 NSD	\$30 NSD	\$20 NSD	\$30 NSD	\$20 NSD	\$10 NSD	\$5 NSD	\$5 NSD	\$1 NSD	\$15 NSD	\$15 NSD				
Specialist Visit	\$100 SD	\$100 SD	\$65 NSD	\$65 NSD	\$65 NSD	\$65 NSD	\$30 NSD	\$30 NSD	\$15 NSD	\$15 NSD	\$40 NSD	\$40 NSD				
ER	D&C	D&C	\$800 SD	\$800 SD	\$800 SD	\$800 SD	\$425 SD	\$425 SD	\$150 NSD	\$150 NSD	\$450 SD	\$450 SD				
Urgent Care	\$100 NSD	\$100 NSD	\$65 NSD	\$65 NSD	\$65 NSD	\$65 NSD	\$30 NSD	\$30 NSD	\$15 NSD	\$15 NSD	\$35 NSD	\$35 NSD				
Outpatient Surgery	D&C	D&C	\$600 SD	\$600 SD	\$600 SD	\$600 SD	\$325 SD	\$325 SD	\$100 NSD	\$100 NSD	\$350 SD	\$350 SD				
Inpatient Facility (including MH/SA)	D&C	\$0 SD	\$800 SD	\$800 SD	\$800 SD	\$800 SD	\$425 SD	\$425 SD	\$100 NSD	\$100 NSD	\$525 NSD	\$525 NSD				
SNF	D&C	\$0 SD	\$800 SD	\$800 SD	\$800 SD	\$800 SD	\$425 SD	\$425 SD	\$100 NSD	\$100 NSD	\$350 SD	\$350 SD				
Inpatient Facility - Maternity	D&C	\$0 SD	\$800 SD	\$800 SD	\$800 SD	\$800 SD	\$425 SD	\$425 SD	\$100 NSD	\$100 NSD	\$525 NSD	\$525 NSD				
PT/OT/ST	D&C	D&C	\$40 NSD	\$40 NSD	\$40 NSD	\$40 NSD	\$20 NSD	\$20 NSD	\$5 NSD	\$5 NSD	\$25 NSD	\$25 NSD				
MH/SA (Excluding IP)	\$50 NSD	\$0 NSD	\$30 NSD	\$20 NSD	\$30 NSD	\$20 NSD	\$10 NSD	\$5 NSD	\$5 NSD	\$1 NSD	\$15 NSD	\$15 NSD				
Lab	D&C	D&C	\$40 NSD	\$40 NSD	\$40 NSD	\$40 NSD	\$20 NSD	\$20 NSD	\$5 NSD	\$5 NSD	\$20 NSD	\$20 NSD				
X-Rays	D&C	D&C	\$65 NSD	\$65 NSD	\$65 NSD	\$65 NSD	\$40 NSD	\$40 NSD	\$15 NSD	\$15 NSD	\$30 NSD	\$30 NSD				
Chiropractor	\$50 NSD	\$40 NSD	\$30 NSD	\$20 NSD	\$30 NSD	\$20 NSD	\$10 NSD	\$5 NSD	\$5 NSD	\$1 NSD	\$15 NSD	\$15 NSD				
Rx - Generics	\$32 NSD	\$32 NSD	\$25 NSD	\$25 NSD	\$24 NSD	\$24 NSD	\$12 NSD	\$12 NSD	\$5 NSD	\$5 NSD	\$10 NSD	\$10 NSD				
Rx - Preferred Brand Drugs	60% SD	\$0 SD	\$75 NSD	\$75 NSD	\$75 NSD	\$75 NSD	\$35 NSD	\$35 NSD	\$12 NSD	\$12 NSD	\$60 NSD	\$60 NSD				
Rx - Non-Preferred Brand Drugs	60% SD	\$0 SD	\$250 SD	\$250 SD	\$250 SD	\$250 SD	\$160 NSD	\$160 NSD	\$35 NSD	\$35 NSD	\$100 NSD	\$100 NSD				
Rx - Specialty High-Cost Drugs	60% SD	\$0 SD	\$250 SD	\$250 SD	\$250 SD	\$250 SD	\$160 NSD	\$160 NSD	\$35 NSD	\$35 NSD	\$100 NSD	\$100 NSD				

**Appendix 20.6**  
**Coordinated Care Corporation**  
**Demonstration of Incurred Claims vs. Premium**  
**Checklist Item 28f**

Plan ID	Plan Name	URRT WS 2 Line 4.17 (1)	URRT WS 2 Line 4.16 (2)	URRT WS 2 Lines 3.6 - 3.8 (3)	(4)	(5) = (3) * (1) + (4)	(6) = (1) + (2) - (5)	URRT WS 2 Line 4.15
		Premium PMPM	Risk Adjustment Transfer PMPM	Administrative Components	Exchange Fee PMPM	Retention PMPM	Implied Incurred Claims PMPM <sup>(1)</sup>	URRT Incurred Claims PMPM
61836WA0050007	Ambetter Balanced Care 4	\$716.72	(\$34.01)	17.63%	\$5.11	\$131.48	\$551.23	\$556.52
61836WA0050008	Ambetter Secure Care 5	\$595.32	(\$34.01)	17.63%	\$5.11	\$110.07	\$451.23	\$468.87
61836WA0050016	Ambetter Cascade Select Vital Gold	\$574.54	(\$34.01)	17.63%	\$5.11	\$106.41	\$434.12	\$456.62
61836WA0050017	Ambetter Cascade Silver	\$769.48	(\$34.01)	17.63%	\$5.11	\$140.78	\$594.69	\$561.45
61836WA0050018	Ambetter Cascade Complete Gold	\$642.05	(\$34.01)	17.63%	\$5.11	\$118.31	\$489.72	\$508.96
61836WA0050022	Ambetter Cascade Vital Gold	\$600.02	(\$34.01)	17.63%	\$5.11	\$110.90	\$455.10	\$476.87
61836WA0050036	Ambetter Cascade Select Bronze	\$453.21	(\$34.01)	17.63%	\$5.11	\$85.02	\$334.18	\$354.06
61836WA0050037	Ambetter Cascade Select Silver	\$736.81	(\$34.01)	17.63%	\$5.11	\$135.02	\$567.78	\$542.57
61836WA0050038	Ambetter Cascade Select Complete Gold	\$614.78	(\$34.01)	17.63%	\$5.11	\$113.51	\$467.27	\$487.35
<b>Total</b>		\$667.07	(\$34.01)	17.63%	\$5.11	\$122.73	\$510.34	\$510.34

Notes:

(1) Incurred claims projected and reported in URRT WS 2 are not intended to satisfy this implied relationship. The results of this equation are shown here to satisfy Checklist Item 27f.

**Appendix 21.1**  
**Coordinated Care Corporation**  
**Data and Assumption Reliance for 2026 Individual Marketplace Premium Development**

<b>Data / Assumption</b>	<b>Source</b>
Wakely National Risk Adjustment Report	Wakely Consulting
Basic tables of utilization, cost, claims probability distributions, pricing adjustment factors, and primary care/specialty care utilization distribution	Milliman (Health Cost Guidelines)
Utilization trends	Milliman (Health Cost Guidelines)
Prescription Drug Assumptions: AWP Discount, Dispensing Fee, Rebates, Retail/Mail Utilization percentages, formularies, and Rx Management Assumptions	Envolve
Pre-ACA enrollment counts by health insurance market segment	<ul style="list-style-type: none"> <li>• CCIIO (MLR Reports)</li> <li>• US Census Bureau (American Community Survey)</li> <li>• National Conference of State Legislatures ("High Risk Pools for Health Coverage, State and Federal (State Implementation Report)")</li> </ul>
Distribution of pre-ACA enrollment by age, gender, income bracket, and self-reported health status, within each insurance coverage category	<ul style="list-style-type: none"> <li>• US Census Bureau (American Community Survey)</li> <li>• US Census Bureau (Current Population Survey)</li> </ul>
2024 Individual QHP Claims and Membership Experience	Coordinated Care Corporation
Other 2024 Individual QHP Marketplace Revenue and Expenditures	Coordinated Care Corporation
2024 MLR Rebate	Coordinated Care Corporation
2024 Plan Liability Risk Score associated with Individual QHP Claims and Membership Experience	Coordinated Care Corporation
2024 Plan Liability Risk Score for the Individual Single Risk Pool	Coordinated Care Corporation
2026 Population Morbidity, including the impact of individual mandate repeal	Coordinated Care Corporation
2026 Statewide Average Premium	Coordinated Care Corporation
2026 Individual QHP Membership Projections	Coordinated Care Corporation
Relationship between enrollee duration and paid-to-allowed ratio by metal level	Coordinated Care Corporation
2026 Individual QHP Benefit Designs	Coordinated Care Corporation
Unit Cost trends	Coordinated Care Corporation
Administrative Costs, Taxes, and Fees	Coordinated Care Corporation
Premium Delinquency Estimates	Coordinated Care Corporation
Subcapitated Contracts and Pricing	Coordinated Care Corporation
Value Added Benefits	Coordinated Care Corporation
Smoking Relativity Factors	Coordinated Care Corporation
County Rating Areas	Coordinated Care Corporation
Plan Rating Factors	Coordinated Care Corporation
Coordinated Care Corporation Service Areas	Coordinated Care Corporation
Expected Reimbursement by Rating Area and State	Coordinated Care Corporation
OON Utilization and Reimbursement	Coordinated Care Corporation
Utilization Management	Coordinated Care Corporation
Funding Status of CSR Subsidies	Coordinated Care Corporation
Unique Plan Design Certification for Non-Standard Plans	Coordinated Care Corporation
COVID-19 and American Rescue Plan Act Rate Impacts	Coordinated Care Corporation